



# **2008**

# **Washington State**

# **Quality Award**

## **Adult Protective Services**

## **Aging and Disability Services Administration**

## **Department of Social and Health Services**

## **Lite (Assessment) Feedback Report**

This document provides a Lite (Assessment) Feedback Report for the Adult Protective Services. Used in conjunction with the Criteria for Performance Excellence and Scoring Guidelines, this feedback report is the conclusion of the application process.



October 8, 2008

Kathy Leitch  
Assistant Secretary  
Aging and Disability Services Administration  
P.O. Box 45600  
Olympia, WA 98504

Dear Ms. Leitch:

Congratulations for taking the Washington State Quality Award challenge! We commend you for applying for this award. Your application for the Award and use of the Baldrige Criteria demonstrate your organization's commitment to performance excellence.

This feedback report was prepared for your organization by members of the Washington State Quality Award Board of Examiners in response to your application for the Washington State Quality Award. It presents an outline of the scoring for your organization and describes areas identified as strengths and opportunities for possible improvement. The report contains the Examiners' observations about your organization and is not intended to prescribe a specific course of action. Please refer to "Preparing to Read Your Feedback Report" and "Considerations for Reviewing Small Organizations" for further details about how to use the information contained in your feedback report.

We are eager to ensure that the comments in the report are clear to you so that you can incorporate the feedback into your planning process to continue to improve your organization. As direct communication between Examiners and applicants is not allowed under the operating procedures for the application process, please contact me at (360) 697-2444 if you wish to clarify the meaning of any comment in your report. We will contact the Examiners for clarification and convey their intentions to you. Additionally, WSQA also offers an opportunity for you to meet with WSQA to discuss the feedback report. If you are interested, please phone the office to set up this meeting.

The feedback report is not your only source for ideas about organizational improvement. Current and previous Award recipients can be potential resources on your continuing journey to performance excellence. An Award recipients' contact list may be found at [www.baldrige.nist.gov/Contacts\\_Profiles.htm](http://www.baldrige.nist.gov/Contacts_Profiles.htm) or at [www.wsqa.net](http://www.wsqa.net). Additionally, national and state recipients will share their stories at our annual WSQA Symposium scheduled in May.

Thank you for your participation in the Washington State Quality Award process. Best wishes for continued success with your performance excellence journey.

Sincerely,

Jennifer Sprecher, Executive Director  
Washington State Quality Award

Enclosures

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## Preparing to Read Your Lite (Assessment) Feedback Report

*Your feedback report contains Washington State Quality Award Examiners' observations that are based on their understanding of your organization. They have provided comments on your organization's strengths and opportunities for improvement relative to the Baldrige Criteria. The feedback is non-prescriptive. It will tell you where Examiners think you have strengths to celebrate and where they think improvement opportunities exist. The feedback will not say specifically how you should address these opportunities. The specifics will depend on what you decide is most important to your organization. Applicant organizations read and use feedback comments in different ways. We've gathered some tips and practices from prior applicants for you to consider.*

- Take a deep breath and prepare to benefit from the feedback process. You applied to get the feedback. Read it, take time to digest it, and read it again.
- Remember that you should not view your score on a normal scoring curve. The majority of organizations overall scores for a full application are in the 0-300 point range (0-30%). Industry leaders score in the 400-600 point range (40-60%) and role model organizations are in the 700-1000 point range (70-100%). A two year study of average national applicant scores ranged from 19-49% at the item level. Remember also that you are responding to the Lite (Assessment) Criteria, thus the potential point range is limited to the 500-650 (50-65%) range.
- Please keep in mind that high performing organizations often spend several years within the same band. When reviewing a second feedback report we encourage you not to become discouraged if you have not increased scoring bands, but rather to focus on both your new strengths and opportunities.
- Especially note comments in **boldface type**. These comments indicate particularly important observations - those the Examiner Team felt had substantial impact on your organization's performance practices, capabilities, or results (either a strength or opportunity for improvement) and, therefore, had more influence on the team's scoring of that particular item.
- You know your organization better than the Examiners know it. There might be relevant information that was not communicated to them or that they did not fully understand. Therefore, not all of their comments may be equally accurate.
- Although we strive for "perfection," we do not achieve it in every comment. If Examiners have misread your application or misunderstood your organization on a particular point, don't discount the whole feedback report. Consider the other comments and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You've worked hard and should congratulate yourselves.
- Use your strengths comments to understand what the Examiners observed you do well and build upon them. Continue to evaluate and improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You can't do everything all at once. Think about what's most important for your organization at this time and decide which things to work on first.

