



# **SUSTAINABILITY SURVEY**

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## CREATE & MAINTAIN A GREAT CULTURE

Based on the initiatives already underway at your organization, rate how well those activities are aligned, deployed and consistently applied (circle the number corresponding to the appropriate description for each component). Once you have rated each component, add up the score. For any component scoring a 6 or lower, identify what could be done to push it to a higher level of performance. For any score of 7 or above, discuss best practices used to achieve success.

| <b>Component: OPEN COMMUNICATION</b> |   |   |
|--------------------------------------|---|---|
| <b>ALIGNMENT</b>                     | 1 | <i>Communications do not reinforce what is important to organization</i>  |
|                                      | 2 | <i>Limited communication around mission, vision, values and strategic focus areas</i>   |
|                                      | 3 | <i>Communication is organized around organizational strategic focus areas/goals</i>   |
| <b>DEPLOYMENT</b>                    | 1 | <i>Few methods are used to communicate with employees; communication methods have been in place for years</i>   |
|                                      | 2 | <i>Limited communication methods in place</i>   |
|                                      | 3 | <i>Multiple methods are used to routinely communicate; employee teams help to shape communication methods</i>   |
| <b>CONSISTENCY</b>                   | 1 | <i>No departmental communication boards; employee forums rare or only annually; no daily / weekly communication</i>   |
|                                      | 2 | <i>Communication boards are optional; employee forums are held infrequently; regular communication through general newsletter which does not address organizational strategic focus areas/goals</i> |
|                                      | 3 | <i>Leaders accountable for communication boards; forum attendance, and Daily Line-Up/Huddle (daily "all hands" meetings)</i>  |
| <b>Total</b>                         |   |   |

| <b>Component: NO SECRETS ENVIRONMENT</b> |   |  |
|--|---|--|
| <b>ALIGNMENT</b>                         | 1 | <i>Employees cannot connect mission, vision &amp; values with new initiatives / strategies</i>                       |
|  | 2 | <i>Employees have limited understanding of relationship of mission, vision &amp; values to new initiatives</i>       |
|  | 3 | <i>Employees at all levels understand how new initiatives connect to organizational mission, vision &amp; values</i> |
| <b>DEPLOYMENT</b>                        | 1 | <i>Only senior management is knowledgeable about organizational goals &amp; strategies</i>                           |
|  | 2 | <i>Organizational goals &amp; strategies shared with department directors</i>  |
|  | 3 | <i>Organizational goals &amp; strategies shared with employees at all levels of the organization</i>                 |
| <b>CONSISTENCY</b>                       | 1 | <i>Information about organization's goals is consistently withheld; employees are seen as "leaks"</i>                |
|  | 2 | <i>Some information withheld, some shared with department directors or other appropriate staff</i>                   |
|  | 3 | <i>Leaders accountable for sharing information, both positive and negative, with all staff</i>                       |
| <b>Total</b>                             |   |  |

| <b>Component: NO EXCUSES ENVIRONMENT</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                         | <b>1</b> | <i>Leaders are unaware of organizational benchmark rankings on key metrics or uncertain which metrics are important</i>  |
|  | <b>2</b> | <i>Organization has identified key metrics, but is complacent about its rankings against benchmark</i>   |
|  | <b>3</b> | <i>Key metrics have been identified; organizational goals for key metrics are set; goals for metrics are communicated organization wide</i>                                |
| <b>DEPLOYMENT</b>                        | <b>1</b> | <i>Poor performance is excused or over looked</i>  |
|  | <b>2</b> | <i>Performance on key metrics is measured, but reasons for poor performance are not fully analyzed or addressed</i>  |
|  | <b>3</b> | <i>Performance is measured for each key metric; performance is compared to goals and industry benchmarks; factors causing poor performance on key metrics are analyzed</i> |
| <b>CONSISTENCY</b>                       | <b>1</b> | <i>Leaders do not closely review key metrics</i>   |
|  | <b>2</b> | <i>Leaders review metrics but are not held accountable for results</i>   |
|  | <b>3</b> | <i>Action Plans are established to improve performance and performance is re-measured; leaders are held accountable for achieving organizational goals for key metrics</i> |
| <b>Total</b>                             |          |  |

| <b>Component: INSPIRED EMPLOYEES</b> |          |   |
|--------------------------------------|----------|---|
| <b>ALIGNMENT</b>                     | <b>1</b> | <i>Few employees make a connection between the organization's mission, vision &amp; values and their own job</i>  |
|                                      | <b>2</b> | <i>Some employees can recite the mission, vision &amp; values and understand their role, however many employees are unenlightened on the mission, vision &amp; values</i>   |
|                                      | <b>3</b> | <i>Employees understand the mission, vision, values and goals and understand their role in relation to achieving them; employees can relate stories that demonstrate the mission, vision and values</i>   |
| <b>DEPLOYMENT</b>                    | <b>1</b> | <i>Mission, vision &amp; values are distributed to employees, but employees have limited knowledge of their meaning or importance to their individual jobs</i>  |
|                                      | <b>2</b> | <i>Mission, vision &amp; values are communicated to all employees using several different methods; employee commitment to mission, vision &amp; values is limited</i>   |
|                                      | <b>3</b> | <i>Mission, vision &amp; values are reinforced, discussed and modeled by leaders; employees feel a strong connection between themselves and the success of the organization in attaining the vision and living the mission and values</i>   |
| <b>CONSISTENCY</b>                   | <b>1</b> | <i>Mission, vision &amp; values distributed to all employees upon hiring</i>  |
|                                      | <b>2</b> | <i>Multiple means are used to communicate the mission, vision &amp; values</i>  |
|                                      | <b>3</b> | <i>On-going, consistent, organization-wide focus on mission, vision &amp; values; employee understanding of their role and commitment to the mission, vision &amp; values is measured; Action Plans to improve employee commitment and understanding are developed and improvements are re-measured</i> |
| <b>Total</b>                         |          |   |

