



2008
Washington State
Quality Award

DSHS/ESA/CSD
Region 4 Customer Service Center
Full Examination Feedback Report

DSHS/ESA/CSD

Region 4 Customer Service Center

Full Examination Feedback Report

This document provides a Full Examination Feedback Report for the DSHS/ESA/CSD Region 4 Customer Service Center. Used in conjunction with the Criteria for Performance Excellence and Scoring Guidelines, this feedback report is the conclusion of the application process.

The DSHS/ESA/CSD Region 4 Customer Service Center scored in Band 3, showing that the organization demonstrates effective, systematic approaches responsive to the basic requirements of most Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved. Results address many areas of importance to the organization's key requirements, with improvements and/or good performance being achieved. Comparative and trend data are available for some of these important results areas.

As a result of the Stage 2, Consensus Review, the DSHS/ESA/CSD Region 4 Customer Service Center is awarded the Washington State Quality Award at the Leadership Level. Congratulations!



March 25, 2009

Shawn Hartline
Administrator
DSHS/ESA.CSD Region 4 Customer Service Center
400 Mercer St., Ste. 600
Seattle, WA 98109

Dear Mr. Hartline:

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 or at 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 Full Examination 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.
- 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 (WSQA) 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 WSQA. Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

This feedback report contains the Examiners' 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 also provided.

We have provided you with Item-level scoring ranges in the feedback report so that you may have a better understanding regarding both your most significant areas of strength and opportunities for improvement. This should allow you to target your action plans more carefully for organizational improvement. We encourage you to use the feedback as input to your strategic planning process. As a WSQA applicant, you are already a winner in the journey toward performance improvement!

Executive Summary

Based on completion of Stage 2, Consensus Review, the DSHS/ESA/CSD Region 4 Customer Service Center scored in Band 3, showing that the organization demonstrates effective, systematic approaches responsive to the basic requirements of most Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved. Results address many areas of importance to the organization's key requirements, with improvements and/or good performance being achieved. Comparative and trend data are available for some of these important results areas. For further explanation of the scoring bands please refer to Appendix – Scoring Band Descriptors.

Key Themes

a. The most important strengths or outstanding practices (of potential value to other organizations) are as follows:

- The DSHS/ESA/CSD Region 4 Customer Service Center (CSC) supports its mission of helping people live better lives and their vision to exceed customers' expectations through employment of an effective, systematic, and well-deployed approach in the use of quality processes to support continual improvement.

Quality circle teams, designed after Baldrige criteria, consider feedback and work with both employees and community partners/stakeholders for process development. As strategic planning evolves, these teams help to integrate aspects of the plan appropriately with the development of effective processes or proposal of new ideas. The quality teams also participate in proactive planning. As possible changes to funding or structure due to pending legislation become possible, appropriate quality teams evaluate and design processes to accommodate the changes.

Newly implemented processes follow the Deming principle of Plan, Do, Check, Act (PDCA) throughout the organization, allowing for learning and agility as new processes may need adjustments.

The CSC researches and conducts site visits to both public and private organizations to investigate best practice processes for inclusion into its own culture. Visits to Comcast, Snohomish County PUD, and Countrywide Mortgage have led to changes in procedures and addition of technology, SYMON, that has improved call center response time, a key performance measure.

Lastly, continual improvement is supported through the incorporation of quality-infused educational opportunities throughout the organization. Upper management receives leadership training in Six Sigma, Systems Thinking, Brainstorming, and Change Management. The CSC University supports career development for all employees as it teaches quality techniques.

- The CSC demonstrates effective, systematic, and well-deployed approaches in support of its vision to exceed customer expectations every time through the widespread deployment of

voice-of-the-customer processes throughout the organization, supporting customer-driven excellence.

The First Friday Forum, a large group of customer advocates, has a significant role in the strategic planning process and participates in reciprocal communication and training opportunities with the CSC. The Second Friday Forum, a leadership group consisting of CSC representatives, community leaders, and internal stakeholders, receive Quality Circle team recommendations to continue the vetting process for new processes/procedures. Metrics for the twenty two key process measures related to action plans are shared with Forums monthly, supporting a full circle feedback loop.

CSC representatives participate on state-wide committees and in Region 4 management team meetings with a focus on strategic planning with other governmental agencies.

Process improvement is achieved through employing the Baldrige criteria; seeking out state of the art organizations to learn new processes and best practices; establishment of planning groups composed of CSC staff, advocacy groups, and other impacted parties; regularly reviewing key measures, policies, and procedures, and redefining them as needed; empowering staff; and making process changes based on customer feedback. Improvements and lessons learned are widely shared with other units within the department. Staff provides training and/or best practices information to many offices and community partners. This information has been shared through formal presentations, e-mails, handouts, and telephone calls to other office and unit managers, line staff, and community partners upon request.

- The CSC sets targets that align with their strategic plan and vision in six critical areas of operation by employing twenty two key measures. Data is reviewed daily, weekly, and monthly to provide regular monitoring of key targets and assure alignment with the vision and mission statements. This provides an operational learning opportunity that may lead to innovative changes. Data comes from “Barcode” which is the rapid development database system. Data deviations from expectations are addressed by a management and/or a quality team to determine the root cause and to propose changes, procedures, and staff assignments. Changes are then monitored.

b. The most significant opportunities, concerns, or vulnerabilities are as follows:

- The CSC organization is housed in five different locations throughout King County but there was no segmentation of information or results for the different locations. It was not apparent how processes were integrated across work locations. There was no discussion of how deployment of work process may be altered to support the different citizen populations. Although the CSC has quality teams who evaluate changes in safety and security needs identified by the workforce, there is no indication of how these needs may differ per location.
- Whereas CSC uses data to improve their key processes, it is unclear how they use data to improve non-operational or support processes.
- It is unclear how the various forms of information gathered are analyzed and prioritized into action plans. For example, it is unclear what process is used to evaluate whether a problem is assigned to a quality teams or to generate action plans.

c. Considering key business/organization factors, the most significant strengths, opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in its response to Results Items are as follows:

- Although the organization supports much of its learning and innovative process change with the metrics derived from the twenty two key measures, there were areas of the application that used very little or no data and were supported only by anecdotal statements. For example -
 - The CSC cites the implementation of a new advocate contact person for more efficiency in processing emergency medical applications, but there was not data to support the claim that this process directly improved advocacy group relationships with the organization.
 - The organization states that processing time for applications has been reduced from three days to two days due to training and education programs deployed to stakeholder and community groups, but how this improvement is tied to the trainings is not made it clear.
 - Although the CSC states that as the state monetary threshold for poverty rises customer satisfaction can be judged from the numbers of individuals electing to remain with the lower cost agency health insurance rather than seek private health insurance, it is not clear how this connection has been established. Without clear data to support organizational processes or changes, the CSC may misplace resources.
- Although results address many areas of importance to the accomplishment of the organization’s mission, little or no comparison data is presented in the application. Although the CSC is a state government agency and definitive parallel data between similar agencies in other states may be difficult to obtain due to differing procedures, measurables, etc., being able to compare itself to similar organizations may lead to improvement.
- There was very little trend data that enabled the CSC to demonstrate whether their performance was sustained or improving. Without clear trend data, the CSC may have difficulty determining when and how to act and whether improvement actions are effective.

