

UAHQ Newsletter- April -- June 2005

THE PRESIDENT'S CORNER

June Newsletter President's Message

Personal Message

Hello UAHQ members. Have you seen the advertisement yet that says, "Take back your vacation?" If you have somehow turned into a worker bee who only takes a day off here or there, I would encourage all of you to plan a REAL vacation. Take an entire week or two off work. Now before you start lamenting about how far behind it will make you, stop and remind yourself about the priorities of your life.



When you were young, did you wish for going to work every day and never changing your routine? Did you fantasize about meeting endless deadlines and stockpiling vacation hours? Are you so busy that planning a vacation seems like a chore?

Now ask yourself this question. Do you have daydreams about getting to go to work the next day and how fun it will be? Well, guess what? The people who do think that way all take regular vacations and are more productive at work because they took time off! Think of how the body is affected when you don't get enough sleep. Pretty soon you are ineffective, no matter how hard you work or no matter how strong your will is. Not taking a vacation can have similar effects. What makes you feel alive? What makes you dream again? Right now, think of some place you've always wanted to visit before you exit the planet. Now make a plan to visit that place within the next year. Take the obstacles that pop into your brain and begin thinking, "If that weren't an obstacle, where would I want to go and what would I be doing?" Then jot down the obstacles and begin taking "baby steps" towards resolving them. Do something daily if you have to just to get rid of those obstacles. Pick a vacation date first, block it out on your calendar, and begin planning backwards to the current date. Make it happen and if you have to, just pretend it's a work priority. It will get done that way. When you return from your vacation, drop me a note about how you are now functioning on the job.

We are all so busy being responsible that we forget how important it is to give your mind and body a little trip from the "usual." There are many benefits to taking time off work, including non-selfish benefits that will actually serve your employer.

I recently took the advice of "take back your vacation" with a trip to the big island of Hawaii. While I was there, I drove past a sign that informed me "Mark Twain lived here." I stopped in the small town and picked up some pamphlets about his writing. I read a quote by him that for some reason really stuck with me. It is ironic that upon my return to Utah, I have heard 2 more references to this exact quote. Then last night as I was reading the latest NAHQ President's Message by John Hartley, there it came up again a 3rd time! Here's what the quote says...and while you are reading this, think about what I just told you about taking vacations.

Mark Twain once said, "Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover."

Western States Alliance News

Nevada and Colorado are looking to join the Western States Alliance.

The alliance is starting to work. Washington and Oregon recently joined efforts to be able to offer a great speaker they couldn't have afforded separately. Two of the Western Alliance States are offering CPHQ Preparation Courses (California and Washington).

NAHQ Updates

The NAHQ Board approved an initiative in March 2005 to join the Institute for Healthcare Improvement's 100,000 Lives Campaign. This is a national campaign to save 100,000 lives by implementing proven healthcare improvement techniques. The campaign aims to enlist more than 1,600 hospitals across the country in the next 18 months to reach this goal. The campaign was formally unveiled on December 14, 2004. NAHQ endorses and encourages our members' involvement in this initiative.

Healthcare facilities that choose to participate in the campaign commit to implement some or all of the following six quality improvement changes:

Deploy rapid response teams, deliver reliable evidence-based care for acute myocardial infarction, prevent adverse drug events by implementing medication reconciliation, prevent central-line infections by delivering steps called a central-line bundle, prevent surgical site infections by reliably delivering the correct peri-operative antibiotics, maintaining glucose levels, and avoiding shaving hair at the surgical site, and prevent ventilator-associated pneumonia by implementing steps collectively called the ventilator bundle. To learn more about the 100,000 Lives Campaign, go to www.ihl.org/ihl/programs/campaign

The NAHQ Election is over and the votes are in. The 2005-2006 NAHQ Board:

Heidi Benson, President-Elect and Carol Lee Hamilton, Member Services Director. Also elected to the Nominating Team are: P. Mardeen Atkins (OH), Teresa Gonzalvo (OH), and Kathy McWhorter (GA).

I'd like all the UAHQ members to be thinking about running for a UAHQ office at the end of the year. Our organization is fairly small and it's fun to see new faces come onto the board and interject new fresh ideas. Speaking from experience, what you get out of this experience of serving is so much more than you put into it. We are working very hard on creating an organized orientation to UAHQ job descriptions/roles. Hopefully you could then step right into your new role and begin right away interjecting your own talents and creativity.

Don't be afraid to take a big step when one is indicated. You can't cross a chasm in two small steps."

-- *David Lloyd George*

9/17 – 9/20/05 – NAHQ 30th Annual Education Conference, New Orleans, LA

Let me take a moment to plug the national conference happening in Sept. In a word, it's a wonderful thing to participate in to re-energize you and your professional enthusiasm. The speakers are out of this world --- positive, motivating and knowledgeable and offer some real hope and solutions for the future of Healthcare. If you can't afford to go, ask your organization to help you, have a garage sale or pawn off some items at the local pawnshop. It's very much worth it not only for UAHQ board members, but also for all the UAHQ membership. You can earn up to 15 CPHQ continuing education credits all at once. It's worth the time and the money. It's very fun too because you get the opportunity to hang out with those conference goers from Utah. Come with us this year and maybe add a few days vacation onto your stay. Doc Hollywood will be speaking on the theme that Laughter is Great Medicine: Brent James, M.D. will be speaking about the implementation of the electronic medical record; our very own UAHQ members, Linda Johnson and Marlyn Conti, as well as HealthInsight's Thom Jackson will also be speaking. Log on to www.nahq.org to get more information and to register.

Anita Garrison, Chair, of the Conference Planning Committee reports that the agenda for the conference **scheduled for September 17 – 20, 2005 in New Orleans, LA** is set and all speakers are confirmed. There will be 4 pre-conferences this year, including a new offering that should appeal to NAHQ members, "Successful Leadership Tips & Skills: For Women and Those Who Work with Women". The session presented by Mindi K. McKenna, PhD, MBA, will explore key factors that shape your leadership style – gender and generation factors, role expectations, values and beliefs. Tap into your strengths; address the factors that may hinder your success. Learn to flex your style temporarily for greater impact. Develop an actionable plan to enhance your sense of fulfillment and your effectiveness as a leader in healthcare. I am sure this pre-conference will be a real favorite among our participants this year.

Linda Scribner, HQF (Healthcare Quality Foundation) Chair, reports that the Silent Auction will again be held in New Orleans in September. Last year was a huge success and the desire expressed by the members to do it again rang through. She hopes that all the Affiliated States as well as individual

members and others will prepare and donate a basket to the HQF Silent Auction. Of course, the best part will be in New Orleans bidding on the great items our members have donated on behalf of continuing our professional development.

Linda has also announced that there is a new HQF Grant recently approved. The HQF Certification Grant awards financial assistance to a healthcare quality professional who has not yet achieved the CPHQ credential by sponsoring their fee to take the exam. The deadline for application for the HQF Certification Grant is May 27. Be sure to share this with your colleagues and visit the NAHQ website to learn more about this grant and the application process.

The Past President's Council special task force is working on the special 30th Anniversary Celebration to be held in New Orleans in September. This group, headed up by L.J. Guthman is seeking old photos, past year's membership lists as well as any help in locating past members, particularly "Charter" members...those individuals who were instrumental in getting NAHQ started way back in 1976. If you have information you would like to share about the history of our organization, please contact L.J. at lfg@ivinsonhospital.org.

