Business Excellence

Building Strong Process Management Capabilities

APQC

CASE STUDY

NIMBUS

Case Study: U.S. Department of Veterans Affairs Clinical Research Pharmacy Coordinating Center

ORGANIZATION OVERVIEW

The U.S. Department of Veterans Affairs (VA) employs more than 300,000 people in hundreds of discreet entities. Ninety-nine of those employees work in the VA's Clinical Research Pharmacy Coordinating Center in Albuquerque, N.M. The Clinical Research Pharmacy Coordinating Center (PCC) is part of the VA's Cooperative Studies Program (CSP), which includes five biostatistical and data management coordinating centers, four epidemiology centers, and one genomics laboratory, in addition to the PCC in Albuquerque. The CSP's center in Albuquerque works with the other centers to fulfill its duties and mission.

At a high level, the CSP's mission is to improve the health of veterans and the nation as a whole. As part of this mission, the PCC teams with the other centers, site investigators, the CSP Central Office and other key players to conduct clinical trials. The PCC's primary responsibility is to operationalize the pharmaceutical aspects of clinical trials. This includes ensuring the clinical trial design uses the appropriate drugs and/or devices for patient safety, project management, manufacturing, packaging, testing, inventory control, and the central distribution of products for the clinical trials. The PCC aims to set the standard for others in the industry and to exceed the expectations of its customers.

The PCC's primary customers are the investigators and health care professionals who receive the clinical trial materials and administer the drug/device products to the patient. These customers depend on the blinded packaging, rigorous quality control, an organized study drug supply process, and reliable laboratory testing services that the PCC provides. Although the PCC recognizes the study participants as the ultimate consumers of their products, the PCC has no direct interaction with veterans. Yet the PCC considers the veteran study participants to be its ultimate stakeholders and benefactors.

The PCC operates a laboratory that tests raw materials, drugs, and biological samples for quality control. It also runs a full logistics operation that packages, warehouses, labels, ships, and disposes of drugs and devices. The PCC orders and tests materials from suppliers, uses those materials to create drugs and supplies for clinical trials, repackages those items in study-specific bar coded packaging, and ships both placebo and active drugs to the facilities conducting the clinical trials. These activities are highly regulated, and the PCC is held to high standards by the industry, the public, and its customers.

Newsworthy trials in which the CSP and PCC participated include research in hypertension, heart failure, diabetes, a study linking elevated vitamin E intake to increased risk for prostate cancer, its work with post-traumatic stress disorder (PTSD), and tests of deep brain stimulation and its effects on Parkinson's disease. The CSP also worked with an industry partner in a clinical trial evaluating the shingles vaccine (which both reduces the risk of contracting shingles and the pain suffered by patients who do contract the disease). With such high stakes involved in every project and government funding perpetually on the line, the PCC uses systematic processes and improvement efforts to ensure it provides the highest quality services possible.

The PCC has received numerous awards over the years, including the Quality New Mexico Zia Performance Excellence Award, the VA Robert W. Carey Award for Organizational Excellence in 2004, and the 2009 Malcolm Baldrige National Quality Award.

BEGINNINGS

The PCC started its quality journey in 1978. The organization rejected the common perception "good enough for government work" and wanted to become a leader in its industry, according to Stanley Johnson, chief of quality control. Government regulations were also mounting, which increased the need for more rigorous processes and higher quality. This, combined with the nascent entrepreneurial mindset of the PCC's savvy work force, drove the organization toward both externally and internally motivated improvements.

For the first 18 years of its journey, the PCC focused on regulatory compliance. Mike R. Sather, the center's director, and his leadership team decided the PCC needed a new quality strategy. In 1996 they hired Stanley Johnson as head of quality; Sather and his leadership team worked with Johnson to choose a new program and develop a

new quality culture. The center looked at various programs and selected the Malcolm Baldrige National Quality Program criteria, which they found to be more comprehensive than traditional quality control or quality assurance criteria. The organization wanted a systematic and holistic way to reach high levels of quality and performance excellence in all of its efforts: planning, products, processes, and people. To provide additional discipline for the quality initiative, leaders turned to ISO 9001 to supplement the Malcolm Baldrige Quality Award criteria. The organization used its regulatory compliance system, ISO, and Baldrige to design its next steps and to ensure that it took a holistic, measurable approach. ISO helped the PCC focus on process management, and Baldrige criteria encouraged a focus on results-oriented organizational excellence. ISO prompted the organization to create the process documentation needed to link all activities to regulations and Baldrige criteria.

The PCC incorporated other approaches over the years to help drive its process and quality efforts, including the Deming Prize, the European Quality Award criteria (now called the EFQM Excellence Award), ISO 15378, the VA Carey Award, and the New Mexico Quality awards. The PCC uses Gallup employee and customer surveys to measure and benchmark employee and customer engagement. Some of the PCC's key milestones are depicted in Figure 1.

