

# UAHQ Newsletter- June 2006

## THE PRESIDENT'S CORNER

### A RESPONSIBILITY AND AN OPPORTUNITY



Is being president of UAHQ a responsibility or an opportunity? As I see it: Both. When I first became the “quality manager” at Tooele Valley Hospital, I had no experience and no teacher. I soon learned that there were others with similar jobs who actually knew what they were doing (at least they knew more than I did). I joined their group and drained them for information and help.

For years I took advantage of these strong, knowledgeable leaders. I attended educational sessions, called them for help, and depended on them to keep the organization intact. Now it is my responsibility to lead the UAHQ membership. I take that responsibility seriously.

The opportunity? Being a leader in UAHQ has some real advantages:

- Those same (and some new) people are still available to me as teachers and supporters.
- UAHQ is a “safe” place to learn and practice leadership skills. Members of the organization want and support my success.

One of my goals for this year is to give more members opportunities. We have a strong Board of Officers and Council Chairs. However, some of our “councils” consist of a chair without members. You can take advantage of “safe,” hands-on leadership training by volunteering for a council. And, you can share your skills and knowledge with the rest of us. I encourage you to take an active part in UAHQ. It is **BOTH** a responsibility and an opportunity.

#### Planning for Success

Marlyn Conti recently reminded the UAHQ Board of something that we already knew – we need an updated strategic plan. The Board began by asking Christie North to lead a Board strategic planning session. As with any other planning session, we began by talking about some of the “same ole things.” However, we did hear some new ideas. We reaffirmed our goals of education, networking, and mentoring. We also talked about our ongoing dilemma of reaching the entire state and of increasing our outreach to health care settings other than hospitals.

In our future we want membership in UAHQ to be seen as:

- An opportunity for learning and growth
- A nurturing environment (eliminate organizational boundaries)
- Prestigious, but not elitist

As an organization, we want professional and geographic diversity, fiscal soundness, increasing membership involvement, and opportunities for professional growth through educational, networking, professional development, and mentoring programs.

The Board also recognized that, although we survey members about their educational needs, we should talk to non-members and healthcare leaders to learn more about the larger community. So, we invited a group representing hospitals, managed care organizations, and clinics to a “Breakfast of Champions.” Jackie Mead facilitated the discussion. They told us about their diverse responsibilities and also how UAHQ can help meet their needs. We heard that they would like educational offerings offered through audio conferencing, which we will do. We are now more sensitive to creating a safe environment to share successes and “lessons learned.” We hope to continue soliciting ideas from non-members and from leadership in the quality world. If you have ideas of how this organization could be more helpful to you in your professional role, please let me know at

[Anne.Smith@healthinsight.org](mailto:Anne.Smith@healthinsight.org)

**Anne Smith**  
**President UAHQ, 2006**



## #### CONTEST! CONTEST!

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### WIN A PRIZE! WIN A PRIZE!

We have had only one response to this contest so we are going to give you until July 4, 2006 to respond with your answers. Quality Professionals are known as creative risk takers—it is now time to show your stuff—take a risk—now is your chance to show your keen insight.....Don't walk (or run) away from this challenge! Get your answers

Rather than doing a member spotlight this month, we decided to have a contest. The contest consists of a “Match Game” to see how much you know about the current UAHQ Board Members. Simply read the column on the right and write the letter before the name of the Board Member that you feel shared this private insight about himself or herself. This contest is open to all paid UAHQ members, except the Board. Not current? Send in your membership along with your answers. Send your answers to Michele Leader at **FAX: 801-892-0160** or **email: [mleader@healthinsight.org](mailto:mleader@healthinsight.org)** by July 4, 2006 Can't you see Ole' Glory just waving as your name is announced as the Winner-Winner—Winner!!!! The winner will be selected at random from those who submit the correct answers and will be announced in the next newsletter.

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|-----------------------|--|
| 1. ___ Randi Abraham  | a. I played a French scientist in “Beyond and Back.”   |
| 2. ___ Tammy Cloward  | b. When I'm not playing in data, I love being with my family. I enjoy knitting, reading, genealogy and moose.  |
| 3. ___ Kris Gilbert   | c. I have a valid license to drive a motorcycle.   |
| 4. ___ Lynette Hansen | d. I took flying lessons at Airport II and soon learned it was not my forte. Instead I became a Master Aesthetician.   |
| 5. ___ Linda Johnson  | e. I was born in New Mexico. One of my grandfathers is Jewish and came to America in the early 1900s.  |
| 6. ___ Fritz Kron     | f. I dreamed of being a test pilot in the Air Force, but I didn't have a pilot's license so they wouldn't let me. I decided to get a degree in accounting instead. |
| 7. ___ Jackie Mead    | g. I am so NOT a morning person. My Circadian clock is set to Central Time.  |
| 8. ___ Jan Orton      | h. I grew up on a river. I'm a poor swimmer and not a very good fisherman, but I sure can ice skate.   |
| 9. ___ Anne Smith     | i. I dreamed of being a Ballerina, but my mother insisted tap dancing lessons were more in tune with my body style.  |

## NAHQ News

From NAHQ President Anna Marie Butrie:

**Welcome to E-Qual Tips**, a new monthly communication tool from NAHQ. This blast e-mail is being sent to NAHQ members to introduce you to this new tool. Our goal is to provide our members with brief, succinct information that can enhance their practice as quality professionals.

