Foundation Update

Bi-Monthly
February 2011

IN THIS ISSUE

Better Healthcare system 2
Seven Rules 4
Using the new "BOS" 6
Cheaters Never Win 10
Call for Volunteers 13
Ann Richards scholarship 14
Circle of Excellence 15
Coaching /Solutions Training 16
Texas Quest for Excellence 17

REGISTER

NOW

WWW.TEXAS-QUALITY.ORG

Vision
What we're striving to do
By helping our customers develop successful organizations, we improve our communities, our state, our country, and our world.

Mission
Why we exist
We help create excellent businesses, hospitals and schools by sharing knowledge about the Baldrige process and other methods that drive organizational efficiency, effectiveness and sustainability.

Values
How We Work
Service to the Public, Fairness and Honesty, Teamwork for the Common Cause, Untiring Effort for Improvement, Courtesy and Humility, Accord with Natural Laws, Gratitude.

NOTES FROM THE CEO

Bill Denney
Quality Texas Foundation

Dear Fellow Travelers on The Road to Excellence:

Ecclesiastes 3
[1] There is a time for everything,
and a season for every activity under the heavens

For the last four and a half years, my primary objective has been to ensure the viability of Quality Texas. To do that, early on it was clear to me that the organization must make changes and I would have to take on the sometimes unpopular role of change-agent.

Our evolution from small Texas award program, to a broad reaching organization that downplays awards for the greater benefit of our ability to help organizations improve, has raised our visibility, increased our feedback applications, grown our consultancy, brought us many volunteers and created a more sustainable organization that is better positioned to help Texas. It's not that we don't recognize performance and give awards, we do. But, the ability to help others improve stands out foremost. Our Mission says it all:

(Why We Exist)
We help create excellent businesses, hospitals and schools by sharing knowledge about the Baldrige process and other methods that drive organizational efficiency, effectiveness and sustainability.

Quality Texas is stronger organizationally and financially than anytime in our history. We provide valuable services that our customers need and appreciate. We make a difference. What else could we ask for? Having accomplished what I came to do, it's time for me to leave.

After our conference on June 27-28, I will turn over the organization to our current Director of Operations, Lynn Tomaszewski. The Board of Directors has recognized in Lynn, what I have always seen - a smart leader with strong Quality and organizational improvement knowledge and skills. Lynn is a Baldrige Examiner and a Judge for ASQ's International Team Excellence Award competition. She serves on the Board of Directors for the Alliance for Performance Excellence (the consortium of state programs), the Texas Association for Healthcare Quality Education Committee, and as a Board Officer for the DFW Association for Healthcare Quality.

Lynn will take Quality Texas to a higher level as we execute our strategy and become *the* place to go for Baldrige assessments and organizational improvement.

This change creates an opening for Lynn's current position. You will find the job description and application instructions on our website (www.texas-quality.org) under the "About Us" tab and "Leadership Section" - www.texas-quality.org/About/Leadership.aspx

Building A Better Healthcare System

Glenn William Bodinson
Founder and CEO
BaldrigeCoach

Your Pace of Improvement is Critical to Reducing Risk

How fast is your organization improving your Healthcare System and results? I recommend healthcare organizations include the pace of improvement in their risk management assessments if they are not already doing so. If your organization is not improving faster than the national average, your financial resources are at risk. When healthcare organizations are not financially sound, it is difficult to have an engaged workforce, and it is harder to have consistent, safe, and effective patient care practices or a safe working environment.

Improvement Models Help Leaders Integrate Whole System Improvement Faster and More Consistently

In the United States, a small number of healthcare organizations are experiencing improvement rates that are much faster than the average. How are they doing this? Our research shows that these organizations' senior leaders are investing in improvement and are using one or more models to drive and integrate improvement across the entire healthcare system.

For example, ThedaCare, Seattle Children's, Park Nicollet, Avera McKennan, Royal Bolton, HNS, and Virginia Mason have chosen Lean and the Toyota Production System as their model. Others use the Baldrige Criteria for Performance Excellence. To date, 11 healthcare organizations have received the Baldrige Award. Their results, summarized in a recent column[1] , show a much faster pace of improvement and higher performance in clinical outcomes; patient satisfaction; and financial, market, process, and leadership results. Some are an order of magnitude better than lower performing healthcare organizations. And, the Lean and Baldrige models are synergistic.

Senior leaders have the organizational and positional power to make performance excellence a success. They must set directions, create a patient focus, establish and communicate clear and visible values and set high expectations. Only leadership can focus the organizational culture on excellence and establish a pace of improvement that overcomes risk. [2]

Improvement Models Apply to Healthcare Organizations of all Types and Sizes

To date, all of the Baldrige healthcare recipients have been large organizations. However, the framework and principles are universally applicable. HomeLife in Kalamazoo, Michigan is using the Baldrige framework to significantly improve mental health services. Caris Healthcare is using it to significantly improve hospice care in Tennessee. Madonna Living Community of Rochester, Minnesota has used the ACHA Quality Award Criteria (based on the Baldrige Criteria) to significantly improve nursing home and assisted living care. VA hospitals can use the Baldrige-based Carey Award Criteria. Qualis Health, a healthcare quality improvement organization, headquartered in Seattle, is using it to improve the quality of healthcare delivery and healthcare outcomes for individuals and populations across the nation.

Lean is also being used in a wide range of healthcare settings from large health care settings to doctors' offices. By focusing on patient-centered processes, called value streams, organizations are removing waste, which simultaneously improves patient satisfaction and reduces costs.

Tahoe Forest Health System Applies Performance Improvement and Innovation to Achieve Unique Results

I've had the opportunity to work with senior leaders at the Tahoe Forest Health System (TFHS), comprised of two rural critical access hospitals, to review their progress on their excellence journey. Some lessons learned may benefit your organization.

TFHS began its excellence journey in 2005 after leaders attended a California Award for Performance Excellence (CAPE) conference. They began incorporating the Baldrige framework as the basis for improvement. TFHS senior leaders also invested in mapping and defining the health system's core service delivery processes. This helped identify areas of improvement related to patient flow and handoffs between processes where most waste and problems occur. Performance excellence initiatives also helped change the culture to one that focuses on the horizontal processes rather than the vertical organizational structure. As a result, when there is a problem leaders focus first on the process involved. They find themselves asking, "What is our process? Was it followed? Do we need to change it? Or do we need to retrain someone on the process?"

When people ask, "Why Baldrige? " Bob Schapper, CEO, replies, "My answer is simple. Key financial indicators equivalent to A- bond ratings from Wall Street; infection rates far below the national average, maintaining a patient satisfaction rating, reported by Press Ganey, in the top 10 percentile for in-patient, ambulatory surgery and emergency care against a variety of peer groups, and incredible community engagement. That's why we are involved with Baldrige."

