



Foundation Update

Bi-Monthly
October 2010

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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:

Improving Our Schools - Who's To Blame - What Can We Do About It

I've heard a lot lately about the problem with teachers and unions. It seems to be human nature to look for someone to blame. If we can only fix "them" all will be well. Maybe the problem is the government. No, it might be the school board. Obviously, parents are a problem. The superintendent is responsible, let's fix him/her and children will really learn.

It's this silver bullet/blame psychology that always distracts us from real improvement.

Schools share the same challenges as businesses or hospitals or any other organization. It's not the people that are broken, it's the process. People act appropriately within the process in which they find themselves. Improve the process, and teachers, administrators, employees, parents and students will act accordingly.

In this edition you will find several articles about how Texas schools are using process improvement and the Baldrige Criteria to drive student and teacher performance. Improving processes reduces cost, increases efficiency and creates better system performance and learning outcomes.

Also don't miss, on page 10, the description of Cooperative Governance by two-time Baldrige Recipient, Texas Nameplate. This takes leadership to a new level.

On page 11 is part 1 of an in-depth study of an approach to close the healthcare Quality Chasm.

"A Genius knows everything. A wise man knows where to find it."

--- Milton Vigo

(The high school teacher who inspired my passion for learning - Bill Denney)

Establishing a Senior Leader's Baldrige Network Benchmarking Education At Its Best



Laura Longmire
Strategic Quality Initiatives

Now into its second year of implementation, a group of high performing public school districts implemented a network of senior leaders who wanted to network and learn from one another. Superintendents and senior leaders of public school districts have a desire to continually grow and become role model leaders for their districts and communities. But as a superintendent it is difficult to acknowledge that you may not have all of the answers, cannot confide in leaders that report to you (appearance of favoritism), and may not be as far along the quality journey as other leaders. By establishing a network of senior leaders that are or want to be using the Performance Excellence Criteria, senior leaders are able to meet and learn from one another.

The *Baldrige Network* for Texas public school districts began in September 2009. Superintendents of districts known to be using the Baldrige criteria in their districts were contacted about their interest in joining a facilitated network of senior leaders who wanted to learn and share knowledge with each other. Of course, being a public entity, senior leaders want to know: 1) what's in it for me/my district, and 2) what does it cost to belong?

The "what's in it for me" was readily answered when each district has the opportunity to present and learn about a process, method or tool that is delivering good to high performing results in another district. With each network meeting, the districts select a topic that is a "burning issue" or strategic objective that they would like to learn how others are doing this process or if they have a promising practice/process that they would like to validate with the other districts. At each networking meeting, each district prepares a one to three page handout that answers "how" or "what" they are doing around the issue or objective. All districts have a chance to present and learn from one another. As in most network meetings, evidence of the process, practice or tool is shared with the other leaders. Each district has the opportunity to ask questions to clarify how the other district has developed and implemented the approach. By the end of the networking meeting, all districts go home with 5-15 documented approaches that they can use to either validate their own approach or innovative ideas that they can "adapt" to their district's needs. During the September 2010 networking meetings, the topic was "the complaint management process in your district."

Being good stewards of the taxpayer's money, the "what it will cost" question is really important. The cost to a district is minimal. Each participating district will host a network meeting usually providing lunch. The other districts that participate are on their own for travel expenses. These meetings are usually hosted in either the Dallas/Ft. Worth, Houston or San Antonio regions. The network meetings begin at 9:30 am and end by 1:00 pm enabling a district to drive or fly to the meeting without missing a full day of work out of the district. The Baldrige facilitators give their time and travel expense pro-bono to accelerate the changes wanted/needed in public school districts. There are no dues or association costs, however, the district leaders feel they get more out of the networking meetings than they do from most state and national leadership conferences.

This network is effective due to several key enablers:

- * All meetings have a focused topic for continuous improvement
- * All meetings are held within a district's facilities
- * All meetings are facilitated by senior Baldrige examiners/judges
- * All meetings have deliverables/handouts that are shared with all participating districts even if they cannot come to the session
- * All meetings have time set aside to discuss and network with other district leaders

The Texas public school districts that are participating in the Baldrige network are: Aldine ISD (TAPE and Broad Award winner), Amarillo ISD, Burleson ISD, Fort Bend ISD, Hurst Euleless Bedford ISD, Judson ISD, Katy ISD, Keller ISD, Mesquite ISD, Rockwall ISD, Victoria ISD, and Weatherford ISD.

At the end of each networking session, the sessions are evaluated for effectiveness and opportunities for improvement. As a result of this input, the following improvements have been made to the networking meetings:

- * Meetings are focused on one key approach or process to gain ideas or best practices
- * Districts that are in the early stages of an approach may elect not to present but to learn from districts that are further along in their journey
- * Meetings have been increased in time due to the value of the knowledge presented
- * Summaries of best practices of quality award winners both in education and outside of the education sector are shared and discussed
- * Districts that are hosting the network meeting now have the opportunity to present a tour of a "best practice" or innovation

The ability to tour a facility helps each district see the practice in work and gain tacit knowledge of how the approach works. Judson ISD shared a very successful English Language Learning program and Keller ISD shared two new innovations in facility design. At Keller ISD participating districts toured a middle school that is designed to be “green”, provides for project-based learning in small learning communities, and has integrated technology infused teaching/learning processes.

The next networking session is scheduled for November at Burleson ISD. If you or your district has an interest in learning about the Texas Baldrige Network, please contact Laura Longmire (longmire@aol.com), Joe Muzikowski (joe.muzikowsk@gmail.com), or Paula Sommer (texaspaula@aol.com).

Processes: How We Do What We Do...How to Begin



Kathryn LeRoy, Ph.D.
Chief Quality and Improvement Officer
Fort Bend ISD

Educators plan, implement, monitor, and continuously strive to increase student learning and achievement. However, the term *process* rarely describes what takes place in every classroom every day or the day-to-day operations of a school district.

In the early stages of using the Criteria for Performance Excellence to move from a “system of schools” to a “school system”, senior leaders make a commitment to support the integration of the system, strive to understand the key requirements of customers, and develop a plan to meet those requirements and the challenges facing the organization. However, accomplishment of a strategic plan depends on an engaged and capable work force, key measures to chart progress along the way, and well-deployed, systematic, integrated processes that the organization consistently analyzes and shares across work units.