Key Decisions and Milestones at the PCC

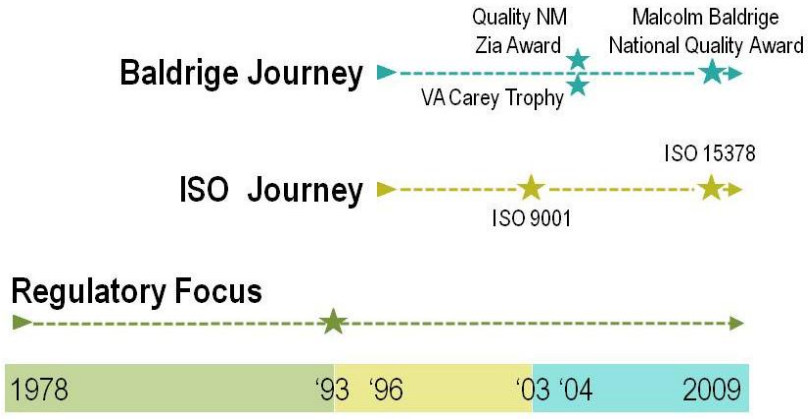

Figure 1

All of these approaches combined give the PCC the structure and discipline it needed to become a world leader in quality processes, according to Stuart Warren, deputy director. Although the organization concentrated on the elements of each program that most applied to its business, it did not reinvent the wheel to get started. Every award, methodology, and regulation had a collection of proven methods, models, frameworks, and tools to help the organization succeed. The benefits of using applicable standards for improvement included:

- swifter improvement implementation,
- proven targets and benchmarks,
- existing tools, and
- connections with other participating organizations and experts.

The PCC built on these established standards to create a work environment that exudes efficiency and engagement. The following sections describe how the PCC progressed in its journey and relate its work to each of APQC's Seven Tenets of Process Management.

CAPABILITIES TO ESTABLISH PROCESS MANAGEMENT

Strategy

At the PCC, all work links back to overall strategy. The organization is guided by the vision of Director Sather, who has been leading the PCC since 1976. At that time, Sather knew that the organization needed to be cutting edge as the government sought deeper and deeper cuts into underperforming programs' budgets. This trend continues to be a focal point in the organization's strategic planning initiative. For instance, in 2010, a Columbia University Medical Center drug manufacturing laboratory was significantly scaled back after the U.S. Food and Drug Administration (FDA) found drug purity problems in drugs manufactured there. Incidents like this put the PCC on high alert and maintain attention to high quality.

The PCC constantly competes in intramural (VA) and extramural (non-VA) environments for funding, projects, and better technology. It continually prepares all of the information it needs to procure new technology, expand capability, and hire personnel so that it is ready to complete the formal paperwork and send its funding requests in immediately whenever funding opportunities arise. Because its processes are clearly defined according to ISO standards and because the PCC has been

recognized numerous times for its outstanding quality, it can more easily prove that it will use dollars and resources wisely and effectively. The PCC's strategies for maintaining a high level of quality and clear processes are to:

- continually add value to its parent program;
- maintain a research mindset (i.e., always looking for the most competitively advantageous projects);
- identify opportunities within processes to increase capabilities, capacity, effectiveness, and efficiency;
- gain external validation through awards programs and benchmarking;
- meet or exceed the highest benchmarks for quality;
- maintain a customer focus;
- maintain an employee focus;
- measure results;
- innovate; and
- always keep its mission and veterans at the forefront of its activities.

The PCC's methodology for higher quality is built on a model (Figure 2) based on Joseph J. Tsiakals' quality hierarchy and modified for PCC's environment. The model was inspired by Maslow's hierarchy of needs and helps the organization understand the foundation it needs to succeed.

The PCC's Quality Hierarchy*

*Adapted from: Cianfrani, Charles, Joseph J. Tsiakals, and John West. *ASQ ISO 9000: 2000 Handbook*, American Society for Quality 2001.

Figure 2

Strategic Planning and Employee Empowerment Day (SPEED)

The PCC has a unique approach to developing strategy, according to Wanda Umber, chief of strategic planning and resources. Although leadership drives the core strategy of the organization, the organization culls new strategic ideas directly from employees so that employee input determines priorities.

The strategic planning process (Figure 3) begins with what the PCC calls "environmental scans." Employees scan their areas of interest or influence for trends, environmental factors, and threats the PCC needs to consider. These scans cover anything PCC-related including environmental conservation, new packaging, new processes, and training required to meet future opportunities or challenges. Employee teams propose their ideas by giving presentations at an annual strategic planning and employee empowerment day (SPEED) event.

At SPEED, employee teams bring posters or hands-on displays and discuss their ideas with their peers and leadership. Some create models or other engaging ways to submit their proposals. This information is subsequently used at section strategic planning

conferences where division chiefs meet with their division and further refine and discuss the applicability of these scans. Then, in January the PCC holds a conference where the strategic goals and initiatives are chosen. The scans serve as one of many inputs to this process. In February, the final strategic plan is communicated and the projects are rolled out to the whole organization.

