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Contributors

The Guidelines for Authors may be found printed at the end of this volume. Alternatively, you may request the standard contributors' guidance from the editor at chronicle@baldrigefoundation.org or access it online at baldrigefoundation.org/what-we-do/thought-leadership/ before submitting manuscripts. The *Chronicle of Leadership and Management* neither offers nor makes compensation for articles or perspectives, and it assumes no responsibility for the return of manuscripts, although every effort is made to return those not accepted. In submitting work the sender warrants that it is original, that it is the sender's property, and that neither it nor a similar work by the sender has been accepted or is under consideration elsewhere.

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Malcolm Baldrige
National Quality Award

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FROM THE EDITOR-IN-CHIEF

The goal of the *Chronicle of Leadership and Management* is to facilitate sharing of knowledge by providing insightful and practical perspectives for leading and managing performance excellence in business, health care, education, government, nonprofit organizations, and in communities and cybersecurity applications.

The journal consists of Feature Articles intended to provide original and useful information of interest and practical significance to organizational leaders, which are grounded in experience, innovative thought, and appropriate literature research. Executive summaries of feature articles are provided as brief overviews of these articles to assist readers.

Leadership and Management Perspectives provide specific points of view designed to support understanding or to provide insights about current issues, emerging issues, Baldrige challenges, implementation strategies, best practices, and similar topics. Please refer to the Guidelines for Authors printed at the end of this volume.

Feedback on the *Chronicle* has been overwhelmingly positive, with readers noting that the *Chronicle* fills a cap in the current literature, melding the theoretical and intellectual development of Baldrige with real world experience implementing the Baldrige Framework. As we look to Volume 5 and beyond, I ask our readers to seriously consider contributing to the journal and encouraging colleagues to write articles; this will allow the *Chronicle* to thrive and continue to support the Baldrige philosophy. The newly-reimagined Baldrige Award and the ongoing development of the Baldrige Cybersecurity Excellence Builder provide additional areas for our authors to explore.

Feature Article

- *The CAHME Accreditation Experience:Creating Sustainable Value in Graduate Health Management Education* by Anthony Stanowski and Daniel J. West, Jr. This article illustrates how the Baldrige Excellence Framework informs the Commission on Accreditation of Healthcare Management Education (CAHME)'s approach to advancing quality in healthcare management

education. Through a competency-based, data-driven, and globally focused accreditation model, CAHME applies Baldrige principles to foster leadership, instill accountability, and create a process for continuous improvement across university-based academic programs.

Leadership and Management Perspectives

- *From Crisis to Clarity: Redesigning Care Using the Baldrige Framework* by Carolyn Candiello, Lisa Groff-Reuschling, and Melvin Blanchard discusses how, when faced with a significantly changing landscape, Greater Baltimore Medical Center first responded at the Board level to consider what would be needed to leverage this crisis into an opportunity for growth and innovation and set a path forward using a relatable shared vision and the power of storytelling to inspire the team. Utilizing the Baldrige Excellence Framework and focusing on its Core Values and Concepts, visionary leaders established the structure and processes needed to operationalize a new strategic direction.

- *Two Pages of the Same Book* by Randall Rollinson and Tamera Fields Parsons proposes that the disciplines of strategic management and the Baldrige Excellence Framework are two pages in the same book, distinct yet inseparable parts of a single organizational narrative. Each page offers a different perspective—strategy and execution—but together they tell the fuller story of organizational success.

Mark Wayda, Ph.D.

If you have questions or comments about this issue of the *Chronicle of Leadership and Management*, or to submit articles for consideration for Volume 5, please contact Jerry Rees at jrees@baldrigefoundation.org.

FEATURE ARTICLE

Executive Summary

Stanowski and West: The CAHME Accreditation Experience

Accreditation in the United States is designed to enhance public accountability and foster practices that produce measurable outcomes for students. The Baldrige Excellence Framework aligns seamlessly with the Commission on Accreditation of Healthcare Management Education (CAHME)'s core values, assessment practices, and performance management principles. Graduate healthcare management education programs use meaningful accreditation standards and criteria to prepare future healthcare leaders. CAHME collaborates with academics and healthcare practitioners to advance the quality of healthcare management education (HME) through a structured and strategic approach using a competency-based model with continuous quality improvement. Emphasis is placed on systemic analysis and actionable change based on environmental assessments of higher education and the healthcare industry. Assessment and benchmarking are important for changing HME curriculum, program design, courses, and integrating sustainable improvements. CAHME looks for evidence to demonstrate that accredited HME programs, staff, and faculty make internal and external adaptations based on outcome data, metrics, and student attainment of competencies. Benchmarking serves as a valuable tool for identifying and learning from successful HME practices. Key metrics examine income of graduating students, cost of earning a degree, graduate satisfaction, retention rates, post-graduation employment rates, positions held by recent graduates, program-specific information, and accreditation outcomes.

Anthony Stanowski, DHA, FACHE

CAHME Board Member since 2011, became CEO in 2016 and retired from CAHME on June 30, 2025. Served in leadership roles in a large academic health system, a community health system, two global Fortune 200 companies, and a private healthcare technology firm. Also serves on several boards, most recently including Methodist College in Peoria, IL as Board Chair in 2024, and the College and University Healthcare Education Consortium. Holds a doctorate from the Medical University of South Carolina, master's degrees from Drexel University (Marketing) and Widener University (Health Care Administration), and a magna cum laude bachelor's degree in communications (honors) and Psychology from the University of Pennsylvania.

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THE CAHME ACCREDITATION EXPERIENCE: CREATING SUSTAINABLE VALUE IN GRADUATE MEDICAL EDUCATION

Anthony Stanowski, DHA, FACHE

Daniel J. West, Jr., Ph.D., LFACHE

Introduction

Accreditation in higher education in the United States continues to evolve from a process-focused framework to an outcomes-driven model. Both the U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) recognize the urgency of addressing systemic barriers that hinder student success and stifle innovation. Refocusing a system to expand access to higher education, improve completion rates, reduce racial and economic disparities, and ensure a return on investment (ROI) for students and taxpayers demands a commitment to performance excellence.

Dramatic changes are needed to enhance accountability and promote student success. Achieving performance excellence in accreditation entails fostering practices that stimulate innovation and produce measurable outcomes. The emerging models and framework for accreditation emphasize leadership, strategic planning, customer focus, process improvement, data-driven measurement, and sustainable results. Accreditation outcomes should demonstrate value to customers (students and parents), significant stakeholders (the academy and practitioners), and the government at all levels.

The Biden Administration prioritized reducing student debt, holding institutions accountable, and controlling educational costs. While the Trump Administration's current policies on higher education remain unspecified, past initiatives suggest an emphasis on workforce development and outcomes.

Globally, higher education is regarded as a public good, with governments investing in its advancement. Traditionally, accreditation has been a national endeavor, rooted in unique cultural, regulatory, and professional norms of a specific country. However, the rise of international education, global healthcare standards, and transnational collaborations has driven the demand

for accreditation processes that transcend national boundaries. The 1999 Bologna Process and initiatives like the European Universities Network Initiative (EUNI) which set its origins in 2018, serve as prime examples of international collaboration aimed at fostering innovation, ensuring quality education, and promoting cooperation across national and disciplinary boundaries. These efforts highlight the increasing global focus on aligning higher education with the evolving demands of society and the workforce (CHEA, 2019).

Historical Background

Accreditation of graduate programs in health administration started in 1968 with the establishment of the Accrediting Commission on Graduate Education for Hospital Administration (ACGEHA), and in 1975 changed to the Accrediting Commission on Education for Health Services Administration (ACEHSA). In 2004, ACEHSA was renamed to the Commission on Accreditation of Healthcare Management Education (CAHME). With the formation of CAHME, the Blue Ribbon Task force in its final report specified the importance of data driven quality improvement (Final Report, 2003):

> "Accreditation processes should promote continuous quality improvement in programs. To achieve this, there needs to be greater emphasis on performance measurement, benchmarking and public reporting."

CAHME seeks recognition from the Council for Higher Education Accreditation (CHEA) because it represents a hallmark of quality and credibility in healthcare management education and in the broader academic community. CHEA recognition assures students, employers, and the public that CAHME's accreditation standards meet rigorous national criteria for academic excellence. It serves as a tangible acknowledgment of the value of a CAHME-accredited healthcare management degree, reflecting the organization's commitment to accountability and the advancement of high-quality education in healthcare management. Most importantly, it reflects CAHME's commitment to regularly revisit and refine accreditation standards to keep pace with advancements in healthcare management education and practice.

CHEA recognizes the growing demand for quality in higher education accreditation. This demand emphasizes the need for well-trained professionals and improvements in governance, quality of care, access to care, and leadership. As a nongovernmental organization, CHEA supports a voluntary accreditation process that requires accreditors to implement rigorous quality review systems to ensure compliance with established standards and criteria. CHEA recognizes 55 accrediting organizations, many of which focus on healthcare-related educational programs—the largest sector within CHEA's scope (CHEA, 2022). In 2012, CHEA launched the CHEA International Quality Group (CIQG) as a global forum to address quality assurance challenges and opportunities in higher education. CIQG has been central to CHEA's international engagement.

These efforts not only enhance CHEA's global influence but also contribute to building a more interconnected and quality-focused global higher education system.

In 2024, after much groundwork and preparation, CAHME accredited its first program in healthcare management outside of North America, the King Abdulaziz University's Executive Master of Health Administration, and it was followed by the King Saud bin Abdulaziz University for Health Sciences Master of Public Health in Health Systems Management in 2025. Additional programs outside of the United States are in process for accreditation.

Leadership and Governance

CAHME promotes continuous improvement in preparing future healthcare leaders by developing standards and criteria that are measurable and competency-based. CAHME's mission is "…to serve the public interest by advancing the quality of healthcare management education" (CAHME, 2024). To meet this mission, CAHME sets measurable criteria, supports and advises programs, accredits programs that meet or exceed the standards and criteria, and provides information to the various stakeholders and the general public who have an interest in healthcare management education.

CAHME's vision promotes continuous improvement in the preparation of future healthcare leaders by developing measurable, competency-based criteria for excellence in healthcare management. CAHME Accreditation is the benchmark for students and employers alike to ensure that students are well prepared to lead in healthcare management.

