Comparison Between Joint Commission Standards, Malcolm Baldrige National Quality Award Criteria, and Magnet Recognition Program Components

The Joint Commission accreditation standards, the National Institute of Standards and Technology’s Malcolm Baldrige National Quality Award™ criteria, and the American Nurses Credentialing Center’s Magnet Recognition Program’s© Model Components contain many parallels. These parallels can be found at the conceptual level in major categories and in specific requirements. All three sets of requirements share the following characteristics:

- Were originally developed using a consensus-building approach
- Are built upon a set of core values and principles
- Use a framework of important functions that cross internal structures (such as departments) of an organization
- Recognize the “systemness” of organizations
- Focus on continuous improvement in outcomes and organization performance
- Do not prescribe specific structures
- Promote the use of organization self assessment

Concepts that are absent from any one set of these requirements do not necessarily represent deficiencies. Further, these differences do not represent conflicts between the three sets of requirements but rather make the three sets of requirements complementary.

Organizations that use all three—the Joint Commission standards, Baldrige criteria, and Magnet components—may actually have the most robust approaches to organization improvement. For example, an organization that invests heavily in workforce engagement (Baldrige category 5.2) would certainly not be in conflict with Joint Commission standards although the standards do not address many of the concepts in section 5.2 of the Baldrige Health Care Criteria for Performance Excellence. In fact, workforce engagement may create an environment that makes it easier for organizations to meet Joint Commission standards. Similarly, an organization’s efforts to improve medication management may result in innovative approaches that satisfy the Baldrige criteria to design, manage, and improve work systems (Baldrige category 6.1). Those criteria align in turn with the Magnet Model Components of Exemplary Professional Practice (Magnet section III) and New Knowledge, Innovations, & Improvements (Magnet section IV).

12013-2014 Health Care Criteria for Performance Excellence, the Baldrige National Quality Program at the National Institute of Standards and Technology, Gaithersburg, MD.
Differences between the three sets of requirements can be attributed to the following factors:

- The philosophy and purpose of the requirements
- The organization of the requirements
- The evaluation process

Each factor is described below.

**Philosophy and Purpose.** All three sets of requirements promote ongoing improvement in organization performance to achieve some further common good, such as improved patient care or a successful and sustainable organization. The Joint Commission standards are focused almost entirely on patient safety and quality of care issues and the structures that support those goals. While improved patient outcomes are certainly an objective of the Baldrige criteria and Magnet components, the Baldrige criteria also promote sustainable organization performance that provides value to patients and stakeholders. The Baldrige criteria address more “business” issues than the Joint Commission standards. The Magnet program naturally focuses on excellence in nursing.

Though the presentation of a National Quality Award provides an important element of the Baldrige program, the program was never intended to be used solely for the purpose of seeking an award. Rather, the award program inherently sought to limit recognition to a small number of organizations with exceptional performance. Conversely, The Joint Commission hopes to have as many organizations as possible achieve accreditation and certification so that health care organizations continuously address patient safety and quality of care, helping to achieve its vision that all people should always experience the safest, highest quality, best-value health care across all health care settings. The same goal applies to the Magnet program, which encourages all health care organizations to seek Magnet recognition, demonstrating ongoing excellence through quality outcomes and innovative nursing practice.

**Organization.** Each organization arranges requirements according to important categories of organization performance. The Baldrige criteria tend to focus on business functions, while Joint Commission standard chapters address patient care processes and organizationwide functions. Magnet components promote quality in and support of professional nursing practice.

Most of the direct comparability between the sets of requirements can be found in The Joint Commission’s organizationwide functions. Whereas the Baldrige criteria contain a separate section focusing on results, in the Joint Commission standards and their elements of performance results are often incorporated into chapters on specific care processes and organizationwide functions.
Joint Commission standards are directed toward specific settings of care, including ambulatory care, behavioral health care, critical access hospitals, home care, hospitals, laboratories and point-of-care testing, long term care, and office-based surgery practices. Within these settings, requirements for accreditation group into the following chapters:

- Accreditation Participation Requirements (APR)
- Care, Treatment, and Services (CTS)
- Document and Process Control (DC)
- Environment of Care (EC)
- Emergency Management (EM)
- Equipment Management (EQ)
- Human Resources (HR)
- Infection Prevention and Control (IC)
- Information Management (IM)
- Leadership (LD)
- Life Safety (LS)
- Medication Management (MM)
- Medical Staff (MS)
- National Patient Safety Goals (NPSG)
- Nursing (NR)
- Provision of Care, Treatment, and Services (PC)
- Performance Improvement (PI)
- Quality System Assessment for Nonwaived Testing (QSA)
- Record of Care, Treatment, and Services (RC)
- Rights and Responsibilities of the Individual (RI)
- Transplant Safety (TS)
- Waived Testing (WT)