Details of Strengths and Opportunities for Improvement

Category 1 – Leadership

1.1 Senior Leadership

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- **Mission and values are transmitted by the leadership team by daily interaction in person and via e-mail with CSC staff. Senior managers' first daily actions are to walk through their units, making individual contact with front line staff. Information is shared with staff during regular quality team meetings, unit meetings, and quarterly all staff meetings, in the CSC monthly newsletter, and on the office website. Mission and values are shared with community partners at regular outreach meetings. Mission and values are communicated to internal stakeholders through participation on state-wide committees that focus on planning and implementation.**
- Ongoing training is used to identify clear expectations of what constitutes professional behavior. Cases are audited at the worker, program, state, and federal level. Appropriate use of state resources is addressed through staff training, monitoring, and auditing. As a result of feedback, the statewide Alien Emergent Medical, Healthcare for Workers with Disabilities, and Hospice programs were formed into centralized caseloads and assigned to CSC for processing and maintenance. Feedback from all sources is reviewed by CSC management and with any actionable items, in many cases, change is initiated immediately and information is shared with quality teams and the source of the feedback.
- A sustainable organization is created by linking to and participating with Health and Recovery Services Administration and Community Services Division. Technological needs are evaluated annually. CSC quality teams are assigned to review areas of the operation for process and/or procedural improvement. CSC University has been created to develop staff. CSC quality teams employ PDCA and “no fault risk taking” - teams also aid workforce learning. Quality teams that mirror the Baldrige sections look for potential improvements and submit recommendations to CSC management.
- CSC management communicates with staff in person, in regular meetings and visits, and via e-mail, website, and newsletters. Quarterly internal staff surveys are conducted to gauge the effectiveness of its internal communication process. Two way communication opportunities are available through strategic planning meetings, regular team meetings, quality team meetings, all staff meetings, and annual reviews. Key decisions are communicated at all staff meetings with time available for questions and issue clarification.
- Managers conduct strategic planning meetings at management, unit, and community partner level. Managers use performance measures to determine actions.

Ethical behavior is facilitated with multiple, integrated approaches. Senior leaders have facilitated improved performance by providing dual monitors to allow staff to access multiple resources simultaneously. Position description forms contain precise expectations. Feedback is received from the general public, customers, and community advocates. A Whistle Blower program is in place. Technology audits are conducted. A response is required from feedback, complaints received through the whistleblower program, and technology compliance audits. All alleged breeches of ethical behavior are subject to a formal investigative process. Annual workforce evaluation process includes the area of ethical behavior.

OPPORTUNITIES FOR IMPROVEMENT

- While the CSC has developed six key values: customer service, professionalism, reliability, teamwork, communication, and integrity, it is not clear how these were developed.
- Within the last year, 25% of CSC staff have been promoted; however, it is unclear whether this is a result of the Developmental Job Assignment (DJA) project or a result of a CSC expansion.
- Senior leadership personifies organizational values and exhibits dynamic energetic leadership; however, it is unclear how senior leaders' personal actions reflect a commitment to the organization's values.
- It is unclear how vision, values, and mission are deployed at all five CSC locations.

1.2 Governance and Social Responsibilities

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC balances the budget and FTE allocation to zero by the end of each fiscal year. Weekly and monthly data reports are generated to determine that federal and state processing deadlines are being met. Key indicators are used that trigger if any category of cases or specific actions occurs that need to be subjected to the internal audit process. Key indicators for internal audit triggers were developed from internal, state, and federal program audits and external partnerships, customer feedback, and community advocate meetings. Audit results form the basis for corrective action plans. Policies, procedures, and trainings are amended to comply with audit findings and are documented in the CSC procedures and business plan
- Senior management review is based on accomplishment of mandates and on feedback from customers and stakeholder groups. CSC leadership is also evaluated based on feedback from customers, advocacy groups, other state agencies, and the general public.
- Cases are audited at the worker, program, state and federal level to assess accuracy and to minimize any potential negative impact stemming from incorrect eligibility determinations. Appropriate uses of state resources are addressed through staff training, monitoring, and auditing. Feedback is elicited from community partners regarding their performance and its impact on others. This is accomplished through meetings, surveys, telephone calls, and e-mail contacts. Meeting with community advocate groups takes place twice a month in which reviews are conducted regarding operations, policy, service delivery, and upcoming changes and/or new programs.

Feedback from all sources is reviewed by management which drives improvement processes. It is also used by quality teams for improvement

The CSC reviews program changes to determine what groups will be impacted by changing legislature.

- The CSC provides the workforce with a position description containing precise expectations surrounding customer service, professionalism, reliability, teamwork, communication, and ethics. Administrative policies, internet agreements, and professional development plans are reviewed at least annually with every employee. Alleged breach of legal and ethical behavior can be initiated at any level by anyone, within or without the organization, at any time.

OPPORTUNITIES FOR IMPROVEMENT

- The CSC has identified twenty two key data measures that relate to the timeliness and accuracy of services delivered to end use customers; however, it is unclear how these directly measure or address risks associated with CSC products and operations or on adverse impacts on society.

Category 2 – Strategic Planning

2.1 Strategy Development

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC management team conducts its strategic planning process by utilizing meetings, e-mails and in-person brainstorming. They look at effective ways of using existing funding, improving technology use, administering medical programs, and incorporating potential programs and process changes. CSC quality teams participate as sounding boards. For example, First Friday Forums with over 300 participants provide stakeholder and process feedback.
- Strategic challenges are evaluated on an ongoing basis. The five year business plan is reviewed each year to verify that we have the necessary tools and resources to meet both long term challenges and take advantage of newly created opportunities. They review monthly, quarterly, and annual report card data.
- **Key strategic objectives are to mirror the best practices of both private industry and the public sector. The CSC evaluates these objectives on an ongoing basis and they are tied directly to both the Governor’s Government, Management, Accountability and Performance (GMAP) process and to customer feedback.**
- **Site visits are conducted to examine and review the efforts of industry leadership to evaluate their processes. These site visits have resulted in improvements that have helped the CSC in meeting its strategic challenges (e.g., Comcast and Snohomish County PUD resulted in a redesign of some processes; Countrywide Mortgage resulted in streamlined paper flow process; and Region 2 Call Center resulted in the exchanging of best practices information).**

OPPORTUNITIES FOR IMPROVEMENT

- **It was unclear how information from Friday Forums, quality teams, etc. is synthesized and summarized for use in strategic planning. It is also unclear if the five remote location units are included in this process.**
- There was no discussion on how time horizons are set or discussion of how strategic planning process addresses these time horizons. A planning process without time horizons lessens the accountability associated with a task. This can lead to a task not being completed.
- It is also somewhat unclear how organizations are identified and targeted for best practices. While internet research is conducted, it is unclear how the CSC determines the basis or impetus for the original search.

2.2 Strategy Deployment

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- **Action plans are developed from initiatives and tasks assigned by management, higher headquarters, quality teams, community partners, and stakeholders. Monthly strategic planning meetings are conducted to develop appropriate targets and to establish measures and processes to review each initiative. The CSC establishes measures and processes to review performance for each initiative undertaken.**
- Action plans include a review of resources and an ongoing assessment of risks and obstacles is conducted. Process measures are developed by headquarters, CSC leaders, community partners, and customers. Resources are assessed using a dashboard system for its staffing model. Acceptable risk is related to the origination of the action plan and its perceived added value to the organization.
- CSC reviews anticipated caseload growth, technology developments, and staffing needs annually. Processing section team leaders assess their operational section needs every morning. Key outcomes of overall operation and specific action plans are verified by daily, weekly, and monthly review of the twenty two key measures. Deviations are detected and subjected to research and correction.

OPPORTUNITIES FOR IMPROVEMENT

- It is unclear how the process is evaluated for learning opportunities or how the process is implemented across work units.