CPHQ News

The Certified Professional in Healthcare Quality (CPHQ) designation requires, first, successful completion of what has become an international examination under the auspices of the Healthcare Quality Certification Board, and then ongoing maintenance of CPHQ status through continuing education.

Know anyone who would like to take the CPHQ exam? Suzanne Williams, a NAHQ Fellow wrote, "Because there isn't a traditional academic track for healthcare quality, taking the CPHQ exam and achieving the credential is very beneficial. It demonstrates that you have mastered that body of knowledge." The Quality profession must continue to capitalize on the desire to improve healthcare in order to attract new people into the field. It's part of our job not only to keep up with all the changes, but to help lead them as well.

NAHQ is offering a streamlined one-day session. Friday, September 16th, 8-5pm, New Orleans Marriott Hotel (just prior to the beginning of the NAHQ Annual Conference.) Also new in 2005, Q Solutions is the recommended test for the review course. It presents in-depth information on healthcare quality methods, information management and application, strategy and leadership, change management and innovation, and continuous readiness. Q Solutions will be available onsite at the meeting. You can register for the course and order Q Solutions by going to www.nahq.org

The **Washington State Association of Healthcare Quality** will also be providing a two-day CPHQ training session (June 23/24). This is for those who are preparing for their CPHQ exam or for those who would like a tune-up and CEUs for their renewal. As a participating state in the Western States Quality Alliance, UAHQ members are eligible for the member-only tuition discount. Contact the following professionals for more information:

Patricia Terry BSN, RN, CPHQ
WSAHQ Board President - 2005
Cell: 206-409-8291

Additional contact: Jerilyn Anderson extex97@comcast.net

The **California Association of HealthCare Quality** is also hosting a CPHQ Certification Prep Workshop. The dates are: July 14-15, 2005 and October 20-21, 2005. Janet Brown herself will be teaching these. Janet's initial 50 pages of "helpful study materials" have grown into the 900-page, eight-chapter, annually revised Healthcare Quality Handbook: A Professional Resource and Study Guide, now in its 18th edition. The Handbook is the text for the Healthcare Quality Overview and Certification Workshops. This course has been approved for 14 hours CE for recertification. See www.CAHQ.org for detailed information.

Kristine Gilbert, President, UAHQ

2005 UAHQ Board members

President – Kris Gilbert, (801) 85-1335442-3173, Kristine.Gilbert@hsc.utah.edu
President Elect – Anne Smith, (801) 892-0155, anne.smith@healthinsight.org
Past-President – Marlyn Conti, (801) 442-3173. marlyn.conti@ihc.com
Secretary – Jan Orton, (801) 442-3344, jan.Orton@ihc.com
Treasurer -- Patrice Warner, (801) 773-3339, Patricepwarner@yahoo.com
Member At Large - Ann Merkley, ann_merkley@msn.com
Chair, Communications/Networking Council – Jackie Mead, (801) 442-3602, Jackie.Mead@ihc.com
Chair, Legal/Legislative Council – Pam Bennett, (801) 582-1565, ext 2090, Pamela.Bennett@med.va.gov
Chair, Education Council – Pam Dark, (801) 442-2925, pam.dark@ihc.com
Chair, Finance Council – Wanda Gutierrez, (801) 538-9484, wgutierrez@utah.gov
Facility & Communications Coordinator – Kontheary Leuk, (801) 892-6642,or 892-0155, Kleuk@healthinsight.org
Representative, Home Care Services Association – Michelle Dunn, (801) 233-6238, mdunn@cnsvna.org

LEGISLATIVE CORNER

LEGAL/LEGISLATIVE COUNCIL

Awareness of legislative activities is essential for those clinicians involved in the advancement of Patient Safety practices. In 2005, House Bill 285 proposed amendments to the Nurse Practice Act that would allow a certified nurse aide to become a certified medication aide and administer routine medications to patients or residents of long-term facilities.

It was with welcome relief that the Utah Nurses Association (UNA) provided a swift and articulate response to defeat such an initiative. The UNA arguments reflect statistics from the Institute of Medicine’s report that estimates nearly “44,000 Americans die each year as a result of medical errors.” Adverse event statistics have implications for the design of safe care delivery models in both the hospital and the community setting.

Research studies have validated the need for Registered Nurses to be involved in the medication review and administration process. UNA argued that medication aides do not possess fundamental skills to intercept medication errors, thus putting an aging population with multiple medication therapies at risk for harm. Adverse outcomes from medication can occur when administered at “**normal dosing ranges**” and a very small percent of adverse outcomes are due to actual error itself. The impact of medication error should not be discounted. The New York State Department of Health, between June 2000 and May 2002 reviewed 108 medication error reports. Of the medication errors reviewed 18% resulted in permanent harm, 48% were near-death errors, and 23% of the errors resulted in death. Potential adverse drug events and medication errors require a clinician’s familiarity both with drugs and safe administration processes. The Registered Nurse becomes the last line of defense for the prevention of a medication adverse event/error.



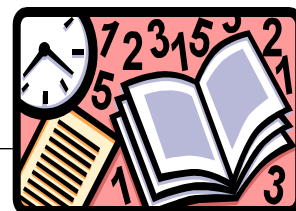
How can Quality Improvement Professionals (QIPs) aid in the design of safe health care delivery models in our community? QIPs enhance an organization's response to legislative challenges through the provision of data and system analysis. QIPs possess skill sets that support both administrative and clinical leaders to turn data into information so that care delivery models are designed that support patient safety practices.

REFERENCES:

Duthie, E. (2005). "Quantitative and Qualitative Analysis of Medication Errors: The New York Experience. Advances in Patient Safety: From Research to Implementation. AHRQ Publication No. 05-0021-1.

Talking Points – HB 285 – Nurse Practice Act Amendments

Pamela J. Bennett RN, MSN
UAHQ Legal/Legislative Council Chair



EDUCATION COUNCIL

During 2005 the Education Council will continue to sponsor **Brown Bag Education Meetings** for members and guests. **Mark your calendars now for the following dates:**

- **Thursday, June 9, 2005** –“About Core Measures: The Core and More” presented by Jan Orton, MS, RN, CPHQ, Clinical Operations Data Coordinator for Intermountain Health Care’s corporate office.
- **Thursday, August 11, 2005** – Topic to be announced
- **Thursday, November 10, 2005** – Topic to be announced—will also include an annual business meeting and networking social.
- **February 2006** – **UAHQ Annual Conference** – **watch for the date in future announcements!**

All Brown Bags are held from Noon – 2:00 P.M. at HealthInsight, 348 East 4500 South, Suite 300, Salt Lake City, Utah 84107. A Board Meeting will follow from 2:00 – 4:00 p.m. All UAHQ members are welcome to remain and attend the Board Meeting. If you have any items for the Board agenda, please contact Jan Orton at Jan.Orton@IHC.com

All presentations will be held at HealthInsight, 348 East 4500 South, Suite 300, Murray, Utah 84107.