| <b>Component: LEADER ROUNDING</b> |          |   |
|-----------------------------------|----------|---|
| <b>ALIGNMENT</b>                  | <b>1</b> | <i>Organization does not do leader rounding on a formal basis</i>   |
|                                   | <b>2</b> | <i>Rounding is encouraged, but organization has not set goals for frequency or content; training for leaders on rounding is limited</i>   |
|                                   | <b>3</b> | <i>Organization communicates the purpose of rounding not only to leaders but to all employees; expectations are established for daily rounding; training is provided on how to round effectively; success stories on rounding are shared with peers</i>   |
| <b>DEPLOYMENT</b>                 | <b>1</b> | <i>Limited purposeful rounding by a few leaders is unstructured and inconsistent</i>  |
|                                   | <b>2</b> | <i>Some leaders round, but not daily; some use scripts and checklists; response to recognition opportunities and challenges and issues are handled differently from department to department</i>  |
|                                   | <b>3</b> | <i>Scripts that are uniformly agreed upon are used in basic communication between leader and staff/customers; all leaders use checklists; staff recognition and acknowledgement of departmental issues and challenges are initiated as needed</i>   |
| <b>CONSISTENCY</b>                | <b>1</b> | <i>Because there is no formal leader rounding, there is no consistency in how, when or who rounds nor is there any follow-up on recurring employee issues</i>   |
|                                   | <b>2</b> | <i>No consistent tracking and trending of issues identified when rounding; no method for addressing recurring issues</i>  |
|                                   | <b>3</b> | <i>Leaders are held accountable for completing rounds; employee issues and other information collected during rounds is shared and discussed as a regular agenda item; Action Plans are developed to deal with recurring issues; success of Action Plan in resolving issues is communicated</i> |
| <b>Total</b>                      |          |   |

**For any component scoring a 6 or lower, discuss what actions your organization could take to improve performance**

**For any component scoring a 7 or higher, discuss any best practices used to achieve success.**

## SELECT AND RETAIN GREAT EMPLOYEES

Based on the initiatives already underway at your organization, rate how well those activities are aligned, deployed and consistently applied (circle the number corresponding to the appropriate description for each component). Once you have rated each component, add up the score. For any component scoring a 6 or lower, identify what could be done to push it to a higher level of performance. For any score of 7 or above, discuss best practices used to achieve success.

| Component: SELECT EMPLOYEES THAT SUIT THE CULTURE |   |   |
|---|---|---|
| <b>ALIGNMENT</b>                                  | 1 | <i>No formal written selection standards; leaders select new employees based on their needs and perceptions</i>   |
|   | 2 | <i>Selection standards are written; training of leaders in use of standards is weak; leader remains primarily responsible for selecting new employees</i>       |
|   | 3 | <i>Universal selection standards are written and communicated; leaders are trained in and use peer interviewing and behavioral based interviewing</i>           |
| <b>DEPLOYMENT</b>                                 | 1 | <i>Published selection standards are not used or rarely used to hire new staff</i>  |
|   | 2 | <i>Many of staff are selected based on selection standards</i>  |
|   | 3 | <i>All new hires are selected based on meeting published selection standards</i>  |
| <b>CONSISTENCY</b>                                | 1 | <i>Selection practices are not measured or rarely measured</i>  |
|   | 2 | <i>Effective selection practices are consistently measured</i>  |
|   | 3 | <i>Leaders held accountable for best practice selection methods; Action Plans are in place to address poor selection and results; improvements are measured</i> |
| <b>Total</b>                                      |   |   |

| Component: ENGAGE AND EMPOWER EMPLOYEES |   |   |
|---|---|---|
| <b>ALIGNMENT</b>                        | 1 | <i>Level of employment engagement is unknown and no goal has been set for desired level of engagement</i>   |
|   | 2 | <i>Level of employment engagement is known in some areas, however goal for engagement is set low</i>  |
|   | 3 | <i>Level of employee engagement is known in all areas; goal for engagement of employees is set based on industry best practice benchmarks</i>   |
| <b>DEPLOYMENT</b>                       | 1 | <i>Few opportunities exist to engage employees in decision making process and operations</i>  |
|   | 2 | <i>Some activities are in place (such as teams, employee forums, or surveys) to engage employees in decision making process and operations</i>  |
|   | 3 | <i>Most employees participate in decision making process and operations by serving on teams, attending forums and completing surveys</i>  |
| <b>CONSISTENCY</b>                      | 1 | <i>Employee engagement is not measured</i>  |
|   | 2 | <i>Employee engagement is measured; however, communication of results varies between departments. Action Plans either are not developed to improve results or are developed but have no follow-through</i>  |
|   | 3 | <i>Employee engagement is measured, benchmarked with other companies, communicated to employees and celebrated. Action Plans are in place to improve; results are then re-measured. Leaders are held accountable for communication of employee survey results and for meeting engagement goal</i> |
| <b>Total</b>                            |   |   |

| <b>Component: REWARD &amp; RECOGNIZE</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                         | <b>1</b> | <i>Organization does not set goals or expectations for reward &amp; recognition; most leaders feel that it is unnecessary to reward or recognize employees for "doing their job"; few departmental and organizational celebrations</i>           |
|  | <b>2</b> | <i>Organization has a reward &amp; recognition program, however no clear goal or standard for leader involvement is in place</i>   |
|  | <b>3</b> | <i>Culture encourages multiple levels of reward &amp; recognition; goals for reward &amp; recognition are set; reward &amp; recognition is tied to standards of performance; employee teams have input into reward &amp; recognition methods</i> |
| <b>DEPLOYMENT</b>                        | <b>1</b> | <i>Reward &amp; recognition is only used for greatly exceeding expectations; how and when to reward is left to individual leader's prerogative</i>   |
|  | <b>2</b> | <i>Some leaders are better, some leaders are worse than others at reward &amp; recognition; employees have little input into structure of reward &amp; recognition activities</i>  |
|  | <b>3</b> | <i>Leaders understand their role in rewarding &amp; recognizing employees; all areas participate in reward &amp; recognition activities; employee teams develop new reward &amp; recognition activities to keep them fresh</i>                   |
| <b>CONSISTENCY</b>                       | <b>1</b> | <i>No measurement of leader's rewarding &amp; recognizing their employees</i>  |
|  | <b>2</b> | <i>Organization measures number of rewards &amp; recognitions given out, who receives them and cost, but does not measure leaders performance on reward &amp; recognition</i>  |
|  | <b>3</b> | <i>Leader compliance with reward &amp; recognition goals is measured; reward &amp; recognition activities are tracked; Action Plans are established to identify opportunities to improve and results are then re-measured</i>                    |
| <b>Total</b>                             |          |  |

**For any component scoring a 6 or lower, discuss what actions your organization could take to improve performance**

**For any component scoring a 7 or higher, discuss any best practices used to achieve success.**

## COMMIT TO SERVICE EXCELLENCE

Based on the initiatives already underway at your organization, rate how well those activities are aligned, deployed and consistently applied (circle the number corresponding to the appropriate description for each component). Once you have rated each component, add up the score. For any component scoring a 6 or lower, identify what could be done to push it to a higher level of performance. For any score of 7 or above, discuss best practices used to achieve success.

| Component: PATIENT SATISFACTION TRACKING |   |   |
|--|---|---|
| <b>ALIGNMENT</b>                         | 1 | <i>Goals for patient satisfaction either are not set or set very low; many leaders do not know scores for their areas or for organization</i>   |
|  | 2 | <i>Goals for patient satisfaction are set based on internal benchmark or on a limited pool of other facilities; some leaders review scores; others are more lax</i>   |
|  | 3 | <i>Organization has set goals for patient satisfaction; goals are established based on database of best practices; consistent method of reporting results is in use; all leaders review results weekly or monthly</i>   |
| <b>DEPLOYMENT</b>                        | 1 | <i>Patient satisfaction is not tracked or tracked only quarterly; some areas are not tracked at all; only senior leaders have information on patient satisfaction</i>   |
|  | 2 | <i>Patient satisfaction is tracked monthly; different instruments are used for inpatient, ED, outpatient; information on patient satisfaction is shared with leaders but not with employees</i>   |
|  | 3 | <i>Patient satisfaction scores are tracked weekly/monthly by department and for the entire organization; departmental and organization patient satisfaction scores are communicated to all employees</i>  |
| <b>CONSISTENCY</b>                       | 1 | <i>No action is taken to address low patient satisfaction results or corrective action is established by senior leadership; patient satisfaction is trending downwards</i>  |
|  | 2 | <i>Some leaders attempt to address low patient satisfaction, but most do very little; patient satisfaction scores varies widely</i>   |
|  | 3 | <i>Patient satisfaction is stable at a high level; Action Plans are developed to seek improvement; results are communicated to all employees; employees are involved in identifying patient satisfaction opportunities; improvements are celebrated across the organization</i> |
| <b>Total</b>                             |   |   |

| Component: SCRIPTING |   |   |
|----------------------|---|---|
| <b>ALIGNMENT</b>     | 1 | <i>Scripts are not used</i>   |
|                      | 2 | <i>Use of scripts is optional; a significant number of employees do not understand the value of scripts or use them</i>   |
|                      | 3 | <i>Organization sets goal for use of scripts in specific situations; early adopters of scripting are used to convey success stories and to mentor others</i>  |
| <b>DEPLOYMENT</b>    | 1 | <i>No scripting</i>   |
|                      | 2 | <i>Scripts have been adopted from other organizations; some employees use scripts, many do not; scripting does not appear natural</i>   |
|                      | 3 | <i>Scripts are developed by employee teams; scripts are shared with employees through multiple methods; majority of employees use scripts daily</i>   |
| <b>CONSISTENCY</b>   | 1 | <i>Scripts are not part of the organizational culture</i>   |
|                      | 2 | <i>Relationship between the script and a satisfaction issue / irritant is not understood; scripts continue to be used without evaluating their impact on addressing the irritant</i>  |
|                      | 3 | <i>Scripts are based on irritants / issues identified through patient, employee and physician satisfaction assessment; effectiveness of scripts are measured; scripts are modified and then satisfaction is re-measured</i> |
| <b>Total</b>         |   |   |

| <b>Component: NURSE LEADER ROUNDING</b> |          |   |
|---|----------|---|
| <b>ALIGNMENT</b>                        | <b>1</b> | <i>Organization does not do nurse leader rounding on a formal basis</i>   |
|   | <b>2</b> | <i>Rounding is encouraged, but organization has not set goals for frequency or content; training for nurses on rounding is limited</i>  |
|   | <b>3</b> | <i>Organization communicates the purpose of rounding not only to nurse leaders but to all nursing staff; expectations are established for daily rounding; training is provided on how to effectively round; success stories on rounding are shared with peers</i>             |
| <b>DEPLOYMENT</b>                       | <b>1</b> | <i>Limited rounding by a few nurse leaders is unstructured and inconsistent</i>   |
|   | <b>2</b> | <i>Some nurse leaders round, but not daily; some nurse leaders use scripts and checklists; corrective actions /service recovery is handled differently from unit to unit</i>  |
|   | <b>3</b> | <i>Basic communication between leader and patient/family is scripted; all nurse leaders use a checklist; service recovery or other appropriate action is initiated immediately as needed</i>  |
| <b>CONSISTENCY</b>                      | <b>1</b> | <i>Because there is no formal nurse leader rounding, there is no consistency in how, when or who rounds nor is there any follow-up on recurring comments</i>  |
|   | <b>2</b> | <i>No consistent process for tracking and trending comments from rounding; no method for addressing recurring issues</i>  |
|   | <b>3</b> | <i>Nurse leaders are held accountable for completing rounds; comments and other information collected during rounding is shared, tracked and trended; Action Plans are developed to deal with recurring issues; success of Action Plan in resolving issues is re-measured</i> |
| <b>Total</b>                            |          |   |

| <b>Component: DISCHARGE PHONE CALLS</b> |          |  |
|---|----------|--|
| <b>ALIGNMENT</b>                        | <b>1</b> | <i>Organization does not routinely do discharge phone calls</i>  |
|   | <b>2</b> | <i>Organization does discharge phone calls only in select areas (e.g. ED); if all nursing units do discharge calls, the organization does not adhere to a strict goal for the percentage of discharges to be called</i>  |
|   | <b>3</b> | <i>Organization sets goals for percentage of discharges that will be called</i>  |
| <b>DEPLOYMENT</b>                       | <b>1</b> | <i>Discharge phone calls not conducted</i>   |
|   | <b>2</b> | <i>Each area doing discharge calls has own process for conducting calls and handling issues</i>  |
|   | <b>3</b> | <i>Organization establishes forms to collect information and provides scripts; organization establishes a consistent methodology for addressing issues identified during calls</i>   |
| <b>CONSISTENCY</b>                      | <b>1</b> | <i>No consistent format for connecting with patients after they are discharged</i>   |
|   | <b>2</b> | <i>Issues or praises may be tracked or trended within an area but not across the organization; frequently recurring problems are not noticed and not addressed</i>   |
|   | <b>3</b> | <i>Problems or praises identified through nurse discharge are tracked &amp; trended; Action Plans are established to address problems; praises are shared with employees immediately; leaders held accountable for meeting goals and for addressing issues</i> |
| <b>Total</b>                            |          |  |

| <b>Component: PATIENT COMMUNICATION BOARDS</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                               | <b>1</b> | <i>Communication boards are not used</i>   |
|  | <b>2</b> | <i>Organization decides to use patient communication boards but does not win support of staff who are to use them</i>  |
|  | <b>3</b> | <i>Organization sets goal for all nursing areas to have and use communication boards; employees understand how the boards will help patients as well as benefit the staff</i>  |
| <b>DEPLOYMENT</b>                              | <b>1</b> | <i>Communication boards are not used; primary mode of communication with patients is verbal</i>  |
|  | <b>2</b> | <i>Communication boards are placed in patient rooms but not consistently used by employees to communicate with patients</i>  |
|  | <b>3</b> | <i>Organization establishes format for and content on board; information to go on boards is based on patient, physician and employee feedback; staff is educated on how to use the boards to communicate effectively with patients and families</i>                                    |
| <b>CONSISTENCY</b>                             | <b>1</b> | <i>Communication with patients is highly dependent on the communication skills of each staff member that comes in contact with them</i>  |
|  | <b>2</b> | <i>Communication boards are used by some, but not all staff; low usage of boards by staff is tolerated; no connection is made between low use of boards and low patient satisfaction scores on amount of information received</i>  |
|  | <b>3</b> | <i>Communication boards are used by all staff on all shifts; nurse leaders are responsible for maintaining checking on usage during rounds; level of patient satisfaction with amount of information they receive is measured; Action Plans are developed to improve communication</i> |
| <b>Total</b>                                   |          |  |

| <b>Component: SERVICE RECOVERY</b> |          |  |
|------------------------------------|----------|--|
| <b>ALIGNMENT</b>                   | <b>1</b> | <i>No universal service recovery process is in place</i>   |
|                                    | <b>2</b> | <i>Although a service recovery process is in place, no goals for service recovery have been established</i>  |
|                                    | <b>3</b> | <i>Organization sets clear expectations for how service problems will be addressed; goals for service recovery are established</i>   |
| <b>DEPLOYMENT</b>                  | <b>1</b> | <i>All service recovery, especially those with a cost associated with them, must be approved at the senior leader level</i>  |
|                                    | <b>2</b> | <i>Only patient service representatives or leaders handle service failures</i>   |
|                                    | <b>3</b> | <i>All employees are empowered to recover a service failure</i>  |
| <b>CONSISTENCY</b>                 | <b>1</b> | <i>Organization does not track the type, number or costs associated with recovering service failures</i>   |
|                                    | <b>2</b> | <i>Service recovery activities may be tracked but there is no system for addressing frequently recurring service failures or using service failures as an opportunity to identify potential ways to improve delivery of services</i>                                       |
|                                    | <b>3</b> | <i>Service recovery issues and costs are tracked and trended; Action Plans are developed for recurring service failures or for areas with high volumes of service failures; service recovery data is used to identify processes/procedures that may need to be changed</i> |
| <b>Total</b>                       |          |  |

| <b>Component: SERVICE EXCELLENCE TEAMS</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                           | <b>1</b> | <i>Organization uses employee teams only on an as needed basis</i>   |
|  | <b>2</b> | <i>Organization has some service excellence teams, but teams are not based on needs identified through customer feedback</i>   |
|  | <b>3</b> | <i>Organization establishes employee service excellence teams based on opportunities for improvement identified through patient, employee, and physician satisfaction results</i>  |
| <b>DEPLOYMENT</b>                          | <b>1</b> | <i>Department heads or senior leaders serve as team leaders, often only managerial level employees serve on the teams</i>  |
|  | <b>2</b> | <i>Teams may include some non-supervisory level employees but most team members are leaders; teams generally do not change over time or eventually die from inertia</i>  |
|  | <b>3</b> | <i>Teams are led by employees from all areas and at all levels within the organization; periodically the organization changes the composition, membership and responsibilities of its teams based on evolving customer feedback</i>  |
| <b>CONSISTENCY</b>                         | <b>1</b> | <i>Team is deemed effective if it completed the assigned task</i>  |
|  | <b>2</b> | <i>Service excellence team effectiveness is either not measured or measured only by looking at the number of activities it implemented; effectiveness of activities is not measured</i>  |
|  | <b>3</b> | <i>Each team measure effectiveness in achieving desired results; teams use Action Plans to identify tasks; team continuously reviews customer satisfaction information looking for what it is doing well and for new opportunities for improvement that it can address</i> |
| <b>Total</b>                               |          |  |

**For any component scoring a 6 or lower, discuss what actions your organization could take to improve performance**

**For any component scoring a 7 or higher, discuss any best practices used to achieve success.**

## CONTINUOUSLY DEVELOP GREAT LEADERS

Based on the initiatives already underway at your organization, rate how well those activities are aligned, deployed and consistently applied (circle the number corresponding to the appropriate description for each component). Once you have rated each component, add up the score. For any component scoring a 6 or lower, identify what could be done to push it to a higher level of performance. For any score of 7 or above, discuss best practices used to achieve success.

| Component: LEADERSHIP CORE COMPETENCIES |          |   |
|---|----------|---|
| <b>ALIGNMENT</b>                        | <b>1</b> | <i>Organization has behavior standards (smiling, appearance, etc.) for employees but has not identified competencies needed by leaders</i>  |
|   | <b>2</b> | <i>Competencies have been identified by senior leaders or HR, but input from employees on what makes a great leader was not sought; competencies tend to reflect managerial skills rather than leadership behaviors</i>   |
|   | <b>3</b> | <i>Organization establishes competencies of leaders based on input from employees on what makes a great leader; communicates competencies to leaders and all employees; aligns leader training activities and accountability systems to competencies</i>  |
| <b>DEPLOYMENT</b>                       | <b>1</b> | <i>Basic education provided to employees on behavior standards</i>  |
|   | <b>2</b> | <i>Educational opportunities related to building managerial skills; limited ability for leaders to gauge how others perceive their capabilities; no consideration is given to whether a candidate reflects competencies</i>   |
|   | <b>3</b> | <i>Leadership training curriculum provides learning opportunities on each competency; 360° feedback survey questions are linked to core competencies; modifies competencies periodically to assure a match with employee expectations; new leader selection criteria assesses candidates along competencies</i> |
| <b>CONSISTENCY</b>                      | <b>1</b> | <i>Employee evaluation may or may not include a section on behavior standards</i>   |
|   | <b>2</b> | <i>Limited opportunity for leaders to obtain feedback on performance around competencies; leaders do not develop personal leadership development plans</i>  |
|   | <b>3</b> | <i>Leaders participate in a 360° feedback survey; leaders develop personal development plans based on 360° feedback survey; 360° feedback survey repeated at least every 2 years</i>  |
| <b>Total</b>                            |          |   |

| Component: LEADERSHIP DEVELOPMENT TRAINING |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                           | <b>1</b> | <i>No formal leadership development program exists</i>   |
|  | <b>2</b> | <i>Annual retreat for leaders; leaders defined as department directors and up; curriculum is not well defined; no or low annual goals for hours of training for leaders</i>  |
|  | <b>3</b> | <i>Curriculum is based on leader core competencies &amp; on an assessment of leader needs; leaders are defined as supervisors and up; goals for attendance and minimum number of hours of education established annually by organization</i> |
| <b>DEPLOYMENT</b>                          | <b>1</b> | <i>No or few formalized leadership training activities</i>   |
|  | <b>2</b> | <i>Responsibility for defining curriculum and implementing training is centralized under a single department (e.g. HR or Education)</i>  |
|  | <b>3</b> | <i>A Leadership Development Team is responsible for and engaged in curriculum, logistics, and putting on training sessions</i>   |
| <b>CONSISTENCY</b>                         | <b>1</b> | <i>No evaluation of leadership training programs</i>   |
|  | <b>2</b> | <i>Limited evaluation of leadership training programs is conducted</i>   |
|  | <b>3</b> | <i>Effectiveness of programs in teaching core competencies is evaluated; opportunities for improvement are addressed through Action Plans</i>  |
| <b>Total</b>                               |          |  |

| <b>Component: CASCADE LEARNING</b> |          |   |
|------------------------------------|----------|---|
| <b>ALIGNMENT</b>                   | <b>1</b> | <i>Lessons learned during leadership training and other important information is not shared with employees; leaders role as teacher is largely ignored</i>  |
|                                    | <b>2</b> | <i>Leaders may be encouraged to share information learned, but there is no set goal</i>   |
|                                    | <b>3</b> | <i>Goal for completion of cascade learning is established; purpose of cascade learning is communicated to and understood by all employees; other venues such as The Daily Line-Up is used to reinforce the lessons addressed in cascade learning</i>  |
| <b>DEPLOYMENT</b>                  | <b>1</b> | <i>No formalized cascade learning process</i>   |
|                                    | <b>2</b> | <i>Cascade learning is not well developed, only minimal information is shared with employees; use of cascade learning tools is optional and information shared varies from one leader to another</i>  |
|                                    | <b>3</b> | <i>Learning is consistent across the organization; leaders and other employees understand how leadership training promotes organizational excellence and a positive work environment</i>  |
| <b>CONSISTENCY</b>                 | <b>1</b> | <i>Learning across the organization is largely uncoordinated and inconsistent; there is no expectation that leaders will share information with employees</i>   |
|                                    | <b>2</b> | <i>Cascade learning is optional &amp; leaders are not held accountable for compliance; some leaders view cascade learning as a burden rather than an opportunity to teach and mentor</i>  |
|                                    | <b>3</b> | <i>Leadership training lessons and other information is used as an opportunity to teach employees; leaders held accountable for cascade learning with staff; compliance with cascade learning requirements is tracked, trended, and reported; Action Plans are developed to address opportunities for improvement</i> |
| <b>Total</b>                       |          |   |

| <b>Component: DAILY LINE-UP/HUDDLE</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                       | <b>1</b> | <i>No daily communication and training tool is used by the organization</i>  |
|  | <b>2</b> | <i>Organization has a weekly communication tool, but content of tool is not aligned to organization's strategic focus areas/goals; communication tool periodically used as a teaching tool; no goals for participation in a shared learning experience are set</i>   |
|  | <b>3</b> | <i>Content of the Daily Line-Up is aligned with the organization's strategic focus areas/goals and reinforces the standards of behavior; organizational values &amp; leadership development lessons; goals for sharing the Daily Line-Up with all employees are set and expectations conveyed to all employees; employees understand the connection between the Daily Line-Up and achieving organizational goals</i> |
| <b>DEPLOYMENT</b>                      | <b>1</b> | <i>Senior leadership controls what information is shared and who receives information</i>  |
|  | <b>2</b> | <i>Topics of the communication tool are set by the department in charge of production or by senior leadership; access to communication is at the employee's discretion; leaders do not use the tool as an opportunity for shared learning</i>  |
|  | <b>3</b> | <i>A team of employees identifies topics for the Daily Line-Up and establishes format; all employees have access to the Daily Line-Up; each area delivers the Daily Line-Up at the time and in the manner that works best for them</i>   |
| <b>CONSISTENCY</b>                     | <b>1</b> | <i>No monitoring of communication and training effectiveness is conducted</i>  |
|  | <b>2</b> | <i>Since there are no goals for use of the communication tool, measurement of the percentages of employees touched or effectiveness of messages is limited</i>   |
|  | <b>3</b> | <i>Compliance with Daily Line-Up is measured; effectiveness of the Daily Line-Up as a communication and training tool is evaluated; Action Plans are established to address opportunities for improvement</i>  |
| <b>Total</b>                           |          |  |

| <b>Component: BEST PRACTICE SHARING</b> |          |   |
|---|----------|---|
| <b>ALIGNMENT</b>                        | <b>1</b> | <i>Sharing of best practices between areas and leaders is informal</i>  |
|   | <b>2</b> | <i>Sharing of best practices is still informal, but leaders understand importance of learning new practices to achieve goals; major successes of new practices are shared throughout the organization, but minor successes go unnoticed</i>   |
|   | <b>3</b> | <i>Organization shares internal best practices to achieve organizational excellence, foster teamwork, and stimulate communication; expectations for sharing best practices with colleagues is set by the organization; organization sets expectation that sharing best practices with others is critical to achieving goals; success stories are routinely shared organization-wide</i> |
| <b>DEPLOYMENT</b>                       | <b>1</b> | <i>Individual leaders may share ideas or practices, but there is not a formal channel for capturing best practices</i>  |
|   | <b>2</b> | <i>Sharing of best practices between colleagues occurs on a limited basis; organization primarily looks internally or to other health care providers for best practices</i>   |
|   | <b>3</b> | <i>Organization provides multiple means for leaders, teams and employees to share best practices with each other; organization actively seeks employee suggestions and ideas on how to improve delivery of services and operations; organization actively looks outside, including non-health care, for best practices</i>  |
| <b>CONSISTENCY</b>                      | <b>1</b> | <i>There is no, or limited, effort to capture internal best practices and no follow-up to evaluate effectiveness</i>  |
|   | <b>2</b> | <i>Evaluation of best practice after implementation is limited; there is no formal process for collecting or tracking best practices</i>  |
|   | <b>3</b> | <i>Internal best practices are collected, tracked and measured for effectiveness; external best practices are sought, adopted as appropriate &amp; evaluated; opportunities for further improvement are sought</i>  |
| <b>Total</b>                            |          |   |

**For any component scoring a 6 or lower, discuss what actions your organization could take to improve performance**

**For any component scoring a 7 or higher, discuss any best practices used to achieve success.**

# HARDWIRE SUCCESS THROUGH ACCOUNTABILITY

Based on the initiatives already underway at your organization, rate how well those activities are aligned, deployed and consistently applied (circle the number corresponding to the appropriate description for each component). Once you have rated each component, add up the score. For any component scoring a 6 or lower, identify what could be done to push it to a higher level of performance. For any score of 7 or above, discuss best practices used to achieve success.

| Component: LEADER PERFORMANCE EVALUATIONS |   |   |
|---|---|---|
| <b>ALIGNMENT</b>                          | 1 | <i>Annual leader performance evaluations are tied to job descriptions and are primarily based on subjective criteria</i>  |
|   | 2 | <i>Annual leader performance evaluations use some objective criteria such as financial performance; relationship between individual performance and achievement of organizational service excellence goals is loose</i>   |
|   | 3 | <i>Organization sets expectations that all leaders will have annual performance targets; targets are linked to organizational strategic focus areas/goals; annual targets flow down to 90 Day Action Plans and monthly Leader Report Cards; leaders and employees understand relationship between individual performance &amp; achievement of organizational service and operational excellence goals</i> |
| <b>DEPLOYMENT</b>                         | 1 | <i>Leader performance evaluations are loosely connected to organizational goals</i>   |
|   | 2 | <i>Leader performance evaluations are aligned with some, but not all organizational goals; quantifiable measures are used primarily to evaluate financial performance</i>   |
|   | 3 | <i>Annual leader performance targets are aligned with organizational strategic focus area/goals; quantifiable annual targets are identified for each focus area/goal</i>  |
| <b>CONSISTENCY</b>                        | 1 | <i>Late leader evaluations are not scrutinized or addressed; although leaders are expected to improve deficiencies, no formalized process exists to assist leader or to systematically address opportunities for improvement</i>  |
|   | 2 | <i>There are limited consequences for late evaluations; leaders may be required to develop Action Plans for areas needing improvement, however leader is left to own devices to learn how to improve; some leaders with a history of mediocre performance are tolerated for years</i>   |
|   | 3 | <i>Late leader evaluations are tracked, trended, reported &amp; addressed; opportunities for improvement by a leader are addressed through the development of Action Plans, mentoring is provided when needed; leaders progress on Action Plan is measured and addressed with leader; consistent poor performance or failure to improve is addressed</i>  |
| <b>Total</b>                              |   |   |