Category 3 – Customer and Market Focus

3.1 Customer and Market Knowledge

Your score in this Criteria Item for the Consensus Stage is in the 70-85% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Although primary customer groups are identified by federal and state legislation, the CSC utilizes community outreach partnerships and customer advocates to assist in identifying customers within the legislatively designated parameters. The CSC maintains regular partnership meetings with these key stakeholders, e.g., First Friday Forum, thus allowing for customer information flow between the CSC and stakeholders. This process supports maximizing participation by eligible customers and strategic planning, as well as the mission.
- **The CSC uses a variety of external and internal customer surveys to capture information and feedback for planning purposes. Figure 11 illustrates the distribution schedule of the six surveys and also highlights the use of both CSC-designed surveys and headquarters-designed surveys. Customer feedback is received in a variety of ways, e.g., in person, by phone, by fax, by e-mail, and in writing. Through the process of surveying all customer segments and allowing for a variety of feedback mechanisms, the CSC ensures a collection of all customer voices. As this feedback information is used at all levels in the organization and all stages of the internal planning process, organizational learning supports the strategic planning. For example, as advocacy groups made it known they needed emergency medical applications addressed within a 48-hour window, the CSC responded by implementing a new process whereby advocates have a designated contact and are given a direct phone line and fax number for their use.**
- Collected feedback from customer surveys is shared and used at all levels of the organization and at all stages of the internal planning process. Data is also shared with community partners, as appropriate, as their inputs are also sought in the planning process. As information is forwarded to the appropriate quality or management team, it is evaluated for relevance, feasibility, and possible incorporation into CSC's processes, as appropriate. As new processes are developed through this process, performance measures are put in place to monitor the effectiveness of the changes. This closed-loop procedure led to the development of certified translators being part of caseload staffing, which has decreased translation costs, representing increased efficiencies in workload management (Figure 37 – *CSC Translation Costs 2005-2007*). This collection and vetting of survey information supports the continual improvement of the organization and alignment with their vision and mission.
- The CSC makes use of regularly scheduled customer satisfaction surveys issued internally to the workforce and externally to customers, partners, and key stakeholders to determine needs. Data from these surveys is coupled with information received from site visits to both public and private organizations performing similar work and reviewed by the quality or

management teams for benchmarking purposes. As new plans emerge they are reviewed against the five-year business plan to assure alignment with customer needs and the CSC's vision and mission.

OPPORTUNITIES FOR IMPROVEMENT

- It is unclear what systematic processes are in place to incorporate input collected through surveys and stakeholder meetings into actionable interventions to foster continual performance improvement.

3.2 Customer Relationships and Satisfaction

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Relationships are built and sustained through outreach to community-based partners. Through the First and Second Friday Forums and focused reciprocal training with advocacy groups, the CSC receives information from an array of community and advocacy groups and supports learning within these partners to better service the citizen population. Figure 13 – *Provider Survey Question Wrap-Up by Ranking 2005-2007* illustrates the degree of customer satisfaction with First Friday Forum participants in areas ranging from telephone access to problem resolution from 2005 through 2007. Satisfaction generally improved during this timeframe and measures were highest in 2007. As the CSC conducts business in a mutually beneficial and reciprocal manner, the vision and mission are supported.
- The CSC uses a variety of customer access mechanisms - electronic, US and drop off mail, advocacy groups, and in-person communications - that speak to the diversity of the population being served. Of particular note is the improvement made to the phone call system. Data was gathered through site visits, customer surveys, and the First Friday Forum. Improvements included extended hours for the call center, translator services, the Answer Phone for basic inquiries that do not require a human interaction, and the development of a specialized medical provider line for emergencies. As the CSC strives to meet stated customer and stakeholder needs, relationships that retain satisfied users sustain the CSC's vision and mission.
- As the CSC developed a list of customer contact requirements from customer and advocacy group feedback, it established a variety of access mechanisms to gather customer complaint information that would meet the needs of the diverse population the CSC serves. The CSC strives for a first-contact resolution of concerns on an individual basis and when concerns arise from advocacy groups, there is an information feedback loop that informs the group of the CSC's resolution decision. If a client is not satisfied with the CSC's attempts to resolve a complaint, there are two additional levels the client can move to for resolution – filing an administrative hearing request with an Administrative Hearing Coordinator and having their case presented before an independent administrative law judge. To support organizational learning, complaints are aggregated and analyzed monthly by management or quality teams. As information is analyzed and improvements incorporated into business processes, using quality methods such as Deming's "Plan, Do, Check, Act" system. As the CSC reaches into the community for process improvement and uses quality processes to support and analyze new business processes, their approach to customer satisfaction and their ability to identify and keep current with changing customer needs is maximized. This comprehensive plan supports the organizational improvement, which in turn supports their vision to exceed customer expectations.
- The CSC's use of customer satisfaction results for improvement was demonstrated by their responsiveness to community input regarding the implementation of a specialized caseload staffed by state-certified Spanish translators. As that received high praise from the

community and also led to organizational cost savings, the CSC is extending this same service to their growing Vietnamese population.

- Although it is difficult to obtain competitive and comparative information due to being a state government agency, with most states running their medical insurance programs differently, the CSC continues to investigate best practices in private industries, such as the telephone and the automobile industry. Through this practice quality teams were employed in the organization and those teams are central to organizational support for continued improvement, customer satisfaction, and ultimately, the CSC's vision and mission.

OPPORTUNITIES FOR IMPROVEMENT

- Although the organization states that processing time for applications has been reduced from three days to two days due to training and education programs deployed to stakeholder and community groups, it is unclear how this improvement is tied to the trainings. Without the use of specific survey questions or data gathering to support this premise, the CSC may misplace resources as it strives toward continual improvement.
- Figure 14 reflects customer satisfaction statistics regarding administrative hearings. As part of the comparative information is for a partial year only, it is unclear if the increase in filed hearing cases is proportional or an increase in dissatisfaction. Without this clarification, it may be difficult for the CSC to address areas of customer concern.
- Although the CSC states that as the state monetary threshold for poverty rises customer satisfaction can be judged from the numbers of individuals electing to remain with the lower cost agency health insurance rather than seek private health insurance, it is not clear how this connection has been established. The claim is that customers who are satisfied with the state scope of services will remain even though they can seek higher cost insurance. It is not clear how the CSC determines a consumer whose income does not increase would have an incentive to change to higher cost insurance. The CSC may be missing opportunities to improve customer satisfaction.

Category 4 – Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC sets targets that align with their strategic plan and vision in six critical areas of operation by employing twenty two key measures. Data is reviewed daily, weekly, and monthly to provide regular monitoring of key targets and assure alignment with the vision and mission statements. This provides for continual learning opportunity. Data comes from “Barcode” which is the rapid development data base system. Data deviations from expectations are addressed by a management and/or quality teams to determine the root cause and to propose changes in processes, procedures, and/or staff assignments. Changes are then monitored.
- Comparative data is obtained from DSHS Headquarters, the Region 2 CSC, other offices in the division, and industry-wide telephone data from Centerserve’s biannual call center industry surveys. Learning opportunity is derived from networking with selected organizations and internet research.
- Business needs and direction are determined by headquarters and is determined by staffing, funding, political environment, available technology, and perceived social needs. The CSC has established partnerships with staff, community partners, and advocates and has developed additional measures capable of detecting and responding to rapid changes. CSC representatives also participate in statewide workgroups which allow it to receive advance notice of potential program and process changes, enabling the CSC to be sensitive to rapid or unexpected external changes for rapid response to changing needs. Many staff are trained in change management processes to aid in providing rapid change when required.
- Organizational performance is reviewed by the Community Service Offices (CSO) administrator and unit managers regularly. Corrective action plans are developed if performance does not meet strategic goals. Corrective action plans offer a documented improvement strategy which could provide a valuable reference. Techniques such as Brainstorming, Systems Thinking, Root Cause Analysis, Change Management, and elements of Six Sigma are used to reestablish acceptable performance. A variety of problem solving techniques appear to be used.

OPPORTUNITIES FOR IMPROVEMENT

- Some of the key processes are identified but do not clarify who or by what process the activity is carried out. For example, it is unclear who analyzes daily, weekly and monthly data. How accuracy of data is ensured across the various field offices is also unclear. The review process was also unclear. How data accuracy and validity are maintained was also not evident. It was also unclear how anomalies versus process deviations are determined.

These issues are important in ensuring that quality data is used to make accurate organizational decisions.

- **It is unclear how comparative data was selected. It was unclear how the effective use of this data is maintained. How this data is reviewed, evaluated, and incorporated into the organizations processes was also unclear. How the results from these reviews ensure effective use of the data was also uncertain. These issues are important for ensuring that appropriate comparative data is selected and its use is effective.**
- It is unclear how organizational reviews are incorporated into a systematic evaluation and improvement of key processes. A systematic process ensures a consistent and reliable approach.