Pam Dark
UAHQ Education Council Chair

SEMINARS AND EDUCATION OPPORTUNITIES IN 2005

- (1) **Joint Commission Resources presents: A Custom Education Program for Continuous Systems Improvement, Sponsored by Intermountain Health Care**
September 22-23, 2005
Hilton Salt Lake City Center Hotel, 255 South West Temple, Salt Lake City, Utah

This conference is designed as a “workshop” format, with participant involvement being a key factor in producing a new approach to continuous systems improvement. Attendees will learn to (1) Describe the concept of Systems Theory and how it applies to their organization; (2) Use organizational baseline data to manually identify priority focus areas; (3) Conduct a patient or systems tracer similar to survey process and (4) Create plans of action and write measures of success. For more information, contact Joan Golden at (801) 442-2851; joan.golden@ihc.com

- (2) **Washington State's Association for Healthcare Quality presents a two-day training session for those preparing to take the CPHQ exam.**
June 23-24, 2005

Check the UAHQ website for the brochure and registration information.

- (3) **California Association for Healthcare Quality presents "the 2005 Healthcare Quality Overview and Certification Workshops" for those preparing to take the CPHQ exams.**
July 14-15, 2005
October 30-31, 2005
Ontario Airport Marriott, Ontario, California

Janet Brown, author of *The Healthcare Quality Handbook: A Professional Resource and Study Guide*, has taught more than 85 workshops nationally for healthcare quality professionals preparing for the CPHQ Certification Examination. Registration is limited to the first 110 responding. Call 800-230-3163 or 626-793-7125 for further information.

- (4) **IHI WEB seminars, Preventing Avoidable Deaths with Rapid Response Teams to be held June 30, 2005; July 7, 2005, August 4, 2005**

Hundreds of lives are now being saved in hospital units across the country through the use of Rapid Response Teams. A Rapid Response Team (RRT) — known by some as the Medical Emergency Team (MET) — is a team of clinicians who bring critical care expertise to the patient bedside (or wherever it is needed). A key intervention in IHI's 100K Lives Campaign, Rapid Response Teams have had proven success in saving lives.

Rapid Response teams have been credited with a:

- **50 % reduction in non-ICU arrests.**
- **Reduction in post-operative emergency ICU transfers by 58%**
- **Reduction in post-operative emergency ICU deaths by 37%**

In this series of three web-seminars with action periods in between, you will design and pilot test a rapid response team with the support and guidance from expert faculty.

Program Agenda:

Session 1: Introducing Rapid Response Teams

Date: Thursday, June 30, 2005

Time: 2:00 – 3:30 PM, Eastern Time

Session 2: The Nuts and Bolts of Establishing Rapid Response Teams

Date: Thursday, July 7, 2005

Time: 2:00 – 3:30 PM, Eastern Time

Session 3: Evaluating and Spreading Rapid Response Teams

Date: Thursday, August 4, 2005

Time: 2:00 – 3:00 PM, Eastern Time

Participants Will Learn:

- The overall concept and design principles for Rapid Response Teams
- How to apply teamwork and communication tools as part of deploying the Rapid Response Teams

- How to plan and conduct a pilot test of a Rapid Response Team on one unit within your organization

Faculty and Featured Speakers include:

Alice Davies, RN, BSN, Senior Project Coordinator, Seton Health Network, Austin, TX.

Terri Simmonds, RN, Principal, Safe and Reliable Healthcare, LLC. Director, Institute for Healthcare Improvement (IHI) Boston, Massachusetts, USA.

Michael Westley, MD, Medical Director Critical Care and Respiratory, Virginia Mason Medical Center, Seattle, WA.

John Whittington, MD, Director of Knowledge Management/Patient Safety Officer at OSF Healthcare System, Peoria, IL.

What is a Web&ACTION?

A Web&ACTION is an experiential learning program that combines intensive, interactive, expert-guided web-based seminars, with intensive learning in a series of expert-led web-based session with Action Periods during which participants put that learning into practice in a series of detailed assignments.

Registration Fees:

The fee for each series includes:

- One web/telephone connection
- One set of handout materials
- Unlimited participant attendance at your site through the use of one computer terminal and one phone line only (additional computer terminal and phone line connections require separate registrations). IHI will bill users the full registration fee for the use of additional computer terminals and phone lines.

Regular: \$975

IMPACT Member Rate: \$825

Special Discount Rate for independent, federally qualified health centers not affiliated with a hospital or health system, independent practices with fewer than 20 physicians, and hospitals with fewer than 50 beds: \$500

Web&ACTION: Building a Safety Culture through Leadership WalkRounds: Begins
June 20, 2005

<http://www.ihl.org/IHI/Programs/ConferencesAndTraining/WebandACTIONWalkRounds.htm>

Patient Safety Officer Executive Development Program:
September 21-28, 2005

<http://www.ihl.org/IHI/Programs/ConferencesAndTraining/PatientSafetyOfficerProgramSeptember2005.htm>

Quality Operations Officer, Las Vegas Nevada

Qualifications include current RN license, bachelor's degree in healthcare related field (Master's preferred, but not required.) Experience in quality/compliance assurance programs, strong knowledge of NCQA accreditation standards. Ideal candidate will possess knowledge of managed care and have recent acute care experience, strong analytical and problem solving skills, and excellent organizational, professional, interpersonal, written and verbal communication skills.

Duties include coordinating design, implementation, measurement and analysis of utilization and clinical programs. Collects, analyzes and reports utilization and quality data as directed, as well as, other data as needed including HEDIS, variance days, satisfaction surveys.

If you are interested in this position, please contact Laura Stevens at Health Source Partners, PO Box 7423, Houston Texas 77248-7423. Mobile: 832-428-2503; email: healthsourcepartners@houston.rr.com

Director, Quality and Performance Improvement, St. Joseph's Healthcare System, Paterson, New Jersey

This healthcare system is a winner of the National Magnet Award for Nursing Excellence. It serves approximately 2 million people over a four county area through a full complement of medical services from birth through maturity. Sponsored by the Sisters of Charity of St. Elizabeth, it includes: St. Joseph's Regional Medical Center, St. Joseph's Children's Hospital, St. Joseph's Wayne Hospital, St. Vincent's Nursing Home and Visiting Health Services of New Jersey, Incl. St. Joseph's Regional Medical Center is a teaching affiliate of Mount Sinai School of Medicine and St. George's University Medical School.

This position reports to the Vice President/Chief Nursing Officer, the Director of Quality and Performance Improvement and functions as a member of the hospital's management team with the overall responsibility to develop and direct an effective, comprehensive hospital-wide Performance Improvement Program. Key performance improvement program components include: clinical process improvement, data information management, medical staff peer review, DOH, JCAHO and other regulatory compliance for quality of care.

A competitive compensation and benefits package is offered.

