



# THE BEST QUICK SCAN APPLICATION

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# Learning Objectives

In this discussion we will:

- Review the BEST tools from our previous discussion
- Identify the four components of an effective Best Practice process
- Illustrate the BEST Quick Scan tool to focus on unmet process requirements in a real situation
- Allow time for open discussion of process definition and continuous improvement

# What is a Best Practice?

There can be multiple Best Practices for performing a process

The most effective Best Practices:

are structured and described,

demonstrate robust and reproducible methods,

achieve better outcomes

# VALIDATING a Best Practice

A Tool for Improvement  
and Benchmarking

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 **Routledge**  
Taylor & Francis Group  
A PRODUCTIVITY PRESS BOOK

This session shares  
the tools of the  
BEST-method

The BEST-method,  
documented in  
Validating a Best  
Practice:

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& Francis publishers or  
Amazon.com



**Results** (measures of effectiveness)



**Enabler** (the method for developing the process)



**Process** (the flow of the activities to be improved)



**Format** (the structure of a Best Practice description: the format is the organization of components 1, 2, and 3)

The four components of an effective process

# What is the BEST-method?

**BEST** is an acronym for: “ a **B**etter way to **E**xcellent results and **S**uccess through the application of an appropriate **T**ool.”

The BEST-method is a universal approach to identifying the characteristics of a process that delivers excellent results.

The BEST-method explains criteria, characteristics, how to use, and interpret the assessment checklists to develop or document a process to become Best Practice level.

# Utility of the BEST method

01

Drill down to more targeted improvement in core processes either for Baldrige community sharing or other performance excellence and sustainability.

02

Improve processes in a more systematic and structured way

03

Define and improve an effective process toward Best Practice

# What is the BEST-method?

There are three important aspects of achieving excellent results:

1. Achievement of Excellent Results

2. The application of excellent methods (enablers)

3. Continuing assurance of a well-managed process

4. + A consistent format for presenting the process, which enables effective process improvement or benchmarking, if desired



# Review of the Quick Scan tool

The BEST Quick Scan tool is an abbreviated 44 criteria format to assess process definitions to see whether enough information is presented for use in improvement activities or benchmarking.

The Quick Scan is also valuable as an assessment to prioritize internal process improvement opportunities.

I will use a process improvement project from the Orange County, Florida Public Health Department.

## Quick scan: overview of a Best Practice

Assessment is done on only the criteria level, not on the characteristic level

Name of company: \_\_\_\_\_

First half of Quick Scan Worksheet

**Results**

| Criteria                   | Code | Comments |
|----------------------------|------|----------|
| Scope and relevance        |      |          |
| Integrity of data          |      |          |
| Segmentation               |      |          |
| Trends                     |      |          |
| Targets                    |      |          |
| Comparison with benchmarks |      |          |
| Cause - Effect             |      |          |

| Code |                |
|------|----------------|
| NA   | Not Available  |
| ND   | Not documented |
| C    | Complete       |
| I    | Incomplete     |

**Enabler**

| Plan                        |  |  |
|-----------------------------|--|--|
| Description                 |  |  |
| Stakeholders                |  |  |
| Responsibilities            |  |  |
| KPI's and PI's              |  |  |
| Deployment and Segmentation |  |  |
| Prevention                  |  |  |
| Benchmarking                |  |  |
| Data                        |  |  |

| Do             |  |  |
|----------------|--|--|
| Implementation |  |  |
| Deployment     |  |  |
| Cause - Effect |  |  |
| Accountability |  |  |
| SMART          |  |  |

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# Second half of Quick Scan Worksheet

|  |              |                        |  |         |
|--|--------------|------------------------|--|---------|
|  | <b>Check</b> | Integration            |  |         |
|  |              | Monitoring             |  | Code    |
|  |              | Audit                  |  |         |
|  |              | Adjustment & Learning  |  | Comment |
|  | <b>Act</b>   | Improvement            |  |         |
|  |              | Processes              |  |         |
|  |              | Resources              |  |         |
|  |              | Knowledge & Experience |  |         |
|  |              | Benchmark              |  |         |

|                |                     |  |  |
|----------------|---------------------|--|--|
| <b>Process</b> | Process description |  |  |
|                | KPI's               |  |  |

|               |             |  |  |
|---------------|-------------|--|--|
| <b>Format</b> | 13 criteria |  |  |
|---------------|-------------|--|--|