The PCC's Strategic Planning Process

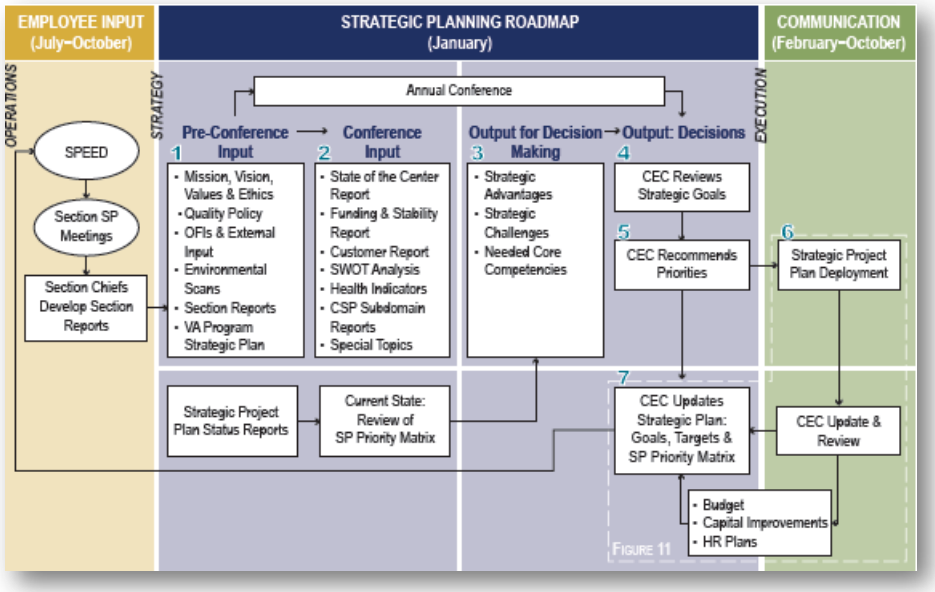

Figure 3

SPEED environmental scans affect many different kinds of improvements. The original environmental scan led to the formation of an employee-led "green team" that implemented an extensive recycling and conservation effort that resulted in recycling 6,200 pounds of paper products in 2011, substantial energy savings, and raised awareness of environmental impacts at all levels.

One employee suggestion resulted in better packaging. That is, after learning customers wanted less packaging, an employee team designed a better package.

Instead of placing bottled drugs in hard-to-open, heavy cardboard boxes that hid the label bar code and product information, the employees developed a lightweight tray in which to shrink wrap multiple bottles. Customers and the PCC benefited by making the bar code, product name, and dose visible for scanning and inventory control and reducing warehouse storage requirements.

Juan Recio, production manager, emphasizes that the PCC could not have accomplished what it has achieved without the participation and engagement of its entire work force. When PCC leadership accepts and moves forward with an employee initiative or improvement, the employees behind the idea typically lead the efforts as appropriate. Strategy is intricately linked with employee values and concerns.

Increased Focus

In 2011 the PCC reduced the number of planned strategic projects for the coming year from 23 to 2. In the early 2000s, the organization set large numbers of strategic goals and often accomplished only three to eight of them each year. However, through research and benchmarking, the organization learned that the more strategic initiatives an organization pursues, the fewer it completes. The PCC chose to focus its efforts on completing two goals before moving on to other strategic projects. This approach freed up resources and time while strengthening the progress of high-priority initiatives. According to Umber, the work force supported the new initiative because they believe it gives the organization the ability to appropriately support each goal as it is selected.

Governance

Because the PCC is a relatively small organization, its governance is rather straightforward. The organizational chart consists of three layers of management, with the director on top, division associate and assistant directors below him, and operational section [1] chiefs below them (Figure 4). The quest for quality and streamlined processes are driven by associate center director for quality assurance Julia Vertrees and managed by the section chiefs.

[1] The PCC's *sections* are equivalent to what many organizations call *functions* (e.g., HR, finance, and product development).