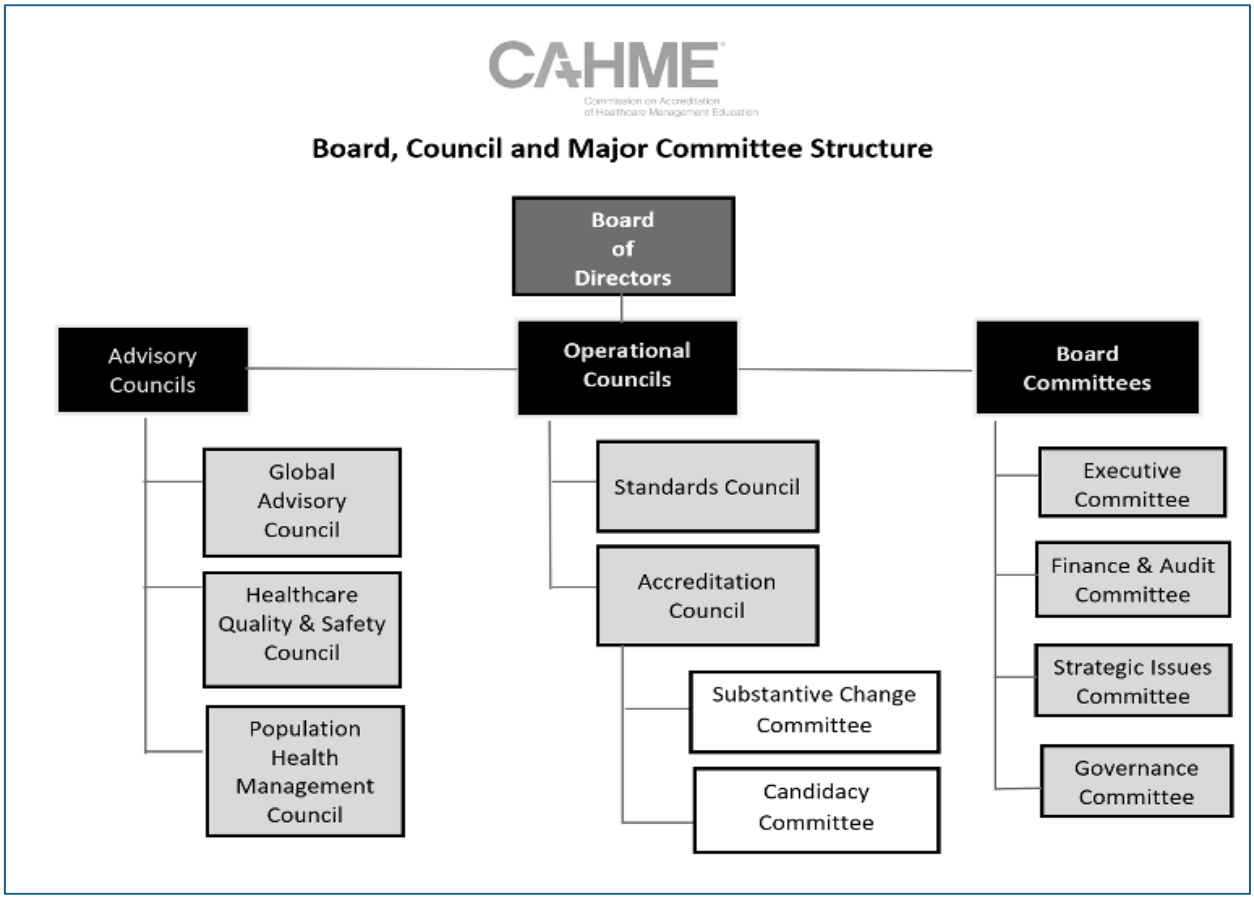
CAHME aims to be recognized as an independent global leader for ensuring quality in healthcare management education. CAHME values reflect its position: integrity, excellence, transparency, fairness, and recognition. Developing meaningful, measurable, competency-based criteria used to prepare future healthcare leaders is critical to implementing the CAHME mission and vision. Reflective of that goal, CAHME attained CHEA re-recognition in 2024 for the maximum term of seven years with a "clean report" reflecting no deficiencies for the first time in its history. In 2025, CHEA expanded CAHME's recognition to accredit programs outside of North America following a rigorous review process that included the two successful international accreditations.

CAHME actively collaborates with a range of accrediting organizations to advance healthcare management education and promote best practices across the field. CAHME has engaged with regional accreditors, such as presenting at Middle States' Benchmarking Pre-Conference Workshop. It is an active participant in the Association of Specialized and Professional Accreditors (ASPA), where it has shared its benchmarking expertise and other processes at multiple conferences. CAHME's partnership with AACSB, the leading business school accreditor, has created a process to execute joint site visits. This not only ensures coordinated evaluation of programs that span

both business and healthcare management but also has worked to minimize accreditation fatigue for programs.

CAHME maintains a close relationship with The Joint Commission, the global leader of accreditation of healthcare provider organizations. This collaboration leverages shared continuous quality improvement infrastructure, including Joint Commission staff on CAHME's Standards Council and committees, and has led to initiatives such as the Joint Commission Fellowship Award. Through these partnerships, CAHME ensures that its accredited programs remain aligned with industry standards while reflecting the evolving needs of healthcare organizations and the highest expectations for healthcare management education.

CAHME's President and CEO leads the executive team, operations, marketing, and communications. The President and CEO reports to the Board of Directors. The operational councils consist of the Standards Council and Accreditation Council. At present there are three advisory councils: Global Advisory Council, Healthcare Quality and Safety Council, and Population Health Management Council. The Board of Directors has an Executive Committee, Finance and Audit Committee, Strategic Issues Committee, Governance Committee, and Mentorship Circle Committee (Figure 1).



The President and CEO has a well-organized operations staff to implement the key deliverables of the strategic business plan. In addition, CAHME relies extensively on approximately 250 academic and professional volunteers to operationalize aspects of accreditation such as the development of standards, site visit review, and accreditation decisions. The CAHME Bylaws specify the role of the board of directors, election of officers, standing committee, values and regulations, and policies and procedures governing the organization. These include accreditation, meetings, reports, board of directors, elections, officers, committees and councils, president and CEO, administration, etc.

Strategic Planning

Since 1968, CAHME has worked with academics and healthcare practitioners to advance the quality of healthcare management education (HME). CAHME uses an ongoing strategic planning process to define and inform HME accreditation standards and criteria. This strategic planning process includes environmental assessments of the healthcare industry, market growth and trends, community perspectives on the value of HME accreditation, the future of graduate education and the broader perspective of all of higher education, enrollments, and workforce issues and demands.

The environmental assessments provide data, metrics, and benchmarks to consider in the strategic planning process. The CAHME Strategic Plan provides a framework for the goals and initiatives over a period of 3 years with annual updates. Each plan builds on the progress made in previous years. New initiatives and process improvements are included in the plan, along with new ideas that reflect innovation and sustainability of efforts. Examples of new initiatives include Global Accreditation, Accrediting programs in Quality and Safety and Population Health Management, an awards and scholarship program, helping programs become accredited through a well-structured Candidacy Process, a Core Learning Center providing on-demand education, CAHME Mentorship Circle, advanced benchmarking, comparative normative benchmarks, release of data to the public, virtual site visits, dual site visits with the Association to Advance Collegiate Schools of Business (AACSB), a new accreditation management portal (CAMP) and the development of a Fellow Recognition Program.

The Strategic Plan is managed by the staff, led by the Strategic Issues Committee, assigned resources by the Finance and Audit Committee, and approved by the Board of Directors. Input is incorporated from the Standards Council, the Accreditation Council, and other stakeholders. The Strategic Plan drives CAHME initiatives, staff assessments, and compensation. A CAHME dashboard is used to report on programs. The dashboard includes specific goals, milestones, and program measurables for Board discussion, performance review, and direction.

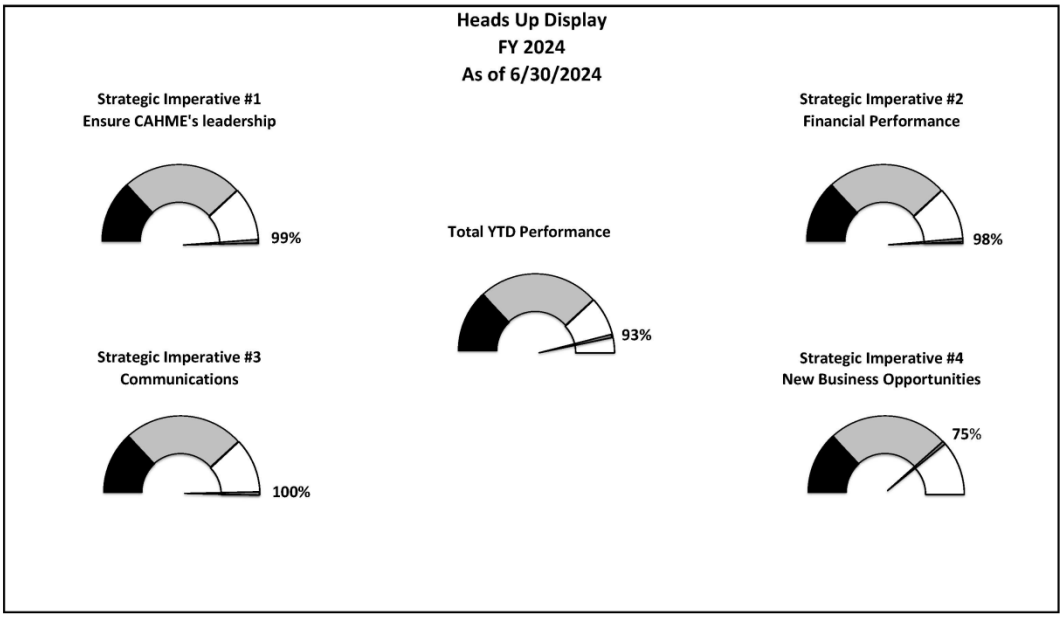
While the plan has a multi-year perspective, periodic adjustments are made based on market demand and external circumstances. An example is how the 2020 CAHME strategic plan included

piloting virtual site visits after a year of research, but had to quickly pivot to broadly implementing virtual site visits during the COVID pandemic.