We hope you enjoy this new member benefit. Please feel free to contact us at [www.nahq.org](http://www.nahq.org) if you have any recommendations on how this new service can be enhanced to better meet your needs.

Categories for the monthly tips will relate to the 4 areas of the CPHQ exam and will match the categories from the CPHQ Examination Candidate Handbook available at [www.cphq.org](http://www.cphq.org)

- Management and Leadership
- Information Management
- Education, Training, and Communications
- Performance Measurement and Improvement

The Tips will be 1 paragraph per month on each of the 4 categories, so 4 paragraphs total, written by one of the taskforce members. Length will be approximately 100 words per category. Links will be embedded in the text if the tip relates to an article.

The E-Qual Tips Team Members include:

Patricia Bambrick, Director of Quality Management, Fairview Hospital, Cleveland Ohio

Judy Graham, PI Specialist, NY-Presbyterian Health System, New York

Bev Mikulski, Lead NHQI QI Consultant, Maryland

**Marlyn Conti, Quality Consultant/Patient Safety Coordinator, Intermountain Healthcare, SLC, Utah**

Mohamed Karkoukli, MD, Senior Clinical Auditor, Abu Dhabi

NAHQ Staff - Anne Costello

Board Liaison - Thom Smith

Also of interest is the announcement that **Linda Johnson, MA, BSN, CPHQ, Project Coordinator at HealthInsight in Salt Lake City, Utah has been elected to the NAHQ Nominating Committee. Great job Linda!**

Heidi Benson, NAHQ President-elect stated that on March 13, 2006 the NAHQ board approved a new set of guiding principles for leadership. The entire document is now available on the NAHQ website. "Current and aspiring NAHQ leaders should thoughtfully evaluate themselves against the ideas presented in these principles."

## NAHQ New Member Benefit – Communities of Practice

NAHQ's Communities of Practice (CoP) for members only are the latest information sharing, communication and collaboration tools offered by NAHQ. The following communities currently exist:

- Hospital/Acute Care
- Ambulatory/Non-Acute Care
- Professional Issues

As defined by Etienne Wagner, CoPs are groups of people who share a concern or a passion for something they do and who interacts regularly to learn how to do it better. Members of CoPs engage in joint activities and discussions, help each other and share information. They build relationships that enable them to learn from each other. They commit to the improvement and success of the group. Not all practice realms are covered initially. By their nature, CoPs are evolving and therefore *spin off* CoPs often emerge. Members develop a shared collection of resources through their experiences, stories, tools, and ways of addressing recurring problems. Communities develop their practice through problem solving, requests for information, seeking experience, reusing assets, coordination and synergy, discussing developments, documenting projects, visits, and mapping knowledge and identifying gaps.

Each CoP consists of a group of individuals who have a shared purpose and common interests. The purpose of the CoP is to provide you with a place to:

- Discuss issues in your practice setting
- Network with your peers
- Seek peer and expert advice to help you in your job
- Collaborate on various NAHQ activities

You can access the CoP anytime of the day or night and anywhere by logging on to the Internet. To access the CoPs, log onto [www.nahqplus.org](http://www.nahqplus.org) NAHQ's member-only website. You will see the Communities of Practice link at the top of the screen or you can also access under *What's New*, on the left side of the screen. If you have any questions, call NAHQ at 1-800-966-9392.

**FINANCE COUNCIL**

Account Balances as of May 25, 2006:  
Checking: \$ 284.00                      Savings: \$ 8,190.00

If you would like a more detailed account of the budget expenditures, you may request this information from [Tcloward@HealthInsight.org](mailto:Tcloward@HealthInsight.org)

We have collected \$990.00 in membership dues in 2006. We need 12 more memberships to meet our goal of \$1,350.00. If each person could enroll one new member, it would not only help our bottom line, but also add to our networking capabilities and experience. Contact Michele Leader at [Mleader@HealthInsight.org](mailto:Mleader@HealthInsight.org)

We have made \$336.00 selling the Lucinda pins and still have 36 pins left to sell. Contact Anne Smith if you are interested in purchasing pins. The pins are \$14.00 each and are a great gift to keep on hand as a thank-you for those going the extra mile.

We currently have a CPA who is auditing our 2005 books. The report of the audit will be shared in the next newsletter.