The PCC's Organizational Role Chart

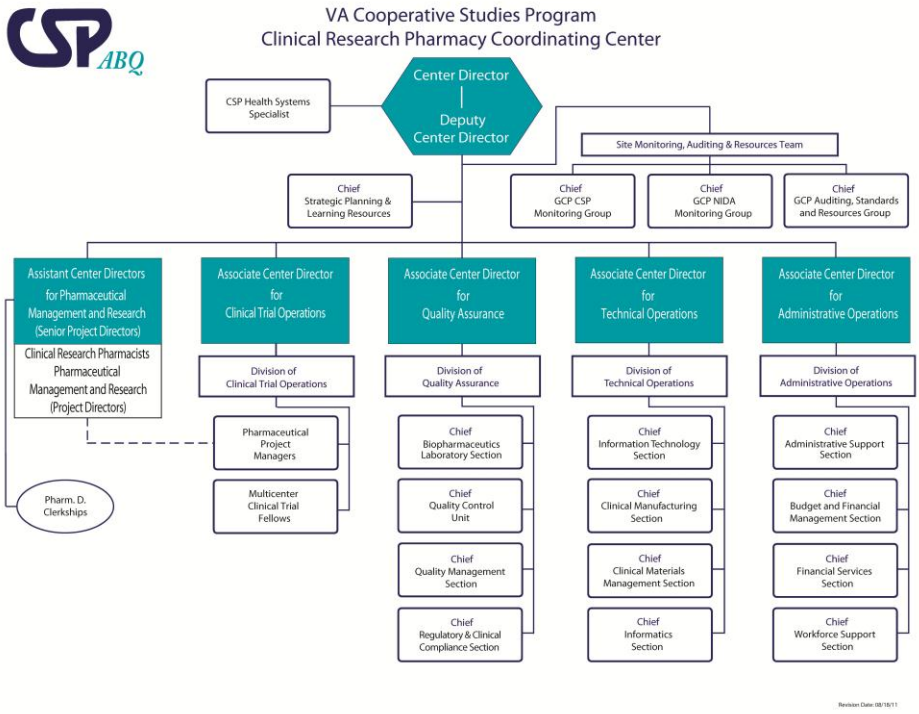

Figure 4

The PCC is built on three kinds of groups that drive the organization's activities:

1. Functional sections—traditional sections throughout the organization (e.g., IT, quality, laboratory, and production)
2. Matrix teams—teams that drive each clinical trial, composed of representatives from every section and led by pharmacists and pharmaceutical project managers
3. Interlocking committees—groups devoted to an organizational program (e.g., quality improvement, safety, and customer focus)

The sections form the traditional skeleton of the organization. They provide a home base for employees. The section chiefs assign their employees to work on projects with members of other sections as part of matrix teams. In addition, employees often participate in committees that run the PCC's special programs or continuous process improvement effort.

The PCC's processes primarily center around projects and the matrix teams that deliver those projects. Every clinical trial is a project that can last anywhere from one year to multiple decades. Employees participate in several projects at a time. Every project is staffed with a matrix team consisting of a pharmacist project director, a pharmaceutical project manager, and at least one representative from each of the organization's eight sections (Figures 5 and 6).

