

LEADERSHIP SKILLS

7 Ways to Foster Positive Change

Jane Martinsons, NAHQ e-news editor

With or without healthcare reform, healthcare quality professionals know that change is already a new reality for U.S. healthcare, transforming the industry, their own organizations, and their professional roles on what seems a daily basis. “With all the changes that we’re facing in healthcare in the next 5–10 years, we’re going to have to develop a whole new skill set,” says Carrie Donovan, BA BS ASCP CPHQ, risk management coordinator at 40-bed Spearfish Regional Hospital, Spearfish, SD. “It’s not going to be enough anymore to just be technically competent. You’re going to have to be a leader. You’re not going to have a choice because our hospitals are going to be fighting to survive. [Healthcare organizations] are going to be relying on quality and patient safety and patient satisfaction to do so.”

For NAHQ membership, developing leadership skills requires actively sharing ways and identifying competencies that will lead to positive change. According to several members who recently spoke to *NAHQ e-news*, the time to act is now. “If we don’t identify true competencies, we won’t be measured in a way that’s valuable to the organization,” says Marci L. Delson, RN MHA CPHQ, of Mount Carmel St. Ann’s Hospital, Westerville, OH. “Instead of keeping the data in the back room, we need to apply it to our patients and associates [to show] what we’re doing for patient safety and quality—and raise the bar.”

So what competencies are needed to lead positive change? NAHQ members offer the following suggestions:

Lead by example. “I have always thought [that] what management does, so do employees,” Sherry Mazer, CPHQ, of Temple University Health System in Philadelphia, PA, recently wrote on the NAHQ’s Managed Care Listserv. She believes that when managers exhibit positive behaviors—helping visitors and patients, saying “good morning” and “thank you,” and remembering a birthday—they help foster similar behavior throughout the organization. David Titus, BSN RN CPHQ GBSS, and Richard Fortner, MS RN CPHQ, agreed. “Leading by example is critical and also requesting feedback helps us perform better and meet our employees’ needs,” responded Titus of Cook Children’s Health Plan. “I try to lead by example to continuously seek enhanced training in quality, facilitation, and in communication skills.”

Integrate leadership competencies into performance evaluations. Beginning this month, Mount Carmel St. Ann’s Hospital is including leadership competencies in its electronic performance evaluations—a change instituted by the four-hospital Mount Carmel Health System in Columbus, OH. The competencies, which are for managerial positions and higher, include *identify, lead, and embrace change; exhibit courage to lead change; and energize people to support through effective change-management tools and communication*. “I’ve been here for 20 years, and this is the first time we’ve had true leadership competencies in our local organization. This puts some rigor around how we are to behave and manage our people,” Delson says. “On the flip side, we now have

guiding behaviors on which we're being evaluated, including supporting each other, serving our patients in communities, and communicating openly, honestly, and respectfully."

For the past 4 years, the leadership team at the three hospitals of St. Francis Hospital and Health Centers in Beech Grove, Indianapolis, and Mooresville IN, "hardwired" skill sets and goal-setting into their facilities by adhering to Quint Studer's philosophy, described in his book, *Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference*. This includes having employees enter their own leadership goals into an electronic performance evaluation system, applying AIDET (Acknowledge-Introduce-Duration-Explanation-Thank You) in their interactions with patients, and by having purposeful rounding for patients and employees, says Linda Ostermeier, RN BSN MSM HFA CPHQ, director of healthcare quality.

Develop your "softer" communication skills. "We all have real good technical skills—we know how to make a control chart and audit for core measures—but we don't always have some of the softer skills, particularly when it comes to conducting difficult discussions with department directors struggling with quality issues," says Donovan of Spearfish Regional Hospital. Its leadership team—comprising managers from nursing, pharmacy, respiratory therapy, risk management, quality, and surgery—receives training and education in communication. Donovan now has her sights on starting change-management classes at either the hospital or system level. "This is an area that we are lacking in healthcare, nationwide," she says. "How do we get people to buy in [on change]? How do we get everybody to stick with it? How do we make change last? That's something we're struggling with."

Act on programs proven effective in other industries. The staff at 129-bed Newport Hospital in Newport, RI, uses TeamSTEPPS(TM) developed by the Department of Defense and the Agency for Healthcare Research and Quality to improve communication and teamwork skills, meet national patient safety goals, and formulate leadership competencies in performance reviews. Moreover, nurses at the hospital use the aviation industry's SBAR (Situation-Background-Assessment-Recommendation) technique to communicate more succinctly with busy physicians and each other during unit-to-unit transfers and shift report. "We need to become more aware of ways to improved patient safety," says Jeanne Ehmann, MS RN CPHQ, director of performance evaluation and improvement. "We've been very focused on core measures and practice-guideline results, but we also need to step back and look at processes of care."

Remember that small changes can have big repercussions. In hospitals and other healthcare facilities, even the smallest changes can have systemic consequences, says Mary Sue Hubbard, RN CPHQ, performance improvement/risk manager at 140-bed Murray-Calloway County Hospital, in Murray, KY, which also has a 220-bed long-term care facility. When new area rugs, branded with the hospital's logo, were tested on carpeted floors, no one predicted the falls that could occur when they were placed on the hospital's hardwood and tiled floors. Another unforeseen circumstance was the loss of electronic documents caused when various electronic systems—including voice-activated

communication, bedside medication verification, and electronic nursing documentation—overloaded the hospital’s wireless system.

Talk with everyone touched by change. Tammy Porter, BSN RN CPHQ, quality nurse at the VA Medical Center, Marion, IL, says it’s imperative to bring “all key people touched by the process or problem to the table.” Trained in Six Sigma and General Electric’s Change Acceleration Process (CAP), Porter believes that the number-one competency needed by quality personnel is to communicate knowledge among different disciplines and departments. Likewise, Mary Sue Hubbard says it is easy to overlook nonclinical support systems when instituting changes. “If hospitals are changing to a different type of bed, for example, is anybody thinking about how you’re going to store them? Many times we implement a positive change, but people in the support departments are later saying, ‘Why didn’t you think of this?’”

Listen to the customer. Healthcare quality professionals need to look beyond mandatory measures and metrics and listen to the customer, says Diane S. Denny, FACHE CPHQ SSGB, vice president of quality, patient safety, and clinical innovation at The Cancer Treatment Centers of America, Schaumburg, IL. “The biggest challenge is for our organizations, boards, leaders, and executive teams to identify the vital few dashboard performance measures that mean the most from our patients’ perspective,” she says. “Further, we have the tendency to jump to the conclusion that the creation of checklists, reminders, or flags on a chart—or even the onset of the electronic health record—is going to solve all of our problems. But technology is an enabler and just one data source, not the solution. We need to nurture a culture that embraces inviting the customer into our conversation and *listening* as a primary part of our data-collection efforts.”

Do you have other suggestions for leading positive change? Please contact Jane Martinsons, NAHQ e-news editor, at e-news@nahq.org or call 847/375-4884.