Baldrige criteria fall into seven categories:
1. Leadership
2. Strategic Planning
3. Customer Focus
4. Measurement, Analysis, and Knowledge Management
5. Workforce Focus
6. Operations Focus
7. Results
Magnet components (assessed through Sources of Evidence) require narratives which are supported by empirical outcomes, much like the Baldrige criteria. The five Model Components include the following:

I. Transformational Leadership
II. Structural Empowerment
III. Exemplary Professional Practice
IV. New Knowledge, Innovations, & Improvements
V. Empirical Quality Results

_Evaluation Process._ Baldrige judges evaluate organizations applying for the Baldrige award on the following dimensions:

**Process**
- Approach (how a requirement is addressed)
- Deployment (the extent to which the approach is applied within the organization)
- Learning (acquiring new knowledge and skills)
- Integration (harmonization of plans to achieve organizational objectives)

**Results**
(the organization’s outputs and outcomes; evaluation based on levels, trends, comparisons, and integration)

The Baldrige criteria frequently require organizations to describe how important activities and results are achieved.

The Joint Commission standards and evaluation methods are also based on deployment and results, but do not place as much emphasis on approach. The standards are stated in terms of elements of performance and deliberately do not address how to obtain such results. The intent is to allow for organization flexibility and innovation; how results were achieved may be explained by the organization during the onsite survey, but that is not ordinarily subject to evaluation. The concepts of learning and integration are addressed in a limited number of standards, but are not part of the evaluation process.

Similar to Baldrige, the evaluation of Magnet component, through Sources of Evidence, occurs on the same five dimensions: approach, deployment, learning, integration, and results. Integration, however, focuses on achievement of the nursing strategic plan. The expectations for redesignation as a Magnet organization focus on innovation (learning) and outcomes (results). Organizations write narrative statements to address Sources of Evidence and must provide empirical outcomes.
Similarities and Differences Among Requirements

The following sections explore similarities and differences among specific Joint Commission standards, Baldrige criteria, and Magnet components. In the interest of simplicity, the sections mirror the seven Baldrige categories.

Leadership

The Baldrige Health Care Criteria for Performance Excellence are intended to help organizations strengthen their performance and hence their competitiveness. The leadership section of the Baldrige criteria focuses on the role of senior leaders in enhancing organization performance by creating and promoting a mission, values and goals; promoting legal and ethical behavior; creating a sustainable organization (including innovation and intelligent risk-taking); communicating with the workforce and patients; and creating a focus on action. The use of social media is also addressed in the Baldrige criteria.

The Joint Commission’s “Leadership” chapter focuses on the role of leaders in promoting patient safety and quality of care. The Joint Commission focuses broadly on the responsibilities of leaders, including leadership structure; relationships among leaders and shared and unique accountabilities of leaders; the culture of safety; and important functions that have implications for organization-wide performance. The Joint Commission standards recognize that innovation is an important element of planning and change management, but there are no specific requirements related to that concept. Social media are not addressed in Joint Commission standards.

The Magnet program, based on five Model Components that reflect current research on organization behavior, align with leadership concepts of both Baldrige and The Joint Commission. The Transformational Leadership and Structural Empowerment components of the Magnet model most specifically address leadership. These sections focus on the role of nursing leaders evolving the organization to meet current and anticipated needs and strategic priorities by effective positioning within the organization, management style, communicating expectations, ongoing assessment, empowering nursing, and developing new leaders. Criteria under Exemplary Professional Practice address ethics and conflict.

Baldrige leadership criteria focus on the personal roles of leaders in effective organization performance. The Joint Commission leadership standards, while addressing several similar concepts, are much longer and broader in scope than the Baldrige criteria, addressing additional leadership responsibilities and operational details. The Baldrige commentary points to the importance of relationships and collaboration among leaders when different components of leadership exist. However, The Joint Commission more explicitly describes the roles and responsibilities of different leadership groups in governance, management, and provision of care—
particularly the role of the medical staff leaders. Magnet leadership components are specific to nursing, focusing on strategic planning, advocacy, visibility, role development, community involvement, and recognition of nursing.