Matrix Management at PCC

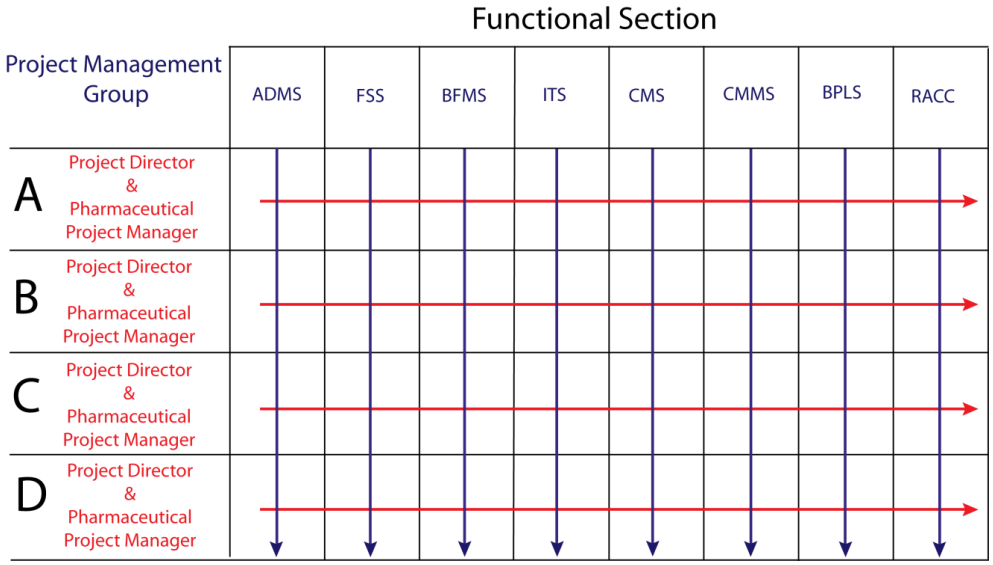

Figure 5

Project Team Structure at PCC

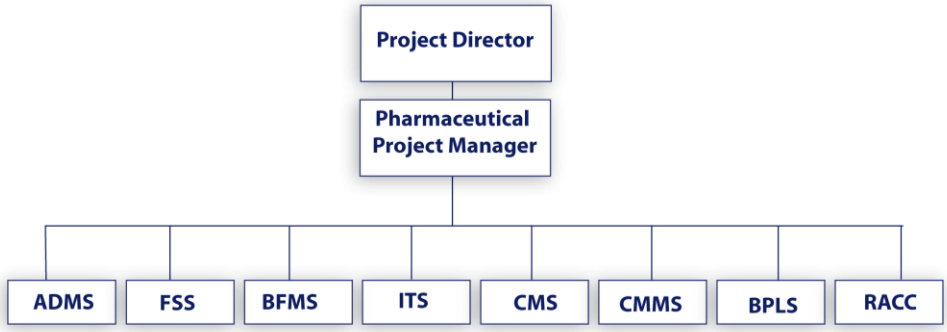

Figure 6

Thus, the PCC's processes are inherently cross functional. Employees report to their entire sections on project activities and share lessons learned with their entire section. Other employees apply those lessons on future projects. Because the organization is relatively small, it determined that a formal organization-wide lessons-learned collection system is not yet necessary. Different sections maintain their own lessons learned databases. Regular meetings for the purpose of sharing insights across sections are the organization's main knowledge transfer tool.

To coordinate all the research projects occurring at the PCC along with any other events that impact resources, the organization holds weekly meetings at its strategic awareness wall (Figure 7). Representatives from all the different projects and administrative personnel track project progress and discuss the PCC's plans for the coming months. These meetings ensure appropriate resource allocation for personnel, equipment, and facilities and notify personnel of upcoming activities such as tours and audits that impact scheduling. Priorities are clearly established.

The PCC's Strategic Awareness Wall

Figure 7

The success of each project requires cooperative governance among the section chiefs and project leaders. Improvements and the organization's continuous quest for quality are all structured around the Baldrige criteria, ISO, and other programs in which the organization participates. Improvements are documented in the PCC's document management/CAPA system. These programs and tools unite the organization under clear structures and processes, according to Umber. To understand how the PCC works and how it should focus efforts, the organization uses the relationships described in the Baldrige model like the one in Figure 8.

Leadership to Results: Baldrige Criteria for Performance Excellence Framework

Figure 8

The Malcolm Baldrige Criteria for Performance Excellence moved the PCC toward a stronger focus on customers and fact-based decision making. Leadership drives strategic planning and customer focus in the Baldrige model. A strategy focused on customers guides activities related to work force development and operations. The PCC uses measurement to ground its regulatory, ISO, and Baldrige activities and to support fact-based decision making. The criteria also emphasizes the involvement of employees at all levels.

The PCC exemplifies the success an organization can have when strong leadership meets high employee engagement, according to Umber. Leadership provides clear structures and duties for employees as it pursues various improvement initiatives. This clarity allows employees to participate with more knowledge and awareness of the PCC's intentions and goals. All of these elements flow together to create superior

organizational results. Everyone, from the top to the bottom, plays a part in the PCC's success.

Process Models

To build its process models, the PCC uses the procedure illustrated in Figure 9. The organization considers its processes and goals and then determines each process' primary purpose, which is often customer-centered. The PCC then conducts internal and external research as appropriate to determine best practices for the particular kind of process it wants to define, whether it be packaging, employee training, laboratory testing, etc. Using this research, the PCC develops a process that not only achieves the end state of the process (e.g., a packaged product, a trained new-hire, and a processed shipment) but also achieves its ultimate purpose (e.g., delighted customers, engaged employees, and enhanced competitive position). The organization continues to review and refine the process until it is most effectively optimized to meet its purpose.

The PCC implements the process and then monitors feedback from employees and customers. The organization's complaint and suggestion systems for employees and customers allow leaders to see the impact new or changing processes have on customer relationships and work in general. The organization follows essentially the same steps to improve an existing process (Figure 9).

The PCC's Process Design and Innovation Procedure

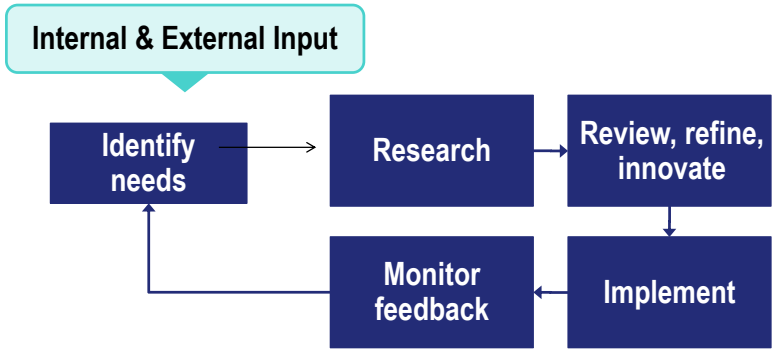

Figure 9

The organization allows each project team to customize the organization's existing process to meet the specific timelines and requirements of the customer. The PCC calls this a customized clinical trial project plan. Employees have the authority to make their own common sense decisions about how the process should proceed based on protocol and regulations. Progress on the projects and adherence to the clinical trial project plan is checked at the weekly meetings and team meetings for the strategic awareness wall.

The PCC designs and evaluates processes based on ISO 9001, with measures to track and drive the processes. The entire organization is trained and structured using ISO standards. ISO audits, issues, and actions are a part of operations. All processes are integrated electronically using Proquis, a document management and business process improvement system used by the PCC and many other organizations in regulated industries like health care, aerospace, or food and beverage.

Change Management

When people visit the PCC, they often wonder how the PCC can possibly be a government organization, said Sandra Mallory, public affairs specialist. Its streamlined processes, engaged work force, and entrepreneurial spirit defy everything most people associate with government bureaucracy. The PCC does not deny that the stereotypical red tape, slow action, and resistance to change exist inside the government or other organizations. Instead, the PCC emphasizes that its job is to work within that system to create a culture that rivals the most innovative industry organizations and to lead other organizations within the U.S. government to develop high standards of quality and efficiency.

Part of what makes the PCC successful is its conscious focus on people, said Mallory. The PCC recognizes the strengths of its structured process methodology; but without an engaged and motivated work force, it could never achieve the high levels of performance it enjoys. The PCC uses Gallup's management approach HumanSigma, which attempts to reduce the variation in employee/customer interactions to drive positive outcomes (alluding to the rigor of Six Sigma and adding the human element to it). HumanSigma is based on the belief that when engaged employees meet engaged customers, the effectiveness of the interaction and the satisfaction both increase. Taking the lead from Richard Sedley at the Chartered Institute of Marketing, the PCC seeks to create repeated interactions that strengthen the emotional, psychological, and

physical investment the customer has in a brand. PCC sees engaged employees as people who are:

- loyal and psychologically committed to the organization,
- in the right role, and
- doing the right thing.

Leadership consistently invests in employee engagement activities. As a result, the percentage of fully engaged PCC employees is 66 percent (compared to the national average of 29 percent). Engagement begins during the new candidate evaluation process, in which the PCC conducts extensive interviews. Once hired, new employees take Clifton's StrengthFinder evaluation (by Gallup) to help them understand how to use their strengths in their assigned role. Employees are offered opportunities to support and grow their strengths. Employees receive performance appraisals twice a year. They participate in "Cowboy Ethics" training. They also participate in an annual Gallup engagement survey. And they receive the opportunity to join a variety of teams across the PCC according to their interests.

The "Cowboy Ethics" training serves to build a common framework and theme for decision making and behavior at PCC. PCC produces a business-card sized reminder of the ethics labeled the "Code of the West." The card identifies 10 core ethics each PCC employee is expected to demonstrate.

1. Live each day with courage.
2. Take pride in your work.
3. Always finish what you start.
4. Do what has to be done.
5. Be tough, but fair.
6. When you make a promise, keep it.
7. Ride for the brand.
8. Talk less and say more.
9. Remember that some things aren't for sale.
10. Know where to draw the line.

During the interview process, the PCC explains the organization's concentration on process, quality, and ethical expectations and how the employee is expected to contribute. Engaged employees quickly learn the PCC's process focus and contribute to its continuous improvement activities, said Kathy Boardman, associate center for clinical trial operations. By being completely open and thorough, the PCC gets the right people into the right roles and sets expectations early. This culture is essential to the PCC's continued success.

Process Improvement

Process improvements allow the PCC to serve customers better, gain new projects, and save time and resources. The ISO principles guide the PCC's continuous process improvement efforts to identify opportunities for improvement, investigate options for change, implement improvements, verify the improvements work, and document each step.

Figure 10 depicts this cycle along with the groups that enable continuous improvement. The PCC relies on its functional sections, matrix teams, and committees to develop, drive, and participate in improvement activities. Everyone in the organization is trained in ISO.

The PCC uses a variety of improvement tools that support the unique characteristics of the PCC. For example, the PCC chose to implement Lean instead of Six Sigma because the Lean methods are more applicable to the PCC's processes. The recent adoption of Lean has already shown great benefit, according to Bryan Del Curto, chief information technology section.

For instance, in 2010, there was a customer who required a more rapid processing time for turning around a product from receipt at the PCC to shipping the medical device to the clinical trial location. A cross-functional matrix team redesigned the process and reduced the time from start to finish by 50 percent, which delighted the customer, minimized personnel required to process the device, and set the stage to improve similar processes for other products.

The PCC's Process Improvement Cycle

Figure 10

The PCC encourages all personnel to submit suggestions for improvement and process issues through a Proquis electronic reporting system. The PCC guarantees that no submission will be used in a punitive way. The PCC hopes the employees realize the organization targets the processes, not the people, as the problem. The PCC continues to see an upward trend in self-reporting, which has resulted in documented changes that improve the organization's quality and processes. The organization addresses nonconformance and suggested improvements as soon as possible to improve the efficiency, safety, and effectiveness of processes with the maximum benefit to customers. Leaders encourage and appreciate employee input that improves process issues or bottlenecks.

Performance and Maturity

The PCC tracks measures related to customers, processes, financials, and employees, using a balanced scorecard approach. The PCC showcases its scorecard as an organizational health indicators dashboard. The organization is completely transparent about its progress and state of health. Every person in the organization has a link to the Health Indicators dashboard on his or her computer desktop, where he or she can check the organization's performance and project status at any time. The organization encourages all employees to review the measures important to them and to make suggestions for improvement at any time, using the electronic system mentioned earlier.

The organization measures the number of improvement suggestions and incidents addressed or corrected. It strives to achieve more than 50 percent of all actions tracked in the system to be improvement actions, not just corrective actions. The PCC wants to prevent similar incidents from occurring and build better processes that transcend the original issue, not just fix issues.

The PCC uses committee and section measures. For example, the quality improvement committee maintains its own dashboard that reviews various quality measures including the number of issues, improvement actions, and customer complaints. This dashboard is also available to all employees. The committee and section measures roll up into organization-wide health indicators.

The PCC trends its data over time, finds comparative data when possible, and segments its results reports for customers, employees, and stakeholders. It aligns measures with its strategic objectives, makes projections, and measures progress in relation to those projections. It also aligns all measures to its mission.

These measures and the evolution of the PCC's measurements system are illustrated in figures 11 and 12.

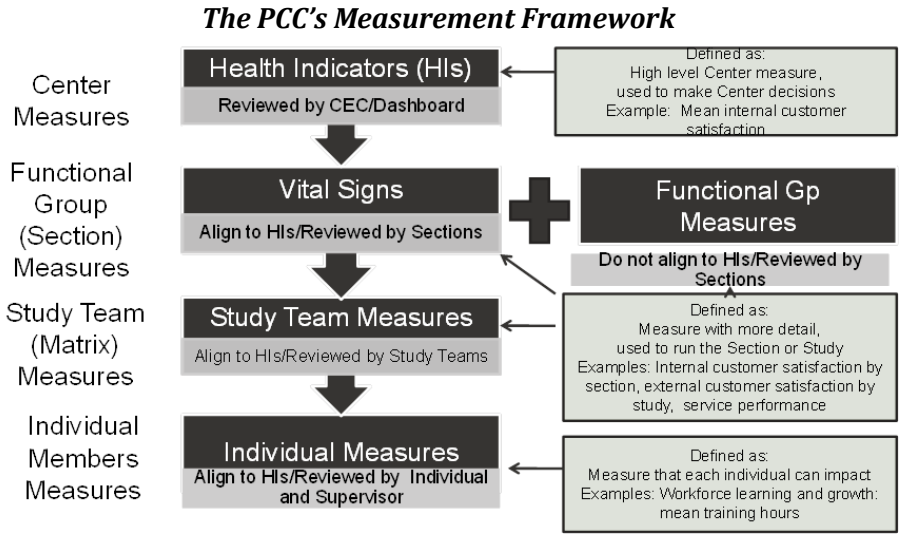

Figure 11

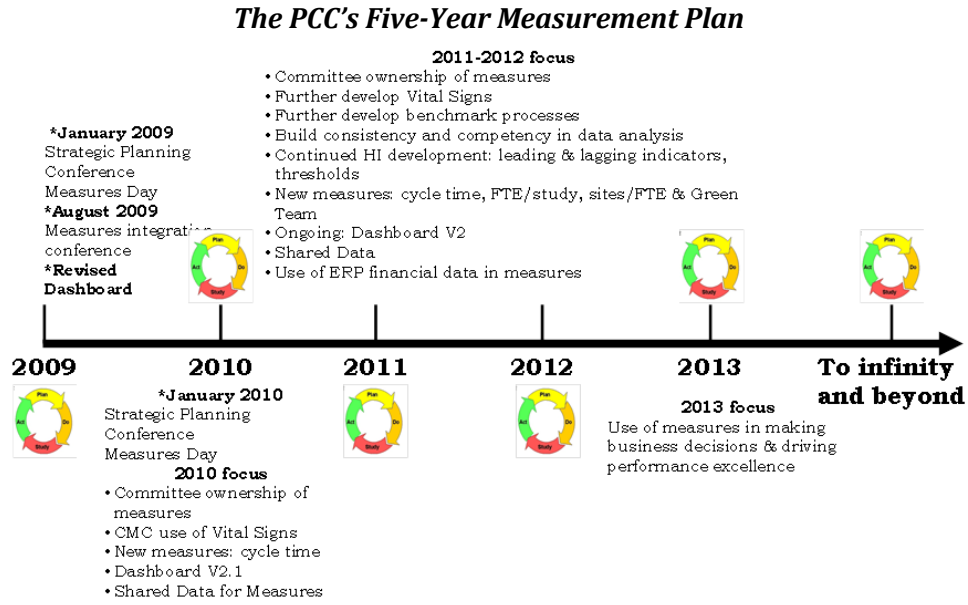

Figure 12

The PCC uses Gallup employee and customer engagement surveys each year to measure how successfully it engages customers and employees. Gallup survey results and the PCC's rankings (alongside Gallup benchmarks and data points from other sources) inform PCC's self-evaluation. The PCC compares itself to others inside and outside of its industry and the public sector. Of course, the award criteria from Malcolm Baldrige, VA Robert W. Carey, Quality New Mexico, and other programs serve as excellent indicators of the organization's progress. The PCC remains open to outside advice and evaluation, taking every criticism as feedback for improvement. The organization uses those external measurements to objectively identify its weaknesses and its strengths.