- You may decide to address all, some, or none of the opportunities in a particular Item. It depends on how important you think that Item or comment is to your organization.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

# Considerations for Reviewing Small Organizations

All applicants are reviewed in the context of their individual key factors. In the case of small organizations, size is a significant factor. While an organization's size does not affect the applicability of the Baldrige Criteria, it does need to be factored into the assessment of an applicant's responses in its Washington State Quality Award application. Therefore, Examiners with large-organization frames of reference should be careful not to apply operational and procedural requirements as they review small organization applications.

Some guidelines are given below for understanding the context for reviewing a small organization:

- Small organization applicants are defined as those with 500 or fewer employees. Also noteworthy is the significant difference in resource availability between a 450-person organization and a 50-person organization.
- Social responsibility and community involvement must be viewed in the context of the applicant's size. A large organization might have impacts on a national or international basis; a small organization will frequently focus its involvement on a local community.
- The issues of fiscal and managerial accountability, ethical behavior, and legal compliance are as pertinent to a small organization as they are to a large one, and the responses of management to these issues are equally important. A small organization, however, will necessarily address these issues in the context of its size, ownership (many are privately held or family-owned), and responsibilities. Good governance practices are still an imperative.
- While large organizations frequently have complex computer/information systems for data management, a small organization (depending upon how small) may perform data and information management with a combination of personal computer- or work station-based data management systems and manual methods.
- Due to limited workforce and funding resources, benchmarking and competitive comparison information in a small organization environment may be based largely on literature/trade association information and comparisons with best practices in the local geographic area.
- In the context a small organization, systems for workforce involvement and process management may rely more on informal verbal communication than on formal written communication and documentation. However, all applicants have the same requirements to demonstrate that their processes are repeatable, can produce the desired results, and are deployed fully and systematically throughout the organization.
- The ability of a small organization to leverage key suppliers, particularly large suppliers, has to be viewed in the context of workforce availability and the volume of business that it does with the supplier.

- The ability of a small organization to obtain customer and market knowledge through independent third-party surveys, commissioned studies, extensive interviews, or focus group techniques is limited by its resources. The important consideration for Examiners is to assess whether the applicant, given its resources, is using appropriate mechanisms to gather and use information to improve its customer and market focus and satisfaction.
- The expectation that large organizations will segment their results data with regard to various customer and workforce segments may require modification in small organizations, depending on the complexity of these groups and the level of resources needed to gather and analyze the data.

## Introduction

By submitting a Washington State Quality Award Lite (Assessment) application, you have differentiated yourself from most State of Washington organizations. We are eager to make your efforts achieve the maximum benefit possible. This feedback report was written for your consideration in accelerating your journey toward performance excellence.

The Board of Examiners has evaluated your application for the Washington State Quality Award Lite (Assessment). Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

This feedback report contains a detailed listing of strengths and opportunities for improvement, and scoring information. Background information on the examination process is also provided.

We encourage you to use the feedback as input to your strategic planning process. As a Washington State Quality Award Lite (Assessment) applicant, you are already a winner in the journey toward performance improvement!

# Details of Strengths and Opportunities for Improvement

## Category 1 – Leadership

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- The Adult Protective Services' (APS's) vision and values are set and integrated by senior leadership. Vision and values are deployed by senior leadership during monthly leadership meetings, other meetings within the organization attended by APS leaders, employee recognition in part due to commitment to mission, employee training by leaders and other APS employees, expectations leaders set during the Personal Development Plan process, personal behavior of leaders, and employee contact with brochures and other media developed for public consumption.
- **Senior leaders assure regulatory and legal compliance and ensure ethical behavior by ensuring the organization is in compliance with the state legislative and other established legal and regulatory environment that includes written corrective and disciplinary actions and organizational protocols, e.g., conducting investigations and their subsequent reporting. There are organizational protocols for whistle-blowing. All staff annually review and certify their understanding of ethics and confidentiality. With every log-on by any employee to APS's computer system there is daily certification of understanding of policy. Supervisors are trained in the administration of legalities, regulations, policy, protocols, and ethical behavior. These multiple supporting processes demonstrate integration of supporting ethical processes.**

### OPPORTUNITIES FOR IMPROVEMENT

- **Although vision and values have been identified by senior leadership and deployed by senior leadership and other APS employees at all levels of the organization, there is no evidence of a systematic, repeatable, and collaborative process via which all employees and/or other stakeholders, e.g., suppliers and partners, can provide feedback for the improvement of vision and mission. Nor does there appear to be a process via which to measure the extent to which employees at all levels have a working knowledge of the vision and values. Methods to measure and improve staff commitment to vision and values might help reduce rate of staff turnover.**
- It is not apparent how readily available compliance regulations, policies, protocols, etc. are to APS's employees. While leadership performance evaluations include ethical performance and create action plans if measures fall below expectations, it is unclear if the multiple processes of deploying ethical and regulatory knowledge are effective. Without a clear measure of the effectiveness, APS may be missing opportunities to ensure effective use of resources on ethics and compliance.

## Category 2 – Strategic Planning

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- Strategic challenges were identified during an initial strategic planning exercise in July 2007. Key long-term (five-year) objectives are stated, prioritized, and the top three shown tied to action plans that include assigned accountability and target completion dates in Figure 2.1 – *Top Three Key APS Strategic Objectives and Action Plans*. The objectives address key aspects of quality customer service, improved operational capacity, and organizational learning.
- APS's piloting of processes using internal funding provides validation of action plans prior to wider deployment. Pilots such as with the Quality Assurance (QA) Monitoring Tool allow for additional staff, partner, and stakeholder input in validating and improving the product and action plans.

### OPPORTUNITIES FOR IMPROVEMENT

- It is clear that APS has started to document strategy, but it is not as evident from the application that there is a clear and consistent set of objectives that may assist in focusing efforts program-wide. There appears to be inconsistency of strategic objectives and strategic challenges. For example, is not clear that the objective “improving the laws and legal support...” (Section 2a) aligns with “optimize available human resources” (Figure 2.1 – *Top Three Key APS Strategic Objectives and Action Plans* and Figure 2.2 – *Key Strategic Challenges, With Objectives and Action Plans That Address Them*). It is also unclear if the strategic challenges listed in Figure 2.2 are aligned with previously identified challenges in the Organizational Profile. For example, the individual groupings shown in Figure 2.2 do not appear to be common challenge areas that were previously identified such as: human resources, caseload growth, or fiscal issues.
- No strategic advantages are provided, therefore no strategic objectives or actions plans focus directly on building from a strength. For example, descriptions of agreements with and support from stakeholder groups such as the regional resource teams might be seen as a strategic advantage. Developing strategies and plans that build upon that advantage might help meet other challenges such as resources to address increasing workloads and case complexities.
- APS acknowledges a key success factor is involvement of field staff and stakeholders in implementation of action plans, yet plans associated with the top three objectives have primary responsibility assigned at headquarters level. Regional Program Managers (PMs) are informed of policy updates by Headquarters Program Managers (HQ PMs) monthly and senior leaders communicate plans in writing and discussion, but beyond some involvement in pilot projects it is not clear how field staff participate. It is also not evident in the application how expected outcomes from action plans are measured or sustained.

- Action plans are developed with stakeholder input “as appropriate.” Coordination with some of these groups, such as law enforcement, banking, and the mental health system, is listed as a key strategic challenge. It is unclear how widely these stakeholders are involved in both development and deployment of action plans which might impact on-going organizational learning.

## Category 3 – Customer and Market Focus

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- **Key customers are identified as vulnerable adults. APS interacts with multiple stakeholders. Staff investigates all referrals from all sources. Staff have contact with their identified key customers. APS refines existing systems to maximize resources and provide high quality services to key customers and stakeholders. One method of refining existing systems is that the field staff are provided the opportunity to discuss, review, and evaluate enhancements.**
- The agency determines key customer requirements, needs, and changing expectations through listening and consultation. Senior leaders learn about needs/expectations from investigative staff that interact with key customers/stakeholders and hear the issues and concerns on a daily basis. Other methods of gathering this information are through conferences, strategic planning, training, taskforce meetings, and presentations.
- A positive interaction with a customer, even on a short-term basis, leads to a positive image among APS's key stakeholders in the community. The agency provides education and information to its internal and external stakeholders and the community at large through the use of trainings, public service announcements, and online materials for reporting and prevention measures.

### OPPORTUNITIES FOR IMPROVEMENT

- It is unclear how information collected from customers and stakeholders is integrated and used as a learning opportunity for investigative staff. It is also unclear how information and updated procedures relating to customers and stakeholders are consistently deployed across all regions.
- While senior leaders learn of customer needs through staff reports at meetings, there does not appear to be a clear process or measurable systematic approach to identifying the customer needs and requirements. For example, there is no evidence of clear evaluation of customer input (either quantitative or qualitative collection of customer data, sorting and segmenting of data, development of improvements, creation and implementation of action plans, etc). Because APS directly interacts with a large stakeholder population, APS may wish to consider how best to systematically collect and use the potential data received from this group. A clear systematic approach to listening and learning from their stakeholders may allow APS to further meet their high priority value of effective and fair investigations.

## Category 4 – Measurement, Analysis, and Knowledge Management

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- While there appear to be significant limitations with APS's ability to share information across the organization, APS has incorporated processes that demonstrate the beginning of an approach to measurement, analysis, and knowledge management. Examples of limitations include: 1) software currently limited in capabilities, 2) reliance on resources of umbrella agencies for decision support and data analysis and an employee survey, 3) the one actively used software tool being used to monitor work at the regional level only, and 4) no evidence of learning and sharing of best practices across regions. However, senior leadership works to improve organizational performance via 1) the system of organization-wide management/leadership team meetings, 2) internal/external panel teams within some regions, 3) reports from a decision support office two administrative levels above APS and research and data analysis units of the parent state agency (three administrative levels above the organization). Identification of needs and the plans to implement new and modified software systems demonstrate the beginning stages of learning.
- The Adult Protection Services Automated System (APSAS), software that provides decision-making support for all employees, promotes uniformity of deployment of approaches among the six regions.
- Although APS does not have specific data around their organization, they do have access to larger Home and Community Services (HCS) data which can provide some information (employee data, Research and Data Analysis (RDA) information, Decision Support Office (DSO) information, etc.) to assist in their improvement efforts.

### OPPORTUNITIES FOR IMPROVEMENT

- It appears there is a lack of an effective quality assurance monitoring system. Operationalizing the recently initiated quality assurance monitoring system and increasing the impact on decision-making of the organization's currently operational automated system, APSAS, may increase the rate at which senior leadership can promote organizational performance via focus on measures leadership has already identified as critical to the success of the organization.
- **Figure 4.1-1 – *Sample Key Measures/Systems/Results* presents three sample measures, but none are related to Figures 2.1's key strategic objectives and action plans or Figure 2.2's key strategic challenges with respective objectives and action plans. It is not apparent that there is alignment among strategic objectives, strategic challenges, strategic advantages, action plans, and measures to improve organizational performance. Improved alignment may increase the rate at which the organization overcomes its recently formally identified eight strategic challenges.**

- Figure 4.1-1 lists a sample of three key measures with respective collection methods, but two of these key measures appear to rely on the automated system that is of limited use and the third measure appears 1) to be indirectly related to the key success factor and strategic challenges of the organization, 2) to be out of the control of the organization, and 3) to provide results that cannot be directly attributable to the organization. Identification of measures that provide data over time as they accumulate and are analyzed to provide organizational knowledge might increase the rates at which APS overcomes its strategic challenges and advances its mission and vision at a uniform rate among the six regions.
- Although organizational performance is compared informally at meetings based on knowledge of intra- and extra-state information obtained by organizational leaders, there is no evidence of use of comparative data. The organizational performance might be improved by identification of comparative or competitive data on key measures.

## Category 5 – Workforce Focus

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- APS's mission, vision, and values describe their commitment to protecting vulnerable citizens and ensuring legislative mandates are followed. APS has regular unit meetings to obtain staff input relating to progress against the strategic plan. APS senior leaders meet face to face annually with field staff to discuss employee concerns and issues. As a result of these discussions there was development of safety training and the Training Academy demonstrating the beginning of learning.
- Agency supervisors use specific questions that assess current levels of competency for the specific position. Ability is measured through the Performance Development Plan, setting expectations based on identified objectives. Employees attend a mandatory 3.5 day training academy and continue to build on capabilities through feedback from peers and supervisors. However, the agency continues to struggle with constant staff turnover, staffing shortages, and increasing statutory/legislative demands that impact caseloads, training, and criteria.

### OPPORTUNITIES FOR IMPROVEMENT

- There is no evidence that APS has a systematic approach to determining gaps in capabilities and capacities. A clear process for gathering this data may better support APS's ability to plan, budget, and address the increasing caseload challenge.
- **APS is working to achieve the key success factor of uniformly deploying processes across the six regions. Although APS has begun to implement the mandatory academy training, APS continues to struggle with high turnover, further impacting their ability to address high caseload both due to the staff shortage and the need to allocate significant resources to training new staff. While APS has an action plan for working with legislators to increase staffing and salary levels, there appears to be a lack of integrated processes for addressing this key strategic challenge of staff shortages. For example, it is unclear if there are recruitment and retention and action plans beyond legislative initiatives. A broader approach to this “most important challenge and primary risk” may improve APS's success in this area.**
- While employee surveys are completed annually (although data is collected at a higher organizational level) as well as local and statewide employee, supervisor, and manager meetings to provide training and gather input from employees, there is no evidence that APS is able to glean specific agency data in order to provide specific employee feedback that will provide managers the information submitted by their employees. Without this information, it is unclear how organizational issues at APS's level can be addressed.

## Category 6 – Process Management

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- APS's three key work processes are defined by law (RCW), policy framework is developed in Washington Administrative Code (WAC), and staff processing requirements are documented in APS's program manual. Certain stakeholder (Assistant Attorney General, Division of Developmental Disabilities, and Residential Care Services) and collaborator (Area Agency on Aging, local law enforcement, and tribal members) groups assist in defining work process requirements. Formal processes exist for regional management to implement changes for efficiencies and accountability in key investigation processes.
- APS recognizes the importance of support processes in defining key work process operational flows. Many of the process improvement efforts originate through support processes, including training, quality assurance, and performance evaluations. APS has implemented, piloted, and scheduled a number of process improvement initiatives. APS plans to achieve improved work performance through expanded training. Performance data from planned quality assurance monitoring may help identify training and process improvements. HQ PMs are scheduling statewide QA visits with the focus on intake. An innovative investigative screening tool may assist in more consistent assessments and decision-making. These efforts demonstrate early stages of implementing an improvement orientation.
- All three key work process areas have multiple measures as listed in Figure 6.3 – *APS Key Measures and In-Process Measures*. APS is implementing new measures, such as cases open beyond 90 days and QA monitoring, to continue to seek process improvement opportunities. A key action plan is to establish a standard caseload of ten cases per investigator which would then become another key performance measure.

### OPPORTUNITIES FOR IMPROVEMENT

- The processes for developing, documenting, and measuring the coordinating activities and work processes of supporting groups, partner groups, and collaborating groups vary. The complexity of these relationships is a key strategic challenge in meeting APS's vision/mission. The Cross-Program Investigation Protocol was agreed to by senior agency leadership in 2003, but no measures are presented for it. It is not evident whether formation and conduct of regional resource teams is a standard work process or at the discretion of regional leadership and whether there is a systematic measurement of those team's effectiveness. It is not clear if there is a process for identifying and sharing best practices among the six regions.
- While the processes have been well established over time, the learning from these processes appears to be informal, not captured, and not aligned among the six regions. Improved alignment, learning, and sharing of best practices among the six regions may help address the strategic challenge of caseload growth and resource shortage.

- **There is minimal discussion of processes for providing protective services. This is a core part of APS's vision and mission, as well as a key requirement of customers and the legislature, however there is limited information on how this is measured and what systematic processes are used for continuous improvement and how these measures might assist in balancing strategic plans. For example, the only measure provided on this core service is the percent of substantiated cases, which does not appear to measure effectiveness of provision of protective service. While all three key work process areas have multiple measures as listed in Figure 6.3 and APS is implementing new measures, such as cases open beyond 90 days, APS appears to be missing measures relating to their key processes. Without well defined processes and effective key measures of these processes, APS may be missing opportunities to provide consistent, effective services and better protect vulnerable adults.**

## Category 7 – Results

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.  
(Please refer to Figure 2 - Scoring Guidelines.)

### STRENGTHS

- **Product and Service Results**  
APS provides trend data for intakes, investigations, and cases substantiated in Figure 7.2 and Figure 7.3.
- **Workforce Focus**  
143 employees have attended the mandatory academy.  
Figure 7.5 shows that 85% of the employees Performance Development Plans were completed on time and 15% were completed late with 100% completion.
- **Operational Performance**  
While no data was provided, APS's new QA tool may provide future operation measures. Despite a host of resource-related key challenges, APS has a consistent three-year record of 98% and higher timely responses to intake reports as shown in Figure 7.7. There is a slight 2007 drop in response times for medium and low priority. The Government Management Accountability and Performance (GMAP) goal is 100% for all categories. GMAP measures that include segmented detail by region, office, and/or even unit or individual may help pinpoint areas of best practice for operational improvement. Seven years of trend data on the top three types of cases are presented in Figure 7.8. These trends provide the backdrop for strategic objectives and action plans to optimize available human resources through request for additional full time employees (FTEs) (Figure 2.2). Financial exploitation cases rose 29% over the seven years and are described as complex, which may be borne out in the new GMAP measure showing that 78% of the top case types take longer than 90 days to investigate (Figure 4.1 – *Sample Key Measures/Systems/Results*). These measures may support APS's future ability to address the strategic challenge of the need for specialized forensic financial staff (Figure 2.2).

### OPPORTUNITIES FOR IMPROVEMENT

- **Accomplishment of Strategy and Action Plans**  
Although two apparently successful recent online initiatives are provided (website visits and online safety training – one with supporting data), neither is listed as an action plan in Figures 1.1-2. There does not appear to be data related to the provided strategies and action plans.
- **Product and Service Performance**  
While APS provides intake data in Figures 7.2 and 7.3, there does not appear to be an improvement in the trend with this data. The desired performance targets are not clear and there is no comparative data provided. APS indicates that their ability to perform their mission depends on the reporting of incidents, however there is no data provided on reporting results.

- **Customer Satisfaction**  
There is no indication of measures of breadth and depth of the impact of community outreach and education efforts (e.g., brochures, APS web page) nor does there appear to be a process for data-driven updates of these outreach materials. Broadening and deepening community support might result in additional resource allocation. There are no measures of customer satisfaction provided.
- **Workforce Focus**  
While 143 employees have completed the academy, there is no indication of the percentage of employees who have attended training. There is no evidence of trend comparative data relating to key workforce focus measures including retention. Additionally, there is no data provided relating to key factors affecting employee satisfaction or commitment to mission and vision.
- **Financial and Marketplace Performance**  
Seven years of risk assessments by 100% of offices meet a required financial and operational process, but do not provide a measure towards improvement without examining the results of the assessments and trends in results. It is also not directly tied to APS's challenges, advantages, key requirements, or strategies. Outside of risk assessments, there are no additional financial data provided. APS lists securing adequate funding as a key challenge so additional financial measures may be helpful in presenting their case to stakeholders.
- **Operational Performance**  
As depicted in Figure 4.1 – *Sample Key Measures/Systems/Results*, the new GMAP measure of cases open more than 90 days is delineated by type of cases (financial exploitation and self neglect in the example shown). This appears to be a point in time count at quarter end. No trend or comparative data is yet available. Comparisons of average total length of case investigations by each abuse type, coupled with statistics on historical trends of each type by region and office, might also provide a predictive workload evaluation tool and highlight areas where operational improvements might have maximum benefit. Additionally, there did not appear to be measures relating to operational performance that may support improvement in meeting their mission and vision. For example, there were few measures relating to protecting the vulnerable adults. APS has noted the critical need to measure recidivism of adults with prior substantiated abuse cases.