If you are interested in this position, please contact Ann Lazur, Search Consultant, Healthcare Resource Solutions, 2005 Market Street, 8th floor, Philadelphia, PA 19103. Phone: 215-965-2811; email: alazur@hc-rs.com

To have job opportunities posted or shared here, email Jackie Mead at Jackie.Mead@ihc.com

**Jackie Mead, Chairperson
UAHQ Networking/Communication Council**

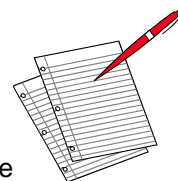
SHARED LEARNING CORNER

NAHQ PUBLISHING OPPORTUNITIES

JHQ's Editorial Board always encourages papers for publication on the following topics; Accreditation Issues and Successes, Administration/Management, Behavioral Healthcare Quality, Compliance, Conceptual Articles, Continuum Focus, Education's Move to Quality, Evidence-Based Practice, Global/International Issues, Government Affairs and Policy-Making, Information Systems and Management, Innovations in Healthcare, Knowledge Management, etc. Submissions can be in the form of featured articles, brief reports, quality stories, or letters to the editor. Please see *JHQ Information for Authors* <http://www.nahq.org/journal/pubsauth.htm> for assistance in preparing your submission. For a more detailed description of each topic, please visit the NAHQ/JHQ Web site at <http://www.nahq.org/journal/pubstopc.htm>

WANTED: MANUSCRIPTS AND PRESENTATIONS

Have you recently completed a QI project that has positively impacted clinical care, customer satisfaction, access to health care, or the bottom line? Maybe it has simply made it easier to do the right thing the first time? Maybe you have learned a new tool and others could benefit from your experience. UAHQ is formally requesting that you share what you are doing, what challenges you are meeting and how you are overcoming barriers to quality in your institution. There is so much to do and so much to learn that none of us have the time to reinvent the wheel. Let's take a minute and share something that we have learned with each other. Send your ideas, experiences, etc. to Jackie Mead at Jackie.Mead@IHC.COM for inclusion in our next newsletter. Have you given a presentation lately or had an article published? Let us know so we can alert members to listen and read your work. We all know how important teams are in making progress; let's model this team behavior and share what we are learning-----



NAHQ GOLDEN PEN AWARDS

NAHQ's Journal for Healthcare Quality (JHQ) Golden Pen Awards recognize NAHQ members who have demonstrated excellence in writing for the Journal of Healthcare Quality. The purpose of this award is to (1) Recruit new members for NSHQ; (2) Increase the rate of submission of manuscripts to the journal; (3) Increase the visibility and exposure of the journal in the healthcare quality profession, and (4) Provide special recognition for outstanding contributions to the journal.

The 2004 recipients of the Golden Pen for **New Authors** were: Jan Orton, Julie Jacobson, and Peter Haug, Salt Lake City, Utah for "Automation of Performance Measures Reporting." (September/October 2003 issue of JHQ) Recipient of the Golden Pen Award for **Authors** were: Carolyn Gallagher, Palmetto Bay, Florida, "Parsimonious Versus Patient-Centered Care: Quality Issues in Childhood Immunization," (September/October 2003 issue of JHQ)

Eligibility Criteria for JHQ Golden Pen Award

- The author (or the primary author in the case of multiple authorship) must be a NAHQ member at the time the article is published.
- The winner of the award is not eligible the following year.
- Members of the NAHQ Board of Directors, the Editor-in-Chief of the journal, and the Editors of the journal are not eligible during their term of service.
- Members of the JHQ Editorial Board and Review Panel are eligible.
- All feature articles, quality stories, and quality toolbox articles published in one volume (a calendar year) are automatically eligible.
- Guest editorials, quality leader interviews, brief reports, quality network reviews, media reviews, and quality products and resources are not eligible.

Eligibility for New JHQ Author Golden Pen Award

- The author (or the primary author in the case of multiple authorship) must be a NAHQ member at the time the article is published.
- The primary author has not previously published an article in the journal or been a secondary author for a previously published article.
- Members of the NAHQ Board of Directors, the Editor-in-Chief of the journal, and the Editors of the journal are not eligible during their term of service.
- Members of the JHQ Editorial Board and Review Panel are eligible.
- All feature articles, quality stories, and quality toolbox articles published in a volume (a calendar year) are automatically eligible.
- Guest editorials, quality leader interviews, brief reports, quality network reviews, media reviews, and quality products and resources are not eligible.

Selection Criteria

1. Awards Panel members will review eligible submissions and rate them based on these criteria.

Topic is in alignment with the mission and vision of <i>JHQ</i> .	1	2	3	4	5
Topic addresses the interests of the majority of <i>JHQ</i> readers.	1	2	3	4	5
Article proposes reproducible solutions to a critical issue.	1	2	3	4	5
Topic is well-researched and includes evidence from the literature.	1	2	3	4	5
Topic is timely.	1	2	3	4	5
The article does an exemplary job of tying theory or research results to practical strategies that healthcare professionals can apply to their jobs.	1	2	3	4	5
Overall style and grammar meet high standards of usage.	1	2	3	4	5
Article was interesting to read.	1	2	3	4	5
Article has such value as to be honored by <i>JHQ</i> as a outstanding article published in <i>JHQ</i> during the past year.	1	2	3	4	5

2. The initial ratings received during the manuscript review process also will be taken into consideration. Manuscript review ratings from three reviewers will be averaged and a composite score will be determined.

Award Procedures

1. The Golden Pen Awards program will be announced each year in the journal (January/February issue), in *NAHQ News* (Spring issue), and on the journal's Web site.
2. Each year, the Editor-in-Chief will assign 4-5 members of the *JHQ* Team to serve as panel experts to select the award recipients. The Editor-in-Chief will serve ex officio but will have voting authority if there is a tie vote. A NAHQ member-at-large, selected by the Editor-in-Chief, also will be included on the Awards Panel.
3. The Awards Panel will select one winner of the Golden Pen Award and one winner of the Golden Pen-New *JHQ* Author Award. There will be no honorable mentions.
4. Once the November/December issue has been published, journal staff will identify the authors and articles eligible for the awards and send this information to the Editor-in-Chief.
5. The Awards Panel is to make its recommendations to the Editor-in-Chief by February 1 of the following year.
6. Both awards will be presented at the annual NAHQ educational conference and will consist of:
 - A plaque for the primary author
 - Certificates for secondary authors
 - A pen for every author
 - Complimentary registration to the NAHQ Conference for the primary author to attend and receive the award.
7. The Editor-in-Chief/designee will present the awards at the annual education conference.

**DEADLINE FOR APPLICATIONS IS JUNE 22, 2005. If interested, please contact Isabelle Olson, Team Leader, NAHQ Awards team, at isabelle.olson@med.va.gov or at 203-573-7642 or Lizz Woten, NAHQ HQ, 847-375-3675, lwoten@nahq.org
Application is available on-line at nahq.org**

REFLECTIONS AND RESEARCH

Total Quality Management: Management Theory or Set of Tools?

By Marlyn Conti

The Total Quality Management (TQM) approach began in the mid-1920s at the Bell System with an initial focus on statistical process control (SPC) (*Juran, 1989*). The SPC process is based on scientific management and statistical foundation. (*Rahman, 2004*) Shewhart is generally considered the first to have developed process control charts and use them to build on Frederick Taylor's 'Scientific Management' approach. As Thwarts' continuous improvement process took hold, this approach became "known as the Shewhart/Deming/ PDCA cycle (Deming, 1951)" (*Rahman, 417*). PDCA is a four-step process (plan, do, control, act), which is very reminiscent of the management functions of planning, leading, organizing and controlling. Juran described TQM as a "trilogy' of management processes: quality planning, quality control, and quality improvement" (*Juran, 1989*).