To help accomplish these results in an efficient manner, senior leaders have aligned the organization around five foundations: quality, service, people, finance, and growth. These are the same pillars popularized by the StuderGroup and used by almost every Baldrige healthcare recipient. What is innovative at TFHS is that the five-member, publically elected Board of Directors has aligned its governance committees around the same five foundations.

TFHS has deployed Performance Excellence Boards, which align every department's key measures and improvement action plans with the five foundations. The Boards are used as a mechanism to communicate what is most important to improve with key stakeholders and staff. When action plans are completed, the results are summarized in an Accomplishments Log. This helps senior leaders round and recognizes teams for accomplishments. These Boards also make a strong impression on local business leaders and representatives from other healthcare organizations when they tour the hospital.

TFHS excels in community engagement. Senior leaders have established community-based Advisory Boards and Foundations to provide counsel on community needs and to help research and investigate innovative approaches. These Advisory Boards also accelerate the pace at which innovative services are introduced. One example is the creation of a locally-based Cancer Center. Through discussions with community leaders and surveys, TFHS leaders learned that there was a desire for a local cancer center so patients would not have to drive to Reno or Sacramento for chemotherapy treatments. A Cancer Advisory Board comprised of local community members was formed to engage the community in the development process. The members of the Advisory Board, along with TFHS leaders, benchmarked 12 other cancer centers nationally to guide the design of the new cancer center. The Center was intentionally designed to provide patients with both physical and emotional comfort, and patients were involved in decisions. In one decision, various models of chemo chairs were brought in, and a focus group selected the best chair. To increase convenience and reduce waiting times for laboratory results, a small laboratory was located on site. With this attention to detail and patient service, the demand continues to grow. The Cancer Advisory Board is used as a model for other innovations that provide services to the community. Community engagement leads to community ownership of programs and services at TFHS. With community ownership, philanthropic support naturally follows.

To illustrate how improvement has expanded to all areas of the health system with unexpected positive impact, we only need to look at food services. Margaret Holmes, Manager of Food Services, opened our session saying, "Food is like religion and politics. Everyone has an opinion." When I started working with TFHS in 2005 they had a traditional cafeteria, and the food was typical of a hospital.

"We knew were doing fine – until we measured satisfaction with Press Ganey. Truth is, we did not survey before because we didn't want to know. Our wakeup call was we rated only at the 43rd percentile." A new wing was being built so the food service team had a real opportunity to change from a cafeteria to a café. Planning took almost a year. They identified each of the major customer segments and held focus groups to determine what was most important to each segment. The participants became owners in the improved service and were delighted they had been listened to.

Holmes and the food service team learned that even though the average stay is 1.8 days the restaurant style menu was perceived as lacking variety. So, an executive chef was hired. He implemented a three-week rotating menu with choices. He also created flavor profiles for each food item and implements a sample table where the food is rated each day, and the rating are documented on a standard form. When improvement is needed, the recipe is changed or the item is removed until it meets the rigid standards established by the food service team.

Some unexpected things started to happen because the food and service were so good. Patient satisfaction rose significantly. Over 90% of respondents rate the food and service as top box or excellent, and it continues to improve. In fact, TFHS food service is now used by Press Ganey as a national benchmark. The Hospice Advisory Board and other local service clubs began having meetings at the hospital in order to use TFHS food service for catering. This allows the hospital to showcase its facility and services which helps grow market share and volumes. Plus, the food service department has received an award from the national food service association Good to Best for the most sustainable improvement in quality and excellence in North America.

TFHS has recently been recognized by U C Davis as the only "Rural Center of Healthcare Excellence" for its innovative approaches and excellent results. TFHS was also one of the first recipients of the Pathways to Excellence recognition from the American Nurses Credentialing Center (ANCC).

Reduce Your Risk Through Building a Better Healthcare System

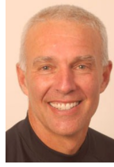
Will Rogers wrote, "You may be on the right track, but if you are not moving fast enough you will get run over." In the competitive world of healthcare, especially with the potential impact of health care reform, most organizations do not have the luxury of waiting to implement performance excellence. Start today in selecting the most appropriate model for building a better healthcare system, and begin implementing it effectively and efficiently. Otherwise, you are putting your organization at risk – financially, competitively and from the standpoint of patient outcomes.

---

[1] Bodinson, G. (2009). Healthcare organizations get "healthier" using the Baldrige system for performance excellence. *Patient Safety & Quality Healthcare, 6*(6), 62.
[2] Bodinson, G. (2005, November). Change healthcare organizations from good to great. *Quality Progress,* 22-29.

Seven Rules for Getting Social Media Right

Showcasing companies that do it well



BARRY LIBERT

PREVIOUSLY PUBLISHED IN QUALITY DIGEST ON 12/22/2010

Let's face it: The business world is changing. Rapidly. While the object of the game is still to drive revenue, the methods have changed. Instead of a monolithic one-way interaction, business is now being conducted through constant and meaningful two-way conversations between organizations and constituents—at every stage of organizational development. And it's a good thing, too.

Not so long ago, the object of the game was to be cutthroat and dictatorial about business, and it helped if you could check your emotions and personality at the door. Deep down, did most of us really buy the old "nothing personal—it's just business" line? Of course not. After all, building a thriving business is all about making lasting, personal, reliable connections inside and outside of your company. And these days, there's no better way to do that than through social media—in essence, by building your company's own social nation.

I know what I'm talking about. I'm the chairman and CEO of Mzinga, a company that provides social software to businesses. Quite literally, it's my job to be social media savvy. And I'm adamant that building your own social nation is increasingly necessary in the business world. It's true. Your employees and your customers want to be engaged on a personal level, not just through a survey or annual conference, as I state in my new book *Social Nation: How to Harness the Power of Social Media to Attract Customers, Motivate Employees, and Grow Your Business* (Wiley, 2010). And here's the clincher: If you choose not to engage with these folks, they'll do it without you—and you definitely don't want that.

Examples of social nations are everywhere. Today, customers want to rely on what other diners have to say to help make decisions about where they should eat next, rather than relying on traditional restaurant advertising. Open Table has brought together a nation of diners who connect online. Amazon has brought together a nation of readers for those who want to share their feedback about books and help influence the choices of other readers. A community of travelers helps us select hotels that meet our personal preferences, thanks to Trip Advisor. TheStreet.com steers us toward the stocks we should buy.

