



2008

Washington State

Quality Award

Green Hill School

Juvenile Rehabilitation Administration

Department of Social and Health Services

Lite (Assessment) Feedback Report

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



July 9, 2008

Marybeth Queral
Superintendent
Green Hill School
375 SW 11th Street
Chehalis, WA 98532

Dear Ms. Queral:

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 Lite (Assessment) Feedback Report

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

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

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

Considerations for Reviewing Small Organizations

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

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

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

techniques is limited by its resources. The important consideration for Examiners is to assess whether the applicant, given its resources, is using appropriate mechanisms to gather and use information to improve its customer and market focus and satisfaction.

- The expectation that large organizations will segment their results data with regard to various customer and workforce segments may require modification in small organizations, depending on the complexity of these groups and the level of resources needed to gather and analyze the data.

Introduction

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

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

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

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

Details of Strengths and Opportunities for Improvement

Category 1 – Leadership

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- Much of what the leadership team does is laid out through the RCS and the Washington Administrative Code. The leadership team, together with the other agencies with whom they work, must remain in compliance with the rules governing their agency. With the system of review that is in place to monitor their progress, they are able to provide strong leadership while complying with the rules.
- The vision, mission, and values have been established with the assistance of the clients, staff, and larger community. They are reviewed biannually at Juvenile Rehabilitation Administration (JRA) Extended Management meetings, the JRA being their parent organization, and are reviewed by representatives from all facilities. The vision is expressed in their motto, "Our Mission ... To Help Young Men Change." The mission, vision, and core values are distributed to staff and stakeholders. Other examples of deployment are: included in hiring interview questions, implemented in leadership Performance Agreements, and listed on all Green Hill School (GHS) meeting agendas.
- GHS communicates and engages with their workforce by making computer systems available to all employees. This includes e-mail, internet, and professional office software programs.
- GHS works in partnership with JRA and other stakeholders to ensure their residents are safe and secure. This is the organization's responsibility and an expectation of GHS's customers and stakeholders.

OPPORTUNITIES FOR IMPROVEMENT

- While senior leaders follow up on ethical and legal issues through investigations and reports to JRA Headquarters, approach and processes used to ensure legal and ethical behavior are not clear. This is especially important to GHS given its emphasis on compliance. Without an integrated system, it may be difficult for GHS to ensure compliance with applicable policies and procedures.

Category 2 – Strategic Planning

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- GHS has developed a strategic plan and strategic objectives that fit with their mission, vision, and values statement. GHS's plan is built around the JRA strategic plan. The defined strategic objectives are related to their strategic challenges. This shows alignment of the organization's actions to their mission and the unique challenges of their changing environment.
- Managers take aspects of the strategic plan to areas they supervise for review and carry out action plans within required timelines. They also conduct strategic planning on "best practices", including Performance-based Standards for Juvenile Correction and Detention Facilities (PbS), National Commission on Correctional Health Care (NCCHC), Integrated Treatment Model (ITM), and other reviews.
- The action plans are carried out by work groups consisting of staff and managed by Managers who are assigned by the Superintendent. Managers assist staff development through monthly meetings and Performance Development Plans (PDPs).

OPPORTUNITIES FOR IMPROVEMENT

- Although action plans are defined and listed in Figure 2.2a (4), it is not clear what the process is for developing the plans to ensure that they meet the strategic objectives nor how they are deployed to meet those objectives. Key measures or indicators for accomplishment of strategic objectives and accomplishment of actions are not clearly defined.

Category 3 – Customer and Market Focus

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 4.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- Through the implementation of the ITM, residents have opportunities to provide feedback through PbS Surveys (Figure 7.1a - PbS Key Critical Outcome Results and Figure 7.2 - PbS Staff Survey), ITM Environmental Adherence Measures (Ref. Figure 7.1a - ITM Monthly Adherence Report), and Youth Complaints. Residents also have the opportunity to talk to their Case Manager, Supervisor, Program Manager, or Associate Superintendent at any time about issues. Case Managers contact family members at least monthly to discuss issues and receive feedback. Consultants report on elements of the ITM on a monthly basis to review progress on implementation of the model and to make any needed changes in the model. This helps to ensure customer access and that approaches to building relationships are kept current and up to date. Results from the ITM Surveys are used to create action plans for improvement.
- Residents are able to seek information and make complaints through weekly meetings with their assigned Case Manager. Youth Complaint bulletins also allow residents to make complaints without going through the staff in their unit. These complaints are managed by the Program Manager and Associate Superintendent. If the youth are still dissatisfied, the complaint can go to Central Office. Parents have access to information through monthly contacts with their son's Case Manager or by contacting Supervisors to help resolve complaints. There are monthly adherence measures regarding the ITM in which Case Managers are reviewed throughout the month by Supervisors and reported on to the Superintendent and Director of Institutions.
- Customer satisfaction is tracked and addressed through PbS Surveys conducted every 6 months (Figure 7.1a - PbS Key Critical Outcome and Figure 7.2 - PbS Staff Survey), Youth Complaints, Letters of Appreciation from families, and direct feedback from residents and their families. Youth dissatisfaction is tracked through the complaint process where they can make complaints through weekly meetings with their assigned Case Manager or through the bulletin to avoid going through staff. If youth are still dissatisfied then the complaint can go to Central Office. Parents also have the opportunity to provide feedback or make complaints through monthly contacts with the Case Manager or Supervisors.
- Customer relationships are built by orienting everyone to the ITM and the expectations within the program. Staff tie their career goals to performance expectations and to the goals of the residents and families. Consultants meet monthly to review progress on the implementation model and to make needed changes. In addition, monthly adherence measures for Case Managers are reviewed throughout the month to determine PDPs.