For example, the FY 2025 Strategic Plan has the following Strategic Imperatives:

Strategic Imperatives	
Strategic Imperative	**Description**
1	Ensure CAHME's Leadership in 21st Century Healthcare Management Education
2	Refine and Maintain a Sustainable, Quality Focused Business Model with a Prudent Reserve
3	Refine and Maintain a Value-Based Communications Process
4	Identify and Explore New Business Opportunities

Strategic Imperatives have defined goals and tactics with deliverables and measures. Monthly staff and board reports track progress, cost/resources, and revenue deliverables. These reports are discussed at staff meetings and at board meetings. Figure 2 presents an overall summary of the progress in managing the FY 2025 strategic plan through a visually concise tool referred to as the "CAHME's Heads-Up Display" (HUD). The HUD is based on a monthly dashboard report which examines quantitative measures related to goals in the strategic plan.



Improving Quality Outcomes at CAHME

CAHME works on internal quality improvement through a structured and strategic approach. From the Report of the Blue Ribbon task force in 2004, CAHME continued to focus on revising its accreditation approach. In 2008, CAHME moved to a competency-based approach, allowing for more flexibility to allow programs to direct content based on the needs of the students. In response to the growth of online programs, from 2015 to 2017, CAHME conducted research and stakeholder reviews that eventually allowed not just for the accreditation of online programs but also allowed for asynchronous education.

In response to market demand, CAHME researched and created processes for accrediting programs in Healthcare Quality and Safety and in Population Health Management. While disciplines of healthcare management, these two new "product lines" required a process of evaluation, process development, education, adoption, and ongoing improvement.

CAHME developed a joint site visit process with the leading business accreditor, the Association of Accredited Colleges and Schools of Business (AACSB). While initially tried in 2012, the process was reinvented to create greater coordination between AACSB and CAHME.

Guided by the Baldrige Framework for process improvement, CAHME's efforts focus on streamlining processes, enhancing stakeholder satisfaction, and maintaining the highest accreditation standards. Emphasis is placed on systemic analysis, actionable change, and then ongoing improvement. CAHME's approach is not to aim for perfection in all processes; rather, CAHME focuses on adoption, review, and improvement.

The 2018 Reimagining the Accreditation process was a pivotal event for CAHME. Selecting the Baldrige Consultant, Jordan Johnson, the project evaluated CAHME's accreditation process. The outcome of this work will be an improved process with reduced delays and improvement in "met" results. The process also documented the transition from tribal knowledge of the accreditation process that existed in a small staff to broad organizational knowledge. The process included comprehensive interviews with key stakeholders to understand perceptions of the "as is" process and to clarify stakeholder requirements. These interviews included both customers of the accreditation process, site visitors, and CAHME staff.

Through this research, CAHME created a multi-year process improvement effort guided by:

- SIPOC Analysis: A comprehensive examination of Suppliers, Inputs, Processes, Outputs, and Customers (SIPOC) to identify improvement areas.
- Root Cause Analysis: Investigating underlying issues to address inefficiencies effectively.
- PICK (Possible, Implement, Challenge, and Kill) Charts: Prioritizing actions based on their impact and effort required, ensuring a clear path to measurable improvements.

Examples of process improvement resulting from the research included:

- Substantive Change Standards: Establishing clear policies and ensuring consistency in evaluating significant program changes.
- On-Call Expertise: Engaging council experts to provide real-time interpretation and guidance, reducing ambiguity.
- Document Submission Guidelines: Programs must submit complete self-study documents, including all required attachments and exhibits, to prevent delays.
- Streamlining Decision Timelines: Reducing the time between self-study submissions and final accreditation decisions to enhance efficiency.
- Improving Site Visit Effectiveness: Clarifying roles and creating uniform criteria to improve inter-rater reliability.

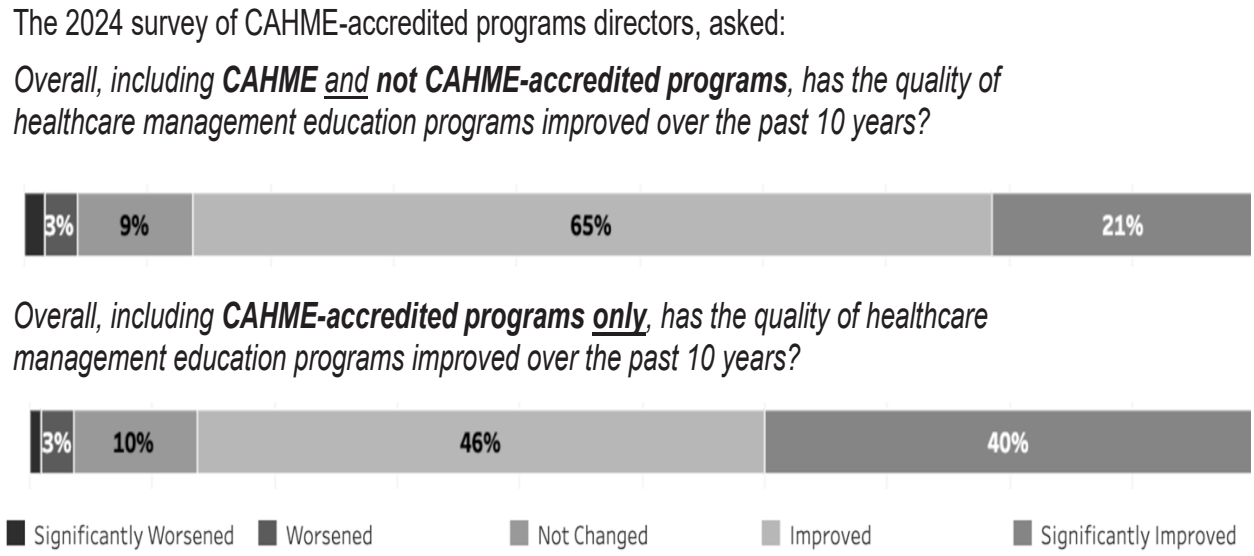
On an ongoing basis, CAHME conducts a dual-lens review of all site visits, by soliciting feedback from both site visit teams and program directors to identify strengths and areas for adaptation. This ongoing evaluation of site visit practices serves to align CAHME with evolving academic and industry demands.

Since 2016, CAHME has collected annual feedback through Program Director Surveys and regularly assessing satisfaction levels and identifying improvement areas. These surveys, along with surveys of board members, council members, and the aforementioned site visit teams help to keep CAHME abreast of its stakeholder process.

In 2024, CAHME invested in its most comprehensive review of academic concerns with a board-funded research study that included qualitative interviews with 15 individuals ranging from board members, current accredited programs, former accredited programs, and programs that have never been accredited by CAHME (Joslin Insight, 2024). In addition, 398 academics from accredited and non-accredited programs completed a survey to determine perceptions of CAHME. Overall, the research shows that the market has positive perceptions of CAHME. Areas for improvement were identified, and incorporated into succeeding strategic plans.

CAHME's focus on continuous quality improvement demonstrates its dedication to excellence in healthcare management education. Through systematic review, stakeholder engagement, and forward-looking strategies, CAHME ensures its accreditation processes remain credible, efficient, and aligned with the needs of academic institutions, students, and the healthcare industry.

Fugure 3. Comparison of Market Perceptions of improvement in ALL HME programs compared to CAHME Accredited Programs



Fostering Quality and Outcomes at Accredited Programs

Assessment and benchmarking are important for changing curriculum, program design, and integrating sustainable management change. Linking theory and practice requires environmental assessment data and involving stakeholders in educational assessment.

Continuous quality improvement (CQI) strategies are of key importance to graduate healthcare management education programs, given the need for constant modifications and adjustments to the curriculum to meet the needs of future leaders. Developing accreditation criteria that are measurable and relevant generate data that enables improvements in graduate HME. Educational quality can include value for money (ROI), perfection (reducing errors), graduation rates, improving retention, improving admissions, and career advancement.

CQI is a repetitive and incremental process. For example, the plan-do-check-act (PDCA) framework uses educational outcomes compared to predetermined goals based on evaluations and actions to be taken to reduce variation. CAHME criteria focus on using evidence-based outcomes to demonstrate the degree of compliance. CAHME closely examines processes used by the HME program to improve courses, curriculum, recruitment of students, and graduation rates. Performance is measured against the program mission, strategic plan, and student attainment of competencies. CAHME looks for evidence that the program, staff and faculty make internal and external adaptations based on outcome data, metrics, and evidence. A quality culture promotes trust, growth and innovation, and the ability to adjust to significant changes in the external environment.

Benchmarking is a key method for Continuous Quality Improvement (CQI) in both healthcare and

education. CAHME employs this management approach to implement best practices and monitor relevant indicators by identifying points of comparison among HME programs. The process focuses on performance across program-defined on-the-fly peer groups to uncover best practices that meet or exceed stakeholder expectations (Ellis, 2006). Benchmarking serves as a valuable tool for identifying and learning from successful practices; however, effective implementation requires access to reliable and up-to-date information. This approach emphasizes the use of performance indicators and fosters a culture of learning and sharing methods (Ellis, 2006).

CAHME utilizes two primary data sources to assist programs in benchmarking: Accreditation data and Annual Report data. Key metrics examined include the income of graduating students, cost of earning the degree, graduate satisfaction, retention rates, post-graduation employment rates, positions held by recent graduates, program-specific information, and accreditation outcomes. CAHME has identified four critical areas for benchmarking: 1) accreditation performance, 2) student learning outcomes, 3) decision support, and 4) faculty recruitment.

- Use of Accreditation Site Visit Data: CAHME created the Enhanced Benchmarking (EB) Tool through a Moodle platform to provide organizational leaders with an external standard against which to measure the organization's internal or external outcomes as a way of improving performance. The EB includes self-study documents, site visit findings, and progress reports. Participation in CAHME EB is a requirement for all newly accredited programs since 2018.

- CAHME has created the "C-Suite" to allow program directors to use the annual report data and the public's access on program information data:

  - C-Peer allows a program to determine who the "Top 10" programs are that the public compares their program to through CAHME's Advance Search tool.

  - C-Benchmark compares a program's inputs and outputs to a user-defined peer group.

  - C-Trends create a multi-year trend report for a user-defined peer group.

  - C-Comp benchmarks faculty compensation.

  - C-Faculty benchmarks faculty profiles.

CAHME's Benchmarking toolset provides program directors, academic chairs, and faculty with useful and reliable information to compare its performance holistically to other programs to:

- Overcome resistance to change.

- Provide a structure for external evaluation.

- Create new networks of communication between schools where valuable information and experiences can be shared.