And it does not stop there. These and many other companies are beginning to understand the power of creating friends, fans, and followers to build their businesses.

Building your social nation means changing what you think it means to build a company. This emerging social era is about engaging everyone around you to redefine what you do and how you do it—including sales, marketing, research and development, customer support, and product development.

Still skeptical? Then take a look at the hard numbers. A 2009 study by the Nielsen Co. revealed that employees, partners, and customers spent 17 percent of their online time networking or blogging—and 83 percent more time in online social networks than the year prior. What's more, these constituencies are driving advertisers to spend an expected $2.6 billion on these social sites by 2012.

Essentially, these statistics tell us that companies need to embrace and capture the voices of their employees and customers if they want to innovate and thrive. And at the same time, customers and employees want to affect all aspects of business by sharing their opinions, criticisms, and praise with companies—and with each other.

It's becoming increasingly clear that building communities for customers, employees, partners, and investors is critical to the future vitality of business. In this new era, you can't underestimate how important emotional and social connections are, and how crucial it is to fulfill the needs of customers.

Here are my seven rules for implementing a successful social media strategy in your organization, and how real-world companies have put them into action:

Rule 1: Develop your social skills. Leaders in the social nation are expected to follow as much as they lead, collaborating with their colleagues while still providing structure and support. In boardrooms and offices around the world, leaders are starting to become more interconnected, to put others' needs first, and to find motivation in helping others succeed. They facilitate rather than control.

You can't expect your organization's social nation to be successful if you as a leader don't think about the needs and wants of your employees and customers. I'm reminded of Andrea Jung, CEO of Avon. She strives to make Avon a "company for women," and feels that it's important to empower the company's saleswomen by talking with them about what matters to them as well as to Avon. And guess what? Avon was one of the few companies to chart growth during the 2008–2009 recession.

Rule 2: Let culture lead your way. When building your social organization, remember that the company's DNA is important, so let an open and honest culture be a guiding principle. After all, culture defines your company because it tells employees what to expect and lets customers know who you are and what you stand for.

For a great example, look at Zappos—a company whose success is due largely to an emphasis on culture. Zappos is based around 10 core values, which all employees know and understand. Beyond that, working at Zappos is fun, personal, and social. For example, there's a Dance Dance Revolution machine in the lobby. Most important, though, employees are encouraged to connect authentically with each other and with customers. They feel good about where they work—and that shows in their engagement and performances.

Rule 3: Mind your online and offline manners. How you say something—be it online or off—is as important as what you say, and can help make the difference in gaining fans, friends, and followers. Remember that technology connects people in faster and more transparent ways than ever. Social media can definitely propel your company forward, especially when employees are excited and involved. Australian telecommunications company Telstra gets this concept. In fact, at Telstra, social media participation is mandatory. However, the company trains each employee on how to appropriately participate, basing its guidelines on responsibility, respect, and representation. Very, very smart.

Rule 4: Listen, learn, adapt. Social intelligence enables your company to benefit from all that is happening around you—including the conversations of your constituents—so you can adapt what you do and how you do it to better meet the needs of your customers, employees, and market demands. After all, it's a good thing to understand what your customers need and want, and how they interact with your products and services.

If you have a younger child, you've probably heard of Webkinz, which has turned out to be a brilliant concept by Ganz. Kids receive avatars of their stuffed animals in an online community, which allows them to interact with other children and to care for their "pets." Ganz is able to keep tabs of how many customers it has, how long they spend online, and how they feel about the products they've bought. Using this information Ganz is able to improve its product and its customer interaction.

Rule 5: Include others in everything you do. As an organization that is seeking to benefit from membership in the social nation, relying on others in every part of your company is the only way to alter what you do and how you do it to generate new revenues and increase profits.

Ducati really personifies this strategy. In 2003, the company did away with its traditional marketing in high-end magazines and the like, and centered itself around community members, their needs, feedback, and conversations. Ducati made sure that fans and owners could attend plenty of rallies, races, parties, and bike shows, as well as become involved in an online community. Now Ducati has become even more popular due to fan enthusiasm—and its products and services have improved due to customer feedback and suggestions.

Rule 6: Rely on others for growth and innovation. Friends, fans, and followers are instrumental in achieving growth in today's connected world. Instead of the "old" method of relying on focus groups that meet behind two-way mirrors, it's time to engage customers in a two-way conversation to innovate new products and services that matter.

Take Mountain Dew, instead of traditional product development efforts PepsiCo created a "DEWmocracy" campaign to decide what the next Mountain Dew flavor would be. Anyone could log on to Mountain Dew's website and play an exciting multilevel game, through which they could rack up points toward their preferred soda being chosen. Essentially, the company's next soft drink was in the hands of its social nation. Power to the people, indeed.

Rule 7: Reward others and you will be rewarded, too. As organizations focus more on connections and relationships, customers want to be rewarded emotionally as well as financially. Successful businesses have to meet both needs.

Apple is the poster child for rewarding fans. Anyone can develop an app for the iPhone or iPad. Now, just three years after the release of the iPhone, the app craze has become a $2.5 billion yearly earnings extravaganza for the company—and that's just Apple's share of the rewards. In fact, individual developers are offered a 70/30 profit division—in their favor—to create apps based on their individual views of the community's wants and needs. You'd better believe that these folks are emotionally and financially connected to Apple, as well as socially connected to each other.

When you follow these social nation-building rules, you'll achieve the results you desire based on customers who care and employees who enjoy what they do every day. It's true: With open communication and all-around engagement, your company's social media and new technologies will realize new revenue sources and transform your business.

About The Author

Barry Libert is a business executive, author, and speaker based in Boston, Massachusetts. He has more than 25 years of executive leadership and entrepreneurial experience, and has been instrumental in advancing the awareness and use of Web 2.0 and social technologies within the business world. Libert is the chairman and CEO of Mzinga, the leading provider of social software, services, and analytics that improve business performance. He has published five books on the value of social networks and human interaction. He is a regularly featured keynote speaker and has delivered speeches to audiences of 20,000+ globally.

Using The New “BOS” To Span The Healthcare Quality Chasm

(PART 3 OF 3)

Ralph Daniel Reid, M.B.S., M.A.,
ASQ Fellow, ASQ CQE
Director of Supplier Quality
Baxter Healthcare

M.M. “Mickey” Christensen, MSME, P.E. Ret.
RABQSA/IRCA QMS lead auditor
President
TQM Systems

IOM: SAFETY AS A SYSTEM PROPERTY

The IOM report goes on to say that patients are frequently injured due to poor system designs. The system must be designed to deliver appropriate care, reliably and without error. The current “rule” is that health care professionals do not, or should not make errors. The new IOM rule indicates that errors are the result of complex causes. The suggested way to improve is to understand the root cause of errors, then design systems of care to prevent error (e.g. error-proofing) where possible, then to make errors visible when they do occur and mitigate the harm done when error reaches the patient.

Various types of documentation should be used as a sub-system to accomplish this. Start with making readily available the best practice protocols. Effects of potential failures or errors in care delivery design or execution can be evaluated or ranked in a risk management tool such as Failure Mode and Effects Analysis (FMEA). Once ranked, which the IOM report discusses as use of “Pareto”, an “Engineering” principle, then efforts should be taken to eliminate those potential risks using error-proofing techniques. Risks should then be re-evaluated. Where risk remains high, efforts to mitigate the consequences of the potential failures should be specified in standard procedures and/or work instructions. Procedures should be used where work crosses functions in an organization, while staff in individual work areas probably need to use work instructions. Any measuring or process monitoring required should be specified in the system documentation, including the frequency, measurement type, device to be used, and acceptable performance criteria as supported by adequate calibration.

BOS discusses the responsibility of management to systematically plan to mitigate the effects of loss to the organization. This should be based on data from appropriate sources, e.g. evaluation of historical data looking for trends. The plan output should generate quantitative data for goals and objectives. The documentation method described above is one way to accomplish this.

BOS agrees with the IOM recommendation that the organization should use error proofing in the planning of care, but adds that it should extend to the planning of all processes, facilities, and disaster planning. One technique widely used in many sectors is to organize inventory storage areas such that look-alike and sound-alike items are NOT stored close to each other. This eliminates inadvertent errors of “grabbing” the wrong item. Also, as inventory is arranged, keeping in mind many items have expiration dates on them and these should be readily visible. When checks are done for expired inventory, this should be designed to be simple and straightforward. Having inventory that is expired may cause lack of proper treatment due to timeliness while searching for useable supplies.

ERROR PROOFING IS NOT ENOUGH

Error proofing is important but it is not the “end of the game.” As Dr. Edwards Deming points out in “The New Economics,” organizations that are “error free” can still go out of business. The key is to have a long-term plan with measurable objectives. As Deming says, what service(s) would help customers more now and in the future? How could current services be improved to satisfy customers more? In BOS, this is the comprehensive Business Plan (clause 2.1.a.3). The plan should define where the organization is going in the next 5 -10 years, and indicate the method(s) by which it will “get there.” This will include defined business objectives (including cost and quality) and appropriate metrics for management. The goal must be to provide consistently better value to customers/clients/patients than the competition.

If two competing organizations provide comparable quality of service, then the distinguishing factors move to features such as performance or style. Given a (hopefully short) wait for service, would a customer rather sit in a sterile waiting room with only a few brochures and aged magazines to read or, one with warm colors, comfortable seating, and cable TV. Given an option with other things being equal, would a customer rather seek service from a provider with hours between 9 – 5 PM or one with evening hours several nights per week to accommodate working people? In a service sector, “soft” issues of this type are more critical.

CRITICAL TERMINOLOGY - DESIGN AND DEVELOPMENT

The IOM report discusses the design and redesign of care at length as we have already seen. If you consider the examples given in the BOS description of "product", it is clear that a primary product of the general health care provider is the care plan. The provider must diagnose the patient's problem, "design" and implement the care plan. A health care professional saying that they are not "design-responsible" is analogous to a chef saying that they are not design-responsible for the meal because they did not design the ingredients they chose to use in the recipe, e.g. "ketchup or flour". This would be like an airline company saying it is not design-responsible for the flight service because they did not design the aircraft.

We have seen that the health care system is complex. Many processes and transactions can be involved in any one instance of care delivery. In order to make sense of the BOS, it is critical to identify the organization's product (service). From this, you can then easily identify the customer(s), and components of the process, e.g. the inputs and outputs. These should be defined within the context of each transaction, where multiple parties and/or products/services are involved. It is also necessary to understand this when seeking third party certification/accreditation of the system, as it will be used to define the scope of registration on the certificate. True, the health care provider does not typically design the protocols used, but they design the product, e.g. health care, that they deliver and are compensated for. A scope of registration should accurately define what specific product/service is provided by the organization.

In the BOS, the term "design" is tied with "development" in both context and definition. Further, it is defined broadly, as "a set of processes that transform requirements into specified characteristics or into the specification …" This makes it clear that "design and development" applies to services.

The issue of design control is often further confused with the issue of subcontracted design services. In this context, some one has to be ultimately "design-responsible" for the product supplied in the transaction. If the customer is not design-responsible for the product they are procuring from the supplier, then the supplier must be. If the supplier chooses to sub-contract the design, they must still be responsible for the design to the customer. If, on the other hand, the customer selects a third party design provider as a condition of the transaction, they are then design-responsible in the contract. This understanding can be particularly helpful in health care where physicians are typically not employees of the hospital where they practice, and where health care is provided to a given patient across a number of providers. This continuum of care can be understood within the BOS model when you understand the "product" that each provider offers across the continuum. It is necessary that a 'lead' provider be established to maintain some control over the overall provision of care. When there are several providers involved, and each thinks the other is taking care of some issue, it may not happen and harm can be the result.

For example, a patient goes to the doctor with various complaints. The doctor provides a diagnosis, designs and implements a "care plan" for that patient and is compensated for that service. However the plan may call for X-rays and referrals to various other specialists, rehabilitation or homecare services. Each of these provides a service to the patient and is compensated for that service. Thus, each one provides a unique "product" to the customer, e.g. patient. This is a critical issue which goes well beyond the quality management system – that is, typically today, no one practitioner is ultimately responsible for the coordination of the health care services across the continuum of care by a number of providers. With no one ultimately in charge of the "quality" of the total care across providers, there can be problems, e.g. prescriptions issued by different providers that have adverse effects when used in combination for the same patient. One provider thinks another will do some activity and that provider may think it has already been done. Consequently, the activity is not done and may be very harmful to the patient. Example: the heart-lung transplant that killed the young lady because her blood was not typed.

IOM NEW RULES: COOPERATION AMONG CLINICIANS

The IOM report also points out that in the current system, there is too little teamwork. Each department or function does what is best for their department. This has been referred to as "sub-optimization." Patients have also reported that caregivers do not seem to coordinate their work or know what others are doing. In the BOS, the issue of the continuum of care discussed above is identified as a problem without proposing a solution. The IOM new rules say that in the new system people will understand the benefits of optimizing the system as a whole, at the organization level, not at the department or function level. There will be high levels of cooperation, coordination and standardization.