OPPORTUNITIES FOR IMPROVEMENT

- It is unclear how information is obtained and utilized on customer satisfaction. For example, customer satisfaction through verbal feedback and informal surveys is gathered on a weekly

and monthly basis, but how this information used to create an advantage over others providing similar services within the industry is unclear.

Category 4 – Measurement, Analysis, and Knowledge Management

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- GHS collects and reports to JRA on a number of evaluation items including adherence to the ITM, staff issues, legal and audit issues, human resource issues, youth issues, stakeholder and customer groups, and customer complaints. PbS data is also collected biannually and reported in a national database. Each report is reviewed by the administrative team for compliance with strategic goals. Adjustments are made in strategic plans, including budget considerations. Results are shared with staff.
- Performance analysis and review is done on a continual basis and as it is gathered, is reviewed for compliance, improvement, and accuracy. Staff meet on a monthly basis to monitor compliance with ITM standards. A Facility Improvement Team develops Facility Improvement Plans (FIPs) on areas for improvement based on the team's feedback and suggestions. Results of these reviews are reported to Central Office and some are posted on the GHS's intranet and available to staff and stakeholders.
- To ensure accessibility of information GHS utilizes the Department of Social and Health Services (DSHS) Human Resources Management System (HRMS) for personnel and financial data. GHS has developed an Automated Client Tracking System (ACT) to document information on youth during their commitment. This information is available to all staff and Juvenile Court county staff.
- Workforce knowledge is transferred through up-to-date bulletins and local policies. On a daily basis, knowledge is transferred from shift to shift through log books in each unit which tracks youth behavior. These entries are entered into the ACT system daily every night and accessible to all staff.
- The Superintendent of GHS ensures that they are represented on statewide committees or work groups that identify, share, and implement best practices throughout JRA in a timely manner. The Superintendent also ensures that GHS administrators attend JRA Extended Management Team Meetings to participate in strategic planning. Information is then disseminated to staff during weekly meetings.

OPPORTUNITIES FOR IMPROVEMENT

- Although workforce knowledge is transferred through up-to-date bulletins, local policies, and daily log books in each unit, it is not clear how GHS utilizes the daily log book data for cycles of evaluation and improvement with organizational performance. It is unclear how this information is integrated for tracking daily operations and tracking organizational performance.

Category 5 – Workforce Focus

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- Supervisors meet monthly with employees to review the employee's performance. Monthly meetings surpass the state's required annual PDP requirements and provide supervisors the opportunity to interact with employees on issues that affect workforce engagement and satisfaction.
- Staff report job satisfaction through the annual JRA Survey, and living unit staff talk about issues and job satisfaction during weekly meetings.
- Supervisors use the PDP process for individual goal setting with employees, including identifying what training and development opportunities employees' desire, and staff receive training on new concepts. These approaches encourage employees to achieve personal and organizational success. The accomplishment of action plans are reviewed with staff on a regular basis.
- GHS assesses required staffing levels through the Custody Staffing Standards. These standards were updated, pilot tested, and evaluated to determine their effectiveness.

OPPORTUNITIES FOR IMPROVEMENT

- It is not clear how the organization uses assessment findings (from monthly supervisor meetings, PDP expectations met, the JRA Survey or weekly living unit staff talks) to identify opportunities to improve workforce engagement and achieve the organization's expected results.

Category 6 – Process Management

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 3.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- Work groups of JRA staff, statutory mandates, and national standards determine key work process requirements. The work processes are focused on providing community safety and interventions to help juveniles make positive behavioral changes.
- Work processes are reviewed internally and externally for compliance, accuracy, and efficiency, and they are implemented by providing staff orientation, training, and supervision on the process.
- GHS uses internal and external reviews to monitor how well process requirements are being met.

OPPORTUNITIES FOR IMPROVEMENT

- While GHS states that core competencies are determined through state law, it is unclear what the core competencies are or how they relate to the mission and action plans.
- While GHS defines how work processes are reviewed and define that work process requirements are met, the key work processes and their key process requirements are not clearly listed or defined.

Category 7 – Results

Your score in this Criteria Item for the Stage 2, Consensus Review, is in Band 2.
(Please refer to Figure 5 - Scoring Guidelines.)