**Tammy Cloward**  
**Treasurer, UAHQ**

**LEGAL/LEGISLATIVE COUNCIL**

CMS has published the Proposed Rule for changes to Pub. L 109-171 (the Inpatient Prospective Payment Systems for FFY 2007)



- Changes from a charge based DRG reimbursement calculation to a hospital specific relative value cost calculation
  - In 2008 will expand DRG system to mandatory APR-DRG system
- Includes the RHQDAPU proposals discussed last newsletter
  - The non-participation penalty of 2% of the market basket increase remains
  - More detail on the validation protocols and appeals of adverse validation decisions
- Comment period closes June 12, 2006

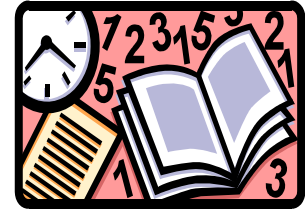
CMS reported in a recent Senate Finance Committee hearing that CMS is developing criteria to withhold payment for the NQF "never events." Mark McClellan reported that CMS is currently analyzing the 27 "never events" with the aim that CMS should not reimburse providers for costs due to errors.

The Utah Legislature, in Special Session, did not restore Medicaid funding for emergency dental treatment.

**Fritz Kron, Chairperson**  
**UAHQ Legal/Legislative Council**

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## EDUCATION COUNCIL



The April Brown Bag was well attended and well worth the time. Entitled "Change Isn't Enough," Linda Johnson from HealthInsight, and Ricky Dyson, Office Manager at the Riverton Family Health Center were on-site faculty. A Don Berwick video was also shown. Anne Smith wrote the following summary for those who were unable to attend:

Improvement means change. Healthcare professionals have long been proponents of change for improvement. Our April Brown Bag went one step more. Change isn't fast enough. Our systems need transformation. No more working around the edges.

Linda Johnson introduced transformational change principles of planning and shared vision. The change leader must understand the different ways people approach change and establish a sense of urgency. The Key to transformation are clear goals, shared vision, communication, and commitment by all players.

Don Berwick's keynote at the 1997 Institute for Healthcare Improvement (IHI) Forum provided two examples. We viewed a video of his presentation in which he described the planning and actions of moving a hospital across town in four hours and his family's wilderness exploration in the Brooks Range of Alaska.

Ricky Dyson, office manager at Riverton Family Health Center, a clinic in Riverton, Utah told about transforming his clinic from a paper-based system to an electronic health record (EHR). He startled us when he said that traditional teams are useless. He began by dismantling the "teams" of receptionists, medical assistants, providers, and billers and reconfigured working groups to "front office" and "back office." His goal is to fuse into one team.

He also led his staff in analyzing their work processes, including "hand-offs." This analysis workflow revealed the "black holes" and redundancies that could be fixed prior to the EHR implementation. Ricky shared the secrets of "how to do it right"

- Plan, plan, plan
- Set goals: "Where are we now and where do we want to be?"
- Create a vision
- Communicate
- Make visible changes as early as possible
- Involve everyone – erase turf barriers
- Evaluate your performance
- Celebrate

Linda Johnson ended with a challenge to members to begin a transformational change in their setting. She reminded everyone that leading change can happen at any level of an institution. **Just get started!!!**

After the Brown Bag Carol Cook showed some stragglers a very helpful tool that she has used for planning sessions called a "Sticky Wall." I know our members will LOVE having portable walls that let you return to complete the work/flow in process! Here is the link for it and other products [www.FacilitationCenter.com](http://www.FacilitationCenter.com) and then look for STICKY WALLS @ the STORE... there's a tab! Shipping within a couple of days, with billing invoice or *paypal*. Full info on the website, and the walls last 3-4 years. It looked like a useful tool.

**Randi Abraham, Chairperson**  
**UAHQ Education Council**

**EDUCATIONAL OFFERINGS LOCALLY AND NATIONALLY**



**(1) NAHQ 31<sup>st</sup> Annual Educational Conference  
“Chart Your Course for Healthcare Quality”  
September 17-20, 2006  
Manchester Grand Hyatt, San Diego, California**

This conference provides 3 tracks for participants to choose from:

- Leadership – Compare and contrast various aspects of leadership methodologies
- Continuum – Examine applications of quality across the healthcare continuum
- Regulatory or Patient Safety – Outline trends in the patient safety and regulatory fields
- Data – Identify sources and methods for information management

Two local speakers will be presenting: Shari Welch, MD, FACEP from Salt Lake City, UT will present “Emergency Department Dashboard Indicators: Process Improvement in Real Time” and Linda Johnson, BSN, CPHQ HealthInsight, SLC, UT will present “Mentoring: A Strategy for Personal and Professional Success.” Register online at [www.nahq.org](http://www.nahq.org)

**(2) Creative Healthcare and the American Society for Quality present “the Quality Institute for Healthcare”**

**July 31-August 2, 2006, Hotel Derek, Houston, Texas**

This year’s Quality Institute will feature a brand new format, including hands-on workshops, case presentations and daily keynotes. Conference focus is on rapid cost reduction, supply chain improvement, effective measurement practices and a maximization of the patient’s view of value. This will be accomplished through

- Results Driven Case Presentations – Hear how real organizations have implemented QI techniques to produce incredible results
- Daily Workshops – Aligned to the presentation topics, these workshops will let you delve deeper into a concept, gain a better understanding of it, and walk through real-life applications of quality tools
- Keynotes by Nationally Recognized Thought Leaders – Unique opportunities to learn from the practical experiences of healthcare-industry leaders
- Networking Opportunities – Many opportunities to connect with other professionals who share your interest in healthcare quality improvement.