Category 6 of the Criteria, Process Management, asks, “What are your key processes?” So what is a process? What is process management? What does that look like in K-12 education? Without writing a book, which could be done, let’s take a brief look at definitions, an example of how one school district identifies, analyzes, improves, and monitors key processes, and the first steps of that process management methodology.

Every one of us interacts with and works within processes each day. Processes develop by design or by default. We often do not notice a process until things go wrong or workflow does not function smoothly. Simply stated: A process is a series of tasks or activities that takes an input (those things needed to do a job), modifies the input (work takes place and/or value is added), and produces an output (service or product). Identifying every organizational or individual processes may be noble, but is not the goal or particularly practical. However, those processes that critically affect success should be the primary focus. A critical process is essential to the accomplishment of organizational goals and objectives.

Why are processes important? They are a major component of any organization. A process –focused organization can use process analysis to diagnose all types of problems. Why is process management important? Most organizational problems have their root cause in a process. W. Edwards Deming attributed over 95% of all problems to the processes in place. Organizations can manage work much more effectively and efficiently through a process mindset.

Where and how do you begin process management? Fort Bend ISD has adopted a methodology (Figure 1) based on the concepts and tools of Total Quality Management, Continuous Quality Improvement, and the work of Dr. Deming.

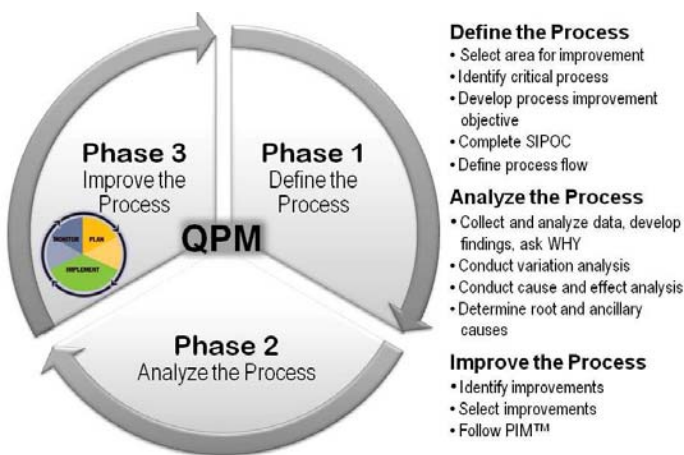
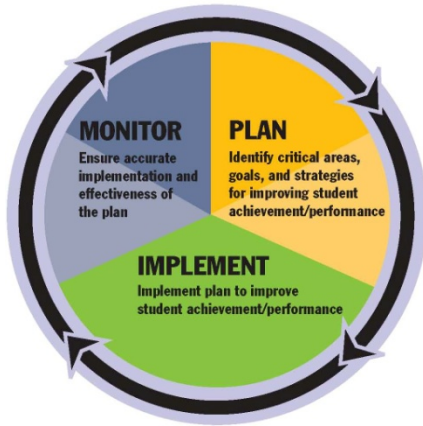


Figure 1: Quality Process Management (QPM)



Managing processes begins with first defining the process. Once we are clear about the process we want to improve, we analyze the process to understand what is working within each process step and what is not. Finally, we begin improving the process by identifying possible solutions to implement, monitoring those solutions, and evaluating the effectiveness of the improvement effort.

Phase 3 establishes a system of continuous improvement through measurement and feedback mechanisms. In this phase, the district's PDSA model (PIM™) ensures continuous cycles of refinement and improvement of the critical process.

The Plan, Implement, Monitor (PIM)² Continuous Improvement Process (Figure 2) continues the work completed in Phase 1 and Phase 2 of the Quality Process Management methodology. Without a means to conduct ongoing cycles of improvement, processes can revert to being static, unchallenged, and ultimately unmanaged.

Figure 2: PIM™ Continuous Improvement Process

Phase I begins by identifying an area for improvement. The following questions serve as a guide to identifying processes to improve:

- What is not working in your area?
- What process or processes are broken?
- What are some of the most important (critical) processes in your area?
- How do you know something needs fixing?
- Do you know how those processes are doing?
- If you do know, how do you know?
- What do you look for to verify that the process is working as designed?
- What are some of the symptoms that you might notice when a process fails or is not as efficient as it could be?

Do any of the following describe the symptoms you see or experience?

- Customers (internal or external receivers of the process) are unhappy
- Some things just take too long
- We Throw people or money at the problem and it still does not improve
- Too many reviews and sign-offs
- High frustration while working
- The process wasn't done right the first time
- Processes span several departments, and there is finger-pointing and blame
- No one seems to take ownership of the total process

From this list, you may have identified a number of symptoms to address. As you consider your day-to-day work, what could make things run more smoothly and efficiently? What are effective areas that can be even better? Where are breakdowns and delays? What is inefficient? Where is there a great deal of variation and inconsistency? If there are several areas or processes, which can make the most difference if we make improvements now?

When selecting your first, or any, process to improve, you should consider these important points. Does the process have a direct impact on improving service, production, and the work of employees. If it does not, this may not be a critical process, and you and the team may spend hours on improving something that has little to do with meeting your goals or successfully meeting the needs of the organization or customers.

Is this process one that most employees agree is important to the organization (department) and the customers of the product or services? If not, the team will not take the improvement seriously or recognize why it should be improved.

Does the process have a clearly defined starting and ending point, and is it relatively simple? One of the challenges in process management is the ability to take the complexity of our work and break it down into specific processes. If you cannot answer this question, you may not be able to answer the next question.

Is the process within your control? In other words, can you make the decisions and monitor the changes needed for improvement?

When the team ignores the previous considerations, several common errors occur. You or the team selected a process in which no one is really interested; a desired solution instead of a process; a process in transition or a process that is unstable for some reason, such as new personnel or a change in leadership; or you chose a system to study, not a process.

Let's look at processes in the context of a system. Every organization contains systems. The design and management of systems is generally strategic in nature. Systems are made up of many key processes. Processes occur at the department or function level and are often cross-functional and tactical. Many processes begin with the output of another process, and your process often feeds into the process

of another department or function. Every process consists of delineated tasks or projects within the process. These operational tasks or steps form the daily operations of our departments or functions.