A review of recent literature revealed contradicting claims that TQM is just beginning to prove itself and other claims that TQM is dead and should not be mourned. Dale (2001) reports that, "TQM is a continuum of theories, touching soft and hard aspects of organizations." Dale, (2001) Dalgiesch, (2003) and Rahman, (2004) state that, "TQM is a management approach for improving organizational performance that encompasses a variety of topics both technical and behavioral." Raman's (2004) "technical and behavioral" topics are similar to Dale's (2001) hard and soft aspects of TQM. Deming prescribed TQM in 14 points, which he claimed to be "a set of principles (of transformation)" required for any organization to "remain competitive in providing products and services" (p. 411). Dale (2001) reported on a study by Anderson, (1994) who identified a "conceptual framework for TQM using seven concepts, which include visionary leadership, internal and external cooperation, learning, process management, continuous improvement, employee fulfillment, and customer satisfaction." Dale (2001) believes that the effectiveness of the Deming management method arises from leadership efforts toward the simultaneous creation of a cooperative and learning organization. The implementation of process management practices "support customers satisfaction and organizational survival through sustained employee fulfillment and continuous improvement of processes, products, and services" (Dale, 2001).

Strengths and Weaknesses

Recent literature and personal experience demonstrate that one of TOTAL Quality Management's major strengths is the ability to integrate previous management theories and build on those strengths. "TQM is breaking the mould by promoting the value of research through 'action'; action research allows experimentation and powerful and conclusive evidence to be drawn from it" (Dale, 2001). It is this action research that enables a company using TQM to conduct market analysis, meet customer needs and innovate at ever increasing rapidity. The basic tenets of TQM support innovation, improvement and empowerment. Focusing on the customer, strategic planning, measurement, control and improvement provide a solid management approach that supports flexibility and continual assessment. Rahman (2004) concluded that "organizations that acquire the elements of soft TQM will be better able to outperform their competitors..." Soft TQM is described as the "people or humanistic theories, which includes: top management commitment, employee involvement, employee empowerment, teamwork, communication, strategic quality management and customer focus." Additionally, those organizations that can balance soft TQM with hard TQM will be even higher performing. Rahman (2004) describes hard TQM as the, "use of advances in manufacturing, usage of Just In Time (JIT) principles, process management, quality data and reporting, design quality management, SPC usage and zero defect mentality."

One major weakness of TQM is that much of the literature consists of anecdotal accounts of company experience and case studies. Some recent authors (Dale, 2001) feel that much needs to be proven in academia and management theory research. Another weakness is the difficulty to identify the critical elements or components of TQM. Juran, Deming, Nolan, and others have developed different lists and in different order. Juran, in his book, "Juran on Leadership for Quality: An Executive Handbook," summarizes the quality approach as a triangle of planning, controlling and improving. In chapter 6 (p. 178) on "Strategic Quality Management", he lists eight generic features that are "required for management to implement quality management: 1) Hierarchy of goals; 2) Formalized methodology; 3) A control process; 4) Provision of rewards; 5) Universal participation; 6) A common language; and, 7) Training."

A third weakness is that an organization must implement the whole approach and not just the tools. Many organizations have tried to implement pieces of TQM that fit their culture, structure and history. Use of selected tools only can be suicide. That model must then be supported from the top down and at all levels with planning, measurement, training and rewards for excellence.

Validation Research

Rahman (2004) states that most research for TQM is consists of "presentation of case studies, operational and anecdotal reports." "Rigorous attempts to identify critical factors of TQM began with Saraph, et al. (1989) and more recently, with Flynn et al. (1994), Powell (1995), Black & Porter (1996). Rahman (p. 412) identifies key elements used for analysis and comparison in his research. These studies indicated that only a handful of the soft aspects of TQM elements contribute to organizational performance. One study "found only three of twelve factors: executive commitment, open organization, and employee empowerment," that were significantly correlated with overall corporate performance" (Rahman, 2004). The "usage of SPC, the application of benchmarking and the flexible manufacturing systems were found to be unrelated to performance." (p 415)

Relevance in the 21st Century

One study, reported by Rahman (2004), found three factors to have a significant positive association with organizational performance, workforce commitment, shared vision, and customer focus. Rahman, (p. 415) found in one "study of the automobile and auto component companies in the US that performance (product quality) was highly correlated with elements of soft TQM such as employee empowerment, employee training and employee involvement.

TQM is considered by some to be the next evolution of a more powerful and effective management system, a hybrid of theories that leads us to ever more powerful and ever more efficient organizations. Dale (2001) concluded that TQM is just getting started as a management theory and stated that TQM has combined variables of previous management models. Some of those variables are, "*leadership commitment*" (the combination of top management commitment and committed leadership) and "*people management*" (the combination of employee involvement and team work, training for quality and employee empowerment). (p 445)

Rahman (2004) believes that the "business environment during the 1980s was relatively stable." The 1990's, however, have brought widespread adoption of information technology, globalization, diversity, and a shift from vertical integration to strategic alliances and outsourcing...all of which has created a highly dynamic business environment. Companies need to be nimble to survive. Globalization and cooperation, as well as, modularization of the corporation, have been identified as characteristics of the 21st Century Corporation. (Rahman, p. 417)

Practical application of TQM

Tom Peters exhorts faith from senior executives in TQM. He states, "The message is clear: (1) Trust, (2) 'They' can handle 'it' (whatever 'it' is), (3) You're only in control when you're out of control." Nuttall (2004) states that, "Such a trust in the chaotic nature of things has a spiritual, mystical or transpersonal quality that is ineffable." Success is observed in the working environment when, for example, "teams from different disciplines get together and produce something that is more than the simple sum of their expertise (wow!), or when deadlines are suddenly met after months of chaos and confusion (phew!)." (Nuttall, p. 26) It may be uncomfortable to tell a manager who is used to planning, organization, and controlling to trust in his/her subordinates. The first launch of a team can be a significant career risk.

One organization's story begins in 1989 when TQM philosophy was chosen as a strategic initiative by Intermountain Health Care corporate leadership. Several staff members were trained and many teams were launched. The author was fortunate to participate in that first training and went on to facilitate upwards of 60 teams over the next 10 years. One team that demonstrated significant impact was the surgical services group. This team improved patient satisfaction, reduced cycle times, reduced costs, standardized processes and policies and improved employee satisfaction (Conti and Young-Metos, 1995). The TQM process began with strategic planning, goal setting and staff training.

Following training, a connection with the customer was built. An independent consulting group conducted two focus groups and a concurrent satisfaction survey was developed. Analysis of six months of customer feedback revealed that the number one reason for dissatisfaction was surgical start time delays. The next step included a study of cases in which the start time was delayed. A cause and effect analysis and a Pareto chart of causes (a sorted histogram) yielded the finding that a surgeon being late was the most frequent cause of delay. Multiple reasons were identified including start times that were scheduled for the same time the patient had been told to arrive and some surgeons who had more than one operating room running,. Two surgeons actually had surgery days at more than one facility on the same day. Through multiple cycles of PDCA, the surgical start time delays went down from an average of 30 minutes to 6 minutes (60% improvement) and patients rating the organization as excellent went from 81% to 91% within 6 months (p. 109). Data on surgical start times, customer surveys and feedback were analyzed each month and teams were empowered to implement changes.