Joint Commission standards, Baldrige criteria, and Magnet components all include a culture of safety as an element. The Baldrige criteria and Magnet components look for an organization to describe how it creates and promotes a culture of safety. The Joint Commission standards are more specific in terms of some of the elements of a culture of safety, such as conducting a culture survey, managing behavior that undermines a culture of safety, and opportunities to learn about and participate in safety management activities.

Joint Commission standards, Baldrige criteria, and Magnet components address the importance of a systems view. The Joint Commission explicitly covers organizationwide “systems” in the “Leadership” standards chapter. In the Baldrige criteria, the structure of the requirements (supported by a diagram) provides the systems perspective. In the Magnet components, the Model Component of Exemplary Professional Practice addresses the systems perspective.

The Baldrige criteria emphasize the importance of recognizing and rewarding the workforce and developing their leadership skills as part of organization effectiveness. The Joint Commission’s leadership standards covering those who work in the organization are more focused on sufficient numbers, competence, and the focus of staff on improving quality and safety. The Magnet program addresses strong leadership and support of nursing with a chief nursing officer representing nurses at the highest executive level. Components require nursing management to control its practice, focus on creating a blameless environment, and foster and support excellence through the development of clinical competence and leadership capability.

**Governance and Societal Responsibilities.** Baldrige criteria address governance systems, the performance of leaders, ethical behavior, societal responsibilities, and community support. Standards on similar issues are found in the Joint Commission’s “Leadership” chapter as well as the Magnet’s Model Components of Transformational Leadership, Structural Empowerment, and Exemplary Professional Practice.

The Baldrige criteria look for the performance of the governance system in terms of accountability for management actions and fiscal issues, transparency of operations and disclosure, and protection of stakeholder interests, and succession planning. The Joint Commission Leadership standards focus on the collective and unique accountabilities of all components of leadership, not simply the governance. Standards that are similar to the Baldrige criteria include providing resources, conflict of interest, ethical behavior, meeting the needs of the population served, and compliance with recommendations from external authorities. The Joint Commission standards do not address
succession planning or protecting the interests of stakeholders and shareholders, which is beyond the scope of the Joint Commission’s mission.

While Joint Commission standards address the need for leaders to address the performance of the organization against mission, values, and vision, they do not address the performance of individual board members and other senior leaders. The Baldrige criteria go into significantly more depth than Joint Commission standards on societal responsibilities of the organization.

The Magnet components look for evidence of nursing self-governance and decision-making processes and structures that establish standards of nursing practice and address concerns. Criteria include commitment to community involvement and professional development and support nursing advocacy and accountability.

**Strategic Planning**

The Baldrige criteria identify the organization’s ability to address strategic challenges as evidence of excellence in performance and cover a number of different issues related to the content of strategic plans and their implementation. The Joint Commission recognizes planning as a key organization system critical to patient safety and providing quality care. The Magnet Model Components of Transformational Leadership, Structural Empowerment, and Exemplary Professional Practice include criteria addressing strategy development and implementation in the pursuit of high quality of care, excellence in nursing care, and professionalism.

Joint Commission planning requirements tend to focus on quality and safety issues and patient care services, whereas the Baldrige criteria place more emphasis on organization performance in the marketplace, sustainability and innovation, work system design, and competitiveness. Magnet looks at the care delivery system, staffing, scheduling and budgeting, reviewing the mission, environmental surveillance, and planning decisions.

Joint Commission strategic planning standards apply to the achievement of long and short term goals; meeting changes in the environment; achieving innovation; improving communications, services, and work processes; and performance improvement. Similarly, the Baldrige criteria intend strategy development to be applied broadly to the future in areas such as new services, new markets, partnerships, and workforce and volunteer relationships. The Baldrige criteria tend to have a more external focus on the organization’s performance within its marketplace. The intent of the Magnet components is to promote innovation, effectiveness, and efficiency in collaboration with interdisciplinary partners in order to achieve high-quality patient outcomes.
The Baldrige criteria are more detailed than Joint Commission standards and Magnet components in terms of the elements of strategic planning, such as the process used, evaluation of the current state and potential opportunities, deployment of action plans, and performance projections. For example, Joint Commission standards and Magnet components do not address performance against competitors, whereas Baldrige criteria do. These requirements recognize the importance of data and measurement in successful planning, as well as appropriate resource allocation and the importance of the workforce. Joint Commission standards, Baldrige criteria, and Magnet criteria all cover the ability of the organization to adapt to changes in the environment.

In addition, Magnet components seek congruence among the organization’s vision and values and the nursing division plan, responsiveness to changes in the environment, and chief nursing officer’s influence on strategic planning processes.

**Customer Focus**

Criteria related to the voice of the customer and customer engagement reflect the importance of a customer focus to the Baldrige award. In the Joint Commission standards, the involvement of the patient is reflected throughout several different chapters of the accreditation manual, most predominantly in Rights and Responsibilities of the Individual, Provision of Care, Treatment, and Services, National Patient Safety Goals, Leadership, and Performance Improvement. Magnet components align with Baldrige criteria and Joint Commission standards. The involvement of the patient is reflected in the framework of the Exemplary Professional Practice component which focuses on performance improvement in relation to patient satisfaction and clinical outcomes.

The objective of the Customer Focus section in the Baldrige criteria is to achieve “long-term marketplace success,” a concept not present in the Joint Commission standards. The Baldrige criteria focus on patients and other customers, and address the need to engage potential customers, customer satisfaction with competitors, customer dissatisfaction, market segmentation, and relationship management, including managing complaints.

Joint Commission standards generally limit the customer to the patient. There are several Joint Commission standards that address obtaining patient feedback, including safety concerns, needed services, complaints, and issues important to the population served. The Baldrige criteria, however, go into much greater depth on different aspects of customer engagement (including the use of social media), are much more systematic, and focus on the use of customer information to promote organization performance. Unlike the Baldrige criteria, Joint Commission standards do not address the methods used for customer engagement.
In the Magnet components, the “customer” may be considered to be the patient. Components require that staffing systems incorporate patient needs and the collection and use of nursing-sensitive patient outcome data along with patient satisfaction with nursing care data. Lastly, the Magnet components address the nurses’ perception on the degree to which they provide high-quality patient care.

**Measurement, Analysis, and Knowledge Management**

The Baldrige criteria identify measurement, analysis, improvement, and knowledge management as essential to organization improvement, innovation, and competitiveness. The effective use of data is seen as key to organization success. The quality of data is addresses in the Baldrige criteria as well as in The Joint Commission’s information management standards. The Joint Commission Leadership and Performance Improvement standards recognize that effective use of data is one of the important internal systems that contribute to patient safety and quality of care. This includes data that is used in the day-to-day care of the patient as well as aggregate data that can guide organizationwide improvement. In the Magnet model, the fifth component—Empirical Quality Results—focuses on the measurement of quality outcomes related to clinical practice and nursing leadership. In each of the other four Model Components, empirical outcomes are requested as Sources of Evidence.

Joint Commission standards, the Baldrige criteria, and Magnet components address the importance of measures for tracking organization performance, although the Joint Commission standards are more specific about specific safety and quality issues that must be measured. In addition, the Joint Commission requires organizations to use performance measures (ORYX) as part of the accreditation process. All sets of requirements describe the use of data throughout the organization in decision making, in understanding performance, and in adapting to changes in the environment.

The Joint Commission standards do not directly address the use of customer information in decision-making and innovation. They do, however, contain specific requirements for the evaluation of important internal systems, such as data use, planning, communication, and so forth.

The Magnet components specifically require a comprehensive plan to assess, analyze, and evaluate clinical and operational processes and outcomes. The plan must include attention to patient satisfaction data as well as nursing satisfaction data. Magnet components require access to literature and databases for use by nursing in planning, providing and evaluating patient care. Finally, the Magnet program requires that collaboration with internal resources and external organizations be apparent.
Workforce Focus

The purpose of this section of the Baldrige criteria is to create an effective environment to accomplish the work of the organization, support the workforce, and encourage individuals to work effectively to accomplish action plans and achieve sustainability. The Baldrige criteria recognize that the workforce engagement can have a positive effect on organization performance. Joint Commission standards also recognize the significance of the workforce in achieving patient safety and quality of care; staffing is identified as a significant organization system in the “Leadership” chapter. The Joint Commission standards related to those that work in the organization focus primarily on competence and sufficient mix and number of people to support patient safety and quality. In the Magnet program, two Model Components apply: Exemplary Professional Practice and Structural Empowerment. These components include criteria that, similar to Baldrige, recognize the impact of an engaged, satisfied workforce.

Baldrige workforce requirements address the need to assess and prepare the workforce in terms of capacity and skills. The Joint Commission standards have much more specific requirements about assessing competence, performance evaluations, orientation and ongoing education. Baldrige criteria do not address credentialing and privileging for licensed independent practitioners as do Joint Commission Medical Staff standards. Unlike the Baldrige criteria, the Joint Commission standards do not explicitly cover recruitment practices, workforce benefits and policies, or workforce reductions. However, Joint Commission standards clearly identify the availability of a competent workforce as a leadership responsibility, as do the Magnet components.