Understanding that processes are largely cross-functional and are defined by the system also explains why choosing the membership of a process improvement team is critical to the success and outcome of the team. So, who should be on your process improvement team? Answering each of the following questions will provide a guide for determining the membership of the process improvement team.

The first question is most important. Who owns the process? The process owner is responsible and accountable for the process and has the ability or authority to make changes in the process. Who does the work of the process? W. Edwards Deming contended in his "Fourteen Points" that those closest to the work understood best what was wrong and how to improve the work. These individuals may only have responsibility for one step of the process, but they know that step and what makes it work and what impedes the work.

Who provides input to the process? As mentioned earlier, most processes require input from other processes in the system. If the inputs of the process are faulty no amount of tinkering will improve it. You must clearly understand what is driving your process and what is needed for quality. Likewise, those who give input must know your needs and requirements for the process.

Who is the customer of the process? It is all about providing the customer of your process a quality output. Do you really know the requirements and expectations of your customer, internal or external? Who else does this process affect? Are there other stakeholders who have a direct or indirect interest in your process? While they may not be your primary customer, you should at least consider the importance of addressing those needs or requirements.

There is still more to process improvement and process management, but the questions outlined provide a starting point for any organization. We can review the overall concepts of process improvement with the analogy of learning and succeeding in tennis.

How do you do something better? Stop for a moment and consider the last time you wanted to do something better than you had before. What did you do? If you play tennis, you might have taken lessons or practiced volleying against a backboard. Both of these activities might yield some improvement in your game, but serious tennis players go one step further. To improve your game, you must know what goes into each move you make, practice doing it, and then apply it to get to the ultimate goal—winning the game.

Whether it is tennis, cooking, paying the bills, hiring employees, cleaning the schools, or planning a lesson, improving performance requires identifying and understanding the process of how the work is accomplished. A process is a planned and repetitive sequence of steps and activities for the delivery of a service or product. Every process has inputs, something or someone supplies the process, and outputs, something or someone receives or benefits from the process. Processes can be simple or exceedingly complex, and some are critical processes or functions that make up essential activities required to achieve our mission or goals.

W. Edwards Deming, who identified key principles for quality management and improvement, noted that over 95% of work problems are not a function of individual people but the processes in place. According to Dr. Deming, if you see a problem or inefficient result, look first at the processes in place. School systems are dynamic and complex systems and contain a myriad of processes. Since processes involve suppliers and customers of the process, continuous process improvement must involve all levels and functions of the organization. No process ever sits in isolation.

High levels of performance in tennis will not be reached by only hitting the ball against a backboard. Although a tennis player may play the game as an individual, each player has a team that may include a coach, other players, and supporters who collaborate with the player to prepare for outstanding performance. Likewise, process improvement takes a team. This brief overview provides a starting point for your next or first process improvement team.

¹ PIM™ is adapted and used with permission of The Leadership and Learning Center ©, 2009.

**CONGRATULATIONS TO DR. TAMMI COOPER
THE NEWEST MEMBER OF THE QUALITY TEXAS
PANEL OF JUDGES**



Tammi Cooper, Ph.D
Assistant Provost
Assistant Professor
Management & Marketing
University of
Mary Hardin-Baylor
Quality Texas Volunteer 5yrs
Baldrige Examiner

Systemic Quality in Charter Schools: How the Baldrige Model Influenced The Texas Charter Schools Association's Quality Framework



Laura Kelly

**Project Manager for the Texas Charter Schools Association Quality Framework,
The Institute for Public School Initiatives, The University of Texas at Austin**

Eighteen months ago, the Texas Charter Schools Association (TCSA) had a vision that at best seemed optimistic and at worst nearly impossible. TCSA's vision was to develop a framework and an evaluation process by which charter leaders could evaluate Texas' diverse charter schools. TCSA sought to create a continuous improvement tool that would enable charter leaders to perform a comprehensive analysis of their school's academic and operational performance. The framework would codify what defined quality in Texas charter schools and the evaluation would enable TCSA to better assist and train school leaders in their areas of greatest need.

To achieve this objective, TCSA hired The Institute for Public School Initiatives (IPSI). IPSI then compiled a team consisting of IPSI management and project staff, Texas charter experts and a Malcolm Baldrige examiner to engage a diverse committee of charter operators and leaders in developing a quality framework.

The team began by researching other states' charter school quality standards and best practices, as well as national business and education quality improvement models, one of which was the Baldrige Education Criteria for Performance Excellence. In January of 2009, the committee was presented with extensive information from over twenty different sources. Ultimately, over the course of the project, forty-six different sources were referenced for guidance in creating The TCSA Quality Framework and Progress Evaluation.



From the initially divergent opinions regarding what elements and indicators should be used in The Quality Framework one unifying opinion arose – that of creating a systemic quality model similar to Baldrige.

As the committee members decided on key indicators of quality, themes arose which helped identify crucial areas of focus for the schools. These areas then evolved into the interdependent systems of The Quality Framework. Inspired by the Baldrige graphic, the committee members chose to create their own graphic representation of the key academic and operational systems of the Quality Framework. The Student Success portion of the TCSA Quality Framework graphic, shown below, is similar to the Results category of the Baldrige system graphic. All of the systems within The Framework ultimately drive the results found in the area of Student Success.