To register, contact the website at <http://qihc.asq.org>

**(3) The 2006 Healthcare Quality Overview and Certification Workshops sponsored by the California Association for Healthcare Quality offered two times:**

**July 20-21, 2006 or October 12-13, 2006**

**Ontario Airport Marriott  
Ontario California**

Instructor Janet Brown, BA, BSN, RNCPHQ, FNAHQ has taught more than 90 workshops nationally for healthcare quality professionals preparing for the CPHQ Certification Examination. Content includes topics related to CPHQ certification exam information, strategic leadership, quality systems management, performance improvement processes, information management, people management and accreditation, licensure, certification and awards. Participants receive a copy of the “Healthcare Quality Handbook”, a comprehensive 900-page text. Registration is limited to 110 participants per workshop; so, early registration is suggested. For registration information, contact the California Association for Healthcare Quality (800) 230-3163.



**MARK YOUR CALENDAR NOW FOR THE NEXT BROWN BAGS**

- **June 22, 2006 – Cultural Competency in Healthcare**
- **August 24, 2006 – To Be Announced**
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**All Brown Bags held at HealthInsight, 348 East 4500 South, Ste. 300, Murray, Utah 84107 from 12:00 – 3:00 p.m.**

## COMMUNICATIONS COUNCIL



The web site has been updated to include new board members and administrative support. Agendas for all Board meetings are posted as well as a copy of the amended Bylaws for 2006. If you have ideas of other information, topics, etc. that you would like to see published on the website, please contact Jackie Mead or Jan Orton. Jan has been doing a wonderful job updating the website and adding new information. On behalf of the Networking/Communications Council, we thank you!

Brenda DeLaMare has offered to help with a historical perspective of UAHQ. If you would like to join the effort, please contact Jackie Mead.

We are still looking for someone to write a column for the newsletter "Ask an Expert". This individual would not need to have all the answers, but could serve as a contact person to whom members could address questions. Experts could then be located and a written response would follow in the next newsletter. Are you interested in helping others, as well as yourself, by learning more about what you and others want to know???? If so, contact Jackie Mead at [Jackie.mead@intermountainmail.org](mailto:Jackie.mead@intermountainmail.org)

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

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## SECRETARY'S REPORT:

UAHQ.org is the web site for our organization. This year, we have been working with the Webmaster to improve the information available on the web page. As we are aware of professional employment opportunities, we post them on the website for 30 days. Additionally, we also post educational opportunities and newsletters there. In 2006, we plan to add quality tools that will assist in your day-to-day work. Visit us there!

**Jan Orton**  
**UAHQ Secretary**

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## MEMBER-AT-LARGE/MEMBERSHIP COUNCIL

The membership list has been updated by Linda Johnson. Linda will follow up with emails to seventeen members have not renewed their membership for 2006. This Council is looking towards developing a "New Quality Professional" orientation workshop during 2006. Members are continuing to sell "Lucinda" pins as a fundraiser for the organization. If you are interested in buying pins for yourself or to sell to others, please contact Anne Smith.

**Linda Johnson, Member-At-Large**  
**Chairperson, UAHQ Membership Council**

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## JOB OPPORTUNITIES

### **Director of Nursing /Patient Care – Hospital in St. Louis Metro Area**

Dalton Boggs & Associates, an executive search firm specializing in healthcare, has been retained by Barnes-Jewish Hospital in St. Louis, Missouri to find a Director of Patient Care for Surgical Critical Care Services. It is a part of the BJC Health System, is the largest hospital in Missouri at over 1,000 beds, and is affiliated with the Washington University School of Medicine. Additionally it is a Nursing Magnet Hospital and has been recognized by US News & World Report as a Top 50 Hospital for the last 12 years with its most recent designation as #6 nationally. They provide all services including transplants, open-heart surgery, neurosurgery, oncology and trauma services (level I trauma center).

The Director of Patient Care Surgical Critical Care Services is responsible for providing effective leadership to oversee all patient care operations for Surgical Critical Care Services within the medical center. This includes providing leadership of several units with a total of close to 400-beds that care for mostly patients from the surgical areas.

This candidate must be a registered nurse and have experience in leading the operations of multiple patient care units including some in critical care. It is important that this individual have a master's degree and have experience at a director level in a complex acute-care hospital or academic medical center. The successful candidate should have excellent interpersonal and communication skills, have a passion for customer service, and a good sense of humor.

An extremely competitive compensation, benefits, and relocation package is available.