Competency Based Accreditation Models

Competency-based education focuses on learning outcomes. CAHME adopted a competency-based model in 2013 as a new approach to HME accreditation. Every HME program must have a mission statement, vision and strategic plan composed of measurable, performance-based goals and objectives. Programs must have a competency-based model incorporating assessments throughout the curriculum. The adopted competencies must be linked to all courses in the curriculum. Programs must measure student attainment of competencies across the curriculum at an individual level and aggregate program level.

The current CAHME accreditation standards use the 2021 criteria composed of 35 specific criteria. There are 10 eligibility standards that all HME programs must meet. There are four criteria domains: Mission and Metrics, Students and Graduates, Competencies and Curriculum Design (composed of teaching and learning methods, assessment and evaluation, program evaluation), and Faculty Teaching, Scholarship and Service (composed of qualifications and responsibilities, research and scholarship, teaching, community and professional service).

The competency-based accreditation model, as currently conceived, requires the HME program to provide evidence for all criteria. The programs must demonstrate that they "Met", "Partially Met", or "Not Met" each standard. CAHME recognizes that potential employers expect graduates of accredited programs to be prepared for the healthcare professions. One of the unique features of the CAHME organization is that the corporate members and Board of Directors must be comprised of members from the Healthcare Profession, Academia, and At-Large members. Site visit teams normally have academic members and representatives from the healthcare profession. As noted previously, competency-based accreditation requires work-integrated learning and reducing the theory-practice gap.

HME programs develop competencies with input from various stakeholders (e.g., alumni, advisory boards, faculty, etc.) and these competencies are aligned with the mission of the program, the type of students admitted to the program, and the types of positions graduates of the program enter upon matriculation from the program. CAHME categorizes competencies into five main buckets (CAHME, September 2024):

- Knowledge of the healthcare system
- Communication and interpersonal effectiveness
- Critical thinking, analysis, and problem-solving
- Professionalism and ethics
- Management and leadership

CAHME has an overall goal of encouraging programs to remain innovative and relevant. This requires a balance between workforce practice skills and theory. Developing leadership skills requires knowledge, skills and abilities related to critical thinking, sustainability, adaptability, and ethical decision-making. All graduate programs need to provide a curriculum with courses addressing the body of knowledge of the profession. Work-integrated learning requires HME programs to closely examine the use of higher learning methods in specific courses and using assessment methods to accurately measure competency attainment at the individual level. This type of learning prepares students to meet the external demands from the healthcare system, regulatory organizations, and responding to societal expectations regarding professional behavior. In summary, work-integrated learning is strongly connected to formal learning in academic programs with well constructed competency-based models. Competencies are sequenced progressively across the curriculum, increasing in complexity over 2 years of graduate preparation. Typically, there are foundational competencies and more advanced competencies uniquely developed in serval courses across the curriculum.

The Council for Higher Education Accreditation (CHEA) endorsed global accreditation given the mobility of students and the future needs of professional healthcare leaders globally. The mission of CAHME is to advance the quality of graduate healthcare management education. CAHME currently accredits 153 academic programs in the United States and Canada. CAHME is the only organization recognized by CHEA to grant accreditation to programs in healthcare management. CAHME continues to advance global accreditation in healthcare management education using the 2021 Accreditation Standards and Criteria. CAHME uses the same competency-based model, standards and criteria for global and domestic accreditation (West et al., 2019).

Finally, CAHME performance, annual reports, and accreditation site visit reports are available to the general public increasing the transparency of accreditation. Evidence of student achievement, retention, ROI, levels of competency attainment, student satisfaction, cost of degree, and graduation rates has become a point of concern for the U.S. Department of Education and the Council on Higher Education Accreditation. CAHME is recognized as an independent global leader for determining quality in healthcare management education.

Sustainable Value and Innovation

Accrediting organizations report investing strong efforts in addressing student learning outcomes. Providing evidence of student achievement is critical to demonstrating quality and effectiveness (CHEA, 2019). CAHME recognizes the importance of creating databases that can be accessed by accredited programs and collecting specific information from the 2017-2021 Accreditation Standards and Criteria. The reports produced by CAHME provide valuable information for comparative analysis. Being customer oriented, CAHME produces reports to help accredited

programs remain current and address emerging issues in the healthcare and higher education industries.

CAHME actively promotes continuous improvement on preparing future healthcare leaders by having the Standards Council conduct a review of the accreditation standards and criteria every 3 years and make recommendations to the CAHME Board of Directors on needed changes. Community assessments, program feedback, surveys, and environmental assessments ensure sustainable outcomes and value for HME accreditation. CAHME uses outcome data, surveys, and reports to improve the quality and effectiveness of program accreditation. This is done through ongoing collaboration with various stakeholder groups.

Innovative approaches to prepare healthcare leaders need to be identified and validated. Measuring student outcomes and performance is critical in providing information to benchmark the best practices, and provide information for programmatic and curriculum improvements using a CQI process. CAHME accreditation is a partner for innovation in accredited programs and HME professions. Site visit teams identify best practices which can be shared with other CAHME accredited programs. Barriers to achieving performance excellence can be identified and interventions effectuated in a timely manner given the competency-based CQI process. Continuous, longitudinal performance assessments have been a driving force for competency-based approaches.

CAHME is committed to innovation as it supports excellence in HME. Making the accreditation process more effective and efficient, and removing barriers to entry for programs with limited resources, requires resources and a commitment to work collaboratively. Listed below are examples of sustainable value by becoming CAHME accredited.

CAHME Standards Revision: The CAHME Standards Council reviews accreditation standards in a major way every 5 years, and makes interim year adjustments as needed, to ensure CAHME standards reflect emerging needs in healthcare education and practice.

- Global Accreditation Expansion: CAHME continues to advance its global mission across borders.
- CAHME Master Class A+: The program continues to offer innovative content and tools to prepare faculty and administrators for success.
- CAHME Awards Program: CAHME recognizes outstanding contributions and innovation among accredited programs.
- CAHME and AACSB Joint Site Visits: CAHME and AACSB work collaboratively accepting 17 out of 35 criteria based on AACSBs review.
- CAHME Mentorship Circle: Exemplifies CAHME's mission to advance the quality of

graduate healthcare management education by mentoring other programs.

- CAHME Fellow Award: Recognizes a fellow that is nominated by other site visitors and programs visited for helping programs succeed; advancing the quality of HME.
- Student Scholarships: CAHME offers 9 student scholarships sponsored by individuals and organizations aligned with CAHME.
- Core Learning Center (CLC): Provides access to CAHME accreditation preparation materials through one online platform.
- CAMP: CAHME Accreditation Management Platform powered by WEAVE provides access to the accreditation process for programs and site visitors. WEAVE, our business partner, integrates the tool into university-wide accreditation processes.
- CARE: A CAHME platform used to submit annual report data from accredited programs.
- Accreditation Resources: Access to CAHME processes and governance documents, self-study and site visit resources, pre-candidate information, handbook, and worksheets.
- Candidacy Process: Assists HME programs to start the accreditation process in preparation for submitting an application for an CAHME accreditation site visit.
- Benchmarking Tools: Programs can compare their performance holistically to other programs as discussed.
- Lunch & Learn: A monthly criteria training series designed to enhance specific learning objectives about CAHME, the accreditation process, and criteria.
- Boot Camps: CAHME conducts face-to-face monthly training sessions to assist programs to understand the CAHME accreditation process, standards, and criteria.
- White Papers: Reports prepared by CAHME involving HME programs, healthcare providers, academics, and content experts. Designed to cover special topics and emerging issues in healthcare and higher education.

Conclusion

Concerns have been raised by the public, government, and media about accreditation being the indicator that universities and programs are meeting the needs of students. Both political parties have stressed the need for safeguarding students and protecting financial investments in higher education. Competency-based accreditation enables students to be prepared for workforce demands. Monitoring the performance of HME programs based on benchmarking and analysis of outcome data seeks to improve processes at the level that can have the most significant impact.

Student learning outcomes can be effectively measured and improved, providing evidence that program-specific accreditation leads to enhanced performance. Skepticism regarding the value of a degree can be addressed through outcome data derived from accreditation processes, such as benchmarking graduates starting salaries, and entry-level positions for new HME graduates. Additionally, retention and graduation rates can be tracked and compared across institutions and programs, offering further insights into the impact of accreditation on student success.

As previously noted, CAHME is the only organization to accredit graduate level healthcare management programs in the United States and Canada. CAHME promotes continuous quality improvement. and accreditation is the benchmark for students and employers. Producing qualified and competent healthcare leaders is consistent with the CAHME mission to serve the public interest. CAHME is also recognized globally for determining quality in healthcare management education (HME). The CAHME model aligns healthcare management education with the changing landscape in healthcare and higher education. Adapting to evolving markets, workforce demands, cybersecurity, technology advancements, demographic changes, population health concerns, and financial pressures is more efficient and effective using outcome data and benchmarking. Comprehensive evaluation of outcomes allows programs to change competencies to adjust to the realities and progressively adjust curriculum design. The CAHME model of accreditation can be applied globally using the same standards and criteria in other regions of the world.

CAHME recognizes that health is a fundamental human right and that global HME accreditation serves the best interests of all nations. Across the globe, healthcare systems face common challenges related to cost, quality, and access to care. Addressing these issues requires a concerted effort to improve patient safety, quality of care, and the protection of human rights while supporting diversity, equity, and inclusion. Organizations such as the International Hospital Federation (IHF) and the American College of Healthcare Executives (ACHE) emphasize the critical need for leadership excellence and performance through competency-based models.

This article illustrates how the Baldrige Excellence Framework aligns seamlessly with CAHME's core values, assessment practices, and performance management principles. Governance and visionary leadership are vital to reshaping healthcare systems. Aligning the demand for effective leadership with evolving market conditions can be achieved by endorsing accreditation models grounded in competencies with an effective CQI process.

Key Takeaways

- Benchmarking helps to identify best practices and is used as a method for continuous quality improvement
- Developing realistic, meaningful and measurable competency-based criteria is critical to ensuring positive learner outcomes.
- Assessment and benchmarking are necessary for changing curriculum, program design, and integrating sustainable management change.
- CAHME is the only accrediting organization in the United States recognized by CHEA to grant accreditation to graduate programs in healthcare management education.
- Teaching and assessment strategies must be tailored to competencies and the individual learner.