4.2 Management of Information, Information Technology, and Knowledge

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- There is an agency-wide Disaster Recovery Plan that is reviewed and updated annually. Staff are identified to perform critical functions in the plan. There is off site storage for critical forms, supplies, and back-up computer data. The master plan provides for restoration of some switches and routers which provide access to Department of Information Services' mainframes within 72 hours. Each program and service area has a business resumption team in place to liaison between its own IT disaster recovery team, Information System Services Division, field staff, and customers. This will help ensure that critical information is not lost in the event that information is destroyed on location.
- Accuracy of information is ensured through a collective researching process in which data is checked and verified. Integrity and reliability is secured by the management and quality team's monitoring and evaluating of processes, data, and feedback from all sources. Timeliness of data is ensured by continuous evaluation by CSC staff. The CSC operates behind a firewall to prevent unauthorized access. Continuous research, monitoring, and evaluating allows for learning opportunities and rapid integration of new and/or updated data.
- **There are several methods to transfer workforce knowledge which include the development of formal training packets, mentoring, succession planning for staff and management, developmental job assignments, in-house training, and review of best practices. Customer transfer of knowledge occurs through formal meetings, telephone, e-mail, the CSC newsletter, in-person contacts, DSHS internet and intranet, and written correspondence. Best practices are identified by networking with other state agencies, internet research, and site visits to private industry and non-profit organizations, Results are shared through the internal quality process and shared with other offices. These processes may provide important learning opportunities. Implementation of best practices occurs through review by management and quality teams. Monitoring occurs to verify anticipated outcomes within stipulated timeframes. These processes allow for continual learning and improvement.**

OPPORTUNITIES FOR IMPROVEMENT

- **There was no discussion of how data is made available to partners and customers. This is important for maintaining strong relations with key external groups. There also was no discussion describing any learning opportunities. This is important to ensure constant improvement of processes.**
- It was unclear how the CSC systematically determines if hardware and software needs are met and are current. This is important to ensure constant and uninterrupted support for operations and information management needs. There also was no discussion describing how CSC needs are integrated with the Information Technology Division. Without a process

to assess ease of new software or internally designed programs, the CSC may run the risk of incorporating technology that is difficult to use which could undermine workforce engagement and satisfaction.

- There was no discussion describing how the CSC works with the Information Technology Division to help them understand and inform them of customer/business needs for data and information. How the CSC interacts with the Information Technology Division to ensure the technology changes meet business needs was unclear. Without a discussion of customer and stakeholder needs, a significant opportunity for full integration of stakeholder needs/satisfaction may be missed. There was also no discussion of learning opportunities from these processes. This is important for ensuring constant improvement of processes.
- It was unclear how the CSC ensures the quality of data collected. It was unclear how the CSC ensures that benefits are going to intended recipients. It was unclear if there was a process to prevent fraud. This would be critical to ensure the integrity of work processes.

Category 5 – Workforce Focus

5.1 Workforce Engagement

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Workforce engagement is evaluated through annual evaluations and review of each staff member's personal performance development plan and future career goals. This process is deployed to all staff within the organization and encourages employees to develop new skills, thereby supporting a key business focus of the CSC to further the professional development of their staff. Another way the CSC quickly assesses workforce engagement is through the daily report card review where declining results may reflect declining interest in staff. Based on this the CSC is able to reassign staff to different areas to address the change in performance while providing the staff with the opportunity to undertake new challenges in another area of the organization.
- **The CSC's innovation is evidenced by their efforts to resolve their high turnover rate by establishing a quality team made up of employees which then interviewed potential candidates and made hiring recommendations to management instead of relying solely on managers for hiring decisions, which resulted in a decrease in the attrition rate from 30% to 11% with a savings of \$84,000 per year. The CSC ensures skill sharing within and across work units through their Developmental Job Assignments (DJA) where staff skills are matched within teams. To ensure continued engagement and empowerment of the staff, mentors are assigned not only to new employees, but also to DJA staff to prepare them for advancement within state service. The CSC's plan has evolved and now DJA staff mentor their colleagues, supporting organizational goals to improve internal communication and to improve workforce professional development.**
- The CSC supports their staff's short-term and long-term professional goals by allowing them to enroll in training to meet the requirements of advanced positions or to become an in-house expert in their current field. The core competencies are addressed through formal off site training and informal on-the-job training, with optional quality techniques training and operational training for case processing and customer service. The CSC has staff assigned to small teams so there is a transfer of knowledge between team members, allowing tasks to be known by all in the group. The learning system is deployed throughout the organization in that any improvement by one group is shared with others. The quality training is available to any staff member, and the operational training is available in hard copy as well as electronically.
- The CSC develops their leaders through personal and professional development offered through off site education and training and through senior leadership and administration coaching and mentoring. They provide for the development of organizational knowledge through statewide and local work groups. They also train their leaders through the WSQA Examiner training, Administrator's Academy, Supervisor's Academy, Six Sigma, and Investment in Excellence. The organization provides training in the ethical business

practices as set forth by the federal and state governments, headquarters, and the regional offices.

- The CSC evaluates the effectiveness of workforce and leader development and learning systems through a review of the daily report card, feedback from workforce, partners, community, customers, and other units of state government as noted in a region-wide staff survey conducted every 18 months as well as the individual performance reviews annually.
- Despite the limitations associated with a governmental agency whereby advancement within state service is a process based on time served, the CSC addresses their succession planning needs through a developmental job assignment program for professional development growth for talented line staff, allowing for more rapid promotion within the organization, the division, or other state agencies.

OPPORTUNITIES FOR IMPROVEMENT

- The CSC states they utilize the employee feedback portion of the annual evaluations, the daily report card system, and performance recognition events to support high performance work and indicates that staff are rewarded with a 2.5% incentive increase which helps employee retention; however, the CSC does not state if the incentive increase is for all levels of staff and does not discuss overall learning derived from the process and if there is a process that makes the recommendations from the reviews actionable.
- The CSC uses efficiency and productivity as an indicator of engagement as reflected in the daily report card. They also use employee meetings, surveys, and feedback compiled during the annual review and one-on-one employee meetings during the year as formal assessment methods to determine engagement and satisfaction. However, the CSC does not address how their process is integrated to the various workforce groups and segments within their organization. They also state that they review other measures to determine workforce engagement such as: attendance rates, staff retention rates, safety issues, grievances, ethics violations, and individual and team productivity. However, they do not address how they use these measures to improve workforce engagement. The CSC may benefit from further investigation in these areas to put in place interventions that may prevent these factors that lead to dissatisfaction among staff.

5.2 Workforce Environment

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC works to place every person in a position where they can excel and continue to grow professionally. Training and development takes place over a number of years and consists of formalized job specific training, on-the-job training, and peer mentoring. Their research has shown that experience and job knowledge can be taught while talent cannot. When staff is correctly assigned within the organization, they maintain a customer and business focus and maximize individual performance which gives them the agility to meet ever-changing needs.
- The CSC has formed three to four person work teams which manage their workloads daily to respond to increasing needs. To prepare workforce for changing capability and capacity needs, training is provided on program eligibility changes, case processing, and telephone cycle times and there is a continual effort to achieve greater efficiencies in preparation for possible workforce reductions. Additional measures are taken by installing improved computer hardware and software to support staff efforts in meeting higher demand.

OPPORTUNITIES FOR IMPROVEMENT

- New employees are recruited through state job postings, electronic websites, and referrals from current employees and community partners, whereby the hiring process uses front-line staff to interview and make recommendations for hiring and placement, which has resulted in a 66% reduction in turnover over the past three years. However, there is no evidence that the CSC has a process in place to hire staff consistent with the diversity of its hiring community. By reflecting the same demographics of the community being serviced, the similar backgrounds of the staff to the customers may prove a plus in the customer service category as language and culture barriers are overcome with more diversity in the workplace.
- Although the CSC has quality teams who evaluate changes in safety and security needs identified by the workforce, there is no indication of established performance measures or improvement goals for the health, safety, and security of the workplace. Also, it is noted that there is a controlled access environment whereby access is restricted to the workers in that area, however, there is no indication that the specific concerns of five different locations have been thoroughly considered and addressed. By establishing appropriate performance measures to ensure safety needs are being met at the different facilities, the quality teams may be able to take a proactive approach to safety and security needs versus waiting until an issue is identified by the workforce.