If you know of anyone who may want to receive additional information about this exciting opportunity, please have him or her call, contact or submit a resume in confidence to: David W. Boggs, Dalton Boggs & Associates, 4500 Bowling Blvd., Suite 100, Louisville, Kentucky 40207. Phone 502-228-4030 Toll Free 877-228-4030, Fax 800-775-9403, e-mail: davidb@boggsassociates.net

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**Director of Quality in Doha, Qatar**

Boyden Middle East based in Dubai, United Arab Emirates, is an international executive Search and Human Capital Consulting firm searching for a quality professional to serve as Director of Quality reporting to the Chief Executive Officer, with responsibility for developing and managing the health and health care system for the State of Qatar. This individual will be responsible for:

- The continuous development and management of Quality Management best practices and tools.
- Providing the top management team with sound directions and insights to clearly define the expectations for Quality and setting the appropriate standards.
- Developing and initiating a national program of Quality.
- Monitoring, assessing and improving quality of care in ambulatory and hospital facilities both in public and private sectors.
- Initiating, developing and implementing individual practitioner licensure and facility licensure and accreditation
- Designing specifications for a national quality monitoring and reporting program.
- Providing Senior management responsibility for planning, managing personnel, financial and physical/logistical resources

A Post Graduate education in Quality Management, MBA and/or Quality certification is required. A Bachelor's Degree (BA or BS) emphasis on business, management is preferred. 10 years leading quality performance for a large integrated delivery health system or health services organization at a senior management level with experience overseeing licensure of healthcare practitioners and facilities, service in a state or country health ministry or health delivery organization, experience linking quality measurement with payment and performance, experience as a senior manager – planning, managing personnel, financial and physical/logistical resources and Information Technology experience for quality monitoring and integration are all considered a plus. An application form can be found on the UAHQ website. For more information on this exciting opportunity, contact Will McAlpine, Boyden Middle East, PO Box 35499, Dubai, United Arab Emirates, Telephone” +971-4-282-8077; email: [w.mcalpine@boydenme.com](mailto:w.mcalpine@boydenme.com) To learn more about Boyden Middle East, log on to [www.boyden.com](http://www.boyden.com)

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**Director of Nursing, Orthopedics & Neurosciences in Naples, Florida**

Dalton Boggs & Associates has been retained by a locally based, not-for-profit health system located in Naples, Florida to find a Director of Nursing, Orthopedics & Neurosciences. This system has two acute care hospitals with over 500 staffed/operational beds and numerous outpatient locations throughout the county it serves. Additionally, the smaller campus is in the midst of a construction project to add a six-story patient tower that will increase patient capacity to nearly 300 private patient beds. This is a full service system offering all services with centers of excellence in Oncology, Cardiovascular Services, Obstetrics & Women's Services, and Surgery. This system is very strong financially, is known for excellent customer service, and is highly regarded as a quality provider of healthcare in the region. They have won numerous quality awards and are a Top 100 Hospital for Cardiovascular Services. Additionally, they are highly automated including actively using an electronic clinical documentation system.

The Director of Nursing, Orthopedics & Neurosciences will be responsible for providing effective leadership that embraces the system's culture and contributes to the achievement of the overall strategic mission for two patient care units (one orthopedics and the other neurosciences). The Director's focus is on leadership, clinical outcomes, process improvement, efficiency, and cost containment. This key leader will report to the system's Vice President of Patient Care and be a member of the patient care services senior leadership team.

Naples, Florida located along Florida's southwest gulf coast is a diverse location bringing people together from everywhere to live, work and relax in a sun-drenched atmosphere. Naples is a city of some 24,000 and the Metropolitan Statistical Area (MSA) comprising all of Collier County to the East has a population of over 250,000. For most of the past 20 years, Naples has hovered near the top of the list of the fastest-growing metropolitan areas of the country. Naples enjoys the benefits of lying in a subtropical zone and is known for its "Mediterranean" climate. The average temperature is in the low 70s during peak season (Thanksgiving through Easter) and even during the summer months, Naples rarely goes much above 90 degrees.

An extremely competitive compensation, benefits, and relocation package is available.

If you know of any individuals who may want to receive additional information about this exciting opportunity, please have them call, contact or submit a resume in confidence to: Rhani Rochon, Dalton Boggs & Associates, 4500 Bowling Blvd., Suite 100, Louisville, Kentucky 40207. Phone: 502.228.4030, Toll Free 877.228.4030, Fax 800.775.9403 rhanir@daltonboggs.com

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## SHARED LEARNING CORNER

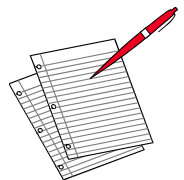
### NAHQ PUBLISHING OPPORTUNITIES

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>

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### WANTED: UAHQ WANTS YOUR 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@intermountainmail.org](mailto:jackie.mead@intermountainmail.org) 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!!



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## REFLECTIONS AND RESEARCH

Models and Theories of Change Management Part I  
*Marlyn Conti*



Successful managers in business today will need to understand models and theories for managing change if they are to be effective and efficient. In this global workplace with boundaries fading and

becoming permeable, managers and business teams must demonstrate flexibility, adaptability, and a readiness to learn new skills.