STRENGTHS

- Staff turnover (shown in table in section 7.4) has improved, decreasing from 89 in 2005 to 49 in 2007. This is particularly significant since GHS has identified turnover as a strategic challenge and defined it as a strategic objective.
- Given that GHS's main mission is the health and safety of youth and staff, it is significant that there have been no escapes for five years or completed suicides since 1986.
- GHS provides some key performance results in comparison to all other national correctional facilities participating in PbS. (Figure 7.1a – PbS Key Critical Outcome Results). Twice a year, key performance areas are monitored and compared with national averages. Results are reviewed and identified for FIPs.

6 out of the 8 outcome measures showed improvement.

- * Injuries to youth by youth
- * Injuries to youth by staff
- * Injuries during restraint use
- * Assaults on youth
- * Youth who fear for their safety
- * Staff who fear for their safety

OPPORTUNITIES FOR IMPROVEMENT

- No clear evidence or results relative to financial performance. GHS does not provide clear levels, trends, comparisons, or linkages to financial returns, performance to budget, cost savings, etc.
- There are no clearly defined measures presented regarding compliance. This is significant for GHS because compliance is a key performance measure for many of its work processes. Additionally, compliance is defined as one of GHS's strategic challenges.
- While Figure 7.6a (2) –Discipline and Figure 7.6a (2) - CPS refers to the number of formal discipline and referrals to CPS, it is unclear how this is an indicator of ethical behavior. Without having measures, it may be difficult for GHS to ensure ethical behavior.
- It is unclear what the performance measures are regarding the accomplishment of the organizational strategy and action plans. Without these measures, comparisons, and trends, GHS may have difficulty determining if strategic objectives and action plans are being accomplished.
- DSHS-JRA-GHS Employee Survey results (DSHS-JRA-Employee Survey on page 18) comparing 2006 and 2007 provide information on percentage increases in several areas; however, without additional information (comparisons, additional years of data), it is difficult to determine whether or not the percent increases are significant. No clear

comparisons of key performance measures are provided in regards to other similar organizations within the industry.

- The results for the ITM Monthly Adherence Report (Figure 7.1a - ITM Monthly Adherence Report) show an increase in compliance between 2005 and 2008; however, it is unclear how the improvement in compliance with the ITM compares to other similar organizations or national standards. Without additional information (comparisons, additional years of data), it is difficult to determine if the percentage increases in compliance are significant.
- PbS Staff surveys (Figure 7.2 - PbS Staff Survey) have been tracked from 2005 to October 2007. Results do not show clear trends and it is difficult to determine whether or not GHS is improving or worsening in the surveyed areas. Comparisons of key performance measures are not clearly provided and it is difficult to determine performance in comparison with similar organizations.
- It is not clear how 56,067 training hours (shown in table in section 7.4) are beneficial to the development of workforce capacity. Without comparisons or linkage to strategic objectives, it is difficult to assess GHS's performance level.
- It is unclear how GHS's performance in process effectiveness outcomes compares to similar organizations or benchmarks. Assessing the organization's performance relative to similar organizations and benchmarks or industry leaders puts the organization's performance in perspective enabling the organization to set meaningful targets for improvement or sustained performance.
- While GHS uses industry proven processes (Dialectical Behavior Therapy, NCCHC review and certification, Intensive Management Unit, staff training, environmental sustainability) to achieve results, the performance measures related to these processes were not evident in the application.

Closing Thoughts on Writing a Better Application

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

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

Suggestions for writing a stronger application:

- Clearly label figures and charts with separate figure numbers to ensure that the examiners clearly reference the appropriate data in their report.
- When answering a “How” question it is important to describe the process you use. Therefore provide a flow chart, model, diagram, or table to show the elements of a process. Elements of a process include inputs, steps (related activities), timeframes, outputs, end user, standards, key measures to evaluate the process and improvement to the process over time.
- Describe how data is used to make decisions and create actions.

Maintaining the Improvement Momentum

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

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

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



Final Note

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

Sincerely,
WSQA Application Review Team
WSQA Board of Examiners

Appendix

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

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

Lite (Assessment) Application Review Process

Stage 1: Independent Review

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

Stage 2: Consensus Review

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

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 1—Consensus Review Process

Scoring Guidelines

Criteria for Performance Excellence 2008

Band	Process (For Use With Categories 1-6)
<p>1 Not Evident</p>	<ul style="list-style-type: none"> • 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)
<p>2 Beginning</p>	<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)
<p>3 Basically Effective</p>	<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)
<p>4 Overall Effective</p>	<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 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)

Figure 2 – Scoring Guidelines

Band	Results (For Use With Category 7)
1 Not Evident	<ul style="list-style-type: none"> • There are no organizational performance results and/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.
2 Beginnin g	<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.
3 Basically Effective	<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.
4 Overall Effective	<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.

Figure 2 – Scoring Guidelines continued