

The Pursuit of Radiation Oncology Performance Excellence

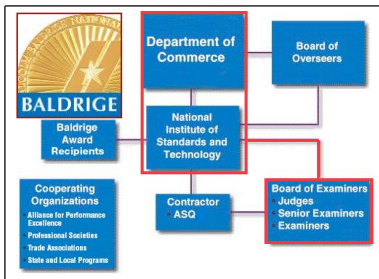


E.S. Sternick, PhD, MBA
Professor Emeritus, Radiation Oncology
Warren Alpert Medical School of Brown University

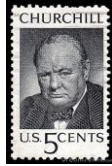
MALCOLM BALDRIGE PERFORMANCE EXCELLENCE PROGRAM (PEP)

1987 Federal law created the
Baldrige National Quality Program
and Quality Award
Now renamed the Baldrige
Performance Excellence
Program
Directed at first to commercial
organizations; categories for
health care, education and
non-profits added later





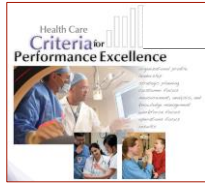
ACHIEVING PERFORMANCE EXCELLENCE



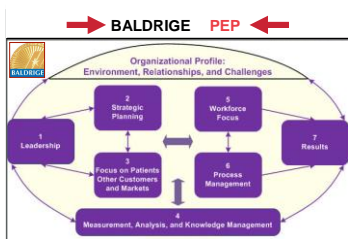
Winston Churchill
WWII British Prime Minister
(1874-1965)

BALDRIGE HEALTH CARE CRITERIA TOOLS FOR PERFORMANCE EXCELLENCE

In-depth, multi-disciplinary, self-assessment approach to analyze and measure the quality and effectiveness of a radiation oncology department's clinical, research and educational programs



STARTING POINT: ORGANIZATIONAL PROFILE



ORGANIZATIONAL PROFILE DEPARTMENT "SELFIE"

- Environment**
 - Mission, Vision & Values
 - Clinical, Teaching & Research Programs
 - Core Competencies
 - Facilities; Technology; Workforce Profile
 - Productivity & Financial Position
 - Regulatory & Accreditation Status
- Relationships**
 - Organizational Structure
 - Patients & Other Stakeholders
- Strategic Situation**
 - Competitive Environment
 - Performance Improvement Activities



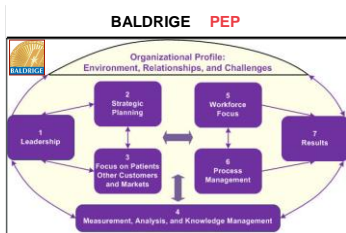
MISSION, VISION, & VALUES

- Mission:** What are we trying to accomplish?
- Vision:** Where are we headed and how do we want to be viewed?
- Values:** What is truly important to us?



HEALTH CARE CRITERIA FRAMEWORK

BALDRIGE PEP





CATEGORY 1: LEADERSHIP

120 Points

Senior leadership actions guide, manage, and demonstrate communication, and encouragement of high performance.

Leadership approaches ensure regulatory/accreditation compliance, ethical behavior, and societal responsibilities.

Senior leaders establish a culture of patient and other stakeholder engagement, develop the Department's future leaders, and recognize and reward contributions by its workforce.

CATEGORY 2: STRATEGIC PLANNING

85 Points



Key elements of the strategic planning process are considered using SWOT Analysis.

Resources are evaluated to ensure the availability of a skilled workforce, and address requirements that might entail capital expenditures, technology development and/or acquisition, and new health care partnerships or collaborations.

Strategic objectives are converted into action plans to accomplish the objectives and how progress is assessed.

SWOT ANALYSIS
STRENGTHS & WEAKNESSES
OPPORTUNITIES & THREATS

SWOT Matrix

	HELPFUL (for your objectives)	HARMFUL (for your objectives)
INTERNAL	Strengths S	Weaknesses W
EXTERNAL	Opportunities O	Threats T

SWOT ANALYSIS STRENGTHS & WEAKNESSES

UTILIZE STRENGTHS



What do we excel at?

What resources do we have?

What do we view as our strengths?

CONFRONT WEAKNESSES



What resources are we lacking?

What services require improvement?

What do we see as our weaknesses?

SWOT ANALYSIS OPPORTUNITIES & THREATS

TAKE ADVANTAGE OF OPPORTUNITIES



What new technology is under consideration?

What institutional resources will be available?

What are our strategic goals?

MINIMIZE THREATS



What institutional competition for new equipment capital funding do we face?

How strong are competitive local and regional radiation oncology centers?

How could future uncertain program support impact our ability to recruit and retain well-qualified professionals?