Psychologist Kurt Lewin developed the **force field analysis** model for successful change management over 50 years ago (University of Phoenix, 2002). Lewin believed that there is a relationship between research, training and action in finding solutions to human problems. Lewin's model for facilitating change consists of three stages, unfreezing, moving (to new model or desired condition), and refreezing or stabilizing. Lewin postulated that there are driving and restraining forces that need to be addressed at each stage of change

**Appreciative inquiry** (AI) is another normative-reeducative methodology that directs the team away from "problems and focuses on the potential and positive elements" of the organization. Developed by David Cooperrider and Suresh Srivastva in the 1980s" and based on the premise that "organizations change in the direction in which they inquire" (Sullivan, 2004), the positive orientation of AI can help conquer negativity and focus the organization on the positive outcomes. Organizations are perceived as being "creative entities" and people are "capable of building synergy beyond their individual capacities" (University of Phoenix, 2002, p. 493).

The AI process consists of four stages: discovery, dreaming, designing and delivering.

- The **Discovery** stage consists of identifying positive customer experiences or benchmarking with *best practice*.
- **Dreaming** is the step where vision and identification of what 'could be' is created.
- **Designing** is the step where a model for the new work or vision is developed using the collective minds of the work team (p 494). This step includes development of work processes, human resources policies and identification of required skills and competencies.
- **Delivering** is the stage where the change is implemented and specific objectives and new work practices are set. If the previous three steps were done well, then the delivery stage will be short and quickly implemented.

**Action Research** (AR) is a "data-based, problem-oriented process that diagnoses the need for change, introduces the Organizational Development intervention, then evaluates and stabilizes the desired changes" (University of Phoenix, 2002). It fits well with Lewin's force field analysis. Wilks and Boniface (2004) used AR "to establish an understanding of the perceptions of the occupational therapist regarding clinical governance" and professional development. The AR process enabled an in-depth review using a senior occupational therapist and eight other occupational therapists as co-participants (Pg 455). Lucey (2004) states, "years of study and experience show that the things that sustain change are not bold strokes but long marches and the ongoing efforts of everyone in the organization" (p. 8). He suggests that the AR model be used in a cyclical fashion. Transition and change are never over.

**Scientific management** is a set of management tools developed by Frederick Taylor and focuses on processes, systems and outputs (Walton, 1986). Application of system analysis in pursuit of more efficiencies is classic in this approach. Scientific management led to Edwards Deming's work on quality improvement and the use of statistical process control (SPC). Shewhart is generally considered to be the first to have developed process control charts to build on Frederick Taylor's "Scientific Management" approach (Rahman, 2004). The next evolution of this model was the science of the continuous quality improvement (CQI). CQI is often described as the "Shewhart/Deming/ PDCA cycle" (Rahman, 417). PDCA is a four-step process (plan, do, check, act), which is very reminiscent of the management functions of planning, leading, organizing and controlling. Juran, a contemporary of Deming, further explored scientific management and the use of SPC processes in total quality management (TQM). He describes TQM as a "'trilogy' of management processes: quality planning, quality control, and quality improvement" (Juran, 1989).

William Bridges states that, "It isn't the changes that do you in, it's the transitions (1991, PG 3).

**Transition management** concepts incorporate Lewin's *force field analysis*, *action research* and *appreciative inquiry*. In Bridges' book, "Managing Transitions: Making the Most of Change", he identifies many resistance factors (force field analysis) and delineates tools for managers and consultants to use while assisting an organization in transition management. To successfully manage transitions, resistance factors have to be identified and an action plan or strategy built to address these factors. Some of these factors include; fear of losing status or power, fear of the unknown, need for additional resources, new work processes, and new work space configuration. Bridges

(1991) recommends use of specific change management steps to overcome resistance.

Recommended steps are:

1. Plan and define the transition in terms of volumes, budgets, and people
2. Define the work flow with team members who have fundamental knowledge of the work processes
3. Define competency and skills required to accomplish the change
4. Evaluate automation tools and techniques to enable improved teamwork
5. Redefine job roles and compensation

If organizations work through each of these stages with care and involvement from staff, they should experience success. Bridges states that a consultant or manager cannot effect change without getting involved in “that personal stuff” (1991). Managing change is managing people. People are the tools by which the job gets done. Each of the strategies and models above chooses a unique approach to managing and using change to meet organizational objectives and goals.

Part II on this topic will be continued in the next newsletter.

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### 2006 American Society for Quality (ASQ) Healthcare Survey

According to a recent survey sponsored by the ASQ, members of the healthcare profession believe the use of electronic health records (EHR) could have the greatest impact on improving healthcare quality. From December 2005 through February 2006, ASQ conducted a survey of healthcare professionals to understand their opinions of quality tools and how these tools can impact the healthcare industry. The majority of the respondents were management level personnel working in a hospital environment.