All three sets of requirements recognize the need to create an organization culture that fosters open communication and high performance. A significant element of the Baldrige criteria and Magnet components is workforce well-being and satisfaction, but these concepts are not present in Joint Commission standards. Specific issues covered in the Baldrige criteria related to workforce engagement include satisfaction, compensation and recognition, and leadership development. Inclusive in Magnet components are orientation and mentoring provided for clinicians, administrators, and other nursing role specialties at all levels. Magnet requirements value and support the attributes of competency, skill, and educational advancement; address succession planning; link goal-oriented performance appraisal processes to standards of care and standards of practice; and measure nurse satisfaction. All these issues contribute to a workforce supported by its leadership.

Operations Focus

The Baldrige criteria and Magnet components identify work system design, management, and improvement as critical to a successful and sustainable organization that provides value for patients and stakeholders. The Baldrige criteria address the work system broadly, intending the criteria to
apply widely to a variety of work systems, including those that relate to direct patient care as well as business processes. The majority of Joint Commission standards address the processes for providing safe, quality patient care, with separate chapters addressing different facets of the care process (for example, Nursing, Medication Management, Infection Prevention and Control, and Care, Treatment, and Services) and important functions that support them (for example, Human Resources, Information Management, Infection Prevention and Control, Environment of Care, and Record of Care, Treatment, and Services). Magnet components broadly address the work system which also allows for the application of the requirements to a variety of settings. The work system is intended to promote consistent, efficient and accountable delivery of care.

The Baldrige criteria emphasize a healthy and safe work environment. Although Joint Commission Environment of Care standards address how the environment affects the patient, they also contain several requirements related to staff safety and occupational illnesses through requirements for security, equipment, fire drills, and so forth. The Magnet components also require evidence of structures and processes used to improve workplace safety and a facilitywide approach for proactive risk assessment.

While there are a number of similarities between all three related to work processes, this area also holds some of the most significant differences.

All three sets of requirements describe the importance of identifying the services to be provided and how they are designed. However, The Joint Commission provides much more detail on specific patient care processes, such as patient assessment and treatment, medication management, restraint and seclusion, as well as supporting functions such as infection control and the environment of care. The Joint Commission also has more specific requirements pertaining to emergency management. On the other hand, the Baldrige criteria addresses cost control, innovation, and supply chain management, which are not included in Joint Commission standards. The Magnet components require a demonstration of the care delivery system which includes not just the patient but the support system as well.

The three sets of criteria are comparable in addressing patient expectations and preferences when providing care. The Baldrige criteria looks for information on “how” certain things are performed, such as how work systems are managed and improved. The Joint Commission standards do not explicitly focus on how things are accomplished, although that may be addressed through the survey process. The Magnet components look to collaborative mechanisms that are evident in formulation and approval of clinical policies, standards, and/or guidelines. Standards, structures, and processes frame and shape the practice of nursing. Care delivery models must incorporate evidence based practice. Work systems promote, support, monitor, and improve patient and staff safety and involve nurses in improvement planning and processes.
Results
This section of the Baldrige criteria focuses on the results necessary to sustaining the organization. Performance assessment is addressed in several different sections of the Joint Commission standards (particularly the “Performance Improvement” chapter) and through the survey process. The Magnet model requires data outcomes in quality of care that align to the component of New Knowledge, Innovation & Improvements; this is supported by component Empirical Quality Results. These data demonstrate ongoing assessment of the structures and processes of care identifying both improved performance and opportunities for improvement.

While Joint Commission standards, and Baldrige criteria, and the Magnet components contain requirements that address the effectiveness of important activities, the Baldrige criteria could be considered to be more encompassing in its expectations. The Baldrige criteria focus on outcomes in several areas not explicitly addressed in Joint Commission standards, including productivity and cycle times, strategy implementation results, patient satisfaction levels, patient and stakeholder engagement various aspects of the workforce climate, societal responsibilities, and financial and market performance. The Joint Commission Leadership standards specifically look for the evaluation of the effectiveness of systems such as data use, planning, communication, change management, staffing, and performance improvement. Evaluation of effectiveness is also expected for the infection control program, medication management system, and safety in the environment of care. The Magnet components require evaluation of the effectiveness of specific activities that are measured and benchmarked. These outcomes include clinical practice, patient satisfaction, overall costs, and staff satisfaction.