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LEADERSHIP AND MANAGEMENT PERSPECTIVES

FROM CRISIS TO CLARITY: REDESIGNING CARE USING THE BALDRIGE FRAMEWORK

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It has been said, "Never let a crisis go to waste" (Emanuel, 2008). This sentiment was especially relevant in the early 2000s, when a growing body of evidence revealed that health systems were unintentionally harming patients at an alarming rate. Contributing factors were high costs, limited access to care, and significant deficiencies in quality, safety and overall patient experience. The

GBMC HealthCare, Inc., Board of Directors recognized that a proactive and systematic response was needed. They seized the opportunity to use the crisis as a catalyst for improving outcomes for patients and the community.

This article presents a case study of how GBMC HealthCare Inc., an independent healthcare system with a single hospital, located in Baltimore, Maryland, transformed its culture in response to this crisis and ultimately achieved the National Baldrige Award for Quality. This transformation was largely due to the integration of the Core Values and Concepts embedded in the Baldrige Excellence Framework and the visionary leadership of GBMC's Board of Directors and newly appointed President and CEO, John Chessare, MD, MPH. Together with the leadership team, GBMC successfully redesigned its approach of episodic hospital-centric acute care. This new approach focused on creating a value-based system that managed a continuum that not only included hospital-based care for acute illness, surgery, and childbirth, but also included primary care for healthy individuals and those with chronic illness, and compassionate care for those facing advanced illness and death.

National Healthcare Landscape in the late 2000s

The election in 2008 of President Barack Obama spotlighted inadequate healthcare access as a critical issue. In March of 2010, the Affordable Care Act (ACA, or "Obamacare") was passed into law, with the goal of achieving health insurance coverage for all, improving quality and reducing cost (U.S. Congress, 2010). The law emphasized preventive care, expanded Medicaid eligibility (at the discretion of states), prohibited denial of coverage for pre-existing conditions, and allowed young adults to remain on their parents' health insurance plans until age 26. At the same time, the Health Information Technology for Economic and Clinical Health (HITECH) Act, passed in 2009, allocated $25 billion to modernize health IT infrastructure, transitioning U.S. healthcare from a paper-based to an electronic system (U.S. Congress 2009).

Quality, safety, and patient experience in healthcare had been under scrutiny following the publication of the 1999 Institute of Medicine's report, To Err is Human. This landmark report gained headline news revealing that approximately 44,000 to 98,000 Americans died annually from preventable medical errors in our nation's healthcare system (Institute of Medicine, 2000). Its 2001 follow-up, Crossing the Quality Chasm, called for systemic improvements (Institute of Medicine, 2001). By 2009, transparency of hospital metrics made available through the Centers for Medicare & Medicaid Services (CMS) Hospital Compare began to pressure hospitals to focus on improvement.

The rising cost of healthcare was also a major concern in the early 2000s. The national Gross Domestic Product (GDP) in healthcare spending increased from 13.7% in 1994 to 17.1% in 2014

(Becker's Hospital Review, 2019). There was also a growing focus on the health of America's population based on the increasing and concerning incidence of chronic illnesses such as obesity, diabetes, and cardiac related disease (Menke, Liu, Narayan, and Gregg, 2105). The need to focus on population health included assessing the potential impact of social determinants and a new prevention strategy to grow primary care capacity and address upstream healthcare barriers, such as food deserts, medical literacy, housing insecurity, and access.

During this time, the concept of value-based care and delivering better outcomes at a lower cost became prominent. Porter provided a definition for value as the ratio of quality and patient outcomes to cost (Porter, 2006). Further, in 2007, the Institute for Healthcare Improvement (IHI) introduced the Triple Aim, focusing on simultaneously improving population health, the patient's experience and reducing cost (Berwick, Thomas, and Nolan, 2008). Porter (2010) also reinforced the framework of value, emphasizing the measurement of patient-centered outcomes. This new priority focuses on outcomes of quality, safety, cost, and value along with the Affordable Care Act spurred Accountable Care Organizations (ACOs), which began managing the healthcare for defined populations. Pay-for-performance models were also beginning to incentivize quality, safety, and patient experience improvements within the national healthcare landscape (Burwell, 2015).

Maryland's Healthcare Landscape

Beyond the crisis in the national healthcare system, Maryland's unique hospital payment model added another layer of complexity for GBMC. Unlike the other 49 states where healthcare was paid through a prospective payment system, the federal government granted a CMS Waiver in 1977. Under this model, and under the authority of the Maryland Health Services Cost Review Commission, all payers are required to reimburse hospitals the same rate for the same services at the same hospital. In 2014, a Global Budget Model was implemented which established facility-based global budgets for all payers and was designed to reduce unnecessary hospital utilization by giving hospitals a fixed annual revenue. In January 2019, the newest model of the CMS Waiver required Maryland hospitals to be responsible for the total cost of care expanding the scope to non-hospital services such as primary care.

GBMC Landscape in 2010

Amidst these healthcare challenges, the GBMC Board was searching for a new CEO. Like many U.S. community hospitals, GBMC had traditionally served as a resource for autonomous physicians who admitted and managed their patients independently from admission to discharge, while running their own primary care or specialty practices. These physicians handled their own billing

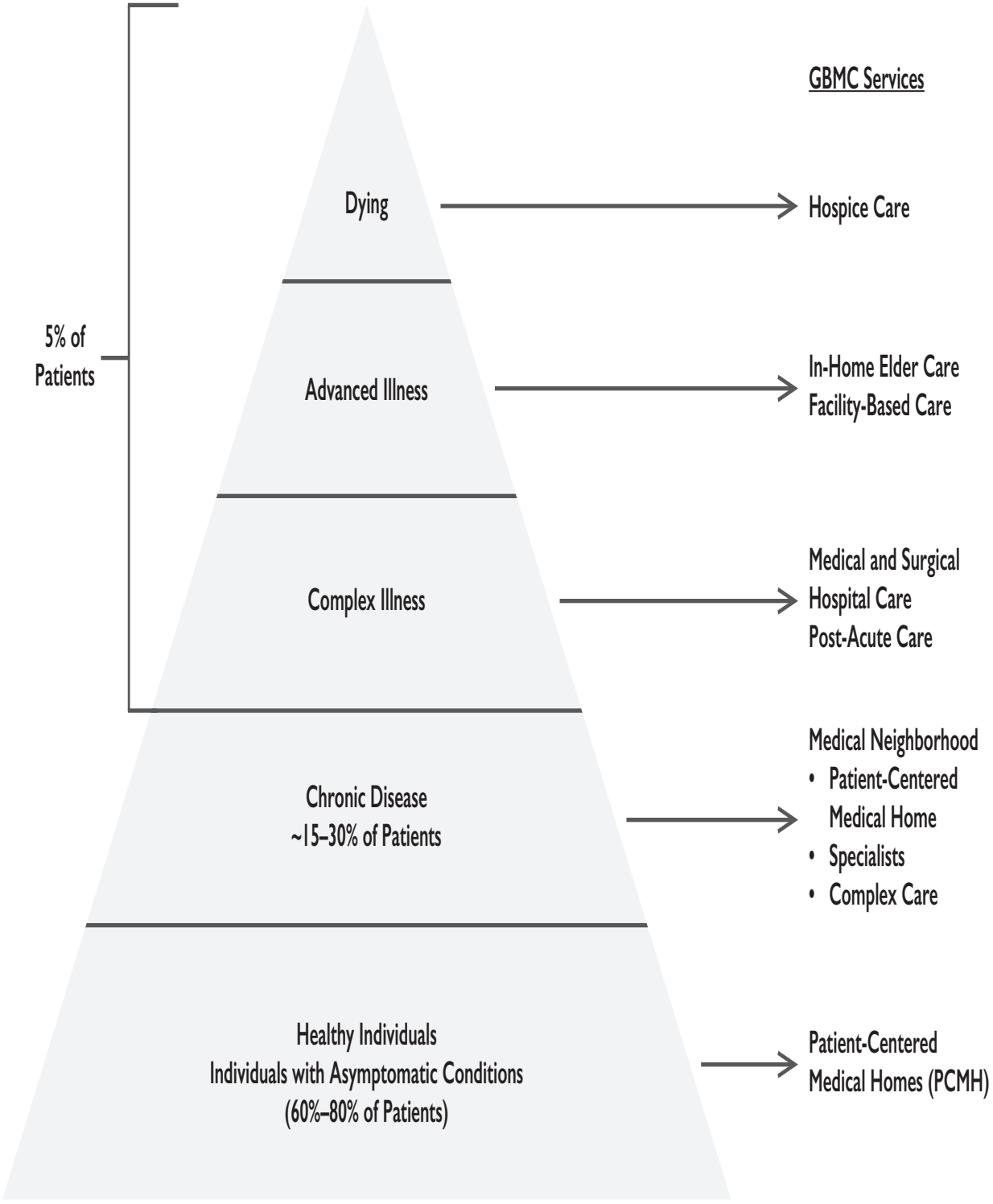
and viewed the hospital merely as a support system – providing nurses, staff, and equipment – rather than a true partner in the delivery of high quality, safe, and efficient medical care. Physicians were compensated when patients were hospitalized and thrived under this model. At the time, GBMC's primary goal was to keep physicians satisfied, understanding that they could easily take their business elsewhere. In this context, physicians saw little benefit in hospital employment.

However, the passage of Obama Care and HITECH 2009 - 2010 laws shifted the landscape. Independent physicians could not afford the costly implementation of comprehensive electronic health record systems mandated by these laws. In addition, new quality and safety initiatives, along with a growing emphasis on value and population health, presented a challenge for physicians. These pressures became strong incentives for physicians to seek alternatives to private practice. GBMC offered employment, which included access to an electronic health record system and administrative support.

GBMC's Strategic Response

GBMC is surrounded by multiple hospitals and two large academic medical centers. When searching for the next CEO, the GBMC Board sought a visionary physician leader who had the experience to lead in this changing and competitive healthcare landscape. Dr. John Chessare came to GBMC in June, 2010 having successfully led a large healthcare system in Massachusetts. Soon after his arrival, the Board held a visioning retreat with stakeholders to establish new directions and build cohesiveness. It was during this pivotal retreat that GBMC crafted a new vision statement, affirmed its mission of providing health, healing and hope to its community, and established its transformative strategy. The new vision statement summarized the Board's commitment to the community of providing patient-centered, physician-led accountable care. The three-paragraph statement was summarized to an easily remembered phrase which served as a uniting catalyst for renewed purpose. Today, 15 years later, this phrase is exemplified by every member of the GBMC family: to every patient, every time, we will provide the care we would want for our own loved ones. This shortened vision phrase resonated with many Board members. For example, one member shared a concern that her sister's diabetes was not being managed well, and she required frequent hospitalizations and emergency department visits. She wanted the care for her loved one to be better. A new approach was needed where a dedicated primary care physician would manage chronic illnesses such as diabetes. Hence, the model was born with a new emphasis and investment on primary preventative care through patient-centered medical homes. While hospital care was still needed, the goal was to keep the community healthy. See Figure 1.

Figure 1. The Preventive Care Model



When other hospitals and systems were investing in brick and mortar, GBMC invested in primary care and patient-centered medical homes. This supported a single-hospital, continuum-of-care model reflecting the population where the majority are healthy. The primary and unique goal was to focus on keeping the population healthy and reducing hospital admissions. In addition, GBMC, through its hospital and hospice care, remained ready to respond if a patient needed acute, chronic, complex, or hospice care.

Another board member recalled the visioning retreat as the beginning of a transformation amongst the board members. She reflected that the change made them all 'disciples of quality and safety'. Part of that shift included an increased reporting of quality and safety metrics, making safety the first item on the Board's standing agenda. These changes are referenced in the Institute for Healthcare Improvement (IHI) White Paper, "Framework for Effective Board Governance" (Daley, Gandhi, and Mate, 2018). Instead of reporting only the good things happening in the organization, the change resulted in the transparent sharing of mistakes or unfavorable outcomes. The feeling amongst the board was that they were no longer being kept in the dark into what was actually happening in the system. Board members learned about safety events through storytelling using the James Reason Swiss Cheese Model (Reason, 2000) and were pleased to see the use of data for improvement. Viewing harm through the eyes of the patient, combined with a systems perspective, was cascaded throughout the organization — not just through data, but through storytelling that brought real experiences to life. This approach engaged leaders and staff in a shared mindset of safety, making the concept personal, urgent, and actionable.

Dr. Chessare and the Board considered the new National Triple Aim vision that was introduced (Berwick, Thomas, and Nolan, 2008). It encompassed the concept of treating everyone as you would a loved one. As a pediatrician and primary care physician, Dr. Chessare emphasized that the patient was always at the center. He asked reflectively, What if it was your daughter? A board member recalled that he identified that all would want the best health outcome, with the best hospital experience, and with the least amount of waste possible for loved ones (the Triple Aim). Yet, he put forward that it was also important that those caring for patients would do so with a great amount of joy, recognizing the privilege of providing care in a meaningful way. Subsequently, the Board set forth a new strategic guide for operations, calling it the GBMC Four Aims – accepting the National Triple Aim and adding the fourth, More Joy. This concept was later adopted nationally (Bodenheimer and Sinsky, 2014).

Moving from the adoption of a new strategic vision statement to its execution required organizational cultural change. As Dr. Chessare prepared for this challenge, he often reflected on the powerful impact of stories. He believed that if he could emulate his mentor, Dr. Donald Berwick, and inspire others through compelling narratives, he could energize the workforce and drive meaningful cultural change. However, he soon recognized that more was required. He turned to the teachings of his second mentor, Dr. Avedis Donabedian, who created the interconnected

framework of Structure, Process and Outcomes (Donabedian, 1966). Understanding the need for structure, Dr. Chessare began to utilize several of the Core Values of the Baldrige Excellence Framework: Systems Perspective, Visionary Leadership, and Organizational Learning. These beliefs and behaviors are a part of the overall Framework's foundation embedded in high-performing organizations for organizational success.

Systems Perspective

A systems perspective, according to the Baldrige Excellence Framework, means managing all organizational components as a unified whole to achieve ongoing success. By applying systems thinking, one can better synthesize and operationalize the alignment and integration of key organizational attributes. This also requires recognizing that the organization operates within a broader ecosystem—one that encompasses both internal and external relationships (Baldrige Performance Excellence Program, 2023).

Coaching the organization into the mindset of systems thinking was accomplished by using the James Reasons Swiss Cheese Model as a means of studying and understanding system failures when errors occurred. Using this model, standardized methods were implemented to conduct root and apparent cause analysis, including input from all stakeholders to more deeply understand the processes that allowed an error to occur. The model illustrates how layers of defense can fail based on the changing environment creating "holes" in the process. When these "holes" align, errors can pass through to the patient. Leaders began to understand the interconnectedness of healthcare processes and the impact of active and latent change both up and downstream of the event. As leaders and front line employees began to understand this concept, staff no longer felt the blame when an error happened, instead they recognized the impact of system failures. This illustrates a quote often attributed to W. Edwards Deming, "a bad system will beat a good person every time" (Deming, 1986).

Senior Leaders committed to daily rounding at the unit level to further support systems thinking, foster improvement and innovation, and discuss unit level action plans to identify the line of sight to one of the Four Aims and how their work was bringing the organization closer to its vision. In these rounds, executives engaged in conversations with front line staff, approaching discussions using humble inquiry (Schein, 1986) to support shared problem solving and accountability. Front line leaders and staff began to understand the truth in the statement that "every system is perfectly designed to give you the results you get" (Batalden and Davidoff, 2007) and further engaged in systematic process improvement. Executives, senior leaders, managers, front line leaders, and staff across the organization began learning together. As GBMC matured in its use of the Baldrige Excellence Framework, they identified and developed 36 Critical Systems, each owned by an executive sponsor to ensure alignment and integration across the organization.

Visionary Leadership

The Baldrige Excellence Framework provides a description of Visionary Leadership as one in which senior leaders create, develop, and implement a systematic approach for all leaders. It is one that is grounded in the organization's vision, sets direction aligned with strategy, and considers the needs of all stakeholders. It also requires accountability to the governing body for setting a clear direction centered on patients, while modeling ethical behavior and communicating high expectations across the workforce. According to the framework, visionary leadership drives all activities and decisions — inspiring the workforce to contribute, grow, learn, and innovate in pursuit of meaningful change (Baldrige Performance Excellence Program, 2023).

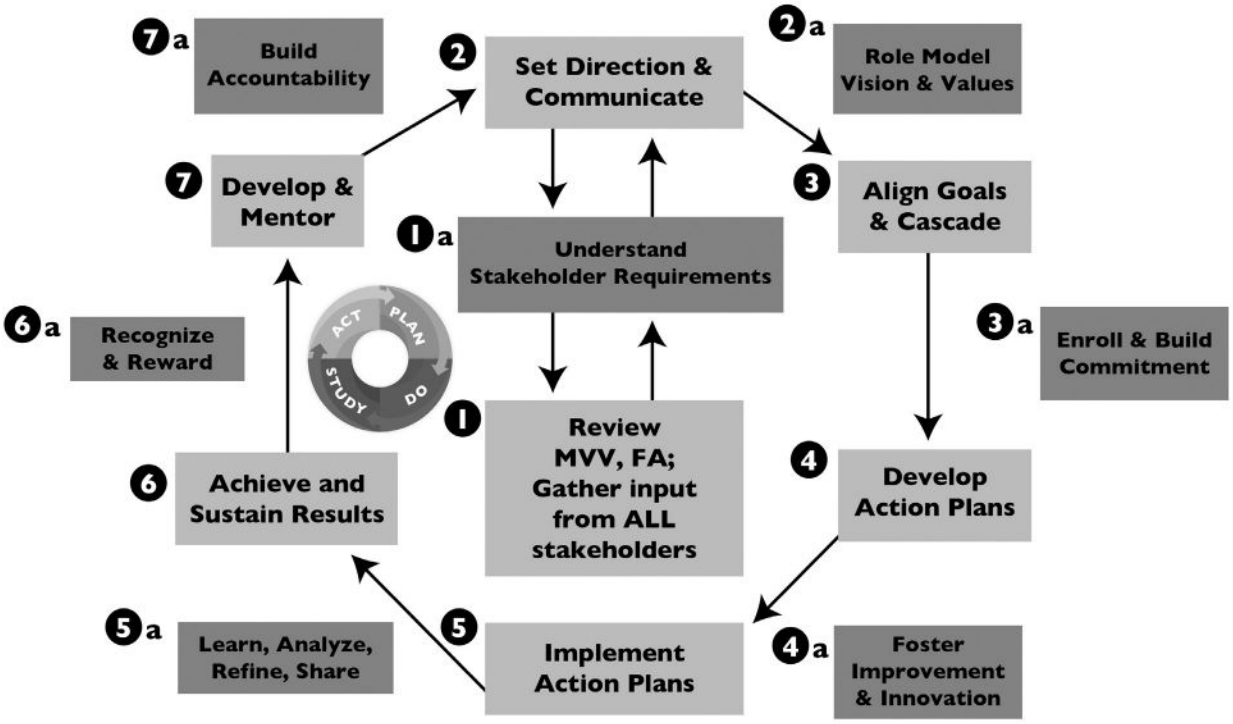
At GBMC, visionary leadership was instrumental in transforming the culture. While the Board set the vision, Dr. Chessare was responsible for execution. He knew it was critical to engage every member of the workforce. While the four-paragraph vision statement described how the organization would achieve its vision, the power to engage the workforce was with the Vision Phrase: To every patient, every time, we will provide the care we would want for our own loved ones. Dr. Chessare brought this to life with every new employee by sharing a picture of his own daughter and describing the care he would want for her. He then asked employees to think about the care they would want for their own loved ones. He guided and role modeled how their responses aligned with the GBMC Four Aims, making it relatable to the workforce. He continued to advise that if a staff member was faced with a decision and didn't know what to do, that the Vision Phrase should be their guide. Furthermore, he personally enrolled every new hire by attending new employee orientation to emphasize that each employee is an integral contributor to GBMC's success. The effectiveness of this is seen in feedback from patients and recognition by external visitors such as the IHI and The Joint Commission. Board members described Dr. Chessare and his leaders as highly visible and engaged with front-line staff, including those who worked nights and weekends. Board members described that he had a relentless 'beating-of-the-drum" quality that taught, motivated and enrolled staff in the Vision Phrase. This is described by Lencioni as one of the four leadership disciplines, namely the discipline of over-communicating simple, key messages through multiple channels of the organization (Lencioni, 2012). Dr. Chessare expanded this by having Senior Leaders verbally recite the Vision Phrase together upon completion of their morning lean management rounds to set intention for the rest of the day.

As GBMC began to use the Baldrige Excellence Framework, a formalized Leadership System shown in Figure 2 was developed, describing many of these concepts.