Participants in the ASQ survey were asked to choose which tools from a list of 15 quality systems and tools could have the greatest impact on improving healthcare quality. Fifty percent of the respondents felt the use of electronic health records could have the greatest impact while 38% believed the Plan-Do-Check-Act (PDCA) cycle could have the greatest impact. According to a separate survey completed in 2005 by the Medical Records Institute<sup>1</sup>, the top reasons organizations are using electronic health records are “the need to improve clinical processes or workflow efficiency” and “the need to improve quality of care.”

Among the various quality tools available to the healthcare industry, the PDCA cycle and Continuous Quality Improvement were the top two tools currently being used at healthcare organizations. Sixty-nine percent of respondents said their organization uses PDCA while 65% mentioned continuous quality improvement. Tools with the lowest usage include ISO 9000/IWA-1 (2% usage), human factors engineering (14% usage) and Baldrige performance excellence (18% usage).

In a similar study conducted in June 2005 by ASQ of senior leaders in the healthcare industry<sup>2</sup>,

customer service, CQI, and benchmarking were the tools with the highest level of usage. <http://www.medrecinst.com/files/ehrsurvey05.pdf> PDCA was not offered as a choice of tools an organization can use. Healthcare organizations just starting on the quality improvement journey may want to start with these tools first.

Survey participants were also asked about the types of barriers they have faced when trying to implement quality improvement efforts. One-fourth of the respondents believed the “lack of personnel resources dedicated to implementation” was the greatest barrier in their organization. In the ASQ senior leaders study<sup>3</sup>, only 14% of respondents felt resources were the toughest obstacle to implementation. The difference in opinion may reflect the difference in who is actually responsible for implementing quality improvement initiatives. Senior leaders may not be as aware of the resources required to implement quality improvement initiatives compared to the front line managers who are responsible for the implementation.

In addition to being asked about specific quality tools, ASQ asked participants to pick the top three issues that participants’ organizations spend the most energy on. Patient safety, customer service, and regulation compliance received the most votes. Less than 15% of respondents said their organization spends energy on pay-for-performance or staff training.

<sup>1</sup> 7<sup>th</sup> Annual Survey of EHR Trends and Usage for 2005. <http://medrecinst.com/files/ehrsurvey05.pdf>

<sup>2</sup> 2005 ASQ Usage Study

<sup>3</sup> 2005 ASQ Usage Study

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### Leadership: The Essential Quality Strategy

In the Fall 2005 edition of the Quality Management Forum Newsletter published by the American Society for Quality, the importance of leadership in relation to quality in an organization was examined by author Anton G. Camarota, MBA. Mr. Camarota is President of ISO Coach, an Arizona-based organization providing coaching, training and consulting for organizational leaders and managers. I felt there were some excellent ideas to think about as the result of reading this article and would like to share a few of them with you.

One of the first ideas was the concept that your leadership identity is a function of your map of reality. We construct our maps of life from early experiences that continue to undergo changes as we journey through life. A limitation of this may be that we respond to our map of reality, not necessarily to reality itself. Responding in this way results in interpreting circumstances and giving meaning to an event that may or may not be true for others and responding as if our perception of what is happening is the only reality to be considered. The more expansive you can make your map, the more flexibility you are comfortable with in assessing situations, the more responsive you are to the input of others, the more effective you will be as a leader. “Leadership begins with assuming the responsibility for leading ourselves –deciding who we are, what gives our lives meaning and what arouses our passions. The ability to establish trust among those we work with is essential in thriving as a leader.

The author speaks of 5 components of personal identity:

- Metaphor – seeing one thing in terms of another, “such as *‘business is war’* “
- Role – what part do you play within your metaphor, “such as general, lieutenant or private”
- Function—what do you do in your role,” such as “creating better knowledge for decisions”
- Values – “Principles that you hold as important such as competence, integrity and respect”
- Beliefs – “Judgments and evaluations about yourself and your world including generalizations about the causes and meaning of events”

Each of these components as they apply to our personal identity affect the way we see, analyze and react to events and situations. “We carry our identities with us everywhere we go and these qualities of character remain relatively constant as we interact with others”

Capability is defined as “the application of specific skills within specific contexts to achieve desired results. Building capability is the purview of most training programs. Capability requires mastery, which in turn requires practice and judicious application of skills in specific circumstances.”

Other important components of leadership include:

- The role of communicating vision and strategy while setting an agenda for change that empowers people to move forward

- The leader’s behavior must be consistent with the vision and strategy to produce “trust” among the followers
- The leader must back up his/her words with consistent deeds over time to embody true commitment
- Followers must be able to trust enough to internalize the leader’s agenda and thus become champions of the cause
- Emotional intelligence – handling emotions in a constructive manner -- is the foundation of successful relationships with yourself and with others
- While a certain amount of conflict and discomfort can be productive, the skill of managing the emotional tone of the organization is crucial to making sure that the tone supports, not hinders achieving organizational results
- Motivation is based on a series of beliefs of personal worthiness – we know it as self-esteem. Self esteem relies on self-knowledge and self-understanding, clearly knowing who you are and what you are capable of doing. You must believe that you can produce the outcomes that you are striving for and that working toward that goal is appropriate and fits with the rest of what you are doing. You must believe that it is indeed possible to reach the goal and that the goal is something important and valuable to you. These same rationales apply to those working with and for you. If they are not able to see the relevance to their own situation in the changes that you desire and sincerely believe that they will have the support to develop and achieve the goal, their commitment and sustainability will suffer.