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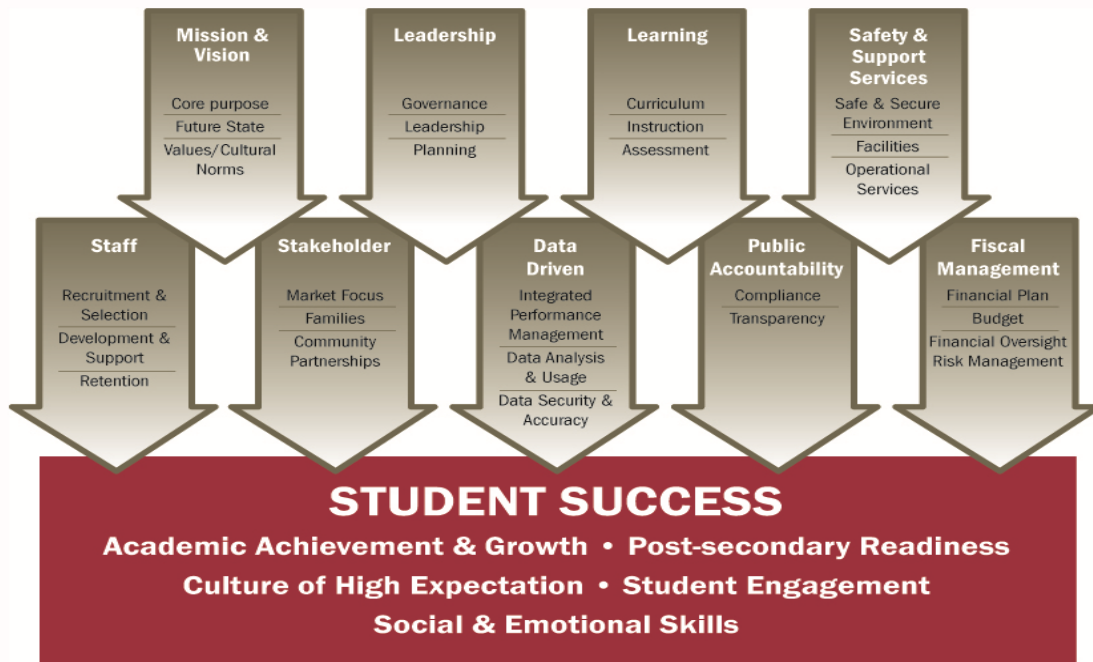
“Teachers are the most responsible and important members of society because their professional efforts affect the fate of the earth.”

--- Helen Caldicott

“Teaching is arguably one of the most important professions in our society because teachers are responsible for the most treasured of all resources, the human intellect.”

--- Tony Buzan

Once the systems were established, the team and committee worked to clarify the key elements needed to ensure the functionality and health of each system. Listed below are the elements that give support to the various systems.



From here, the team and committee sought to identify what processes, methods, and tools would be present within a school or network of schools that produced consistent results. After further research and debate, the committee members crafted and refined 97 indicators which they felt were necessary to drive achievement and sustainability within a school.

The final and most daunting phase of the project was the creation of the Quality Framework Progress Evaluation. For months the team and committee members poured over review rubrics, measures and metrics laboring to clarify the various levels of effectiveness for each of the indicators. The end product of that endeavor was a comprehensive evaluation comprised of both quantitative and qualitative metrics and measures.

The Quality Framework was finalized and the Progress Evaluation Pilot Program was launched mid-May of this year. The initial responses have been overwhelmingly positive. A common statement from participants is that the evaluation has helped them to realize what areas need more focused attention and consistent data capture. Charter school leaders are reporting that the framework and evaluation have been tremendously helpful in mapping out their campus improvement plans for the upcoming year. Additionally, several schools have celebrated the fact that the data that was previously tracked in numerous disjointed and disparate reports is now at their fingertips and contained in one tool.

TCSA and IPSI remain optimistic that the Quality Framework and Progress Evaluation will help to improve the academic achievement and operational sustainability of charter schools throughout Texas for years to come.

“Better than a thousand days of diligent study is one day with a great teacher.”

--- Japanese Proverb

From The Baldrige Office
October 4, 2010

We are pleased to announce that, effective today, our name is changing from the Baldrige National Quality Program to the **Baldrige Performance Excellence Program**.

As you know, over the more than 20 years since the inception of the program and the Award, the field of quality has evolved from a focus on product, service, and customer quality to a broader, strategic focus on overall organizational quality. In line with this concept of overall organizational excellence (which some people refer to as “big Q” quality), the Baldrige Criteria have evolved to stay on the leading edge of validated enterprise management practice and needs. This commitment to evolution is a key reason that the Criteria are increasingly seen as the standard for organizational performance excellence worldwide. It is also the reason that the Baldrige Community has embraced “performance excellence” as the term that best reflects who we are and what we do, as indicated in an independent branding study in 2007 that supported the changing of the Program name.

With this in mind, the Obama Administration and our Congressional oversight committee made the name change a part of an overall NIST realignment that takes place this month. The public announcement of the realignment takes place today, so we are pleased to announce the new name to you and other program stakeholders.

In the coming days, weeks, and months, you will see our new name appearing on our Website, in our publications, and in other public communications.

To learn more about the name change, please visit us at www.nist.gov/baldrige. If you have any questions, feel free to contact us at baldrige@nist.gov or 301-975-2036.

Measuring Improvement and Learning Along the Way
A School District’s Journey with Baldrige



Dr. Deborah Cron
Superintendent of Schools
Weatherford ISD

“Show me the data!” admonishes Bill Shatford, Weatherford Independent School District’s Planning Manager and Continuous Improvement Trainer. Shatford, along with Deputy Superintendent Holly Teague, have been visible leaders in this school district’s improvement journey. In 2003, Superintendent Deborah Cron and the WISD administrative team participated in entry-level training for the Baldrige criteria through Shipley and Associates. Since that time, the WISD team has been deepening its understanding and use of Baldrige tools.

“What gets measured will improve...What gets measured publicly will improve faster!” This belief permeates the 7,600 student school district. Beginning with strategic measures, the District leadership created its first district scorecard in 2005. “After watching the measures on the scorecard stay somewhat flat for a year, “ Teague reports, “we realized that the scorecard was really an autopsy. We had to create in-process or formative measures that we could examine monthly or quarterly that would help us know if we were on-track to reach the goals that we had set on the scorecard.” Superintendent Cron credits the use of formative measures as one of the key reasons for Weatherford’s improvement in all major areas of the District.

For example, the District reports its monthly utility costs broken out by water, electricity, and gas by facility. Data have been collected for several years. Grant Priess, the Safety and Security Director, examines the data and reports to the staff and to the Board of Trustees what each month’s costs are and how they stack up to previous years. About 2 years ago in response to a need to reduce operational costs, the District initiated an energy conservation initiative for cost containment. Thermostats in all buildings, including schools, were set at 75 degrees in the warm months and 70 degrees in the cool months. In addition, staff were encouraged to turn off lights when not in use. Light bulbs were changed to those requiring less electricity and some lighting was eliminated. In the 2009-10 school year alone, the Weatherford ISD saved about \$407,000 in utility costs.