Category 6 – Process Management

6.1 Work Systems Design

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The core competencies relate and support the organizational culture of continuous improvement and the mission - people helping people live better lives - by providing Medicaid services and the telephone call service center to citizens. They also enable the CSC to implement action plans and achieve mission statement and vision, workforce engagement, strategic plan, and hire employees that personally value these competencies. CSC's core competencies are focused on improving the quality of life for individuals and families in need and include having knowledge and understanding of the rules and regulations; the ability to apply that knowledge effectively; timely and competitive case processing; effective customer relations and communication; being self-directed; and networking with others inside and outside the agency. These competencies enable them to capture a significant percentage of customers, primarily children, who are either not insured or who are uninsurable through private carriers based on cost according to Office of Financial Management (OFM) estimates.
- Overall work systems are designed at the legislative and state headquarters levels for workforce allotment, general eligibility requirements, processing guidelines, and technology systems employed. There are no external resources outside of advocates who assist customers in the medical application process. The management team, through site visits to private and public institutions, searches for new and better technology that lends itself to their applications. The CSC has local control over staff deployment, discretionary resource, and local systems. The CSC has some discretion for technology improvements. Additional technology is sometimes available from the state office if after demonstrating a business need there is funding. CSC's internal auditing system limits state office involvement by correcting case processing errors before they go out. Any member of the workforce can make a recommendation to the appropriate quality team, management member, or to the CSC website. The CSC proactively seeks improvements and efficiencies in work processes through quality teams. The CSC takes basic work systems and develops them with a "working smarter" philosophy to establish local systems that are in alignment with but more effective than those required by state. Quality teams review the issue and propose a solution, together with the impact the change will bring. Recommendations and an evaluation process are presented to management for review and potential action. Process change is monitored beyond the formal review period and the Plan-Do-Check-Act process is reinitiated should better solutions become known.
- **Key work processes are those that are put in place by the CSC to meet state and federal mandated program requirements. CSC leadership and quality teams put in place local key work processes. All of these key work processes relate to core competencies through correctly and quickly determining customer eligibility for medical benefits; providing unimpeded customer access to programs; seeking input**

from external sources on how the work is done coupled with a shared vision; and effective customer communications with a sincere desire to help. Pilot programs are often developed through continual improvement process with use of baseline data to assess the program. Desired outcomes are agreed upon and the processes are worked backwards to determine what needs to occur at each stage of a process. Process changes are initiated by changes in cycle time, productivity, and cost control in which headquarters sets the baselines. Other forces that initiate change are new or redesigned medical programs from state headquarters. New technology is generally initiated at higher organization levels or by DIS. Built into this system is the Plan, Do, Check, Act formula. Key work processes contribute to delivery of customer value, organizational success, and sustainability through standardization of operations and goals that are better than those established by headquarters, and quickly determining customer eligibility for medical benefits.

- Headquarters Safety and Risk Management offices are charged with maintaining a safe and healthful office environment for all employees and customers who come to local offices. They provide all emergency management guidelines for the agency. A member of this management coordinates CSC's emergency management needs. The CSC participates in earthquake, fire, and evacuation drills. Evacuation routes are posted in all offices and there is a designated staff person to make sure all staff evacuate properly. CSC staff members have an emergency preparedness kit and the CSC management team has been provided with a cell phone, evacuation maps, and evacuation protocol. If needed, staff can be relocated temporarily to other offices within the region by one phone call. Training is given to staff on hazardous materials handling, infectious diseases, and CPR. Since the CSC uses a mainframe computer system which has firewall protection, disruption to this system is anticipated to be minimal.
- **The organization works smart. Quality teams review process change recommendations or problem issues from both the community partners and its workforce. These recommendations/issues are assessed for solutions, if necessary, and the impact on the organization. Recommendations are made to management, and if approved, are instituted. These new processes are then monitored with appropriate metrics and assessed. The Plan, Do, Check, Act process is in full swing. This is a full loop from community/workforce to efficient work results.**

OPPORTUNITIES FOR IMPROVEMENT

- It is not clear how often quality teams meet. It is also not clear how overall learning is derived or how processes are integrated into work units. It is unclear how the examples of the processing team that reduced rework by following the Automated Customer Eligibility System (ACES) monthly production schedule was captured and/or implemented in other areas of the organization.
- It is difficult to identify which are the key work processes for the organization. There is no discussion of overall learning derived, how processes are integrated into work units, or how they are designed for agility. The CSC states that the work processes used drive the core competencies but does not specify how this is done. Although site visits have captured

insight to implement improvement, it is not clear what process is used by management to select a site for a visit.

While core competencies are improved through trial and error and historical information, it is unclear how core competencies are determined.

6.2 Work Process Management and Improvement

Your score in this Criteria Item for the Consensus Stage is in the 50-65% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Management and quality teams design new internal work processes to address specific organizational and process issues. Input is solicited from those impacted and appropriate buyoff from headquarters is secured, if appropriate. Financial and staff costs are a consideration as well. Upon completion of the process design, staff /partners are briefed and when the process is initiated, a review team is established to measure change flow, impacts, and results. New processes are often structured as pilots to minimize disruption in service and to work out the bugs so that office-wide implementations are smoother and more effective. The daily report card forms the basis of key measures with new performance measures added as needed. Community partners and customer advocates provide subjective measures on CSC's quality of service, ease of access to staff, and commitment to problem resolution. One of these commitments led to the establishment of the First and Second Friday Forum meetings.
- Audit costs have been reduced without affecting audit volume or quality through focused auditor training, standardized auditing processes, and better organization. The savings each month has been reinvested in frontline service delivery positions. Auditing staff has been reduced from seven to four while the number of audits conducted increased. Defects, service errors, and rework are minimized through staff driven hiring process, training, internal case audits, completing as much of the case as possible the first time it is touched, case errors returned to the staff member who made it, appropriate goals and measures, sharing timely and accurate data and information, and mentoring.
- **Process improvement is achieved through employing the Baldrige criteria; seeking out state of the art organizations to learn new processes and best practices; establishment of planning groups composed of CSC staff, advocacy groups and other impacted parties; regularly reviewing key measures, policies, and procedures, and redefining them as needed; empowering staff; and making process changes based on customer feedback. Improvements and lessons learned are widely shared with other units within the department. Staff provides training and/or best practices information to many offices and community partners. This information has been shared through formal presentations, e-mails, handouts, and telephone calls to other office and unit managers, line staff, and community partners upon request.**
- The continual incorporation of community and workforce into the identification and development of work processes to improve identified needs fosters buy-in and ownership. With the success of the work process, all parties enjoy the success.

OPPORTUNITIES FOR IMPROVEMENT

- It is not apparent how processes are integrated across work units in the five remote locations.

- The CSC indicated in Figure 16 – *Medical Audits per Month 2006 through 2007* that the number of audits spiked in August and October 2007. It was not clear if the cause was identified. Without addressing the cause of the August and October spikes, a process improvement opportunity may be missed.

Category 7 – Results

7.1 Product and Service Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 10-25% range. (Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The 2005 average age for a customer document in the CSC system is seven days. This has decreased to an average age of three days in 2008. A three day average document age is the new 2008 goal. Timely completion of applications has risen from 89% of the time in 2005 to a projected 97% of the time in 2008 (Figure 18 – *Region 4 CSC % of Applications Completed Timely*).
- Figure 17 - *Average Case Action Processing Compared with Region 4 CSD* compares case action processing time between regional Customer Service Center 4 and the Region 4 Community Services Division. Since 2005, Region 4 CSC has routinely processed cases in a timelier manner ranging from a difference of 3.4 days in 2005 to only one day in 2008. Although Figure 17 compares Region 4 CSC and Region 4 CSD case processing times, it is not clear why the CSD results remain fairly static (2.7 in 2006 and 2.7 in 2008). From 2004 to 2007, the CSC positively compares Region 2 CSC and the state in the percentage of documents not completed within 30 days (CSC = 3%, Region 2 CSC = 15%, statewide = 8%). The 3-year average for error rate for the CSC is 2.3%, which compares very favorably to the Region 2 CSC rate of 7.5% and the statewide rate of 2.5%.

