Baldrige as a Tool for Quality Improvement

Kathleen Jennison Goonan, MD
Executive Director, Center for Performance Excellence, Massachusetts General Hospital, Session Moderator and Conference Co-Chair

Joan Brennan, DNP
Vice President Quality and Performance Excellence, AtlantiCare Health System

John Ferry, MD
Senior Client Partner, Korn/Ferry International

S. Mark Laney, MD
President, Heartland Health, St. Joseph, MO

Priscilla J. Nuwash, MBA, CLM
President of PVHS Center for Performance Excellence, Poudre Valley Health System

Nancy G. Pratt, RN, MS
Senior Vice President, Clinical Effectiveness, Sharp HealthCare, San Diego, CA
What blueprint are you using to transform your organization as a system?
Baldrige National Quality Program

Health Care Criteria for Performance Excellence
Baldrige 2009–2010 Criteria Categories

1. Leadership
2. Strategic Planning
3. Customer Focus
4. Measurement, Analysis, and Knowledge Management
5. Workforce Focus
6. Process Management
7. Results
Award Recipients in Health Care Category

- AtlantiCare (2009)
- Heartland Health (2009)
- Poudre Valley Health System (2008)
- Mercy Health System (2007)
- Sharp HealthCare (2007)
- North Mississippi Medical Center (2006)
- Bronson Methodist Hospital (2005)
- Robert Wood Johnson University Hospital Hamilton (2004)
- Baptist Hospital, Inc. (2003)
- SSM Health Care (2002)
Building High Performance

How Baldrige Leaders Succeed

American Society for Quality Press
Asq.org
MGHCPE.org

Center for Performance Excellence
The Baldrige Journey

Stage 0  
"Reaction"
Regulatory and external compliance only

Stage 1  
"Projects"
Project mentality, characterized by various tactical improvement activities

Stage 2  
"Traction"
Alignment of projects to strategy; Focus on leadership and management processes

Stage 3  
"Integration"
Clear linkage of process management and improvement to operational results

Stage 4  
"Sustain"
Continued improvement as methodologies are embedded into the organization’s culture

Typical Baldrige start
- OR Give up on the process when managed as a delegated project
- OR Decline, as the organization loses discipline and changes course

Baldrige Award status

Time
~ 3 – 8 Years

Progress & Assessment Score

Massachusetts General Hospital
Center for Performance Excellence
Visionary Leadership
Align Organization

PVHS Global
A Guide to Performance Excellence

Vision
To provide world-class health care

Mission
The mission of Poudre Valley Health System (PVHS) is to be an independent, non-profit organization, providing innovative, comprehensive care of the highest quality and exceeding customer expectations.

Values
Quality, Compassion, Confidentiality, Dignity/Respect, Equality, Integrity

Our Beliefs

Set Direction

Communicate Direction

Plan & Align

Execute the Plan & Drive Performance

Develop People

Learn, Share & Innovate

1. STRATEGIC OBJECTIVE
Attract, engage, develop and retain a quality PVHS team, continuously improving the culture.

2. STRATEGIC OBJECTIVE
Strengthen and expand PVHS’ market position and service portfolio, exceeding the healthcare needs of a diverse and growing marketplace.

3. STRATEGIC OBJECTIVE
Build collaborative and meaningful partnerships with physicians and other members of the medical community.

4. STRATEGIC OBJECTIVE
Achieve superior clinical outcomes utilizing customer-focused, evidence-based care.

5. STRATEGIC OBJECTIVE
Provide outstanding service to each PVHS customer.

6. STRATEGIC OBJECTIVE
Improve PVHS’s financial performance and strength in order to fulfill the organization’s vision and mission.

Evaluation and Improvement
Sharp HealthCare

Nancy G Pratt, RN, MS
Senior Vice President,
Clinical Effectiveness
Each work system is comprised of each key work process.