Other changes included launching of teams staffed by front line and mid management personnel for practice, education and improvement. These teams continue functioning and improving quality through participative management, strategic planning, empowerment of teams and constant monitoring. The *Kaizen* concept emphasizes continuous improvement in all business activities and focuses on improving the quality of people. Companies are beginning to see that business survival, ethics, cost reduction, and employee satisfaction are “strategic issues that can be supported and maintained through use of quality management principles and practices.” (Ahmed & Machold, 2004)

The Malcolm Baldrige quality award sponsored by the National Institutes of Standards and Technology firmly supports and rewards the total quality philosophy, theory and models. The criteria by which they use to identify organizations worthy of this award exemplify Juran, Deming, Peters, Drucker, Ishikawa, and many others (<http://www.quality.nist.gov/>). “Whatever advances American manufacturing has made in the last 30 to 40 years, we owe to Joe Juran” (Dr. Peter Drucker, American Management Institute, December 12, 2004 <http://www.juran.com/>). TQM is definitely a management theory that is here to stay. It is not a set of tools to be used at the manager’s whim.

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Annotated Bibliography

Ahmed, P.K., Machold, S. (2004) The Quality and Ethics Connection: Toward Virtuous Organizations. *Total Quality Management & Business Excellence*.

Ahmed and Machold submit and defend the hypothesis that the systematic use and application of quality management can build and assure an ethical organization. In this modern world of corporate scandal such as Enron and others, the theory that quality can prevent immoral behavior in companies is good news. The authors believe that rigorous incorporation of ethics and organizational morality can be made through application of quality management. Development of a framework to move toward the “virtuous organization” is the next stage of quality evolution.

The authors explore the lack of trust now abiding in industry. Society seems to value expediency and efficiency as the standard norm. “Trusting people to tell the truth, honor obligations or act with moral fortitude” in business management appears to be a risky venture. A 1991 United States General Accounting Office study of management practices of 20 companies implementing TQM “found that quality techniques resulted in better employee relations, improved operating procedures, greater customer satisfaction and better financial performance.” Companies are beginning to see business ethics as a strategic issue that can be supported and maintained through use of quality management principles and practices.

Dale, B.G., et al. (2001). Total quality management and theory: An exploratory study of contribution. *Total Quality Management*.

Dale and colleagues conducted a thorough analysis of Total Quality Management (TQM) theory in comparison to existing management theories. The authors conducted a comparison of the writings of Frederick Taylor (scientific management), Henri Fayol (Planning and organization), Max Weber (Theory of social and economic organization), Elton Mayo (Hawthorne experiments), Douglas McGregor (The human side of enterprise), Peter Drucker (Decentralization, management leading, focus on results), Charles Handy (Internal culture), John Adair (leadership), and Henry Mintzberg (Leadership, strategic planning and management). Their conclusions were that while TQM is still in the early stages of development, and is viewed as more operations than management theory, it is becoming its own discipline. Dale, et al., conclude that TQM still needs to better integrate TQM theories with existing management theories. The authors feel that TQM is a valid management theory and is "breaking the mould" by promoting value and action research.

Dalgliesch, Scott (2003). Could Deming be wrong? *Quality Magazine*.

Dalgliesch concludes that because thorough implementation of Deming's teachings are "almost non-existent" it makes it appear that Deming was wrong. The author believes that the application of Deming's teachings in many US companies prevented them from going bankrupt. During the 80's many American industries were losing significant market share to Japanese companies and through adoption of Deming's principles they were able to "catch up". It now appears that many of these companies have reverted back to the "dangerous mode of operations" that got them in trouble to begin with. Many still believe that Deming was far ahead of his time with his revolutionary insights to the human elements of organizations. Dalgliesch believes that many CEO's change and influence things that appear easier to control such as mergers, acquisitions and hiring external consultants to manage change. CEO's are "inclined to migrate to the easy tasks that give the illusion of quick success". The author further believes that quality professionals who thoroughly understand Deming's principles are in a key position to make significant change.

Juran, J.M. 1989. Juran on Leadership for Quality: An Executive Handbook.

In this book Juran builds on his previous publications in an effort to provide a structure approach of executive management. Juran's advice to executive leadership includes a review of quality planning, quality improvement, quality control, (his triangle). He also includes chapters of management explained as a pyramid consisting of strategic quality management, operational quality management, and work force quality, which resembles the typical organization structure of upper, middle and front line. The final chapters include much advice and examples of motivation and training approaches that can truly make a difference in any organizations.

Nuttall, J. (2004). Modes of Interpersonal Relationship in Management Organizations. *Journal of Change Management*, 4(1), p. 15-29.

Nuttall demonstrates that recent ideas of emotional intelligence and servant leadership show that interpersonal relationships between management, middle management and staff are key to developing successful organizations. Nuttall's article reviews a five-dimensional framework and presents management vignettes, which demonstrate relevance to organizations. Tom Peters is quoted as saying that "Barking orders is out. Curiosity, initiative and imagination are in." Nuttall states, "The next big wave in management and modern organizations is the "brain wave" in which human relationships and brain power are harnessed". The five modes of human relationship identified and explained include;

1. The working alliance where the "individual understands and agrees to his specified organizational role, which is enshrined in an employment contract stating their position, job description and pay".
2. The transference mode of relationship occurs when the "boss-subordinate and peer relationships are laden with transferences from earlier experiences in family, school and previous employment"
3. The developmentally-needed mode of relationship – The manager must learn to be silent before in order to listen, listen before learning, learn before preparing, prepare before serving and serve before leading.
4. The person-to-person dimension is the "real relationship or core relationship", a state of mutual authenticity. It involves being emotionally intelligent and aware.
5. The transpersonal mode of relationship refers to the spiritual or inexplicable dimension of relationship in psychotherapy' and evolved out of the humanistic psychology movement that grew from the thinking of James, Dewey, Jung, Assagioli, May, and Abraham Maslow's management theory.

Nuttall believes that the application of quality improvement principles is grounded on the quality of the relationships using the five modes described above.

Rahman, S. (2004) The Future of TQM is Past. Can TQM be Resurrected? *Total Quality Management & Business Excellence*, 15(4), p411-422.

Rigorous attempts have been made to identify critical elements of TQM. These elements can be classified into two broad categories: soft TQM and hard TQM. Empirical studies indicated that only a handful of the soft aspects of TQM dimensions contribute to organizational performance. The elements of soft TQM, such as training and education, loyalty, leadership, teamwork and empowerment are essentially 'people' aspects. Broadly, management theory and soft TQM are identical. With rapid change and uncertainty in the market and greater emphasis on core competencies, organizations are transforming themselves into modular corporations, and thus the importance of the elements of traditional soft TQM is rapidly diminishing.

Rahman explores the factors of hard TQM and soft TQM. In stable environments, the TQM approach for continuous improvement, such as PDCA, will still be appropriate in certain environments; however, organizations must develop the capability to adapt quickly to the rapidly changing business environment.

.....

H. E. A. T.

Recently my son asked me what my favorite day of the year was. I told him, "The day you were born. I became a mother." As I reflected upon his birth, I thought of some of the circumstances surrounding his birth. (O.K., for the male staff members I'll spare you a full female horror story about hours of labor, Pitocin, etc.)