OPPORTUNITIES FOR IMPROVEMENT

- The CSC identified ease of customer access as one of the three most important measures they use. However, it is unclear whether CSC phone performance is necessarily indicative of CSC accessibility in non-phone interactions with the customers. There may be a group of customers that have poor accessibility that are not being considered or included in accessibility performance.
- There appears to be a lack of positive trends for Figure 18. Because multiple graphs combine years, trend data cannot be determined.

7.2 Customer-Focused Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 10-25% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Although it is difficult to obtain parallel competitor customer satisfaction information, through surveys, the CSC has been able to establish an overall customer satisfaction rating of 94.2% and a first call resolution rate, an agency goal performance indicator, of 95.4%.

With the closest competitor information emanating from the Department of Social and Health Services (DSHS), the CSC compares well. A 2007 DSHS survey identified that what customers wanted most was easy and quick access to a live person when contacting an agency. For example, in 2008 customers contacting the CSC received a live person 100% of the time if they waited 30 seconds or less versus only 67% of the time for a DSHS customer in 2007.

The results support the efforts the CSC employs to support continuous improvement in customer satisfaction and service delivery.

OPPORTUNITIES FOR IMPROVEMENT

- Employing voice of the customer addresses the recognition that community partners may have a different perspective of what customer satisfaction entails from what an individual perceives, the CSC surveyed First Friday Forum participants. The results indicated an increasing sense of satisfaction (Figure 33 – *Provider Survey Question Wrap-Up by Ranking 2005-2007*) as all ten questions rated higher in 2007 than in 2005. Although a general sense of improvement is evident, it is unclear just what the questions asked and what areas of satisfaction were measured. As satisfaction dropped, which is indicated in questions 2, 7, and 8 between 2006 and 2007, it is not clear what organizational learning took place and what improvement measures were instituted to improve customer satisfaction. Without a more thorough analysis of data, opportunities for improvement may be lost and resources misplaced.
- **As the CSC services a large Spanish and Vietnamese speaking population, and developed a language-specific caseload process, it is unclear if the satisfaction levels of these populations have been measured. Without a clear understanding of how these programs are perceived by the customer, resources may not be utilized to reach the intended goal. (No specific segmentation of the satisfaction levels of non-English speaking customers was provided).**
- Although the CSC states its caseload growth can be linked to customer perceived value in the agency and the Medicaid programs offered, it is unclear what measures are used to support this. Figure 32 – *Caseload Growth for Region 4 CSC from 2004 through 2007* indicates growth in caseloads from 55,461 in 2004 to 63,793 in 2008, but there are no definitive, supporting measures linking customer satisfaction to this growth.

7.3 Financial and Market Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC strictly adheres to its budget, reviewing expenditures quarterly. This regular review allows for monitoring and adjustment of CSC spending. The CSC determined that using non-English speaking staff to work with the correlating customer produced cost savings. These savings represented added efficiencies resulting from CSC innovation.
- **The region has been able to increase service delivery while reducing administrative overhead. Ratio of staffing to caseload for the region shows significantly high output for the Region 4 CSC compared to statewide staffing. The Region 4 CSC administrative overhead costs are significantly reduced in comparison with the regional average. There is some evidence that innovations at the Region 4 CSC are producing efficient performance.**

OPPORTUNITIES FOR IMPROVEMENT

- Without having actual caseload data provided, it is unclear whether actual cost per case savings were realized. Also, there was no comparison of actual Limited English Proficiency (LEP) caseload during that time. It was noted that LEP caseload was increased although the amount of the increase was not evident. This would allow for a proper assessment of cost savings derived from the use of translators. No comparative data was offered. This would allow for a more accurate assessment of CSC processes.
- **Little comparative data is offered. Additional valid comparisons would allow for a more comprehensive evaluation of performance. It was not clear how data is reflected across the various work units. It was reported that the Region 4 CSC has five locations. It is unclear if results consistent with the various offices or are there differences in performance between the various sectors. This information may provide insight into potential corrective actions to pursue.**

7.4 Workforce-Focused Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- The CSC demonstrates high levels of workforce capacity as evidenced by a high rate of staff retention in three of the last four years (70% in 2005, 89% in 2006, and 94.4% in 2008), reduced use of unplanned leave, and the 24.5% increase in staffing levels to support their expanding caseload. Workforce capability is supported by staff training initiatives for case processing and career development and their successful mentoring program. These efforts support the CSC's goal of meeting their human resource challenge of retaining staff that has both a talent and a passion for the work required for the mission of "people helping people live better lives."
- An indication of a safe workforce environment is evident in that the CSC has not had any workers compensation claims since its formation in 2005. Ergonomic assessments are ordered by management and completed whenever staff initiates a request, meeting expectations of prompt resolution of issues.

OPPORTUNITIES FOR IMPROVEMENT

- The results presented for measurement of workforce engagement and satisfaction reflect some opportunities for improvement for the CSC, which may prove to be easily correctible resulting in rapid improvement in this area. For example, Figure 41 - *% Break Down of Employee Survey from 2004 to 2007* indicates that the CSC scored higher than all regional and divisional staff, outpacing their scores by 9-12 percentage points with an average annual rate of 75%; however, it does not reflect what is being measured. A fair assessment of what is reflected in these results cannot be made due to this oversight. This figure is followed by Figure 42 - *Quarterly CSC Staff Satisfaction Survey Feedback* which reflects a new survey gauging internal staff satisfaction with two quarterly results available which reflect a satisfaction level at around 65%. It would appear from these results that there may be an opportunity for improvement in this area, and although it states that the survey is analyzed by management, it does not mention what is done with the information to make actionable improvements based on the feedback. By establishing a set process for addressing concerns raised by the staff, it may improve workforce satisfaction once staff know that concerns raised are systematically addressed. This would support a key expectation of prompt resolution of issues. Although Figure 43 - *DSHS Employee Survey* shows consistently higher results on most questions when compared to regional and state offices, there is one question which scored lower than comparative groups but which may prove to be the most important: I receive the information I need to do my job effectively. By addressing this staff need, the CSC may find the staff more engaged and satisfied as stress may be reduced once the staff has the pertinent information necessary to do the job being required of them. Further evaluating what information the staff feels is missing may assist the CSC in resolving this issue quickly. By addressing this staff concern, it may assist the CSC in meeting key customer and general public expectations such as receiving what is needed when it is needed, timely processing of applications, and ongoing case maintenance.

It is unclear what the cause for the change in demographics in Figure 44 - *% of Minorities in Management in Region 4 CSC* and Figure 45 - *% of Women in Management in Region 4 CSC*.

7.5 Process Effectiveness Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 30-45% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- Data from their work systems produce a daily and monthly report card on twenty two key measures. These measures are used to validate that the outcomes achieved support the vision and mission statements and are in alignment with best business practices. The work systems track mandated performance measures or measures that will help them achieve efficiencies to reduce case processing times, improve casework accuracy, and telephone speed of answer. The Office of Risk Management sets the standards for the effectiveness of emergency preparedness for state agencies. The DSHS Risk Management Office also sets standards for emergency preparedness and tracks those efficiencies. They provide detailed plans and informational updates to ensure continued customer service if a major disruption occurs. The CSC is physically located in five sites. In the event of an emergency, disaster, or other building /communication disruption, staff in one of those locations can be relocated to another in a single phone call and customers redirected to the new location. The CSC participates in regular local earthquake and fire drills and evacuation procedures at each of the five locations.
- Cycle time for case processing continues to decline and customer surveys indicate an overall 95% satisfaction rating with CSC operations. An online educational component was implemented that has two primary curriculums - operational training and quality techniques. This cut in half the amount of time needed for a new staff person to become operationally effective for the organization. It also increased the level of organizational understanding for management and staff in general. A quality team is working on how to cut case processing time to one or two days. When the telephony service was not meeting internal expectations, a root cause analysis was conducted and it was determined that better medical program knowledge was needed in order to better serve the customer. This resulted in specific eligibility training which reduced the average speed of answer, increased first call resolution (94%), and reduced workload for case processing teams. Tools used by the CSC for efficiencies and innovation are quality teams, benchmarking, site visits to best in class organizations, brainstorming sessions, a global search for best business practices, the WSQA feedback report, and the Baldrige criteria.