This system created a standard method of leadership for GBMC and was also shared broadly using the same "beating-of-the-drum" approach. At every Leadership meeting Dr. Chessare would recognize the work of a leader or a team that led to great patient outcomes. He would share the story, pointing out how they used the Leadership System to achieve the results and highlighting

shareable processes that could be cascaded to the front line staff. This teaching opportunity brought the Leadership System to life, providing not just the steps taken, but identifying the associated competencies and behaviors required for each of the steps. These behaviors and competencies are an important part of every leader's orientation, development, and annual performance review.

Figure 2. The Leadership System



Organizational Learning

Organizational Learning according to the Baldrige Excellence Framework notes that the highest level of organizational performance requires a well-executed approach to learning through knowledge sharing gleaned from the outcomes of systematic processes. This empowers the workforce to engage in continuous improvement that includes the adoption of best practices and innovations (Baldrige Performance Excellence Program, 2023).

Organizational learning was integrated into the GBMC culture through lean improvement methods and by teaching the science of safety. In one of Dr. Chessare's weekly organizational CEO blogs in 2012, he shared that as the Japanese were studying Dr. Deming's work, they coined a term which translated into English as "every defect a treasure". This illustrates that errors and failures are

opportunities for learning to generate changes that can improve the system (Chessare, 2012). This fostered an improvement mindset in the organization which was operationalized and integrated into standard activities. It included Lean Daily Management which brought executive leaders to patient care units every day. Learning was shared bidirectionally and was followed by daily emails to the entire organization to share the lessons from patient and staff safety events, while maintaining the relentless focus on the vision. Improvement was recognized through a variety of methods and staff were given the opportunity to share learning at annual improvement summits and at national conferences.

Conclusions and Key Takeaways

Reflecting on this journey, Dr. Chessare recognized that two mentors, Dr. Donald Berwick and Dr. Avedis Donabedian, served the organization well. Storytelling and shared learning across the organization provided the inspiration needed for change. Using the Baldrige Excellence Framework and following standard processes led to favorable outcomes. For example, the board member who was concerned about her sister's diabetes can now rest assured knowing that GBMC's structure includes patient-centered medical homes where chronic diseases such as diabetes are successfully managed. Results demonstrating this success have led to outcomes exceeding CMS's 80th percentile comparisons (Baldrige Performance Excellence Program. 2020).

Perhaps this can best be summarized by a board member who was present during the visioning retreat and was part of the journey:

> "Recently, when I came to GBMC and walked through the building, I reflected on how far we have come. I thought to myself, 'we have arrived'. We are doing exactly what we set out to do in our 2010 visioning retreat. I have been to other hospitals for both myself and my family and I now drive past them to come to GBMC, which, by the way, is well over an hour from my home. I thought about my recent surgical procedure. Staff did not know who I was and were unaware that I had knowledge of safety protocols. Having served as chairman of the Board Quality Committee, I had learned from countless patient safety stories, reports about safe practices, and protocols that are needed in today's complex healthcare delivery system. For example, I understood the importance of a surgical safety time out. During my procedure, each team member accurately and efficiently conducted their part of the 'safety time out'. They were surprised when I called my own time out. I thanked them for providing a safe environment, adding how impressed I was that it seemed as second nature as getting out of bed in the morning. I knew this wasn't staged – it was clearly standard work. Throughout my inpatient stay, I observed every safety protocol followed seamlessly. This included hand hygiene, patient identification, and medication administration practices. All were conducted in a way that not only made me feel safe

but made me feel like I was their only patient. It's not often a member of the governing board can experience the Vision Phrase in action. From the planning and imagining a great transformation in 2010 to the opportunity in 2025 to personally experience its execution, I thought, at GBMC, everything we say we are doing, we are doing!" (Bonnie Stein, Pers. Comm., June 9, 2025).

When faced with a significantly changing landscape, GBMC first responded at the Board level to consider what would be needed to leverage this crisis into an opportunity for growth and innovation. Along with Dr. Chessare, they re-imagined a different future and set a path forward using a relatable shared vision and the power of storytelling to inspire the team. Utilizing the Baldrige Excellence Framework and focusing on its Core Values and Concepts, visionary leaders established the structure and processes needed to operationalize a new strategic direction.

The authors wish to acknowledge Dr. John B. Chessare, a Hertz Leadership award recipient and Bonnie Stein, GBMC Board Member for their contributions to GBMC and to this article.

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TWO PAGES IN THE SAME BOOK

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In previous work, we proposed that the disciplines of strategic management and the Baldrige Excellence Framework are, in fact, "two sides of the same coin." We now expand that concept to suggest they are, in reality, two pages in the same book, distinct yet inseparable parts of a single organizational narrative. Each page offers a different perspective—strategy and execution—but together they tell the fuller story of organizational success.

As discussed in *Strategy in the 21st Century* (Rollinson & Young, 2024), integrating strategic management and performance excellence transforms what often appear to be parallel disciplines into a unified management system. When strategy and performance excellence professionals work from both "pages," they unlock synergies that enhance strategic clarity, operational effectiveness, and sustained results.

A critical component of this integration is aligning strategy and priorities with the organization's operating model, ensuring structure, processes, and resources all reinforce strategic intent. Failure to align these elements can result in missteps, inefficiencies, and suboptimal outcomes.

In this essay, we build on that claim and offer a tangible work plan to bring this synergistic proposition into reality.

Strategic Management: A Foundation for Direction and Competitive Advantage

Strategic management provides a comprehensive approach to better understanding the future, analyzing competitive environments, setting organizational direction, and ensuring alignment of resources to achieve long-term goals (Mintzberg et al., 1998). It emphasizes the formulation of a clear vision, mission, goals, and strategy, the identification of key strategic objectives, and the deployment of initiatives to secure competitive advantage. By engaging in activities such as environmental scanning, foresight building, prioritizing via SWOT analysis, and strategic positioning, organizations create a roadmap to guide decision-making and resource allocation (Porter, 1980).

However, even the most robust strategic plans can falter if they are not integrated into the organization's operating model. For example, if resources, processes, and workflows are misaligned with strategic priorities, execution will suffer. Effective strategic management requires ensuring that organizational structures and operational systems are designed to support and enhance the implementation of strategic goals.

The effectiveness of strategic management often hinges on an organization's ability to execute and integrate its strategies effectively. This is where the Baldrige Criteria can provide a comprehensive framework for an organization to continuously improve to reach its goals and improve results.

Baldrige Performance Excellence Criteria: A Framework for Operational Excellence

The Baldrige Criteria underpin a structured framework designed to evaluate and improve organizational performance across seven critical dimensions: leadership, strategy, customers, measurement, analysis and knowledge management, workforce, operations, and results (NIST, 2024). Originating from a commitment to quality and continuous improvement, the Baldrige Excellence Framework (and criteria questions therein) encourage organizations to adopt a holistic perspective that integrates processes, people, and results.

A key strength of the Baldrige Framework is its focus on aligning operational processes with strategic priorities. By systematically addressing the interplay between strategy and execution,

the Baldrige Criteria ensure that organizational efforts are consistent, effective, and adaptable to real-world conditions. For instance, the alignment of customer-focused strategies with operational capabilities not only enhances customer satisfaction but also drives sustainable results.

The Baldrige Criteria focus on systematic approaches, deployment, evaluation, learning, and alignment of processes and outcomes. These principles ensure that strategies and initiatives are not only well-defined but also consistently executed and modified based on real-world performance insights (Evans & Lindsay, 2020).

Synergistic Proposition

The discipline of strategic management and the Baldrige Excellence Framework are interdependent in several key ways:

1. Strategic Alignment: While strategic management establishes overarching goals and priorities, the Baldrige Excellence Framework ensures these goals are operationalized effectively. The Criteria's emphasis on systematic processes helps organizations to align daily activities and operations with strategic objectives. This alignment extends to the organization's operating model, ensuring that the design and execution of processes reflect strategic priorities.

2. Execution Excellence: Many strategies fail not because they are poorly conceived but because they are inadequately executed. The Baldrige Framework focus on disciplined execution and feedback mechanisms provides a structure for translating strategic plans into tangible outcomes. Ensuring that the operating model supports seamless execution is vital to closing this gap.

3. Continuous Improvement: Strategic management thrives on agility and adaptability, requiring regular assessment and refinement of strategies. The Baldrige Excellence Framework's criterion - Measurement, Analysis, and Knowledge Management assists organizations in evaluating performance and identifying areas for improvement, ensuring strategies remain relevant and effective.

4. Leadership Integration: Both strategic

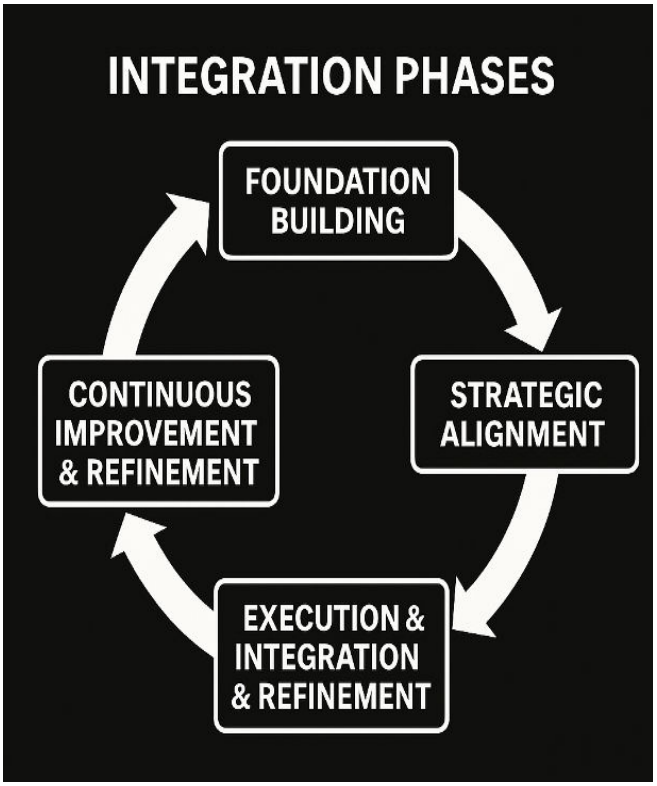
management and the Baldrige Framework emphasize the critical role of leadership. Strategic management relies on visionary leadership teams to chart a course for the future, while the Baldrige Framework underscores the importance of leadership in fostering a culture of agility and resilience, accountability, learning, innovation, and intelligent risk-taking.