Kris Hansen and I worked in the PICU at the time of my pregnancy. While I was at work my water broke. Kris just happened to be at the hospital for a meeting so she drove me to LDS Hospital. Upon arrival at L & D we waited at the unit desk for some assistance from a member of the staff. Unfortunately, it was shift change. Kris and I could hear the staff giving report behind a wall. No clerks or nursing staff were at the desk. Kris and I made a little noise so the staff would realize they had a new patient. Someone peeked out from behind the wall for a quick look and then popped her head behind the wall again. Kris and I both heard her say in a quieter voice, "It's a nurse! I'm not going to take her!" (I was dressed in scrubs.)

Kris and I looked at each other, rolled our eyes and laughed a little. Kris laughed a little more than me. As the amniotic fluid was running down my legs, I made a snide comment to Kris, "Just give me a couple of towels and a shower; I'll take care of myself! No, this is not an April Fool's joke!" (It was April 1st.) A nurse from behind the wall replied to another staff member in an exasperated voice, "Fine, I'll take her!" Kris and I again looked at each other again and snickered. (Yes, you can verify the story with Kris; I've been told that when women are 9 months pregnant that the blood shunts from the brain to the uterus and sometimes things just aren't clear.)

So what does my story have to do with triage? Customer service. Our voices often are louder than we think and non-verbal communication says a lot to the customer and patient. Yes, it has been crazy at work lately and triage can be a nightmare. Fortunately for all nursing staff that have been in the ED for longer than 6 months you get the opportunity to triage. Tempers are short sometimes on both ends of the spectrum---staff and customers. Triage is hard when there is such a high census. When customers/patient's are impatient it is hard to take the HEAT.

Hear them out
Empathize
Apologize
Take responsibility for action

Sometime customers are so angry they don't want to talk about solutions; they just want to express their anger or frustration. They just need to let off steam. Some things you might say, "I'm sorry for the inconvenience" or "I'm sorry you're upset."

You can also reassess the patient. Give Tylenol or Ibuprofen for comfort, not just for a temperature. Use the triage-initiated protocols, strep test, order an x-ray, apply LET, start the asthma protocol, etc. Help out the registrars; use the laminated cards to notify them of tests or patients waiting for outpatient

services, etc. Explain the steps in the Emergency Department to the customers. Try to smile even if you feel the smoke coming out of your ears.

When you are assigned to triage as the nurse or tech it is your responsibility to be at triage. It is not the tech's responsibility to cover for the nurse while she/he socializes in the back or vice versa. Of course you can go to the bathroom, get supplies, get a drink, etc. just not every time you have a break in between patients.

I'm trying to make triage a better place for staff by having adequate supplies and equipment and having protocols you can initiate. Please let me know of any suggestions you may have to help improve the triage or registration process. Silence does not equal agreement; express your views.

Carolyn Kesler
Triage Support Role
Primary Children's Medical Center

This article was written by a nurse who recently graduated from IHC's Facilitator Workshop Series. Her project for the workshop was "Redesign of the physical layout of the triage/registration area in the Emergency Department at PCMC." I thought the heartfelt lessons in service quality brought to mind by this autobiographical article were worthwhile to share. (Jackie Mead)

BOOK REVIEW

Title: Flawless Consulting
Author: Peter Block, 1981
Reviewed by: Marlyn Conti



DEFINITIONS AND DISTINCTIONS

Central theme: There is a tension between *line managers* and *consultants*.

Traditional Consultant: acts solely as an agent of management.

Line-Manager: has direct control over actions and are **clients**.

Intervention: the consultant's goal; change, learning.

Internal Consultant: People in staff roles who influence decisions but have no direct power to make changes or implement programs.

Staff positions: personnel, financial analysis, auditing, systems analysis, market research, product design, long-rang planning, organizational effectiveness, safety, human resource development.

DIFFERENCES BETWEEN INTERNAL AND EXTERNAL CONSULTANTS:

As an Internal Consultant, you are at every moment imbedded in some part of the hierarchy and the current politics of the organization.

1. You may be in conflict with the manager's own philosophy and style.
2. You may be evaluated on your results.
3. You may be expected to convert an adversary.
4. You may make a manager angry.
5. Your status and job level is known to most people in the organization.
6. It is difficult to be a "prophet in your own land".

External consultants face these obstacles too, but not with the same intensity. If Internal Consultants are too cautious, they become a "pair of hands". If they ignore these constraints, they may be perceived as insensitive to 'how we operate around here'. (Solution Affective and Interpersonal Skills)

Consulting Skills: Include technical, interpersonal, and consulting skills

Technical Skills: some area of expertise.

Interpersonal Skills: listening, supporting, and disagreeing reasonably.

Consulting Skills: Using sequential steps:

1. Contracting
2. Data Collection and Diagnosis
3. Feedback and Decision to Act
4. Implementation
5. Extension, Recycle, or Termination

TECHNIQUES ARE NOT ENOUGH

Consultants operate on two levels:

1. **Substantive** (technical/business)
2. **Affective**, or feelings.

Elements of the Affective side...

Responsibility: A good contract is balanced, 50/50. The consultant needs to carefully weigh situations where the client wants the consultant to assume an unbalanced amount of responsibility.

Feelings: The consultant needs to know how much the client is owning the feelings, versus talking as if just an observer.

Trust: Based on Confidentiality, openness, and sharing.

Your own needs: Consultants need acceptance, inclusion, and access.

Assumptions: The cornerstone of traditional hierarchal management is leadership. However in the past ten years, there has been a shift towards collaborative and participative management and leadership. To deal with this shift the consultant must assume that:

1. Problem solving requires valid data
2. Effective decision-making requires free and open choice
3. Effective implementation requires internal commitment.

Consultant's Goals for the Project and for the Contracting include:

1. Establishing collaborative relationship
2. Solving problems so they stay solved
3. Assuring attention is given to both technical problems and relationships
4. Developing client commitment

THREE TYPES OF CONSULTANTS

Expert Consultant:

Decisions on how to proceed are made by the consultant.

Information needed is gathered by the consultant.

Technical control rests with the consultant

Collaboration is not required.

Two-way communication is limited.

The consultant plans and implements the main events.

The manager's role is to judge and evaluate after the fact.

The consultant's goal is to solve the immediate problem.

Problem: Climate of fear.

Pair of Hands Consultant:

The consultant takes a passive role.

Decisions on how to proceed are made by the manager.

The manager selects methods for data collection and analysis.
Control rests with the manager.
Collaboration is not really necessary.
Two-way communication is limited.
The manager specifies change procedures for the consultant to implement.
The manager's role is to judge and evaluate from a close distance.
The consultant's goal is to make the system more effective by application of specialized knowledge.

Problem: Consultant is the "convenient scapegoat".

Collaborative Consultant:

The consultant and the manager work to become interdependent.
Decision-making is bilateral.
Data collection and analysis are joint efforts.
Control issues become matters for discussion and negotiation.
Collaboration is considered essential.
Communication is two-way.
Implementation responsibilities are determined by discussion and agreement.

Problem: Managers who expect consultants to be Expert or Pair of Hands.