BOS encourages the organization to involve and develop its people. Just with regard to cooperation and teamwork, it recommends establishing individual and team objectives, ensuring effective teamwork and communicating suggestions and opinions. Further, for its people, the organization should provide ongoing training and career planning, involve people in objective setting and decision making, continually review needs of its people, and measure their satisfaction.

Many organizations use a classic pyramid organization structure. This emphasizes the reporting relationships rather than depicting how work is actually accomplished, as is shown in flow charts. Some organizations have implemented a "matrix" organization structure. This requires coordination as employees typically have two direct supervisors. This structure may be used to more effectively deploy common protocols, processes and procedures as "left side" executives can champion specific processes, while "top side" executives can manage the functional resources day to day.

Dr. Brent James has also reported that the medical profession is changing from a "craft-based" practice to a "profession-based" practice. In the former, physicians working alone design a solution for each patient based on their personal knowledge gained from training and experience. As a "profession-based" practice, groups of peers are treating similar patients in a shared setting. They plan coordinated care delivery processes, but physicians adapt to specific patient needs.

He reports from early experience that this new approach is less expensive (supply of core processes), less complex (which means fewer errors) and results in better patient outcomes.

IOM REPORT: ORGANIZATIONAL SUPPORTS FOR CHANGE

The IOM Committee indicates that the first critical step to effect change is the application of so-called "Engineering" principles. The first mentioned is to redesign the system using the 80/20 rule, also known as the "Pareto" principle to exploit the existence of routine work. The more predictable the work, the more sense it makes to standardize the work. The IOM reports that between 15 - 25 common chronic conditions account for the majority of the health services delivered. These would lend themselves to standardization of common sets of services, customized as necessary for individual patient needs, which is another of the "Engineering" principles mentioned in the report.

A third principle is design for safety. This is essentially designing the system to prevent errors and designing procedures to make errors visible when they occur and to mitigate the potential harm to patients and/or employees, which is also an emphasis of BOS.

Production or service planning is the final principle described in the report. This is described as use of a repeating master schedule for repetitive patterns of work. This provides for better utilization of staff, training efficiencies and better quality of care. This can be analogous to the checklist used by airline pilots.

BOS: MANAGE PATIENT CARE PROCESSES

A key clause in BOS deals with management of the patient care processes. Clearly, the organization should ensure compliance with specified requirements, e.g. care plans, government or customer imposed standards, health care accreditation criteria, but it should also benchmark processes inside and outside of the health care sector to discover improvement opportunities. As discussed earlier, the organization should also make use of tools such as flow charts and process maps to document how care processes are to be implemented. To help identify, understand and manage variation, appropriate statistical tools should be used. Care should be taken to use relevant statistical tools to make appropriate use of data. Some of these tools are run charts, histograms, control charts and designed experiments. Tools that are more sophisticated are available and very useable, but may require training in statistics.

Sadly, the IOM report states that few health care organizations have developed successful models that reliably deliver basic effective services. Dr. Edwards Deming, mentioned in the IOM report, developed a model that has been successfully used for many years in other industries. In his 1982 book, "Out of the Crisis", Dr. Deming published a health care version of his now famous 14 Points for Management, adapted by several physicians at the Health Services Research Center in Minneapolis. Deming's model is now several decades old, yet despite its successes, where implemented, many organizations have not yet embraced it. Use of this model addresses what he calls the central problem of management: to better understand the meaning of variation and to extract the information contained in variation. Clearly, there are common threads between Deming and the IOM reports and the BOS. Some examples include:

- Require statistical evidence of quality of incoming materials/supplies
- Restructure training
  - teach methods of SPC on the job
  - provide operational definitions for all jobs
- Drive out fear
  - break down class distinctions between types of workers
  - cease to blame employees for system problems
- Breakdown barriers between departments
- Institute a vigorous program of retraining people in new skills

IOM REPORT: PREPARING THE WORKFORCE

The U.S. health care sector is large, 6 million strong in 1998. The IOM report points out that professional hierarchies are well established. The IOM Committee recommends that a multi-disciplinary summit of health care leaders should develop strategies for restructuring clinical education and other professional training to provide new or enhanced skills for the 21st Century. While curriculum changes are viewed as essential, they are not viewed as sufficient alone.

In BOS, emphasis is placed on the competency of people. Management is charged with ensuring that the organization has competent people for the efficient and effective running of the whole organization. Further, the current and future competence needs of the organization should be analyzed and compared with the existing competence in the organization. BOS further supports the Deming philosophy above by recommending that the organization should have people competent in quality management science. Concepts of variation and process control should be well understood throughout the organization.

IOM REPORT: ALIGNING PAYMENT POLICIES WITH QUALITY IMPROVEMENT

The final IOM recommendation to be considered in this paper is that purchasers of health care find ways to recognize and reward quality and support quality improvement efforts. One of the stated intents of the BOS is to improve the organizations' image, increase customer confidence and have a tool available to reward quality. AIAG, in cooperation with a number of medicine clinics, is in the pilot implementation of BOS to gather cost/benefit information to build the business case for use of a BOS based system in health care.

In the meantime, efforts of the Leapfrog Group of the Business Roundtable are working on specific initiatives along the lines of the IOM recommendations. The Leapfrog Group is a coalition of more than 100 organizations that provide health care benefits created to help save lives and reduce medical errors by mobilizing employer purchasing power to initiate breakthrough improvements in the safety of health care. See their website at www.leapfroggroup.org.

ISO 9000 VS. SIX SIGMA VS. AWARD CRITERIA

Many organizations are pursuing a program of Six Sigma to address quality improvement. Others are following an Award Criteria such as Malcolm Baldrige in the USA or the EFQM in Europe. Given the options, many do not know which to pursue. In reality, they all have a place and a differing role in quality management and improvement.

The ISO 9000 series provides rather generic guideline and requirements for the organization's quality management system. The system can be the "umbrella" for all the other programs and initiatives. The system includes the people, procedures, equipment and policies specified to result in product and/or service quality. BOS provides a system that the organization can use daily involving everybody to achieve quality and control processes. Accredited third party certification to ISO 9001 is an option that organizations can elect to provide customer assurances of implementation of an effective quality system. Customers in some industry sectors require such certification as a condition of doing business. In health care, accreditation in the USA by an agency with deeming authority from CMS is necessary if reimbursement from Medicaid and Medicare are being sought.