OPPORTUNITIES FOR IMPROVEMENT

- **It is not apparent that results were integrated across the five work units and there were no trends shown. Additionally, while some comparison data was provided in Figure 47, meaningful comparisons were limited due to “Not Historical”, “Not Available”, or “N/A”. The chart did not clearly communicate what the data meant and if processing times is the result of staffing levels or improved processes. It is unclear if the comparison between Region 4 and Region 2 CSCs were equivalent to each other in staffing levels and workloads so that one could make an accurate apples to apples comparison.**

- Although the CSC benchmarked other non-DSHS agencies to develop work systems, there was no summary, recap, performance/comparison data, or data on improvements resulting from benchmarking provided.
- There is a lack of trend data due to an inability to collect historical data from a legacy mainframe system(s).

7.6 Leadership Outcomes

Your score in this Criteria Item for the Consensus Stage is in the 10-25% range.
(Please refer to Appendix - Scoring Guidelines.)

STRENGTHS

- In 2007 the CSC achieved or surpassed goals for eight key measures.
- In 2007 the CSC experienced no ethics violations in the use of technology or inappropriate use of state resources, positive feedback from community partners and customer advocates, no requests for issue resolution, no inappropriate usage of state credit cards, and no inappropriate travel reimbursement or per diem charges.
- Organizational citizenship in support of key communities is supported by 19.1% of staff participation toward contribution to local charities

OPPORTUNITIES FOR IMPROVEMENT

- It is unclear whether the eight key measures reported in 7.6 directly measure the CSC performance in mirroring the best practices of both private industry and the public sector, GMAP reports, or objectives of the five year business plan. While the application has identified success factors, it is not clear that the application has integrated measures that support them. For example, there were no measures provided for 6S, the success of the quality teams, data driven decision making.
- It is unclear whether the CSC leadership is improving or how overall performance compares to other organizations due to the little trend or comparative data.

Your Next WSQA 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.

Closing Thoughts on Writing a Better Application

Improvement is the driving force behind the submission of a WSQA application. Examiners are trained to focus on content and ignore editorial issues. By focusing on the creation of feedback that reflects the applicant content versus editorial issues, examiners provide comments that are valuable in helping an organization improve. However, WSQA recognizes that many organizations intend to reapply at some point in the future as a critical component of their improvement process. Additionally, many organizations use all or portions of their applications to communicate with their internal and external stakeholders through numerous mechanisms including web, mailings, meetings, and presentations. For this reason, the examiners have assembled a few suggestions that may help your organization in writing a stronger application. We hope that these suggestions may be of some assistance in the future.

- Provide trend data.
- Inclusion of comparative data and the methodology used to identify comparable data.
- Provide segmented data.

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 Full Examination 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 Full 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.

Full Application Review Process

Stage 1: Independent Review

The Full Examination application evaluation process (shown in Figure 1) begins with Stage 1, the independent review, in which members of the Board of Examiners are assigned to each of the 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. The Examiners write comments relating to the applicant's strengths and opportunities for improvement and the scoring system developed for the Award Program. All applicants in all categories (manufacturing, service, small business, education, and health care) go through the Stage 1 evaluation process.

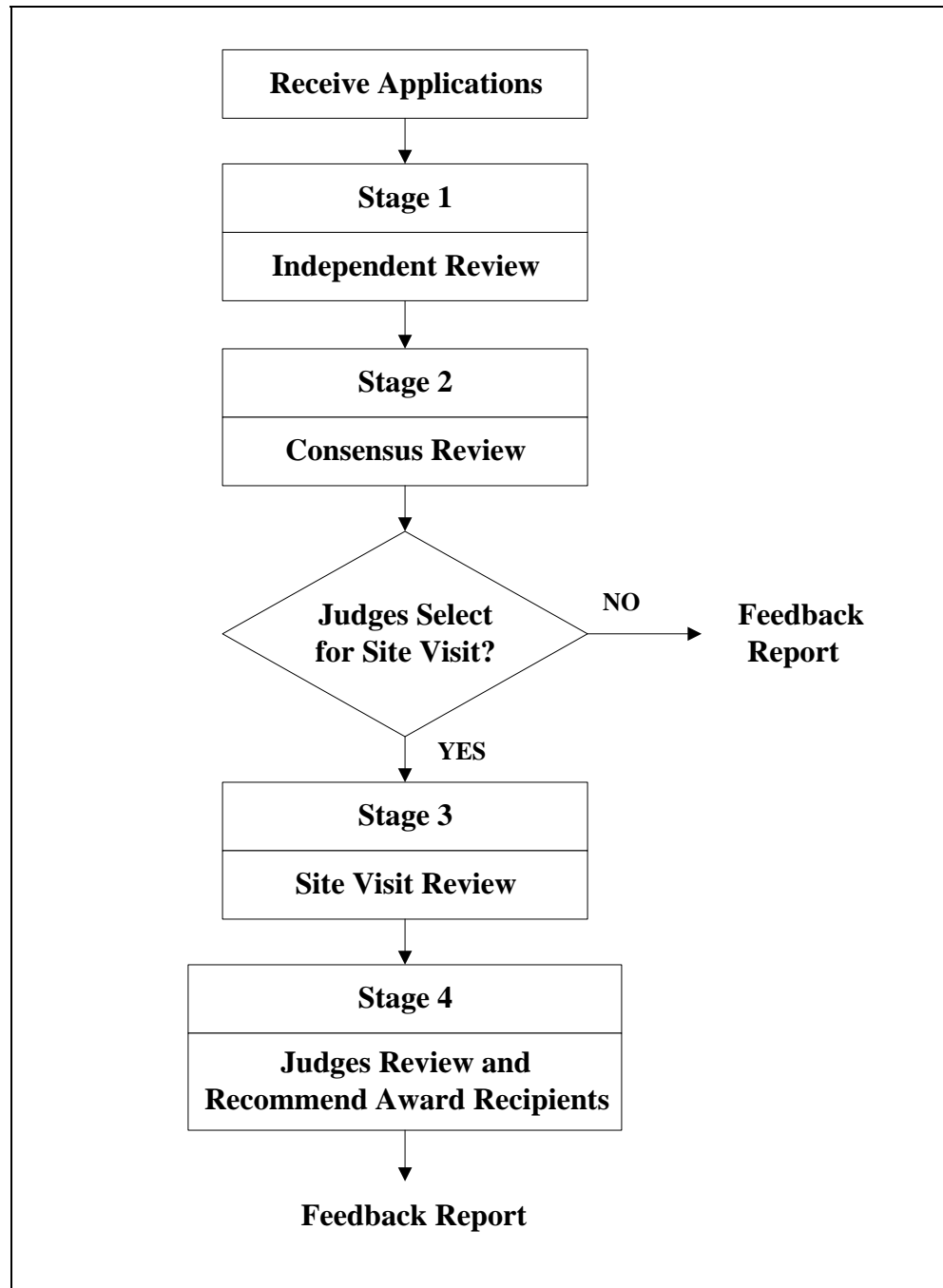


Figure 1—Application Evaluation Process

Stage 2: Consensus Review

In the Washington State Quality Award application evaluation process all applicants move forward to consensus review. During Stage 2, a team of Examiners, led by a Senior Examiner, conducts 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; the score for each Item; and the issues to clarify and verify if the applicant is selected for site visit. The team documents its comments, scores, and site visit issues in a consensus scorebook. The consensus process is shown in Figure 2.

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

Figure 2—Consensus Review Process

Stage 3: Site Visit Review

Following their review, the Judges select applicants to receive a site visit based upon the scoring profiles, strengths and opportunities and key themes of all consensus review applicants and the availability of WSQA resources. If an applicant is not selected for site visit review, one of the Examiners on the Consensus Team edits the final consensus report that becomes the feedback report.

Site visits are typically conducted for the highest-scoring applicants to clarify any uncertainty or confusion the Examiners have regarding the written application and to verify that the information in the application is correct. After the site visit is completed, the team of Examiners prepares a final site visit scorebook. The site visit review process is shown in Figure 3.