No data are provided as to the extent of corrective and disciplinary actions, whistle blowing, or external stakeholder complaints concerning procedures, confidentiality, and ethical behavior. Such data might focus senior leadership decision making, document any differences in application of policies and procedures among the regions, and provide reinforcement opportunities during orientation and subsequent yearly training.

## Closing Thoughts on Writing a Better Application

The timing for reapplication to WSQA is an individual organizational decision that is based on how quickly the organization is able to act on their feedback and then gather results from their actions. Many organizations find that a period of 18-24 months is appropriate. Typical considerations for determining the time to reapply include:

- Ability to address a substantial amount of the key findings of the report.
- Ability to demonstrate the results that have occurred from addressing the key findings. Please remember that 45% of the total score is in the results.
- Ability to demonstrate at least one cycle of learning/ improvement within key process changes.

Suggestions for writing a stronger application:

- Reference charts rather than repeating the same information in multiple locations. Will save space and ensure consistency.
- Requirements that link measures to areas of importance such as strategic planning, customer requirements, and employee requirement.
- Don't need two charts that give similar information, e.g., Figure 7.2 and 7.3.

## Maintaining the Improvement Momentum

WSQA has seen many strong approaches to maintaining the improvement momentum including:

- Prioritizing the feedback of this report, creating action plans to address the feedback, and holding follow up progression meetings on the action plans. WSQA offers a follow up workshop entitled Turning Feedback into Action to facilitate this process.
- Conducting internal reviews with internal examiners.
- Conducting on-line self-assessment surveys during the non-application years. WSQA offers two types of these surveys.
- Participating in an Improvement Collaborative with other organizations.
- Joining a Round Table group of past WSQA recipients.

Please contact WSQA for more information on these and other methods of maintaining the improvement momentum within your organization.



## Final Note

Thank you for taking the quality challenge to pursue the Washington State Quality Award. It is our sincere hope that the feedback provided in this Lite (Assessment) Feedback Report is both reaffirming to your strengths as well as insightful into your operation's opportunities for improvement. Excellence is a journey. We wish you well on your journey to performance excellence. Congratulations!

Sincerely,  
WSQA Application Review Team  
WSQA Board of Examiners

## **Appendix**

By submitting a Washington State Quality Award application, you have differentiated yourself from most organizations. The Board of Examiners has evaluated your application for the Washington State Quality Award. Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

This feedback report contains the Examiner's findings, including a summary of key themes of the application evaluation, a detailed listing of strengths and opportunities for improvement, and scoring information. Background information on the examination process is provided on the following pages.

## Lite (Assessment) Application Review Process

### Stage 1: Independent Review

The application process begins with Stage 1, Independent Review; in which members of the Board of Examiners and/or Judges Panel are assigned to the assessment applications. Assignments are made according to the Examiners' areas of expertise and to avoid potential conflicts of interest. Each application is evaluated independently by Examiners who write comments relating to the applicants strengths and opportunities for improvement. All applicants go through the Stage 1 evaluation process.

### Stage 2: Consensus Review

Applicants then move forward to Stage 2, Consensus Review. During Stage 2 Examiners conduct a series of conference calls and meetings to reach consensus on comments that capture the team's collective view of the Applicant's strengths and opportunities for improvement and the scoring range for each Category. Comments are documented in a consensus scorebook. The consensus process is shown in Figure 1.