## Code

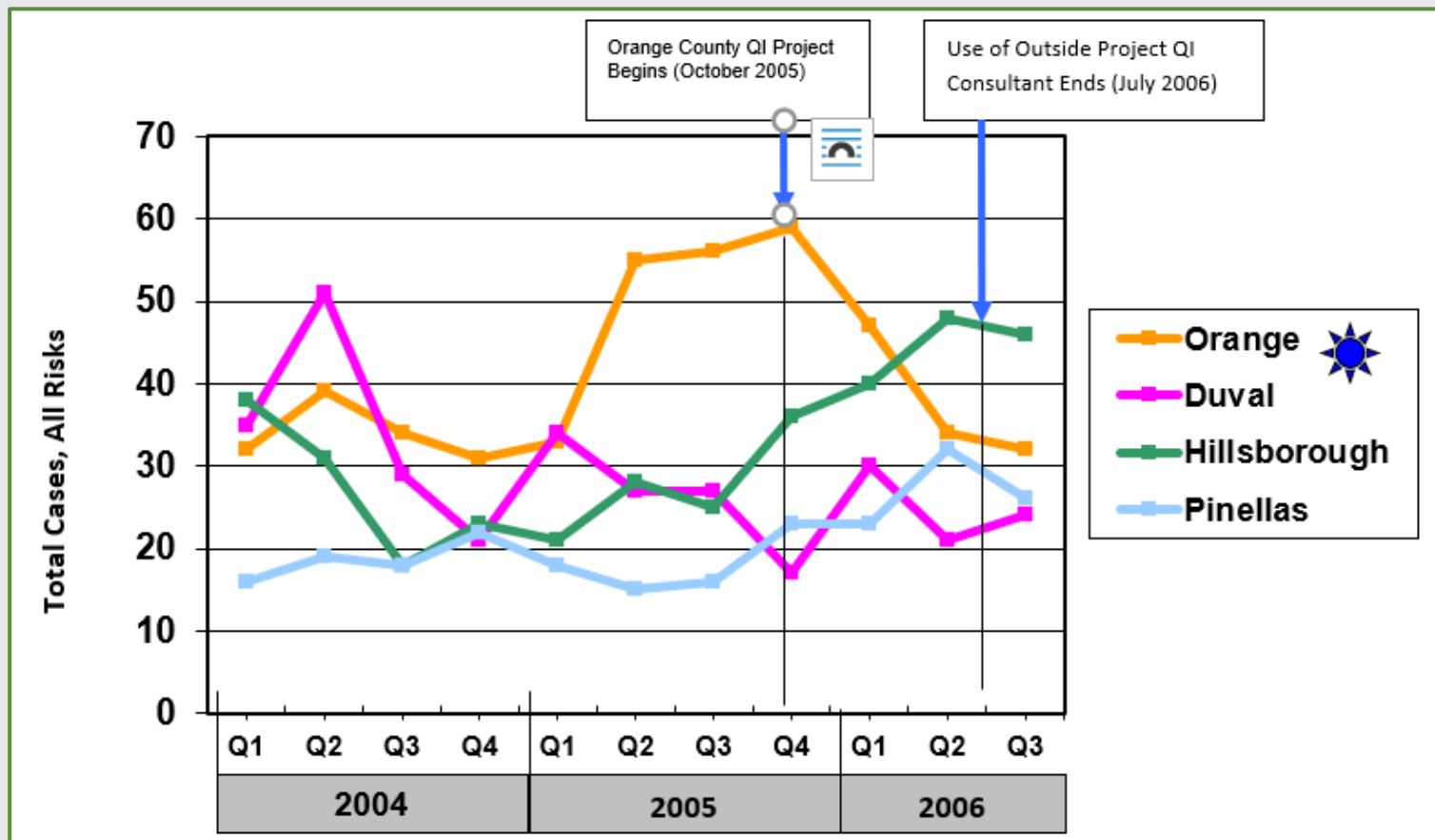
|    |                |
|----|----------------|
| NA | Not Available  |
| ND | Not documented |
| C  | Complete       |
| I  | Incomplete     |

# The Florida Dept of Health, Orange County

- In 2008 one of the authors participated at an improvement project of the Florida Department of Health in Orange County (DOH-Orange). This case study was published by ASQ. Title of the book: *The Public Health Quality Improvement Handbook. Orange County Health Department, STD Quality Improvement Case Study* (Chapter 24).

[R. Bialek, G. Duffy, J. Moran, *The Public Health Quality Improvement Handbook*, Chapter 24, Orange County Health Department, *STD Quality Improvement Case study*, pp. 331-346. ASQ Quality Press, Milwaukee, WI., 2009]

# The Situation



Syphilis Data Source: Florida Department of Health, STDMIS system, 2006 data for all four counties provided as of 10/13/2006.

\*Peer county designation created by Community Health Status indicators (CHSI) Project, HRSA, 2000, based on population density, size, and poverty levels. CHSI data notes are available at <http://www.comunityphind.net/CHSI-CompanionView.pdf>.

The authors were curious about how closely the Orange County Public Health Department (OCHD) best practice of 2008 is, compared to a real Best Practice.

We applied the Quick Scan tool to the OCHD STD Quality Improvement process description. As documented in the Quick Scan Excel cells, the missing parts are:

- trends,
  - stakeholders and
  - audit.
- 
- One of the authors contacted the Department of Health – Orange County again in order to update the figures.

The following slides are the result of using the BEST Quick Scan to assess the *original 2008* case study. You will see that although the Quick Scan tool was not available to the case study author in 2008, most of the characteristics of a Best Practice were included in this original document.

# Case study ... STD Quality Improvement Case Study

Source : Orange County Health Department STD QI project report  
 Assessment of the results of the Best Practice of STD testing

|                            | Criteria and characteristics   | 0% | 25% | 50% | 75% | 100% | Not described | Comments                                  |
|----------------------------|--|----|-----|-----|-----|------|---------------|---|
| <b>Scope and Relevance</b> |  |    |     |     |     |      |               |   |
| 1                          | • The results are aligned with the expectations and needs of the relevant stakeholders |    |     |     |     | X    |               | Verify all Stakeholders - 3/24/18         |
|                            | • The results are aligned with policy and strategy of the organization                 |    |     |     |     | X    |               |   |
|                            | • The most important key results are identified and prioritized                        |    |     |     |     | X    |               |   |
|                            | • The relation between the results is understood                                       |    |     |     |     | X    |               |   |
| <b>Integrity of data</b>   |  |    |     |     |     |      |               |   |
| 2                          | • Results are timely   |    |     |     |     | X    |               |   |
|                            | • Results are reliable and accurate  |    |     |     |     | X    |               |   |
| <b>Segmentation</b>        |  |    |     |     |     |      |               |   |
| 3                          | • Results are segmented in a suitable manner   |    |     |     |     |      |               |   |
|                            | o By region, country,  |    |     |     |     | X    |               |   |
|                            | o By department, business line, division, unit   |    |     |     |     | X    |               |   |
|                            | o By product and service type  |    |     |     |     | X    |               |   |
| <b>Trends</b>              |  |    |     |     |     |      |               |   |
| 4                          | • Trends are positive for 5 years or more  |    |     |     |     |      | X             | To be verified with process owner 3/24/18 |
|                            | • Results are sustainable and show good performance                                    |    |     |     |     |      | X             | To be verified with process owner 3/24/18 |

# Results, continued

|  | Criteria and characteristics   | 0% | 25% | 50% | 75% | 100% | Not described | Comments                                 |
|--|--|----|-----|-----|-----|------|---------------|--|
| <b>Targets</b>                                 |  |    |     |     |     |      |               |  |
| 5  | • Targets for core results are set   |    |     |     |     | X    |               |  |
|  | • Targets are suitable   |    |     |     |     | X    |               |  |
|  | • Targets are achieved   |    |     |     | X   |      |               | To be verified from reporting of trends  |
| <b>Comparisons with targets and benchmarks</b> |  |    |     |     |     |      |               |  |
| 6  | • Comparisons for core results are made  |    |     |     |     | X    |               |  |
|  | • Comparisons are suitable   |    |     |     |     | X    |               |  |
|  | • Comparisons are favorable  |    |     |     | X   |      |               | To be verified from reporting of trends  |
| <b>Cause-effect</b>                            |  |    |     |     |     |      |               |  |
| 7  | • The results are clearly achieved through the chosen approach (cause - effect)  |    |     |     |     | X    |               |  |
|  | • The relations between results achieved and the approaches are understood   |    |     |     |     | X    |               |  |
|  | • Based on the evidence presented, it is confident that the positive performance will continue in the future, i.e. the results are sustainable |    |     |     | X   |      |               | Based on budget and priority of programs |

## Scores

|      |   |
|------|---|
| 0%   | No evidence or anecdotal                                  |
| 25%  | Some evidence   |
| 50%  | Evidence described  |
| 75%  | Significant evidence described                            |
| 100% | Can be considered as benchmark and a world-class approach |



# Case Study: Orange County Health Department STD QI project report.

## Criteria for the evaluation of the approaches (enablers) of a Best Practice process

|   | Criteria and characteristics   | 0% | 25% | 50% | 75% | 100% | Not Described | Comments                         |
|---|--|----|-----|-----|-----|------|---------------|----------------------------------|
| 1 | <b>Description</b>   |    |     |     |     |      |               |                                  |
|   | - The approach is repeatable and based on reliable data and information  |    |     |     |     | X    |               |                                  |
|   | - The core processes are identified and described  |    |     |     |     | X    |               |                                  |
|   | - The methods are documented   |    |     |     |     | X    |               |                                  |
| 2 | - The processes are the reflection of common sense and are well thought out (logical sequence, clearly linked to organizational strategy, interactions with other processes and sub-processes) |    |     |     |     | X    |               |                                  |
|   | <b>Stakeholders</b>  |    |     |     |     |      |               |                                  |
| 2 | • The processes are tailored to the needs, requirements and expectations of interested parties (stakeholders)  |    |     |     | X   |      |               | Identify stakeholders of process |
|   | • The indicators and targets are set for each process and the relationship with the core processes is clearly defined  |    |     |     |     | X    |               |                                  |
| 3 | <b>Responsibilities</b>  |    |     |     |     |      |               |                                  |
|   | • The responsibilities and accountabilities are clearly defined  |    |     |     |     | X    |               |                                  |
|   | • Each process has a process owner   |    |     |     |     | X    |               |                                  |
| 3 | • The process description takes into account the skills and experiences required by the persons responsible for carrying out the processes and approaches                                      |    |     |     |     | X    |               | Part of implementation actions   |
|   | <b>KPI's and PI's</b>  |    |     |     |     |      |               |                                  |
| 4 | • Each process contains one or more KPI's (Key Performance Indicator) and one or more PI's (Performance Indicator)   |    |     |     |     | X    |               |                                  |

# Enablers (Continued)

|   | Criteria and characteristics  | 0% | 25% | 50% | 75% | 100% | Not Described               | Comments  |
|---|---|----|-----|-----|-----|------|-----------------------------|---|
| 5<br>6<br>7<br>8<br><b>Plan</b>   | <b>Deployment and Segmentation</b>  |    |     |     |     |      |                             |   |
|   | • The description of the processes and approaches consider the specificities of all segments of the organization (division, department, work unit) and the variety of products and services |    |     |     |     | X    |                             |   |
|   | <b>Prevention</b>   |    |     |     |     |      |                             |   |
|   | • Prevention is built into the processes  |    |     |     |     | X    |                             |   |
|   | • The core process description takes into account the specific circumstances of the organization and prevention is integrated into the daily work   |    |     |     |     | X    |                             |   |
|   | <b>Benchmarking</b>   |    |     |     |     |      |                             |   |
|   | • The process description takes into account similar benchmarks and best-in-class examples  |    |     | X   |     |      |                             | <b>Benchmark against State established goals.</b> |
|   | <b>Data</b>   |    |     |     |     |      |                             |   |
| • The measurement methods are described clearly and unambiguously, including securing the relevance, integrity and reliability of the measurement results |   |    |     |     |     | X    | <b>At operational level</b> |   |
| • The data are presented at the proper level of segmentation to effectively reflect performance and results at different levels of the organization.      |   |    |     |     |     | X    |                             |   |

## Enablers (Continued)

|   |   | Criteria and characteristics   | 0% | 25% | 50% | 75% | 100% | Not Described | Comments   |
|---|---|--|----|-----|-----|-----|------|---------------|--|
| 1 | D | <b>Implementation</b>  |    |     |     |     |      |               |  |
|   |   | <ul style="list-style-type: none"> <li>The daily activities are in conformance with the process descriptions and documented methods</li> <li>The implementation of the core processes is integrated into the daily work</li> </ul> |    |     |     |     | X    |               |  |
| 2 | O | <b>Deployment</b>  |    |     |     |     |      |               |  |
|   |   | <ul style="list-style-type: none"> <li>The approach is used by all appropriate work units</li> </ul>   |    |     |     |     | X    |               |  |
| 3 | D | <b>Cause-effect</b>  |    |     |     |     |      |               |  |
|   |   | <ul style="list-style-type: none"> <li>The use of the processes leads to concrete and measurable results</li> </ul>  |    |     |     |     | X    |               |  |
| 4 |   | <b>Accountability</b>  |    |     |     |     |      |               |  |
|   |   | <ul style="list-style-type: none"> <li>All employees and managers clearly exhibit how they are responsible and accountable for their assigned tasks.</li> </ul>  |    |     |     | X   |      |               | Processes are defined.<br>KPIs monitored and reported quarterly. |
| 5 |   | <b>SMART</b>   |    |     |     |     |      |               |  |
|   |   | <ul style="list-style-type: none"> <li>KPI's and PI's are used systematically</li> <li>SMART decisions are taken and action plans are developed</li> </ul>   |    |     |     |     | X    |               |  |

## Enablers (Continued)

|       | Criteria and characteristics   | 0% | 25% | 50% | 75% | 100% | Not Described | Comments                   |
|-------|--|----|-----|-----|-----|------|---------------|----------------------------|
| 1     | <b>Integration</b>   |    |     |     |     |      |               |                            |
|       | • Plans, processes, results, analysis, learning and actions are harmonized across processes and work units to support organization-wide goals  |    |     |     |     | X    |               |                            |
| 2     | <b>Monitoring</b>  |    |     |     |     |      |               |                            |
|       | • The performance of each core process is regularly measured and monitored   |    |     |     |     | X    |               | On a quarterly basis       |
|       | • The obtained results related to a core process are regularly discussed with all relevant stakeholders  |    |     |     |     | X    |               |                            |
|       | • The method to determine the target value of the KPI (target) is validated and opportunities for improvement are recorded   |    |     |     |     | X    |               |                            |
| 3     | • Relevance, integrity, completeness and reliability of the results achieved are checked   |    |     |     |     | X    |               |                            |
|       | <b>Audit</b>   |    |     |     |     |      |               |                            |
|       | • Each process owner audits his or her core process regularly  |    |     |     |     |      | X             |                            |
| 4     | • The process owner examines what can be done to bring the core process to a higher maturity level (to determine improvement opportunities)  |    |     |     |     |      | X             |                            |
|       | <b>Adjustment and Learning</b>   |    |     |     |     |      |               |                            |
|       | • Deviations from the desired and/or planned results serve as input for the improvement and revision of the core processes and/or approaches   |    |     |     |     | X    |               |                            |
|       | • Identification of problems related to the sufficient availability and appropriate resources such as budget, machinery, equipment, provisions, tools, and Information Technology (software, hardware, networking, security, etc.) |    |     |     |     | X    |               |                            |
|       | • Identification of an adequate number of employees and/or of shortcomings of skills and experiences of employees in the process and/or approaches   |    |     |     |     | X    |               | Major target of QI project |
|       | • Comparison of the results obtained with the benchmark and Best-in-Class  |    |     |     |     | X    |               |                            |
| Check | • Prioritization of opportunities for improvement  |    |     |     |     | X    |               |                            |
|       | • Encouragement of breakthrough change to the approach applied through innovation  |    |     |     |     | X    |               |                            |

# Enablers (Continued)

|     | Criteria and characteristics    | 0%   | 25% | 50% | 75% | 100% | Not Described | Comments                             |
|-----|---------------------------------|--|-----|-----|-----|------|---------------|--------------------------------------|
| Act | <b>Improvement</b>              |  |     |     |     |      |               |                                      |
|     | 1                               | • The output of the measurement and learning is analyzed and used to identify additional improvements; to prioritize, to plan and to implement these further opportunities for improvement |     |     |     |      | X             |                                      |
|     | <b>Processes</b>                |  |     |     |     |      |               |                                      |
|     | 2                               | • The processes, methods and approaches are revised and improved in response to the findings gained in the Check phase   |     |     |     |      | X             |                                      |
|     | <b>Resources</b>                |  |     |     |     |      |               |                                      |
|     | 3                               | • The amount and nature of the resources that were adjusted because of the findings in the Check phase are documented  |     |     |     |      | X             |                                      |
|     |                                 | • The number of employees assigned to the process is adjusted considering the opportunities of improvement and the outcome of the processes, methods and approaches                        |     |     |     |      | X             | Balanced across projects by priority |
|     | <b>Knowledge and Experience</b> |  |     |     |     |      |               |                                      |
|     | 4                               | • New training and/or refresher training is given to meet the findings gained in the Check phase   |     |     |     |      | X             |                                      |
|     |                                 | • Sharing of refinements and innovations with other relevant work units and processes  |     |     |     |      | X             |                                      |
|     |                                 | • The Knowledge and experience of those involved in the process are documented and validated as Best-in-Class or Benchmark level   |     |     |     |      | X             | This case study is the recognition   |
|     | <b>Benchmark</b>                |  |     |     |     |      |               |                                      |
|     | 5                               | • The organization can be set as a model for other organizations   |     |     |     |      | X             |                                      |

## Case study: STD Quality Improvement Case Study

Source: Orange County Health Department STD QI project report

### Assessment of the Management of the Process: STD testing

|   | Subject                      | NOK | OK | Comment          |
|---|------------------------------|-----|----|------------------|
| 1 | Owner of key process         |     | X  | Who is this now? |
| 2 | Integrity                    |     | X  |                  |
| 3 | Risk management              |     | X  | ISO QMS          |
| 4 | Relation with strategic plan |     | X  |                  |
| 5 | Adding value                 |     | X  |                  |
| 6 | Systematic simplification    |     | X  |                  |
| 7 | KPI                          |     | X  |                  |
| 8 | Audit                        | X   |    | Verify           |
| 9 | Maturity level of process    |     | X  |                  |

Case Study: Orange County Health Department STD QI project report.  
 Title: STD Quality Improvement Case Study

Assessment of the description of the format of the Best Practice: STD Testing

| Subject  | NOK | OK | Comments                                |
|--|-----|----|---|
| 1 Title  |     | X  |   |
| 2 Subject                                      |     | X  |   |
| 3 Author (name, title, company, contact)       |     | X  |   |
| 4 Context (sector, country restrictions)       |     | X  |   |
| 5 Description of the method and results        |     | X  |   |
| 6 Measurement method                           |     | X  |   |
| 7 Process description and maturity             |     | X  | Added Maturity Model assessment 3/24/18 |
| 8 KPIs (Key Performance Indicator) and results |     | X  |   |
| 9 Distribution of the results                  |     | X  |   |
| 10 Cause and effect                            |     | X  |   |
| 11 Measurement: RADAR, PDCA, or other          |     | X  |   |
| 12 Limiting conditions                         |     | X  |   |
| 13 Date and Revision Level                     |     | X  |   |

# What can we observe from the Quick Scan tool?

- Is the Orange County HD going in the right direction?
- What parallels to their improvement opportunities can you see in your processes?
- Do you think you can use the Quick Scan tool to identify priority improvements for your processes?

Additional automation  
app created: See  
website



# What did we discuss?

- In this discussion we:
  - Reviewed the BEST Quick Scan tool from our previous discussion
  - Illustrated the BEST Quick Scan tool to focus on unmet process requirements in a real situation
  - Engaged in open discussion of process definition and continuous improvement

# Additional Discussion

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