| <b>Component: 90 DAY ACTION PLANS</b> |          |   |
|---------------------------------------|----------|---|
| <b>ALIGNMENT</b>                      | <b>1</b> | <i>Annual goals may be set for leaders, however 90 Day Action Plans are not used</i>  |
|                                       | <b>2</b> | <i>Action Plans are generally project-specific rather than leader-specific; if used for leaders, the 90 Day Action Plans are not tightly linked to annual performance evaluation or to monthly Leader Report Card</i>   |
|                                       | <b>3</b> | <i>Organization sets goal for use of Annual &amp; 90 Day Action Plans and communicates expectations to all employees; employees understand the role of 90 Day Plans to achieving service and operational excellence goals; Annual &amp; 90 Day Plans are linked to leader's annual performance evaluation</i>     |
| <b>DEPLOYMENT</b>                     | <b>1</b> | <i>Senior leaders may be subject to Annual Plans, but majority of leaders are not</i>   |
|                                       | <b>2</b> | <i>Use of 90 Day Action Plans for leaders is hit or miss throughout the organization</i>  |
|                                       | <b>3</b> | <i>Organization organizes 90 Day plans around its strategic focus areas/goals; all leaders are governed by 90 Day Action plans; leaders feel a sense of ownership to tasks and are self-motivated to achieve results</i>  |
| <b>CONSISTENCY</b>                    | <b>1</b> | <i>Tasks associated with Annual Plans are often ignored by leaders; lack of performance on objectives is rationalized away</i>  |
|                                       | <b>2</b> | <i>Some leaders are held accountable for meeting 90 Day Plan objectives, other leaders are not; annual performance evaluations do not consistently reflect performance on 90 Day Plans; some leaders with a history of failure to meet objectives are never dealt with</i>  |
|                                       | <b>3</b> | <i>Leaders held responsible for meeting objectives, target completion dates and outcomes; progress on meeting 90 Day target is reflected on annual performance evaluation; personal Action Plans are developed to improve performance; consistent failure to meet 90 Day objectives is objectively dealt with</i> |
| <b>Total</b>                          |          |   |

| <b>Component: LEADER REPORT CARDS</b> |          |  |
|---------------------------------------|----------|--|
| <b>ALIGNMENT</b>                      | <b>1</b> | <i>Monthly report cards are not used to track performance</i>  |
|                                       | <b>2</b> | <i>If monthly report cards are used, they generally track only quality indicators (e.g. return to surgery) or financial indicators (e.g. net income)</i>   |
|                                       | <b>3</b> | <i>Leader Report Cards are used by the organization to provide monthly progress report on performance to leaders along each strategic focus area/goal; organization establishes what items are important to measure under each focus area/goal</i>   |
| <b>DEPLOYMENT</b>                     | <b>1</b> | <i>Leaders do not use report cards, but may on their own keep track of performance on a few metrics</i>  |
|                                       | <b>2</b> | <i>Some, but not all, leaders and bosses use leader report cards to track monthly progress towards quality and/or financial goals</i>  |
|                                       | <b>3</b> | <i>All leaders and their bosses use leader report cards to measure progress; leader and boss set annual targets for each metric and then use annual targets to establish monthly target</i>  |
| <b>CONSISTENCY</b>                    | <b>1</b> | <i>Leader and boss do not review performance monthly; a poor annual performance evaluation often comes as a surprise to leader</i>   |
|                                       | <b>2</b> | <i>Report cards are generally not used to evaluate 90 Day or annual leader performance; the one exception is leaders may be evaluated on financial performance; with limited tracking of monthly performance, leader rarely spots an area that needs a plan of correction until late in the year</i> |
|                                       | <b>3</b> | <i>Leader and boss review monthly leader report card; Action Plans are developed for metrics failing to make target for 2 consecutive months; average score for quarter flows up to 90 Day Action Plan; average score for year flows to Performance Evaluation</i>                                   |
| <b>Total</b>                          |          |  |

| <b>Component: 360° FEEDBACK REPORT</b> |          |  |
|--|----------|--|
| <b>ALIGNMENT</b>                       | <b>1</b> | <i>360° feedback survey is not offered to leaders</i>  |
|  | <b>2</b> | <i>360° feedback survey is only offered to senior leadership or directors; survey questions do not relate to the competencies important to the organization</i>  |
|  | <b>3</b> | <i>Organization offers 360° feedback survey to all leaders and sets goal for completion rate; survey is structured around leadership competencies identified by organization as important</i>  |
| <b>DEPLOYMENT</b>                      | <b>1</b> | <i>Most people in organization have never heard of 360° feedback survey; those who have heard about 360° feedback fear its use as an evaluation tool that can be used punitively</i>   |
|  | <b>2</b> | <i>Organization may desire to use 360° feedback survey for personal growth, but many leaders do not trust confidentiality of report and fear results will be reflected on performance evaluation; communication with employees over the purpose and confidentiality aspects are poor, resulting in low completion rates; leaders hold results close-to-vest and do not discuss results with anyone</i> |
|  | <b>3</b> | <i>360° feedback survey is viewed by organization as a professional growth tool and is not used for performance evaluation; employees are encouraged to participate if asked to rate someone and understand anonymity of their input and importance of process; leaders share results with direct reports in a non-defensive manner and share their willingness to improve</i>                         |
| <b>CONSISTENCY</b>                     | <b>1</b> | <i>Personal development is viewed solely as the individual's responsibility and that the organization has no or very limited role in furthering personal development</i>   |
|  | <b>2</b> | <i>Survey is optional, limited effort is made to increase participation; leaders receive report but are given little support for interpreting results; because leaders understanding of results is limited, most merely file report away</i>   |
|  | <b>3</b> | <i>Survey completion rates are tracked, trended and addressed; leaders receive both a written report on how they are perceived &amp; professional coaching on how to interpret report; leaders establish personal development plans and monitor own progress; progress is assessed through formal resurvey process every 2 years</i>   |
| <b>Total</b>                           |          |  |

**For any component scoring a 6 or lower, discuss what actions your organization could take to improve performance**

**For any component scoring a 7 or higher, discuss any best practices used to achieve success.**