Six Sigma is one of several comprehensive problem-solving tools available to organizations. Problem solving is conducted project-by-project and relies on experts, e.g. certified quality practitioners of various levels – green belt and black belt. Six Sigma practitioners use methodologies and statistical tools developed in the 1930's to lead a team over several months to solve an identified problem. Results can be dramatic for a well-executed applicable project. Many consultants advertise Six Sigma, but with widely varying degrees of competency and experience. Six Sigma methodologies can be incorporated into a BOS system very easily and become institutionalized so any gains achieved can be sustained.

Award Criteria typically provides areas to address for an organization as well as scoring. Organizational "Results" is an element typically scored with a higher proportion of the total points than other elements. Award criteria for organizations with maturing quality systems can effectively be used for self-assessment and target setting for improvement over time, e.g. year-to-year. The criteria are generally "descriptive" by design so organizations that need guidance with "what to do" to improve will not find as much help in typical award criteria. Instead of requiring a description of what a company does, BOS has reworded Baldrige clauses to make them requirements.

These methodologies, with the use of tools like Six Sigma, SPC, FMEA, the Pareto principle and others aid the organization's management in determining the areas where significant improvement may be achieved without taking the "shotgun" approach.

CONCLUSION

It must be noted that change and improvement do not come easy. A basic premise is that in order to improve, we must continually change. A basic law of physics is that for every action (change), there is an equal and opposite reaction (resistance to change). By nature, people resist change. Change takes people out of their "comfort zones." Therefore, the more you change, the greater the resistance. The greater the resistance, the more difficult it is to improve. The IOM Committee drafting the IOM Chasm report did well to quote Goethe: "Knowing is not enough, we must apply; willing is not enough, we must do." The job of redesigning the health care system for the 21st century is a tall order, but it is worth the doing. Culture change is needed in most organizations. Culture change from "We have good quality because we take care of people" and "Blame and Shame management of variances from planned results" need to move into the 21st Century. There are many lessons to be learned from other industries and applied to health care delivery to the benefit of the end customer, the patient, client or resident. Albert Einstein was quoted as saying, ""You can't solve a problem with the same kind of thinking that created it."

BOS can be an effective source and tool for any health care organization pursuing excellence regardless of where they are at in the journey.

To order copies of BOS, contact AIAG at 248-358-3003 and ask for item number HF-2.
To order copies of the IOM report, see http://www.nap.edu/catalog/10027.html

REFERENCES

1997-1998 ASQ/AIAG Quality Survey
Institute of Medicine, "Crossing the Quality Chasm: A New Health System for the 21st Century", National Academy Press, © 2001

REFERENCES CONTINUED

Institute of Medicine, "To Err Is Human", National Academy Press, copyright 2000.
The State of Health Care Quality 2003—Industry Trends and Analysis, © 2003 National Committee for Quality Assurance, page 6.
Federal Register, Vol. 68, No. 16, January 24, 2003, Rules and Regulations, pp. 3436.
The Medical Liability Crisis and the litigation explosion, © 2003 American College of Surgeons, July 8, 2003 web site posting (http://www.facs.org/ahp/litexplosion.html)
Research Notes, Top Issues Confronting Hospitals, *Healthcare Executive*, American College of Healthcare Executives, March-April 2004, page 68.
The Quality of Healthcare / Hospital Activities, report by The Working Party On Quality Care in Hospitals, HOPE, The Subcommittee of Co-ordination
Quality Progress, June 2000, ASQ
"Interpretations and variations of ISO9000 in acute healthcare", J. Sweeney, Irish Society for Quality in Healthcare, C. Heaton, CASPE Research
International Organization for Standardization, "International Workshop Agreement, IWA 1, Quality Management Systems –Guidelines for process improvements in health service organizations", © 2001
MIT Press, "Out of the Crisis", W. Edwards Deming, © 1982, 1986, 2000
"Health Grades Quality Study --Patient Safety in American Hospitals, July 2004, Health Grades, Golden, CO. Report
"Health Grades Quality Study –Fourth Annual Patient Safety in American Hospitals, April 2007, Health Grades, Golden, CO. Report
Malcolm Baldrige National Quality Award health care criteria, **Web site:** www.baldrige.nist.gov
McKinsey Global Institute, Accounting for the Cost of Health Care in the United States, January 2007

Cheaters Never Win

Brian S. Lassiter
President, Minnesota Council for Quality

Last fall, nearly 200 students at the University of Central Florida were caught cheating during a midterm exam, making it the largest cheating scandal in university history. Professor Richard Quinn noticed that test scores were suspiciously high – about a grade and a half higher than the average the last few years. A few days later, an anonymous student left in his mailbox a copy of the "test bank," a set of potential test questions produced by the textbook publisher for instructors. Test banks are obviously not for students, but this one was stolen and then sold online. So Quinn gave the lecture he had hoped he'd never have to give. Delivered by video, Quinn gave his 615 students an ultimatum: confess and take a four-hour ethics course and their records would be wiped clean, or don't and they could be suspended or expelled. "If you want to take a high-risk gamble, take it," Quinn told his students. "I challenge you to take it, because we know who you are." Quinn's management course suddenly now included real-life lessons in ethics…

Based on statistics of previous test patterns and "forensic" analysis of intercepted email threads that identified those who got the questions in advance, Quinn believed he could identify most of the approximately 200 students that had cheated in the senior-level required course. Consulting with university administrators, he decided to scrap the midterm and make all 615 students retake the test, whether they cheated or not.

"To say I'm disappointed is beyond comprehension," Quinn said in a taped lecture, which has now gone viral on the Internet (visit http://www.youtube.com/watch?v=rbzJTTDO9f4 to watch the 15-minute clip). "After 21 years of teaching and delivering course content to tens of thousands of students, there was always one lecture I hoped I never had to give. And unfortunately that hope ran out…because I'm going to give a lecture today that basically is the toughest I've ever had to give, and for some of you the toughest you've ever had to hear.

"[I'm] physically ill. Absolutely disgusted. Completely disillusioned…trying to figure out what the last 20 years were all about."

He gave students a few days to make a choice of redemption: if they admitted cheating, did not have a previous record and took the four-hour ethics course, their record would be wiped clean (and their second test score would count). But, according to the St. Petersburg Times, the consequences would be severe for those who chose to "hunker down hoping they don't get caught." Some could be kicked out of school for at least one term. In the worst cases, students could get expelled.

What's somewhat incredible about this story: the exam was conducted in a cutting-edge laboratory that uses "anti-cheat cameras" similar to those in a gambling casino. But in spite of this, nearly a third of the class still cheated, making it the biggest cheating scandal in university history…and perhaps a clear indictment of ethics erosion in our society.

"It's hard for me to know how they would cheat, because there's monitors walking around the testing labs," said Samantha Riordan, a 20-year-old student as quoted in a November 10 ABC News story. "If this is your major, you should be studying. You should want to learn and not to cheat."