CATEGORY 3: FOCUS ON PATIENTS OTHER CUSTOMERS AND MARKETS

85
Points



Patients and other stakeholders who directly and indirectly influence the Department's operations are identified.

Differing needs and expectations of stakeholders are determined.

Feedback is acquired from patients and other stakeholders regarding satisfaction with the clinical services provided and overall organizational performance.

Information is transmitted to ensure stakeholders are kept fully informed about the Department's operations and concerns.

**CATEGORY 4: MEASUREMENT, ANALYSIS
AND
KNOWLEDGE MANAGEMENT**

90
Points



Policies and procedures ensure the accuracy and reliability of equipment, computer hardware and software.

Data are acquired and utilized for treatment planning, machine control, and electronic medical record (EMR) systems.

Policies and procedures maintain the privacy and security of patient information.

**CATEGORY 5: WORKFORCE
FOCUS**

85
Points



The workforce is rewarded for high performance, innovation, and initiative.

Support is provided for continuing education, maintenance of certification, and development of new knowledge through formal training or on-the-job mentoring.

Adequate personnel, space, and equipment are supported to successfully carry out clinical, teaching, and research responsibilities.

CATEGORY 6: PROCESS MANAGEMENT

85
Points



The Radiotherapy Quality & Safety Management Program is organized and assessed.

Work processes are tracked to demonstrate improvements in provided services and outcomes.

CATEGORY 7: RESULTS

450
Points

Results factors (LeTC) summarize, review, and evaluate the overall outcomes achieved in Categories 1-6.



PROCESS SCORING-CATEGORIES 1-6

(ADLI)



Approach - Methods used; appropriateness; effectiveness; organization

Deployment - Relevance; consistency; execution

Learning - Refinement of approaches; support of change; team sharing

Integration - Alignment across processes and staff work units in support of Department goals

Approach
Deployment
Learning
Integration

PROCESS SCORING CATEGORIES 1-6



Scoring Range (%)	Characteristics
0-25	- Driven by activities rather than by systematic processes
30-40	- Beginnings of a structured process-oriented system
50-65	- Systematic, repeatable approaches increasingly aligned with key organizational strategies and goals
70-100	- Effective, systematic approaches highly aligned with key strategies and goals; operations exhibit innovation, efficiency and collaborative information sharing

RESULTS SCORING-CATEGORY 7

(LETC)



- L**evels - Measured performance
- T**rends - Rate and extent of performance improvements
- C**omparisons - Performance relative to industry and/or accreditation standards
- I**ntegration - Degree to which processes, procedures and outcomes support organizational goals and objectives

Levels
Trends
Comparisons
Integration

RESULTS SCORING CATEGORY 7



Scoring Range (%)	Characteristics
0-5	- Poor or unreported performance levels
10-25	- Improving performance levels
30-45	- Good performance levels achieved for some Categories
50-85	- Good to excellent performance levels achieved for many Categories
90-100	- Excellent performance levels achieved for most Categories

WHAT DOES IT ALL MEAN?



Approaches and outcomes that meet general requirements of a particular Category generate a score of



Accomplishments determined to be **Inferior** to or Exceeding that ranking, are scored accordingly



TOTAL POINT SCORE

Total Points = Σ (Category Points x Assigned %)

Perfect Score → 1,000 Points !



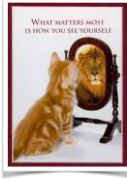
Typical Winner's Score



700-800 Points

OPPORTUNITIES FOR IMPROVEMENT (OFIS)

Self-analysis evaluations describing Criteria requirements not addressed or that could be more effectively addressed through process adjustments or better illustrated by results



WHO CAN DO ALL THIS?



Dr. Seuss
Writer & Illustrator
(1904-1991)

THESE SUPER HEROES CAN DO IT!

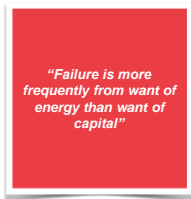


I.M. Superman
Medical Physicist
(1958 -)



A. WonderWoman
Medical Physicist
(1958 -)





Daniel Webster
U.S. Statesman
(1782-1852)

Q: WHAT DID THE ENVELOPE SAY TO THE STAMP?

A: "STICK WITH ME AND WE'LL GO PLACES!"



"All science is either physics or stamp collecting"



Ernest Rutherford
1908 Nobel Laureate
"Father of Nuclear Physics"
(1871 -1937)





Using Baldrige Performance Excellence Program Approaches
in the Pursuit of Radiation Oncology Quality Care, Patient
Satisfaction, and Workforce Commitment

E.S. Sternick
Department of Radiation Oncology
Rhode Island Hospital/Brown Alpert Medical School
Providence, RI

Published: June 2011