Tools and Technology

The PCC uses Proquis as its main enterprise software tool for recording processes and managing metrics and improvement plans. Developed as a tool to help organizations become ISO certified and manage risk, Proquis serves as the PCC's core corrective

and preventative action tool. The organization adopted Proquis in 1999; and because the system has met the PCC's needs to date, the organization continues to find innovative ways to interact with the system modules and take full advantage of the software.

In 2006 the PCC added enterprise resource planning software to its technology toolkit, which helped streamline its processes and resource allocation for projects and other initiatives. In 2007 the organization introduced wikis to the mix. Three or four sections use wiki extensively for communication and planning, whereas other sections use it very little or not at all. The PCC approves of sections leveraging the tool as appropriate for their work.

Leadership and IT developed a health indicators dashboard in 2009 and 2010, which increased organizational transparency and generated trust and improvement ideas from employees. Specific people own certain metrics on the dashboard, which they keep current by simply inputting the data into a designated spreadsheet. In 2009 the Cooperative Studies Program rolled out an organization-wide ISO 9001 initiative for all the CSP Coordinating Centers based on guidance, knowledge, and coaching from the PCC with certification expected by the end of 2012.

In 2012 the PCC is rolling out Internet-facing study management Web sites that allow non-VA clinical sites and studies for organizations such as the National Institutes of Health to use capabilities previously limited to sites with access to the VA computer network. Expanding these capabilities to non-VA users will hold the organization accountable in a new way while also generating excitement for customers and employees, said Curto.

The PCC keeps it simple and uses what works. Proquis is fairly robust, so the organization does not anticipate a shift to another system soon, although it would change systems if the current solution proves inadequate for the organization's needs.

RESULTS AND LESSONS LEARNED

After years of chasing the next level of performance, the PCC learned that the status quo becomes stale very quickly. An organization must continually develop new plans and goals to keep employees engaged and its services world-class. Thelma Salazar, associate center director for administrative operations said people too easily become apathetic or disengaged if the organization does not sustain a dynamic and goal-

oriented strategic approach. The PCC strives to keep moving forward, learning more, and sharing more.

The PCC is developing more robust and useful measures and measurement tools. This focus has led to increased benchmarking, even though helpful data can be hard to find. Because the PCC is small, it can be difficult to gain statistical significance with its numbers; but the organization compares the data it has to groups that make sense. The PCC is most proud of its performance in Gallup surveys on work force and customer engagement. The PCC's numbers far exceed that of the government sector; the Cooperative Studies Program Clinical Research Pharmacy Coordinating Center's employee engagement ranks in the 75th percentile of organizations overall; and its customer engagement exceeds the Gallup 90 percentile. For a challenge, the PCC now benchmarks against Gallup's best practices database, which provides a greater variety of high-performing organizations with which to compare performance.

Some of the data suggests that the PCC needs to provide its employees with more time to innovate. In a small organization where every person wears multiple hats, it can be difficult to promise adequate time for free thinking and innovation; but the organization is committed to opening up time to help the organization truly excel. Part of this commitment included reducing the number of strategic initiatives for the year, which opened up time for employees and leadership to concentrate more fully on a limited number of key pursuits.

As the PCC continues its internal efforts, it also conducts performance excellence orientation and training for employees from other Veterans Affairs facilities, as requested. The PCC believes that any organization can achieve what it has achieved if its people are willing to use quality frameworks, strive for world-class processes, are held accountable for their progress, share their experiences, and learn from others.

CONCLUSION

At the PCC, performance excellence means more than perfect manufacturing or delivery. The organization is devoted to developing high-quality processes in every section that result in superior products and services for customers. The PCC takes its mission to improve the health of veterans and the nation seriously and has latched onto clear, proven frameworks—like the Malcolm Baldrige Performance Excellence Framework—to achieve it.

Clearly, strategic alignment and governance factor heavily in the PCC's ability to consistently execute high-quality processes. And the organization returns regularly to strategy development and structured improvement approaches to gain more financial support, the most interesting and competitive projects, and highly talented employees. The PCC works deftly within the bureaucratic governmental and regulatory systems that might encumber it to gain competitive advantage and achieve new breakthroughs in quality and health care every year.