The utility data, along with all other key in-process measures, are collected monthly in the Leading Indicator Process (LIP) Report and shared with the District’s Leadership Team and with the Board of Trustees. Using the traditional green, yellow, and red of the traffic signal, individuals can easily spot areas that need immediate attention. The leader responsible for the data must conduct a PDSA, resulting in a written mid-course correction, which is then implemented and reported in the LIP. The first six weeks of the 2009-10 school year, the District had a number of students contract the H1N1 flu (swine flu). Our student attendance, which typically runs about 96%, fell to 90%, resulting in a red

indicator for student attendance. A group met and determined a multi-pronged approach for increasing attendance for the remainder of the year as well as adding preventive measures for the spreading of germs. Some of these improvements included stepped up emphasis on hand washing, covering one's mouth with a Kleenex or coughing into an arm instead of a hand, and a better plan for triaging children who go to the clinic during the school day. The end of the year saw the District only .10 of a percent from the attendance average of the previous year.

In the fall of 2008, leadership members began to question how vocabulary was being taught in District classrooms. Classroom walk-throughs showed a lack of consistency in vocabulary instruction; however, in 2006, the Curriculum and Instruction Department and principals chose a research based vocabulary program of noted educational guru, Robert Marzano. Why was there no evidence of this district-wide initiative at some campuses when it had been "rolled out" district-wide in 2006? After conducting a root cause analysis, the leadership staff realized that the initiative had not been implemented effectively across the District. The lack of fidelity of implementation was creating different results across campuses! Teague shares, "When we looked closely, we realized that we were the problem. We gave all of our principals Marzano's book and asked them to conduct book studies and help teachers incorporate this effective means of vocabulary building. Then we sat back and wished and hoped that this initiative would help students, but wishing and hoping did not create an even, strong implementation at every campus."

With this realization, the instructional leaders began to look at fidelity of implementation for all of its initiatives. All administrators had to create a means for evaluating whether an initiative was being instituted as it was supposed to be. Then these measures had to be reported and tracked. Shatford reports, "We felt so good about having our LIP report and monitoring and acting on data. We were shocked to see that implementation without measures of fidelity resulted in sporadic performance. Just when we thought we were really moving ahead, we had to take a step back and realize that we had more to learn."

Learning to be more effective is one of the Weatherford ISD's values. When staff members completed the Progress level Quality Texas application, they were surprised to find that Category 3, Customer Focus, showed much need for improvement. Cron explains, "While we had defined our customers as students, employees, parents, partners, and our community, we really had done nothing to focus on these customers and certainly had no measures associated with them." That realization led to Bill Shatford's creation of SESGA, the District's process for greeting customers. The acronym stands for Stop, Establish Eye Contact, Smile, Greet, and Offer Assistance. Shatford adds, "Then we used mystery shoppers to collect data from every campus and department. We shared that data at each District Leadership Team Meeting, which are monthly meetings for our administrators. Everyone got to see everyone else's data. Some of it wasn't very pretty!"

This time, the District did create a fidelity measure for this initiative and monitored it in a public way. When Shatford saw data that indicated that SESGA was not effectively implemented, he met with the responsible administrator about what was impacting the department or campus's effectiveness. Shatford reported that every time an excuse was given, he would track down whether the statement was true or not and report back to the administrator. "Our Technology Department was able to give me great data. When one director told me that his calls were being forwarded to another number, and the person at that phone was not answering it, I looked at the data. Guess what? That was not the problem, and when I showed the data to him, the director realized that he had to look closer to home for the answer to reducing the number of calls going to voicemail."

The District's goal is that a phone be answered within 10 seconds and that 80% of the calls be answered "live" and not go to voice mail. Superintendent Cron shared her experience, "When we got the first data report at the DLT, my office had the second worst report. I have a terrific administrative assistant who is the only support person in our office. The two of us sat down and conducted a PDSA to see where our problems were." The result was a headset for the assistant, allowing her to answer phone calls when she is different parts of the building delivering contracts or documents. The very next month, the Superintendent's Office reached the goals set! Now campuses and departments are vying for awards represented by sequined telephones given out at monthly leadership meetings.

Through these varied means, the Weatherford ISD collects data, providing a means of determining if improvement is occurring. "We certainly haven't attained all of our goals; however, we are further along the improvement path because we are taking the time to measure our progress or lack of it along the way," advises Cron. Thanks to the Baldrige criteria and Performance Excellence Coach, Paula Sommer, the Weatherford ISD is getting better.

"If I was starting a business, and I had to choose between a Harvard MBA and a Baldrige examiner to run it, I'd take the examiner every time. Even if they only had a GED."

**Ken Schiller
Partner/Owner
K&N Management
2010 Recipient
Texas Award for Performance Excellence**

Cooperative Governance at Texas Nameplate



Elisabeth Parker
HR Manager
Texas Nameplate Company, Inc.*

Being a manager at Texas Nameplate Company, Inc. (TNC) is like being an elected official. You need to make decisions based on the needs of your constituents. Of course, no one here is elected per se. Our front-line employees are the constituents we need to please. Like other businesses, not every employee gets a vote in decisions, but unlike other businesses everyone does get an opinion and those opinions must be taken into account with each vote. As an organization, we actively seek out these opinions and find ways to implement innovation and improvements from every level. We call this Cooperative Governance.

Cooperatives are non-profit, member owned with a board of directors all moving toward the same goal. There are some general types of Cooperatives including worker, social, agriculture and housing to name a few. And there are seven Cooperative Principals all cooperatives are based on. I'll let you Google those. At TNC, we use the principals of value, purpose, partnership, transparency, accountability to drive our Cooperative Governance. In the same way that someone might use religious values to guide their everyday life, we use the principals of our Cooperative Governance to drive how and why we make decisions.

So how does Cooperative Governance work at a for-profit, privately owned company? Desmond Tutu once said, "A person is a person through other persons." This describes our philosophy at Texas Nameplate Company, Inc. We need someone to punch the part just as much as we need someone to sell the part, draw the part and clean the break room. All these people are important. There are no individual victories because we are all aligned to the same mission. I win when we win. One way we have embedded this is with our JETS (Just Earning Time and Saving resources) program. After 9/11 the economy started to decline. Previously we had a profit sharing program, but when profits started to fall we needed to find ways to reward and recognize without spending a lot of money – because we didn't have any to spare. So the JETS program was born. When we meet our billing target, with high on-time delivery and low non-conformances – we, as a company, earn more paid time off. It's a team effort to achieve those goals and we gain or lose JETS time as a team. Since 2006 we have earned 29 days of paid time off . . . on top of our own paid time off benefit.

Our Cooperative Governance is a "bottoms up" approach to decision making. We implement this with our Performance Improvement System. Here is the nitty-gritty. It's all the ways we communicate and gather feedback. We use our front-line employees to guide decision making at every level within the company. From this group synergy, we make improvements and innovations across the entire company. In order for the front-line employees to be able to make these decisions we need to continually and purposefully inform and educate them on business issues. It is a constant cycle requiring an intense amount of transparency and accountability on behalf of the Senior Leaders. Engaging employees to this level requires the Senior Leaders to be committed to action based on the feedback. Last year 86% of the TNC employees "felt confident that management was going to use the results of the survey constructively." Each year after the survey is complete it is posted in the hallway for everyone to review. They can even make copies if they wish. We discuss the results, as a company, during the following monthly Group Meeting and create action plans for the year. Nothing is hidden.

Another example of transparency and accountability is our intranet and Dashboards. The intranet has information pertaining to sales, customer service, and strategic planning – including all strategic objectives, strategic goals with projections and current action plans. Although all employees are invited to all meetings, they can also read the notes on the intranet. We have two Dashboards – Real-time Dashboard and Pipeline Dashboard. The Real-time Dashboard displays our Key Performance Indicators with updates every 30 seconds. These include: On-time Delivery, Production Cycle-Time, Sales, Non-conformances, Customer Complaints, Quote Time, and Quote Hit Ratio. Each one displays with red, yellow, and green as a visual indicator for meeting or exceeding daily targets. The Pipeline Dashboard displays all the work in the shop per department. It also shows all the work coming in. This is vital information when scheduling vacations or analyzing employee capacity and capability. All employees have access to this information and it integrates into their daily work.

Although we have a CEO/President, Dale Crownover, his role has shifted from being an active participant of day-to-day operations to being a mentor and guide, gently keeping us on track to accomplish the company mission. With our Cooperative Governance, executive decisions are kept to a minimum. The only exception is to save the stakeholders from themselves. To support this we highly value moderated processes – or using third parties. Our Mystery Shopper Program, Customer Survey and Employee Survey are all administered by third parties. We use third parties for our taxes, various legal issues, to stay compliant with environmental issues, and to keep our information technology current. Our ISO 9001 and 14001 are externally audited annually and internally all year long. We always strive to be better and we know the answers are not always within our own walls.

If you were to come tour TNC (consider this your personal invitation) you would hear story after story of different binds and scraps we've been in. Somehow disasters seems to find us. And that's okay because one thing we are spectacular at, is comebacks. Go ahead, tell us we can't do something – I dare you. Once one of our suppliers informed us they would no longer carry a product we desperately needed. We had eight months to find a solution or we'd be out of business. So we invented our own. Another time we were told we'd never be able

to receive a Baldrige award – we have two. The bottom line at TNC is we all get in a room and talk about it. And with only 38 employees this isn't hard. What is hard is doing it again, and again, and again. Especially when you've worked with the same people for 20 plus years. After a while you can predict what they might say about a particular topic and it hinders you from sharing. But do it anyway. You would be amazed at what people can overcome when they are all passionate to meet the same overall mission. And with practice people can put their own needs aside and do what is right for the whole. But be patient. It really does take practice. And small victories. Set them up for success with a few easy ones, it makes climbing the mountain easier when you have already been part of the way.

So how did we get here? One way. Baldrige. Being a two-time winner has taken TNC on a journey that raised our expectations. We simply expect more. We are self-starters, systematic and results oriented people who love a process. So one day, when our boss stopped showing up for work, we kept going. When our Vice-President relocated, we did not hire another one. Instead, we purposefully took a step forward to govern ourselves. And we did it cooperatively. With our unique family culture, high employee tenure, dedication to exceptional quality and high expectations for performance excellence, we already had the foundation to make a smooth transition from hierarchy model to a cooperative model. Today we have embedded the Cooperative Governance within our culture and aligned it to meet our business needs. Thanks to Baldrige we've made another comeback!

*Texas Nameplate is a two-time recipient of the Baldrige Award and a recipient of the Texas Award for Performance Excellence

Using The New “BOS” To Span The Healthcare Quality Chasm (PART 1 OF 3)



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SUMMARY

In 2001 the Institute of Medicine (IOM) published “Crossing the Quality Chasm: A New Health System for the 21st Century” focusing on how the health care delivery system can be redesigned to improve care. The report proposed an “agenda” supported by concrete recommendations. The purpose of this paper is to define what the new hybrid standard “Business Operating Systems (BOS) for Health Care Organizations – [Requirements for Process Improvements to Achieve Excellence](#)” is and how it can be practically used to implement IOM recommendations.

In 1998, work groups from the American Society for Quality (ASQ) and the Automotive Industry Action Group (AIAG), representing a large group of payers, began work on similar ISO 9000:2000 series based applications documents. Agreement was reached in 2000 to work together on a common document, AIAG document HC 1, released in January 2001. Interest from other countries led them to propose re-release of HC 1 under the auspices of ISO, the International Organization for Standardization, as an International Workshop Agreement (IWA), a new category of ISO document. In September 2000, ISO approved the proposal. An international workshop was convened in late January 2001. Agreement was subsequently reached, and IWA 1 was released in September 2001. ISO 9000 standards were developed to assist organizations of all types and sizes implement and operate a quality management system.

ISO rules call for a six-year limit on IWA documents so in late 2006 AIAG elected to prepare a “hybrid” replacement document based on the Malcolm Baldrige Health Care Criteria for Performance Excellence, ISO 9001 as well as industry best practices applicable to the health care sector. The new document title is ‘Business Operating Systems (BOS) for Health Care Organizations – Requirements for Process Improvements to Achieve Excellence’. This hybrid approach has already resonated well with those who have reviewed it because it offers practical guidance to organizations of all maturity levels and provides a useful model for standards for other service sectors.

WHY THE AUTOMOBILE INDUSTRY CARES...

In its second major report, “Crossing the Quality Chasm: A New Health System for the 21st Century,” the Institute of Medicine (IOM) reported that Americans invest some \$1.1 trillion dollars annually (2001 data, but was \$2+ Trillion in 2008) in the health care sector. This represents over 13% of the Gross Domestic Product (2001 data, but was ~18% in 2008). General Motors in North America alone spent over \$5 billion per year on health care (Approximately \$5.2 Billion in 2001 and \$5.6 Billion in 2006). This cost is the largest purchased component of the vehicle. Health care costs the domestic automotive industry billions every year. Even a 1% reduction in cost would save millions annually. Subsequent to this, in January 2007, the McKinsey Global Institute published a report stating, “The United States spends more of its wealth on health care than any other developed country, and that share is rising. In 2005, the United States spent \$1.9 trillion, or 16 per-

cent of GDP, on health care, up from \$1.7 trillion, or 15 percent of GDP, in 2003.”

In late 1999, the initial IOM report, “To Err Is Human”, which focused on patient safety, estimated that as many as 98,000 people die annually from preventable medical errors in hospitals. This number reported is more than those who die from causes such as car accidents, guns, AIDS, workplace injuries or breast cancer. The nursing shortage in the years since the release of the original IOM report has probably resulted in an even higher number of annual deaths.

In 2003, the National Committee for Quality Assurance reported 57,000 die annually due to “inappropriate care,” such as care inconsistent with known medical science. These deaths are in addition to the deaths resulting from medical error. If you also add the deaths due to medical error that occur outside hospital admissions and then consider the near misses that do not result in death but create harm as a result of care, the picture is much worse.

The Centers for Medicare and Medicaid Services in 42 CFR Part 482 reports the health care community acknowledges errors are most likely underreported due to malpractice threats and practitioner confidentiality concerns. According to the U.S. Department of Health and Human Services, even though the majority of medical liability cases never come to trial, it costs an average of ~\$24,669 to defend each claim.

In July 2004, Health Grades, a Golden, Colorado-based health care quality rating and advisory services company, published a report saying that approximately 192,000 patients lose their life due to errors in healthcare each year. The difference from the IOM reported statistic could be attributed to two areas of patient-safety problems not evaluated in earlier studies. Extrapolating from a study of 37 million Medicare patient records, researchers determined that about 192,000 patients die annually in the U.S. because of preventable errors in 16 categories of patient-safety incidents. This puts deaths by errors in health care at approximately sixth on the list of causes of death. As a comparison, the number of military personnel who died in Iraq since the invasion in March 2003 until December 2006 was 3150. If this number is annualized and divided into the 192,000, it would take about 220 years of the war to kill as many as health care errors kill in one year.

In their Fourth Annual Study published in April 2007, Health Grades reported that approximately 1.16 million total patient safety incidents occurred in over 40 million hospitalizations in the Medicare population, which is almost a three-percent incident rate. These incidents were associated with \$8.6 billion of excess cost during 2003 through 2005. More than half (10 of 16) of the patient safety incident rates studied worsened from 2003 to 2005. These ten indicators worsened, on average, by over 11.5 percent while the other six indicators improved, on average, by eight percent. The total patient safety incident rate worsened by an additional 2.0 incidents per 1,000 hospitalizations in 2005 compared to 2003. Of the 284,798 deaths that occurred among patients who developed one or more patient safety incidents, 247,662 were potentially preventable.

16 Organizations Chosen to Receive Site Visits for 2010 Baldrige Award

For Immediate Release: September 10, 2010

Contact: [Michael E. Newman](mailto:Michael.E.Newman@nist.gov) 301-975-3025

The Panel of Judges for the Malcolm Baldrige National Quality Award, the nation’s highest recognition for organizational performance excellence, has selected 16 organizations for the final review stage for the 2010 award. Starting next month, teams of business, education, health care and nonprofit experts will make site visits to two organizations in the manufacturing category, four in small business, one in service, one in education, seven in health care and one in nonprofit. This is the first year since the addition of the newest category, nonprofit (in 2007), in which organizations from all six categories will receive site visits.

The Baldrige Program received 83 applications in 2010 (three manufacturers, two service companies, seven small businesses, 10 educational organizations, 54 health care organizations and seven nonprofit/governmental organizations). The applicants were evaluated rigorously by an independent board of examiners in seven areas: leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; process management; and results. Examiners will provide 300 to 1,000 hours of review to each applicant receiving a site visit, and all applicants will receive a detailed report on the organization’s strengths and opportunities for improvement.

The 2010 Baldrige Award recipients are expected to be announced in late November, 2010.

Named after Malcolm Baldrige, the 26th Secretary of Commerce, the Baldrige Award was established by Congress in 1987. The award—managed by the National Institute of Standards and Technology (NIST) in collaboration with the private sector—promotes excellence in organizational performance, recognizes the achievements and results of U.S. organizations, and publicizes successful performance strategies. The award is not given for specific products or services. Since 1988, 80 organizations have received Baldrige Awards.

Thousands of organizations use the Baldrige Criteria for Performance Excellence to guide their enterprises, improve performance and get sustainable results. This proven improvement and innovation framework offers organizations an integrated approach to key management areas. For more information on the Baldrige National Quality Program, see www.nist.gov/baldrige.

BENEFITS OF THE “BOS”

There are now over 700,000 organizations third party certified as compliant to ISO 9001 worldwide, but only a few are in the health care sector. In 1997, a senior GM executive asked if ISO 9000 could be applied to health care as it had been to the production materials supply chain with QS-9000 for significant improvements in quality and cost. (ISO literally means “equal” but is also known as the acronym for the International Organization for Standardization.) Surveys by the Automotive Industry Action Group (AIAG) and the American Society for Quality (ASQ) documented that QS-9000 provided a 3:1 return for all (internal and external) compliance-related costs, and nearly 17:1 return for out-of-pocket certification costs. In the most recent survey, the suppliers, who averaged \$130 million in annual sales, reported average savings of 6% of sales, or about \$8 million as a result of QS-9000. (QS-9000 has been replaced with ISO TS 16949 and is based on ISO 9001.) About half of these suppliers reported an average quality improvement of about 50% (as measured by Parts Per Million defects) in the first three years of implementation. In addition to cost and quality, suppliers also reported as QS-9000 benefits: improved processes and delivery, better understanding of jobs and tasks, and improved morale.

These results took 2-3 years to quantify, so it is expected that similar data from BOS implementation will take several years. To date, health care organizations who have implemented an ISO-9000 based system have reported benefits including improvements in customer satisfaction, standardized operations throughout the organization, through-put, cost, purchased product, documentation control, problem solving, patient communications, and control of measuring/monitoring equipment. The ISO-9000 based system also helps with regulatory compliance, risk management and consideration of new initiatives or innovation.

The health care organizations that have implemented Malcolm Baldrige National Quality Award health care criteria have also seen significant improvements. SSM Health Care in St. Louis was the first hospital to win the Baldrige Award. SSM Health Care representatives have published several articles or were interviewed for articles about the benefits achieved. Sister Mary Jean Ryan of SSM Health Care has made several appearances as a speaker on this subject. Mr. John Heer, North Mississippi Health Services, a winner of the Baldrige Award has also made several appearances as a speaker of this subject.

Baldrige Health Care criteria are better known and accepted in the USA than the ISO standards. As a result, the BOS document was developed based on 2006 Baldrige health care criteria with ISO 9001:2000 requirements and text from IWA-1 were inserted where applicable. The document went out to reviewers twice for review and comment to assure ease of use and understanding. Comments from these health care practitioners and others were added to improve the document.

HOW HEALTH CARE DELIVERY SYSTEM CAN BE IMPROVED

The Committee on the Quality of Health Care in America, formed in 1998 and which authored the IOM reports, summarized the current state of health care indicating that the delivery system:

- Is in need of fundamental change
- Harms too frequently
- Routinely fails to deliver its potential benefits
- Frequently delivers care which is not based on the best knowledge
- Has quality problems “everywhere”
- Has not just a gap but a “chasm” in terms of quality
- Does not make best use of its resources
- Has waste present
- Cannot achieve higher quality by further stressing the current systems.

The focus of the “Chasm” IOM report is on how the system can be redesigned to innovate and improve care. The Committee offers an “agenda” for redesigning the 21st Century health care system and proposes a series of aims supported by concrete recommendations, some of which will be addressed herein.

In discussing organizational supports for change, they note that some have said that quality improvement principles widely applied in other industries (with significant success) are not applicable to health care. They add that some people in these other industries have also said these principles do not apply to their own sector. Of course, neither view is correct. The Committee rightly states that application of these so-called “Engineering” principles to the health care sector is the critical first step in improving patient safety. They recommend that the Agency for Healthcare Research and Quality, with others, convene workshops involving representatives from health care and other industries. The objective would be to identify and implement state-of-the-art approaches to address the challenges of redesigning health care on this scale.

The National Academy of Engineering and the IOM 2005 report “Building a Better Delivery System: A New Engineering/Health Care Partnership” suggest the following aims. The committee proposes six aims for improvement to address key dimensions in which today’s health care system functions at far lower levels than it can and should. Health care should be:

- Safe—avoiding injuries to patients from the care that is intended to help them.
- Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
- Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

- Efficient—avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Since 1994, some industries, including automotive, aerospace, telecommunications, chemical, petroleum, and medical devices have pursued implementation of fundamental quality management systems based on the international generic ISO 9000 series of quality management system standards. Service sectors, such as food services and financial services, are now using standards based on ISO 9001. The acceptance by these industries should point the way for health care. By combining ISO 9001 and Baldrige with proven industry “best practices” for lean, quality and efficiency, the developers believe that a better management system can be achieved in organizations of any maturity level.

THE HARMONIZATION OF SIMILAR ISO 9001:2000 BASED HEALTH CARE INITIATIVES

In February 1998, representatives from DaimlerChrysler, Ford, GM and the UAW began discussions through the AIAG, which eventually led to the decision to publish an ISO 9001:2000 based application document for health care plans and providers. Also in 1998, the ASQ Health Care Division, made up of some 3000 health care professionals, decided that a committee should investigate the use of ISO 9000 series of standards in health care. The original goal was to develop a document that would help interpret ISO 9001:2000 for health care, but exempt those entities already covered by other national standards, e.g. pharmaceutical and durable medical equipment manufacturers. It was also decided to stay focused on humans and not animals. This does not say a veterinarian office should not consider the use of the BOS.

In early 2000, the initiatives of AIAG and ASQ were made known to each other. The two joined forces to develop a single document. The motives of both organizations were similar in that they were trying to provide consistent guidance on implementing or improving the quality management system in a health care organization. Most of the preventable errors identified in the IOM and other reports are system-based. An ISO 9000-based quality management system was viewed as something of value to health care providers. The Baldrige criteria for health care were published a little later.

A joint ASQ/AIAG document, HC 1, based on ISO 9004:2000 was published by both organizations in January 2001. This is an excellent example of what can be accomplished through cooperative efforts across industry sectors toward a common goal. New levels of cooperation and teamwork were accomplished as was called for in the new IOM report.

In September 2000, ISO approved an AIAG/ASQ proposal to develop an ISO Industry Workshop Agreement (IWA) [the document type name changed after this to International Workshop Agreement] document using the HC 1 document as the base. The project was approved and an international workshop was scheduled for January 2001 in Detroit. There were about 130 health care “experts” from at least 17 countries in attendance. The final document was subsequently approved by 89% of the voting participants and IWA 1 was published in September 2001.

The IWA-1 was published and presentations were done to raise awareness. In Europe and Latin America, the document was accepted much better than in the USA. Therefore, after 5 years, a plan was developed to write a document that would be better accepted in the USA. This document was to be based on the Malcolm Baldrige National Quality Award health care criteria and have ISO 9001 and IWA-1 text inserted where appropriate. The AIAG undertook the role of sponsoring this document and was the publisher.

The BOS is a health care user-friendly guide to implementing or improving a management system. It does not tell a provider how to provide the care, but does give guidance on what elements of a system should be in place to manage all the processes associated with providing care to patients. The protocols and pathways should be adopted after review of known best practices for providing care. Dr. Donald Berwick once stated that it takes about 15 years for a new technology (protocol) to be deployed throughout the USA health care system. This means that by the time some of the later adopters get on board, the protocol may be obsolete. Organizations should benchmark the latest systems and methods, and implement “best known practices” to assure delivery of world-class care at the optimal efficiency and cost.

This Article Will Be Continued in December

“Your examiners did an awesome job! I want to thank you again for ‘shaking up our apple cart’ and pushing us to a higher level. This is an incredible process and I have learned so much about our organization.”

***Jerri Garison
President
Baylor Regional Medical Center Plano
2010 Recipient
Texas Award For Performance Excellence***

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