Her fellow student Alan Blanchard agreed: "It's horrible. We don't need unethical people going into the business world, obviously. I'm sure there's enough of them out there."

But student Konstantin Ravvin expressed a different opinion: "This is college. Everyone cheats, everyone cheats in life in general. I think you'd be hard-pressed to find anyone in this testing lab who hasn't cheated on an exam."

Sadly, Ravvin may be right: cheating is a problem on college campuses nationwide. According to the Center for Academic Integrity at Clemson University's Robert J. Rutland Institute for Ethics, up to 70-75% of college students self-report engaging in some sort of "slippery academic conduct."

Personally, I think cheating has long been an issue at colleges and universities. But the problem may be increasing, because 1) technology enables new forms of cheating, and 2) the tough economy the last few years has made competition for jobs extremely difficult. I can only speculate how that has resulted in increased pressure for good grades, sometimes achieved by any measure.

But Ravvin goes on to accuse the university of "making a witch hunt out of absolutely nothing, as if they want to teach us some kind of moral lesson." Maybe that's exactly what Quinn and university officials want to do…

"If they're going to learn one thing coming out of university," Quinn said, "they're going to learn dignity and honor and the value of ethics and honesty." In his lecture, Quinn thanked the students who did not cheat, but made his feelings clear for those who did:

"For those of you…who acted ethically and…honorably, you have my undying gratitude and my utmost respect. [But] for those of you who took the short cut, don't call me [to ask for dispensation]. Don't ask me to do anything for you ever…again. That's it…Those are the hours you get to take the makeup exam. I don't care what's on your schedule…what you have planned. If you have to give birth, you'll give birth in the exam room, because it's going to take a signed, hand-delivered note from God for you to get out of taking this midterm exam. So adjust your schedules, blow off whatever you have to blow off to be there. This is one shot, one time…if you miss it, too bad."

And Quinn makes no apologies for his reaction: "If I exploded, maybe it needed to explode. Maybe it's a conversation that's been needed for a long time."

And maybe he's right. I can think of at least five other major ethical cases that have become public just in the last few months:

- Perhaps the biggest transgressing involves Representative Charlie Rangel (D-NY), a 20-term (yes, that's 40 years in office) legislator, who was recently reelected last month but then found guilty of violating at least 10 House rules. Among them: he used House stationery and staff to solicit money for a college center named after him; he solicited donors for the center, leaving the impression that the money could influence official actions; he failed to disclose at least $600,000 in assets and income in reports to Congress; he used a rent-subsidized apartment for a campaign office when it was design for residential use; and he failed to report to the IRS rental income from a unit he owned in the Dominican Republic. A House ethics panel censured Rangel late last week.

- While we're on politics, Representative Maxine Waters (D-CA) was recently accused of inappropriately helping a financially troubled bank in which her husband is a large shareholder. The House ethics committee will conduct a trial likely next month.

- And there have been several ethical issues in sports this fall. The University of Connecticut last month admitted to major recruiting violations. The University claimed that its basketball staff made impermissible telephone calls and text messages to prospective student athletes; the school also confessed that high school coaches and other beneficiaries received free game tickets. UConn has imposed sanctions on their men's basketball program, including two years of probation and a loss of one scholarship for the next two basketball seasons. To make matters worse, Jim Calhoun, its basketball coach, is quoted in saying: "We may have broken rules…but we did not cheat." Please.

- Similarly, Bruce Pearl, the high profile head coach of the University of Tennessee men's basketball team, last week was suspended for eight conference games for recruiting violations. Commensurate salary reductions will cost Pearl $1.5 million.

- Earlier this fall, the NCAA officially ruled that the University of Southern California would suffer heavy sanctions for its football and basketball programs for "improper benefits" (including hundreds of thousands of dollars) received by Reggie Bush and O.J. Mayo, respectively. Bush ultimately forfeited his Heisman Trophy, the honor bestowed to the country's best college football player every year. And USC cannot participate in post-season competition for two years.

- And finally, there an obscure sports story out of central Connecticut, where a high school football coach – D.J. Hernandez of Southington High – found himself in possession of his opponent's (Manchester High) list of coded plays. Apparently, one of the receivers on Manchester High lost the list of plays from his armband, and it found itself on the competitors' sidelines shortly before half, at which point the game was tied 14-14. During the second half, the Manchester coach noticed that every time his quarterback called signals at the line of scrimmage, Southington coach Hernandez would look down at his clipboard. Hernandez claims to have used the pilfered list on only four plays. Southington High wound up winning 28-14. Hernandez (as reported in Sports Illustrated this week): "I have had the opportunity to reflect on this entire situation, and I understand by using the card, I did not set a good example for the young men I coach." I think SI columnist Selena Roberts nailed the issue: "The use of 'reflection' was odd, as if Hernandez didn't know he was wrong from the instant he picked up the cheat sheet."

All of these examples were just in the last month or two. And I don't have the space to go into the various Ponzi schemes and other corporate transgressions the last few years.

What's happened to our value system, where cheating has apparently run rampant in nearly all aspects of our culture – in higher education, in politics, in sports, in business? Do we as a society no longer know – or worse yet, no longer care – what's right from wrong? What does this mean for our socio-economic system, which is based fundamentally on trust and integrity?

Certainly these issues begin in the home, in our religious institutions, and in our schools. But what can organizations do to ensure ethical behavior in their enterprises? Here are some best practices from high performing organizations:

- Articulate your organization's values and ethical principles. Integrate these principles into your organization's mission, vision, and value statements. Communicate them broadly and frequently.

- Live the values. Senior leaders should act as role models for these principles of behavior. And the principles should apply to **all** individuals involved in the organization -- from employees to board members, and possibly even to customers and partners .

- Identify measures that help leaders monitor ethical behavior. Some of these measures may be reactive in nature (like the number of ethical breaches, for example), but try also to find proactive indicators.

- Consider these: hours of ethics training for all employees, results of ethical situation simulations and ethical audits, percentage of independent board members, workforce perceptions of organizational ethics (captured by survey), number of calls to the company ethics hotline, nepotism rates, level of community support (volunteerism and contributions), and others.

- Include ethics in your organization's performance management systems: reward employees for ethical behavior, train employees on what constitutes ethical behavior, solicit input on ethics in your employee satisfaction instruments.

- Include ethical principles in transactions and contracts with external stakeholders. For example, include ethics in supplier, partner, and customer contracts.