CONTRACTING OVERVIEW

Define 'Contract': A working agreement, usually verbal, sometimes in writing, with specific expectations, and mutual consent. The exchange of something between the client and the consultant. An operational partnership where the consultant has access to people and information, access to the time of the line organization, and an opportunity to be innovative.

Contracting Phases:

1. Negotiating wants (of both the client and the consultant)
2. Coping with mixed motivation (get it out in the open)
3. Surfacing concerns about exposure and loss of control (getting at the real concerns)
4. Triangular and Rectangular contraction (include client's and your bosses)

Contracting Skills:

Able to-

1. Ask direct questions
2. Elicit the client's expectations of you
3. Clearly state what you need from the client
4. Say 'no' or postpone based on your judgment
(the Solution to some constraints or problems)
5. Probe concerns about losing control and vulnerability
6. Give direct verbal support
7. Discuss why things aren't going well

Elements of a Contract

1. Define Boundaries: State what problem you are going to focus on.
2. State the Objectives of the Project: To solve _____, to teach _____, to improve _____
3. Specify the Kind of Information and Access You Will Need
4. Agree on Your Role in the Project: accountability, expert, pair of hands, collaborative.
5. Describe the Product You Will Deliver
6. Specify the Support and Involvement You Need from the Client
7. Include a Time Schedule
8. Address Confidentiality Needs
9. Feedback to You, Later

STAGING THE CLIENT'S INVOLVEMENT

UAHQ MEMBER SPOTLIGHTS



Jan Orton

Jan Orton serves as the Secretary for UAHQ. She received her BSN in 1978 and her MS in Medical Informatics in 2001, both from the University of Utah.

Born in California, Jan grew up in the Bay area. However, she didn't leave her heart in San Francisco. She brought it with her and puts her heart and soul into everything she does. Jan started as a Nurse's Aide at Holy Cross in 1976. When she became an RN she worked in ICU until 1993. Then she worked full-time in Quality/Risk Management and part-time in ICU. In 1996, Jan joined Intermountain Healthcare's quality staff where she worked at the Urban Central Region (LDS, Cottonwood, Alta View, and TOSH hospitals) as a quality consultant until 2004. Jan is currently the Clinical Operations Data Manager for IHC's corporate offices.

Jan and her sweetheart, Jim, have been married for 23 years. They have three children: Sean--married to Alesha and the parents of her two grandchildren—five-month old twins, James and Kristine; Sandra, a junior at the University of Utah, studying communications; and William, graduating from high school next month. Besides Jim, they are the love of her life.

Her hobbies include reading, genealogy, knitting and collecting moose. Her favorite movie is "Man from Snowy River." She's not sure why—"just love to watch it—maybe it's the music." Her favorite book is The Source by James Michener, because it resulted in her loving historical fiction.

Jan has been very positively influenced by her dad. He told her she could do and be anything she wanted. He was never negative and was abundant in showing his love—"and he was fun"! His best advice was "if you are going to do something, do it right and well."

When asked where her favorite place in the world is, she said, "Grand Teton National Park". She said it would be perfect if it had a Caribbean to snorkel in (so that must be her second favorite place). Jan said that three words to describe her are "I don't know". However, I would have to say smart, dependable, and efficient!

One thing Jan loves about her career is being able to see processes improve with the data. She refers to herself as a "data nerd," People she works with are in awe of her expertise at handling data. She is also a great asset to UAHQ and keeps the board organized! Jan will be presenting the UAHQ Brown Bag seminar on June 9th on --you guessed it--data!

Another interesting thing about Jan is that she received the "Golden Pen" award from NAHQ in 2004 for her project and paper on "Electronic Medical Record Review".



Anne B. Smith

Anne Smith, currently UAHQ President-elect, has been a project coordinator for HealthInsight over 20 years. During that time, her position has changed frequently beginning with case review and now as a consultant to physician offices for electronic health records.

Except for four years while her father went back to school in Ft. Collins, Colorado, Anne was born and raised in Salt Lake County. She received her B.S. in Nursing from BYU.

Before HealthInsight, Anne worked for several years at LDS Hospital on the IV team and in the premature nursery.

When she and her family moved to Tooele, she worked at Tooele Valley Hospital, frequently as “the nurse” on the night shift which included Med/Surg, L&D, post partum, nursery, ICU, and ER. She also worked OR call for several years (sometimes simultaneously). She was quality, infection control, utilization manager, safety and employee health officer. She was also the Central Processing Manager (which she said means she knows how to push the button on the autoclave.) All this valuable rural nursing experience gave her a great background to help rural hospitals with quality projects in recent years.

Anne and her husband, live in Tooele, where he is a househusband. Her daughter and family also live in Tooele. Anne boasts of being a great grandmother. I boast of her that she looks much too young! One of her grandsons is studying to be a mortician. Her three other grandchildren insist on living with their parents (her son and daughter-in-law) in Gilbert, Arizona. Anne’s pet cat, Dulce, resides with them in Tooele.

Reading and running are Anne’s favorite hobbies. She has been known to win her age group in small 5 K races. We’re politely not asking the age group. When asked what her favorite movie is, she said, “I don’t do movies, but I liked “Song of the South” because “it was in color and I could tell the characters apart (most of them were cartoon characters).” Anne’s favorite book is usually the one she’s reading at the time. If she doesn’t like it, she discards it. One she remembers best is out of print: “The Occident and the Orient” by Richard Halliburton. It had lots of cool pictures of exotic places to travel. And something she’s always wanted to do is go to Petra in Jordan—that was her favorite picture in the book.

Anne says that her two children have most influenced her life and have taught her patience and not to expect instant gratification. Her favorite places in the whole world are: (1) home because her long commute to work every day makes her appreciate the few hours that she is there and (2) on top of any mountain that she can hike to.

What she loves most about her career is the people and the opportunities it gives for change and learning. Books she recommends to enhance our professional knowledge are “Diffusion of Innovation” by Ed Rogers and “Human Error” by James Reason. Three words that describe Anne are multi-tasking, joiner, and harmony. Anne is an incredible resource to UAHQ. Stay tuned as she gears up to take the reins next year.

2004 UAHQ BOARD MEETINGS

Dates for UAHQ Board meetings are as follows, all members are invited to attend or submit agenda items. Unless otherwise stated, all Board meetings and Brown Bags are held at the HealthInsight Offices, 3448 East 4500 South, #300, Salt Lake City, Utah 84107. Board meetings are held from 2:00 p.m. – 4:00 p.m.

- June 9, 2005 (Brown Bag Noon – 2:00 p.m.)**
- July 14, 2005**
- August 11, 2005 (Brown Bag Noon – 2:00 p.m.)**
- September 8, 2005**
- October 13, 2005**
- November 10, 2005**
- (Annual Business Meeting/Party/Brown Bag Noon – 2:00 p.m.)**
- December 8, 2005**

Please note that opinions and statements in this newsletter are NOT to be construed as standards or policy, they are only opinions of the members who submitted them. Any comments, submissions, questions or additions should be forwarded to Jackie Mead @ Jackie.Mead@IHC.com or call (801) 442-3602.

¹ Lansing, A. (1959). *Endurance: Shackleton's incredible voyage*. New York: Carroll Graf.