5. Focus on Results: Strategic management is inherently results-oriented, aiming to achieve competitive advantage and stakeholder satisfaction. The Baldrige Excellence Framework's "Results" criterion complements this focus by ensuring that the outputs and outcomes are systematically monitored, analyzed, aligned, and improved.

For strategy and performance excellence professionals, integrating the Baldrige Excellence Framework with their strategic management practices offers a powerful approach to achieving sustained success. A crucial element of this integration is the alignment of strategic priorities with the operating model, ensuring that resources, processes, and performance systems work in harmony to support long-term goals. Together, these disciplines create a dynamic interplay to foster resilience, adaptability, and performance excellence in today's complex organizational environments.

One Approach to Integrate Strategic Management and the Baldrige Excellence Framework

Below is one approach designed for organizational leaders to guide this integration. An important feature of the Baldrige Excellence Framework is that it is a nonprescriptive framework allowing organizations to use a variety of quality tools to reach its goals and improve results. This is a critical aspect and strength of the Baldrige Criteria.



Phase I - Foundation Building

Objective: Establish a shared understanding of both frameworks and their interdependencies.

1. Leadership Alignment:

   o Conduct executive briefings to ensure alignment on the value and purpose of integrating these frameworks.

   o Establish a cross-functional steering committee including strategy

professionals, performance excellence leaders, and key stakeholders.

o Assess the organization's current operating model to identify areas of misalignment with strategic goals.

2. Framework Education:

o Organize workshops to educate teams on strategic management principles and the Baldrige Excellence Framework.

o Illustrate successful integrations in similar organizations using case studies.

3. Assessment of Current State:

o Conduct a strategic audit to evaluate existing goals, strategies, and resource alignment.

o Perform a Baldrige self-assessment to identify strengths, gaps, and priorities for improvement across the seven criteria.

4. Integration Vision and Goals:

o Define clear objectives for integration, such as improving execution, fostering continuous iprovement, and enhancing stakeholder satisfaction.

o Develop a high-level roadmap outlining key milestones and success metrics.

Phase II - Strategic Alignment

Objective: Align organizational goals and processes using both strategic management and the Baldrige Framework.

1. Refinement of Strategic Goals:

o Revisit the organization's vision, mission, and core values to ensure alignment with Baldrige Criteria categories.

o Define SMART (Specific, Measurable, Achievable, Relevant, Time-bound) strategic objectives.

2. Process Mapping:

o Identify core processes that support strategic objectives and map them to the relevant Baldrige Criteria (e.g., Operations, Customers, Workforce).

o Highlight areas where current processes do not align with strategic priorities.

3. Priority Setting:

o Use quality tools such as Balanced Scorecards, Objectives and Key Results (OKRs), or Hoshin Kanri to set priorities and cascade objectives across the organization.

o Focus on key performance areas that drive alignment between strategy and operations.

4. Resource Allocation:

o Align budgets, workforce, data collection, and other resources to support strategic initiatives.

o Reallocate resources to close gaps identified during the assessments.

Phase III - Execution and Integration

Objective: Implement integrated processes and foster alignment between strategy and performance excellence.

1. Cross-Functional Collaboration:

o Establish cross-functional teams to implement and monitor initiatives that address both strategic objectives and Baldrige Criteria.

o Foster regular communication between strategy and operational leaders.

2. Performance Measurement Systems:

o Develop integrated metrics to track progress across strategic objectives and Baldrige Criteria (e.g., Customer Satisfaction, Operational Effectiveness).

o Implement dashboards to display and monitor real-time performance indicators and identify areas needing improvement.

3. Capacity Building:

o Offer training sessions for employees on data-driven decision-making, continuous improvement, and strategic thinking.

o Encourage collaboration and knowledge-sharing to build a culture of shared accountability.

4. Change Management:

o Use proven change management methods (e.g., Kotter's 8-Step Change Model) to guide organizational shifts.

o Address cultural resistance through transparent communication, regular feedback loops, and celebrating milestones.

Phase IV - Continuous Improvement and Refinement

Objective: Embed a culture of adaptability, evaluation, and improvement.

1. Ongoing Assessments and Reviews:

o Schedule periodic reviews of strategic objectives and operational processes to assess alignment.

o Use the Baldrige Criterion, i.e., Measurement, Analysis, and Knowledge Management to assess performance and identify areas for refinement.

2. Feedback Mechanisms:

o Create structured mechanisms for customer feedback, including stakeholders, employees, collaborators, and partners.

o Incorporate insights into both strategic planning and operational improvements.

3. Recognition and Sharing:

o Celebrate achievements that demonstrate successful integration of strategic and Baldrige approaches.

o Celebrate results that align strategy and operations to build momentum and employee engagement.

o Share best practices and lessons learned both within the organization and with external peers.

4. Scalability and Adaptation:

o Expand successful practices to other areas of the organization.

o Adapt results-driven strategies and operating processes to evolving market conditions and market share growth by leveraging continuous improvement principles.

o Share innovation efforts and its impact on organizational performance.

By systematically integrating strategic management and the Baldrige Excellence Framework, organizations may achieve a balance between visionary leadership and operational discipline. This work plan example offers a structured path for strategy professionals and performance excellence leaders to cultivate continuous improvement to drive sustained results, success, and resilience.

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GUIDELINES FOR AUTHORS

All submissions should be sent via email to the editor at chronicle@baldrigefoundation.org. Please state whether your paper should be considered as a *Feature Article* or as a *Leadership and Management Perspectives* piece. *Feature Articles* are intended to provide original and useful information of interest and practical significance to organizational leaders, and which are grounded in experience, innovative thought, and appropriate literature research. Executive summaries of feature articles are provided as brief overviews of these articles to assist readers. *Leadership and Management Perspectives* provide specific points of view designed to support understanding or to provide insights about current issues, emerging issues, Baldrige challenges, implementation strategies, best practices, and similar topics. These are typically shorter than feature articles.

All submissions should draw upon the concepts and philosophy of the Baldrige Excellence Framework and must provide useful information of interest to organizational leaders.

Highly technical papers of limited scope or academic-type papers are not appropriate. Manuscripts submitted to the *Chronicle of Leadership and Management* must be original works not previously published or under review by another publication.

Types of articles suitable for publication in the *Chronicle of Leadership and Management* include, but are not limited to, the following:

1. *Case studies* that highlight role model practices or implementation strategies for performance excellence, drawing upon Baldrige principles.
2. *Innovative and insightful discussions* about Baldrige categories, items, areas to address, or key (and difficult to understand) criteria questions that provide practical value.
3. *Articles that translate cutting-edge research literature into practical language* that would be applicable and useful to practitioners and may contribute to leading-edge validated practices in the future.
4. *Thorough and comprehensive review articles* that provide clear and unique perspectives on a significant topic.

Submission Requirements

Papers should be of the style of journals such as the *Quality Management Journal*, *Harvard Business Review*, or *Sloan Management Review*, and should include appropriate references. They should not be as informal as those published in magazines such as *Quality Progress*. There are no minimum or maximum length restrictions. Say what is necessary to get your message across fully; however, we may ask you to shorten the paper if necessary. *Feature articles* must be accompanied by an Executive Summary of about 250 words and a bullet list of 4-6 takeaways that summarize key points. This does not apply to *Leadership and Management Perspectives* submissions.

References

References should be listed in alphabetical order using *The Chicago Manual of Style*, 16th Edition. Examples:

Book

Grazer, Brian, and Charles Fishman. 2015. *A Curious Mind: The Secret to a Bigger Life*. New York: Simon & Schuster.

Smith, Zadie. 2016. *Swing Time*. New York: Penguin Press.

In-text citations: (Grazer and Fishman 2015, 12), (Smith 2016, 315–16)

Journal article

In the reference list, include the page range for the whole article. In the text, cite specific page numbers. For articles consulted online, include a URL or the name of the database in the reference list entry. Many journal articles list a DOI (Digital Object Identifier). A DOI forms a permanent URL that begins https://doi.org/. This URL is preferable to the URL that appears in your browser's address bar.

Keng, Shao-Hsun, Chun-Hung Lin, and Peter F. Orazem. 2017. "Expanding College Access in Taiwan, 1978–2014: Effects on Graduate Quality and Income Inequality." *Journal of Human Capital* 11, no. 1 (Spring): 1–34. https://doi.org/10.1086/690235.

LaSalle, Peter. 2017. "Conundrum: A Story about Reading." *New England Review* 38 (1): 95–109. Project MUSE.

In-text citations**:** (Keng, Lin, and Orazem 2017, 9–10), (LaSalle 2017, 95)

Consult https://www.chicagomanualofstyle.org/tools_citationguide/citation-guide-2.html for further information and examples of book chapters, website content, etc.

References should be cited in the paper in parentheses; do not use footnotes or endnotes.

Figures and Tables

Authors must provide a high-resolution file (pdf, jpg, or png) for each figure and table in their manuscript. The *Chronicle* is published in black and white, so all figures and tables must be in black and white or grayscale.

Review Process

Each submission will be reviewed by at least two members of the Editorial Board who evaluate the article based on the following attributes:

1. *Contribution to knowledge.* Does the article present innovative or original ideas, concepts, or results that make a useful contribution to knowledge of performance excellence?
2. *Significance to practitioners*. Are the concepts discussed of practical significance and meaningful to organizational leaders and managers?
3. *Readability and clarity*. Is the article well organized and presented in a clear and readable fashion that will be understood by a wide audience?
4. *Figures and tables*. Are figures and/or tables used appropriately to enhance the ability of the article to summarize and/or communicate information and conclusions?
5. *Organization and style.* Is the content of the article logically organized? Are the title and Executive Summary, if applicable, representative of the article's content?

Prospective authors should use these attributes as a checklist in reviewing their manuscript prior to submission to improve the likelihood of acceptance. We try to complete reviews within a month of submission.

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The Baldrige Foundation was created as the private partner to the Baldrige Performance Excellence Program in 1988. Its mission is to ensure the long-term financial viability of the Baldrige Performance Excellence Program and to support organizational performance excellence throughout the U.S. and the world. The Baldrige Program located at NIST within the US Department of Commerce, is a separate entity and is solely responsible for managing and administering the Malcolm Baldrige National Quality Award. For more information on the Baldrige Award process please visit: https://www.nist.gov/baldrige/baldrige-award.

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