“The work of leaders is to bring about transformation and meaningful change in their followers and their organizations. Leaders...inspire others to move forward and energize people to overcome obstacles....They provide people with a sense of control by involving them in deciding how to achieve their vision, and build self-esteem and growth by supporting people with coaching, feedback, and role modeling. Effective leaders also create a sense of belonging and achievement by recognizing and rewarding success.

How can we be better leaders? We can:

- Commit to continual self development
- Develop a clear picture of our own destiny and higher purpose
- Define and understand our own identity including metaphor, role, function, values and beliefs
- Write down our personal values and those of our organization – writing these is a deeper commitment than just verbalizing them
- Understand how our personal and organizational values overlap
- Understand our follower’s values, and what role we are asking them to play in our leadership metaphor
- Develop and implement a strategy to help our followers advance their status and live their values—make a concentrated effort to “grow people”
- Understand how our products and services help our patients, families and colleagues
- Translate how providing quality service and products to our patients and families enhances their concept of the value received – how does this change our daily work and the way we interact with patients, families and each other?
- Perform “quality value audits” to increase our understanding of what is truly important in the eyes of the customer versus what is simply expected or considered “nice”

For further information on this topic, the author, Anton G. Camarota, has recently published a book, “Finding the Leader in You” available in local bookstores and through the ASQ Quality Press.

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### **E-QUAL TIPS -- JUNE 2006**

Welcome to E-Qual Tips, a new monthly communication tool from NAHQ. This blast email is being sent to NAHQ members to introduce you to this new tool. Our goal is to provide members with brief, succinct information that can enhance their practice as quality professionals. We hope you enjoy this new member benefit, which will be sent to NAHQ members on the first Tuesday of each month. Please feel free to contact NAHQ Senior Education Manager, Anne Costello at [acostello@nahq.org](mailto:acostello@nahq.org) if you have any recommendations on how this new service can be enhanced to better meet your needs. Anna Marie Butrie, NAHQ President

## Performance Measurement and Improvement

The Agency for Healthcare Research and Quality (AHRQ) quality indicators (QIs) are organized into four modules; each indicator measures quality associated with processes of care that occurred in an outpatient or inpatient setting. All four modules rely on hospital inpatient administrative data:

- Prevention Quality Indicators (PQIs), or ambulatory-care-sensitive conditions, identify hospital admissions that evidence suggests could have been avoided, in whole or in part, through high-quality outpatient care;
- Inpatient Quality Indicators (IQIs) relate to care inside hospitals;
- Patient Safety Indicators (PSIs) relate to quality of care inside hospitals;
- Pediatric Quality Indicators (PDIs) relate to quality of care within hospitals and identify potentially avoidable hospitalizations among children.

Detailed technical reports are available for download and are project outcomes conducted by University of California at San Francisco's Stanford Evidence -based Practice Center. For more information on the AHRQ QIs go to [www.qualityindicators.ahrq.gov/general\\_faq.htm](http://www.qualityindicators.ahrq.gov/general_faq.htm)

NAHQ's 31st Annual Conference will feature the concurrent session, "The AHRQ Quality Indicators: Past, Present and Future" on Wednesday, September 20, presented by Marybeth Farquhar, MSN RN. Go to <http://www.nahq.org/conference/current/sessions.htm> for more information.

## Management and Leadership

Leadership involves an interaction among the leader, the followers, and the situation. A leader may occupy a formal post (such as a manager, a director, or an administrator) or may be a team leader or facilitator (such as quality consultant). Hughes (2002) describes the leadership relationship by using a picture of overlapping circles adapted from E.P. Hollander, *Leadership Dynamics*. Hollander and Hughes believe that effective leaders will use a situational approach based on

- Leader characteristics
- Situation tasks, stresses, urgency, and environment
- The values, norms, and cohesiveness of the followers or team members.

If they are to be effective leaders, quality professionals need to be constantly assessing the leadership, the followers (teams, departments, committees), and the situation so that they can consciously design an approach that best addresses these variables. The lesson here is that templates and standard implementation plans will not be successful in all situations. An effective leader will modify the strategy or plan after considering the relationships among the leader, the followers and the situation. *Leadership Is a Process, Not a Position*. All are interconnected:

- Leader: Personality, Position and Expertise, etc.
- Followers: Values, Norms, Cohesiveness, etc.
- Situation: Task, Stress, Environment, etc.

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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 the Editor, Jackie Mead [Jackie.Mead@IHC.com](mailto:Jackie.Mead@IHC.com) or call (801) 442-3602.