<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
<b>Consensus Planning:</b> <ul style="list-style-type: none"><li>• Clarify the timeline for the team to complete its work</li><li>• Assign Category/Item discussion leaders</li><li>• Discuss key business/organization factors</li></ul>	<b>Virtual Consensus:</b> <ul style="list-style-type: none"><li>• Review all independent review evaluations - draft consensus comments and propose scores</li><li>• Post consensus review worksheets for the team to review</li><li>• Address feedback, incorporate inputs, and propose a resolution of differences on each worksheet</li><li>• Review updated comments and scores</li></ul>	<b>Consensus Calls:</b> <ul style="list-style-type: none"><li>• Discuss a limited number of issues related to specific comments or scores, and discuss all Key Themes</li><li>• Achieve consensus on comments and scores</li></ul>	<b>Post Consensus Call Planning:</b> <ul style="list-style-type: none"><li>• Revise comments and scores to reflect consensus decisions</li><li>• Prepare final consensus scorebook</li><li>• Prepare feedback report</li></ul>

*Figure 1—Consensus Review Process*

## Scoring Guidelines

Criteria for Performance Excellence 2008

Band	Process (For Use With Categories 1-6)
<p>1 Not Evident</p>	<ul style="list-style-type: none"> <li>• No systematic approach to Item requirements is evident; information is anecdotal. (A)</li> <li>• Little or no deployment of any systematic approach is evident. (D)</li> <li>• An improvement orientation is not evident; improvement is achieved through reacting to problems.(L)</li> <li>• No organizational alignment is evident; individual areas or work units operate independently. (I)</li> </ul>
<p>2 Beginning</p>	<ul style="list-style-type: none"> <li>• The beginning of a systematic approach to the basic requirements of the Item is evident. (A)</li> <li>• The approach is in the early stages of deployment in most areas or work units, inhibiting progress in achieving the basic requirements of the Item. (D)</li> <li>• Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L)</li> <li>• The approach is aligned with other areas or work units largely through joint problem solving. (I)</li> </ul>
<p>3 Basically Effective</p>	<ul style="list-style-type: none"> <li>• An effective, systematic approach, responsive to the basic requirements of the Item, is evident. (A)</li> <li>• The approach is deployed, although some areas or work units are in early stages of deployment. (D)</li> <li>• The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L)</li> <li>• The approach is in early stages of alignment with your basic organizational needs identified in response to the Organizational Profile and other Process Items. (I)</li> </ul>
<p>4 Overall Effective</p>	<ul style="list-style-type: none"> <li>• An effective, systematic approach, responsive to the overall requirements of the Item, is evident. (A)</li> <li>• The approach is well deployed, although deployment may vary in some areas or work units. (D)</li> <li>• A fact-based, systematic evaluation and improvement process and some organizational learning are in place for improving the efficiency and effectiveness of key processes. (L)</li> <li>• The approach is aligned with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)</li> </ul>

*Figure 2 – Scoring Guidelines*

<b>Band</b>	<b>Results (For Use With Category 7)</b>
1 Not Evident	<ul style="list-style-type: none"> <li>• There are no organizational performance results and/or poor results in areas reported.</li> <li>• Trend data are either not reported or show mainly adverse trends.</li> <li>• Comparative information is not reported.</li> <li>• Results are not reported for any areas of importance to the accomplishment of your organization’s mission.</li> </ul>
2 Beginning	<ul style="list-style-type: none"> <li>• A few organizational performance results are reported, and early good performance levels are evident in a few areas.</li> <li>• Some trend data are reported, with some adverse trends evident.</li> <li>• Little or no comparative information is reported.</li> <li>• Results are reported for a few areas of importance to the accomplishment of your organization’s mission.</li> </ul>
3 Basically Effective	<ul style="list-style-type: none"> <li>• Good organizational performance levels are reported for some areas of importance to the Item requirements.</li> <li>• Some trend data are reported, and a majority of the trends presented are beneficial.</li> <li>• Early stages of obtaining comparative information are evident.</li> <li>• Results are reported for many areas of importance to the accomplishment of your organization’s mission.</li> </ul>
4 Overall Effective	<ul style="list-style-type: none"> <li>• Good organizational performance levels are reported for most areas of importance to the Item requirements.</li> <li>• Beneficial trends are evident in areas of importance to the accomplishment of your organization’s mission.</li> <li>• Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance.</li> <li>• Organizational performance results are reported for most key customer, market, and process requirements.</li> </ul>

*Figure 2 – Scoring Guidelines continued*