Step 1	Step 2	Step 3
Team Preparation: <ul style="list-style-type: none"> • Review consensus findings • Develop site visit issues • Plan site visit 	Site Visit: <ul style="list-style-type: none"> • Make/receive presentations • Conduct interviews • Record observations • Review records 	Site Visit Scorebook: <ul style="list-style-type: none"> • Resolve issues • Summarize findings • Finalize comments • Prepare final site visit scorebook • Prepare feedback report

Figure 3—Site Visit Review Process

Application reports, consensus scorebooks, and site visit scorebooks for all applicants receiving a site visit are forwarded to the Panel of Judges, which makes final recommendations on the applicants appropriate recognition level. The Judges’ review process is shown in Figure 4.

Step 1	Step 2
Panel of Judges’ Review: <ul style="list-style-type: none"> • Application reports • Consensus scorebooks • Site visit scorebooks • Feedback reports 	Assessment of Top Organizations: <ul style="list-style-type: none"> • Overall strengths/ opportunities for improvement • Appropriateness of recognition level: Commitment, Achievement, Leadership, or Excellence

Figure 4—Judges’ Review Process

Judges do not participate in discussions or vote on applications in which they have a competing or conflicting interest or in which they have a private or special interest such as an employment or a client relationship, a financial interest, or a personal or family relationship. All conflicts are reviewed and discussed so that Judges are aware of their own and others’ limitations on access to information and participation in discussions and voting. Following the Judges’ review and recommendation of Award recipient, one of the Examiners on the Site Visit Team along with the WSQA office edits the final site visit scorebook that becomes the feedback report.

Scoring

The scoring system used to score each Item is designed to differentiate applicants in the Stage 1 and Stage 2 reviews and to facilitate feedback. The Scoring Guidelines for Business, Education, or Health Care (shown in Figure 5) are based on (1) evidence that a performance excellence system is in place, (2) the depth and breadth of its deployment, and (3) the results it is achieving.

In the feedback report, the applicant receives a percentage range based on the Scoring Guidelines, which describe the characteristics typically associated with specific percentage ranges. An application’s total score fall into one of eight scoring bands (Figure 6). The site visit team may find that the applicant’s scoring may rise, fall or stay the same, after all interviews and data analyses are completed.

Scoring Guidelines

Criteria for Performance Excellence 2008

Score	Process (For Use With Categories 1-6)
0% or 5%	<ul style="list-style-type: none"> No systematic approach to Item requirements is evident; information is anecdotal. (A) Little or no deployment of any systematic approach is evident. (D) An improvement orientation is not evident; improvement is achieved through reacting to problems.(L) No organizational alignment is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> The beginning of a systematic approach to the basic requirements of the Item is evident. (A) 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) Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) The approach is aligned with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> An effective, systematic approach, responsive to the basic requirements of the Item, is evident. (A) The approach is deployed, although some areas or work units are in early stages of deployment. (D) The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L) 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)
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> An effective, systematic approach, responsive to the overall requirements of the Item, is evident. (A) The approach is well deployed, although deployment may vary in some areas or work units. (D) A fact-based, systematic evaluation and improvement process and some organizational learning, including innovation, are in place for improving the efficiency and effectiveness of key processes. (L) The approach is aligned with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> An effective, systematic approach, responsive to the multiple requirements of the Item, is evident. (A) The approach is well deployed, with no significant gaps. (D) Fact-based, systematic evaluation and improvement and organizational learning, including innovation, are key management tools; there is clear evidence of refinement as a result of organizational-level analysis and sharing. (L) The approach is integrated with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident. (A) The approach is fully deployed without significant weaknesses or gaps in any areas or work units. (D) Fact-based, systematic evaluation and improvement and organizational learning through innovation are key organization-wide tools; refinement and innovation, backed by analysis and sharing, are evident throughout the organization. (L) The approach is well integrated with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)

Figure 5 – Scoring Guidelines

Score	Results (For Use With Category 7)
0% or 5%	<ul style="list-style-type: none"> • There are no organizational performance results or poor results or poor results in areas reported. • Trend data are either not reported or show mainly adverse trends. • Comparative information is not reported. • Results are not reported for any areas of importance to the accomplishment of your organization's mission.
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> • A few organizational performance results are reported; and early good performance levels are evident in a few areas. • Some trend data are reported, with some adverse trends evident. • Little or no comparative information is reported. • Results are reported for a few areas of importance to the accomplishment of your organization's mission.
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> • Good organizational performance levels are reported for some areas of importance to the Item requirements. • Some trend data are reported, and a majority of the trends presented are beneficial. • Early stages of obtaining comparative information are evident. • Results are reported for many areas of importance to the accomplishment of your organization's mission.
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> • Good organizational performance levels are reported for most areas of importance to the Item requirements. • Beneficial trends are evident in areas of importance to the accomplishment of your organization's mission. • Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance. • Organizational performance results are reported for most key customer, market, and process requirements.
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> • Good to excellent organizational performance levels are reported for most areas of importance to the Item requirements. • Beneficial trends have been sustained over time in most areas of importance to the accomplishment of your organization's mission. • Many to most trends and current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of leadership and very good relative performance. • Organizational performance results are reported for most key customer, market, process, and action plan requirements, and they include some projections of your future performance.
90%, 95%, or 100%	<ul style="list-style-type: none"> • Excellent organizational performance levels are reported for most areas of importance to the Item requirements. • Beneficial trends have been sustained over time in all areas of importance to the accomplishment of your organization's mission. • Evidence of industry and benchmark leadership is demonstrated in many areas. • Organizational performance results fully address key customer, market, process, and action plan requirements, and they include projections of your future performance.

Figure 5 – Scoring Guidelines continued

Scoring Band Descriptors 2008

Band	#	Descriptors
0–275	1	The organization demonstrates the early stages of developing and implementing approaches to Item requirements, with deployment lagging and inhibiting progress. Improvement efforts focus on problem solving. A few important results are reported, but they generally lack trend and comparative data.
276–375	2	The organization demonstrates effective, systematic approaches responsive to the basic requirements of the Items, but some areas or work units are in the early stages of deployment. The organization has developed a general improvement orientation that is forward-looking. The organization obtains results stemming from its approaches, with some improvements and good performance. The use of comparative and trend data is in the early stages.
376–475	3	The organization demonstrates effective, systematic approaches responsive to the basic requirements of most Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved. Results address many areas of importance to the organization’s key requirements, with improvements and/or good performance being achieved. Comparative and trend data are available for some of these important results areas.
476–575	4	The organization demonstrates effective, systematic approaches responsive to the overall requirements of the Items, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with organizational needs. Results address key customer/stakeholder, market, and process requirements, and they demonstrate some areas of strength and/or good performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the organization’s key requirements.
576–675	5	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of the Items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning that result in improving the effectiveness and efficiency of key processes. Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the organization’s key requirements.
676–775	6	The organization demonstrates refined approaches responsive to the multiple requirements of the Items. These approaches are characterized by the use of key measures, good deployment, evidence of innovation, and very good results in most areas. Organizational integration, learning, and sharing are key management tools. Results address many customer/stakeholder, market, process, and action plan requirements. The organization is an industry* leader in some results areas.
776–875	7	The organization demonstrates refined approaches responsive to the multiple requirements of the Items. It also demonstrates innovation, excellent deployment, and good-to-excellent performance levels in most areas. Good-to-excellent integration is evident, with organizational analysis, learning, and sharing of best practices as key management strategies. Industry* leadership and some benchmark leadership are demonstrated in results that address most key customer/stakeholder, market, process, and action plan requirements.
876–1000	8	The organization demonstrates outstanding approaches focused on innovation, full deployment, and excellent, sustained performance results. There is excellent integration of approaches with organizational needs. Organizational analysis, learning, and sharing of best practices are pervasive. National and world leadership is demonstrated in results that fully address key customer/ stakeholder, market, process, and action plan requirements.

Figure 6—Scoring Band Descriptors

* Industry refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons.