



Health Care Criteria for Performance Excellence

Begin with the Organizational Profile

The Organizational Profile is the most appropriate starting point for self-assessment and for writing an application. It is critically important for the following reasons:

- You can use it as an initial self-assessment. If you identify topics for which conflicting, little, or no information is available, use these topics for action planning.
- It sets the context for understanding your organization and how it operates, and allows you to address unique aspects of your organization in your responses to the Baldrige Health Care Criteria questions in categories 1–7. Your responses to all other questions in the Criteria should relate to the organizational context you describe in this profile.
- It helps you identify gaps in key information about your organization and focus on key performance requirements and results.
- The Organizational Profile is an invaluable tool for new and seasoned employees to fully understand your organization.

P Organizational Profile

The **Organizational Profile** is a snapshot of your organization and its strategic environment.

P.1 Organizational Description: What are your key organizational characteristics?

a. Organizational Environment

- (1) **HEALTH CARE SERVICE Offerings** What are your main HEALTH CARE SERVICE offerings? What is the relative importance (including percentage of revenue/budget) of each to your success? What are the delivery methods for your HEALTH CARE SERVICES?
- (2) **MISSION, VISION, VALUES, and CULTURE** What are your MISSION, VISION, and VALUES? What are the defining characteristics of your organizational CULTURE? What are your organization's CORE COMPETENCIES, and what is their relationship to your MISSION and VISION?
- (3) **WORKFORCE Profile** What is your WORKFORCE profile? What are your WORKFORCE or employee groups and SEGMENTS and the KEY ENGAGEMENT drivers for each? What KEY changes are you experiencing in your WORKFORCE CAPABILITY, CAPACITY, and composition?
- (4) **Assets** What are your major assets, such as facilities, equipment, technologies, and intellectual property?
- (5) **Regulatory Environment** What are your KEY applicable regulations, and accreditation, certification, or registration requirements?

b. Organizational Relationships

- (1) **Organizational Structure** What are your organizational leadership and GOVERNANCE structures? What are the KEY components of your organization's LEADERSHIP SYSTEM? What are the reporting relationships among your GOVERNANCE SYSTEM, SENIOR LEADERS, and parent organization, as appropriate?
- (2) **Patients, Other CUSTOMERS, and STAKEHOLDERS** What are your KEY market SEGMENTS, patient and other CUSTOMER groups, and STAKEHOLDER groups, as appropriate? What are their KEY requirements and expectations for your HEALTH CARE SERVICES, patient and other CUSTOMER support services, and operations, including any differences among the groups?
- (3) **Suppliers, PARTNERS, and COLLABORATORS** What are your KEY types of suppliers, PARTNERS, and COLLABORATORS? What role do they play in producing and delivering your KEY HEALTH CARE SERVICES and patient and other CUSTOMER support services? What role do they play in contributing and implementing INNOVATIONS in your organization? What are your KEY supply-network requirements?

Terms in SMALL CAPS are defined in the Glossary of Key Terms (pages 48–56).

Notes

P.1a(1). How you deliver services to your patients or other customers might be direct or indirect, or through contractors, collaborators, partners, or third-party vendors.

P.1a(2). Your values are part of your organization's culture. Other characteristics of your culture include shared beliefs, norms, and values that contribute to the uniqueness of the environment within your organization.

P.1a(2). If your organization has a stated purpose as well as a mission, you should include it in your response here and as appropriate in the process categories. Some organizations define a mission and a purpose, and some use the terms interchangeably. Purpose refers to the fundamental reason that the organization exists.

P.1a(3). As applicable, your workforce profile should include the location of your workforce, your organized bargaining units (i.e., union representation), and the special health and safety requirements of the workforce. Your workforce profile should specify any workforce groups (including employed and independent physicians) the organization has identified for segmenting data. Organizations that also rely on volunteers and/or temporary staff members to accomplish core work (producing output that is necessary and/or customer-facing) should include these groups as part of their workforce. Workforce or employee groups and segments might be based on type of employment or contract-reporting relationship, location (including remote work), work shift/tour of duty, work environment, use of flexible work policies, or other factors. Current and anticipated changes impacting your workforce members might relate to scheduling, location, and their requirements and expectations.

P.1a(3), P.1b(2), P.1b(3). Referring and other providers (e.g., physicians, physician assistants, and nurse practitioners) are part of the workforce if they are credentialed at the health care organization, but otherwise, they are considered partners. If providers are involved in a referral, they are considered suppliers of patients to your organization. In most cases, providers are not considered customers unless they are users of your health care services. Third-party payors may be considered customers or partners. Insurers are considered partners.

P.1a(5). Regulations and requirements include any applicable occupational health and safety regulations; industry standards; and environmental, financial, and product regulations. Industry standards might include industrywide codes of conduct and policy guidance. Depending on the regions and context in which you operate, special

financial covenants, standards regarding relationships with physicians or other referral sources, and environmental regulations may apply.

P.1b(1). The Organizational Profile asks for the *what* of your leadership system. Questions in categories 1 and 5 ask *how* the system functions.

P.1b(2). Patients (customers) are the direct recipients of the health care services you provide; your organization may use another term for patient, such as client, resident, consumer, or member. Other customers may include those who pay for your services, such as patients' families. Stakeholders might include health departments, Offices of Emergency Management, universities, etc., in your service area.

P.1b(2). Patient and other customer groups might be based on common requirements and expectations, behaviors, preferences, or profiles. Within a group, there may be segments based on differences, commonalities, or both. You might subdivide your market segments or customer groups based on health care service lines or features, service delivery modes, payors, volume, geography, or other defining factors.

P.1b(2). There may be different patient groups (segments; e.g., inpatient, outpatient, emergency care, urgent care, post-acute care, hospice) in an integrated delivery network or continuum of care with different group characteristics or needs and expectations.

P.1b(2). Patient, other customer, stakeholder, and operational requirements and expectations will drive your organization's sensitivity to the risk of service, support, and supply-network interruptions, including those due to natural disasters and other emergencies.

P.1b(3). Your supply network consists of the external entities involved in producing and delivering your health care services to your patients and other customers and offering post-care support. For some organizations, these entities form a chain, in which one entity directly supplies another. Increasingly, however, these entities are interlinked and exist in interdependent rather than linear relationships. The Health Care Criteria use the term *supply network* to emphasize the interdependencies among organizations and their suppliers. The term *supply network* represents an evolution and maturity in supply-chain management.

For additional guidance on this item, see the [Health Care Criteria Commentary](#).

P.2 Organizational Situation: What is your organization's strategic situation?

a. Competitive Environment

- (1) **Competitive Position** What are your size, share, and growth in the health care industry or the markets you serve? How many and what types of competitors do you have? What differentiates you from them?
- (2) **Competitiveness Changes** What KEY changes, if any, are affecting your competitive situation, including changes that create opportunities for collaboration and INNOVATION, as appropriate?
- (3) **Comparative Data** What KEY sources of comparative and competitive data are available from within the health care industry? What KEY sources of comparative data are available from outside the health care industry? What limitations, if any, affect your ability to obtain or use these data?

b. Strategic Context

What are your KEY STRATEGIC CHALLENGES, threats, ADVANTAGES, and OPPORTUNITIES?

c. PERFORMANCE Improvement SYSTEM

What is your overall SYSTEM for PERFORMANCE improvement? What KEY tools and methods are used as part of this SYSTEM?

Terms in SMALL CAPS are defined in the Glossary of Key Terms (pages 48–56).

Notes

P.2b. Strategic challenges, threats, advantages, and opportunities might be in the areas of business, operations, societal contributions, and workforce. They might relate to health care services or service features; quality and outcomes; finances; organizational structure and culture; emerging technology; digital integration; data and information; security and cybersecurity; emerging competitors; organizational resilience and risk management; changing stakeholder requirements and expectations; workforce capability or capacity; brand recognition and reputation; your supply network; diversity, equity, and inclusion; the upgrade and maintenance of facilities; and the health care industry.

P.2c. Excellence is not possible without robust evaluation and improvement of key processes, systems, and

organizational results. The Baldrige Scoring System (pages 30–36) uses performance improvement through learning and integration as a factor in assessing the maturity of organizational approaches and their deployment. This question is intended to set an overall context for your approach to performance improvement. The system you use should be related to your organization's needs and compatible with your organization's capabilities, capacity, and culture. Specific tools and methods that might be utilized as part of the system include, for example, the PDCA methodology, ISO standards, a Lean Enterprise System, and the Six Sigma methodology, among others.

For additional guidance on this item, see the [Health Care Criteria Commentary](#).