So many things in our society are based on trust: from our business transactions (external and internal), to our politics, to even our sporting events and friendships. As leaders and professionals (and school teachers, physicians, and parents) we must strive to ensure ethical behavior in all of our interactions.

As Aristotle once said: "We do not act rightly because we have virtue or excellence, but we rather have those because we acted rightly."

And as my seven-year-old son says: "Don't cheat, because you'll end up farther back than where you started." I guess the stated another way: "cheaters never win."

CALL FOR VOLUNTEERS

Our Board of Directors has established four committees to ensure the success and sustainability of Quality Texas. You can help. If you feel you have knowledge and skills to help our Board in their work, please contact the committee chairs. This is an exciting opportunity to work directly with our Board executives on projects that will provide visibility and a feeling of accomplishment in moving our organization forward. Volunteers are the heart of our organization.

Membership Committee

1. Works as a resource to find potential new members.
2. Explains the benefits of QTF membership.
3. Registers new members.
4. Contacts current members to promote retention.
5. Acquires member concerns for Board and staff review.

Contact: Bill Kuntz, whkuntz@license.state.tx.us

Marketing Committee

1. Finds free or inexpensive marketing opportunities in print, radio, television, billboards or other public venues.
2. Publicizes the work of Quality Texas.
3. Publicizes the recipients of awards and other recognition.
4. Promotes the consulting of the Quality Texas Training Institute.

Contact: Pam Bergeron, pambergeron1@gmail.com

Events Committee

1. Manages events that promote the work of Quality Texas and raise visibility of the foundation.
2. The events committee is currently looking for volunteers to help with the Texas Quest for Excellence conference June 27-28.

Contact Dave Elliott, delliott@raytheon.com

Finance Committee

1. Helps Ensure Financial Success
2. Acquires endowments and recommend to the Board of Directors investment policy for long-term assets, restricted funds, endowments and real estate.
3. Provides financial reporting and audits

Contact Steve Arms, steve.arms@lmco.com

There is no "I" in Team, but we sure are glad there is "u" in our volunteers!

Debbie Weir

Quality Texas
Announces The Ann Richards Scholarship

A Commitment To Quality

In 1992, Governor Ann Richards issued an executive order creating the Texas State Agency Quality Committee and implementing total quality management for all state agencies. Also in the early 1990s, a group of Texas business leaders met with Governor Richards to plan the development of a Baldrige-based award and feedback program. In 1994, the first Quality Texas award was given in the garden of the governor's mansion.

In her honor, in January 2011 the Quality Texas Board of Directors approved the Quality Texas Ann Richards Scholarship.

Ann Richards

Dorothy Ann Willis Richards (September 1, 1933 - September 13, 2006) was an American politician and teacher from Texas. She first held state office as the Texas state treasurer. Considered the first woman elected governor of Texas in her own right, she served in that post from 1991 to 1995. Born during the start of the Depression, in Lakeview, Texas (McLennan County), Ann Richards died in Austin from esophageal cancer at the age of 73.

Scholarship

The Ann Richards Scholarship is open to employees or children of Quality Texas members (current year) and employees or children of Quality Texas applicants (current cycle).

The scholarship is administered by the Panel of Judges of the Quality Texas Foundation. In this administration, two awards of $1,500 will be provided directly to an accredited school in the name of the recipient. Scholarships will be awarded and recipients recognized during the Quality Texas Quest for Excellence Banquet June 27, 2011 at the Windham DFW.

Applications for the Ann Richards Scholarships are on our website – www.texas-quality.org

For more information or to contribute to the scholarship fund, call Quality Texas at 214-565-8550.

"I have very strong feelings about how you lead your life.
You always look ahead, you never look back."

Ann Richards

Quality Texas Foundation Presents
Circle of Excellence
Learning/Networking Meetings For Members
2nd Tuesday - Bi-Monthly - 2011

7am-10am

These meetings are only available to members

March 8

Laura Longmire

Building And Executing
An Effective Strategy
Getting From Point A To B

May 10

Dr. Kate Goonan

Role-Model
Leadership Practices
What Works And What Doesn't

July 12

Joe Muzikowski

The Real Purpose of A Texas/Baldrige Application
How To Profit From An Assessment

September 13

Glenn Bodinson

Seeing Your Organization
As A System
Impacting What's Most Important

November 8

Mark Sessumes

Reducing Cost In Processes
Improving Efficiency
And Effectiveness

Venue

Southern Methodist University
Lyle School of Engineering
Caruth Hall - 4th Floor
Palmer Conference Room

Coaching And Solutions Training
By Exceptional Professionals
With Demonstrated Experience In
Organizational Improvement and Sustainability
For More Information Call QTTI
214-565-8322

Strategic Business Partners

Quality Texas Strategic Partners have broad experience and proven knowledge to help businesses and hospitals become more profitable and effective. Using their expertise in organizational improvement methods, including Lean, Six Sigma and other approaches, they focus on the transformation of business and healthcare organizations for cost reduction and organizational excellence.

Kate Goonan, M.D

Drew Casani

Baldrige Consulting Partners

Quality Texas Baldrige Consulting Partners have extensive experience improving schools, hospitals, non-profits and business organizations using the Baldrige feedback process. Each of our consulting partners has brought one or more recipients to the Texas Award for Performance Excellence or the National Baldrige Award – representing significant knowledge and credibility.

Glenn Bodinson

Laura Longmire

Strategic Quality Initiatives

Mac McGuire

Joe Muzikowski

The Quality Texas Foundation Presents Our

2011 ANNUAL TEXAS QUEST FOR EXCELLENCE CONFERENCE

THE PLACE TO LEARN AND IMPROVE
THE WESTIN DFW ARIPORT
$99/NIGHT

Free Internet, Free Parking, Free Airport Shuttle

4545 West John Carpenter Freeway
Irving, Texas 75063

Monday June 27, 2011

Workshop Sessions with Baldrige and Quality Experts in the following Market Segments:

- Business
- Healthcare
- Education

Networking

Awards Banquet

Tuesday June 28, 2011

Learning Sessions By Recognized Baldrige and Texas Recipients

Applicant Recognition Luncheon

Networking

Please join us for this wonderful opportunity to see two Baldrige and Texas State Recognized Recipients. The journey they have gone through for the sake of "Quality" and "Improvement", has really paid off for these organizations. We also have some great educational workshops for several marketing segments, such as Small Business, Healthcare and Education. At our yearly conference, we have several Networking opportunities. You can meet so many extraordinary individuals.

We look forward to seeing everyone on June 27th and 28th for the festivities.

REGISTER NOW ON OUR WEBSITE—WWW.TEXAS-QUALITY.ORG

For more information, call us at 214-565-8550.