



## John Hartley on Upcoming Challenges for the Healthcare Quality Professional

Joann Genovich-Richards, PhD MBA MSN RN, q&a Editor

John Hartley began his healthcare career in 1968 at Boston City Hospital and has been in the quality improvement field ever since. Hartley has worked in many areas including Massachusetts, Texas, Florida, Saudi Arabia, and Dubai, UAE. Currently, he is director of quality management at Orange Park Medical Center in Orange Park, FL. Hartley is a charter member of NAHQ, having joined in 1974. He has been active in the association as program chairman, finance committee chairman, treasurer and now, president. He has served as president and is a lifetime member of the Florida Association for Healthcare Quality. John holds a bachelor's degree in business administration from the University of Maine and a master's degree in healthcare administration from Nova Southeastern University in Florida. He is a certified professional in healthcare quality, a fellow of the National Association for Healthcare Quality and a licensed risk manager.

### Key Words

healthcare quality  
professional  
NAHQ  
Tracer methodology

*Editor's Note: This interview is the debut of a new online feature, q&a, which will showcase interviews with front-line healthcare quality professionals on the innovations and issues currently shaping our profession. q&a is a unique way to provide readers with exposure to peers, hearing first hand accounts of challenges and solutions. If you have an idea for an interview, please contact Joann at jgrofmi@aol.com or send a note to jhq@nahq.org.*

**Q** As the President-elect for the National Association for Healthcare Quality (NAHQ), what do you see as the major opportunities for the organization over the next year?

**A** Thanks to the Centers for Medicare and Medicaid Services (CMS) and their National Healthcare Quality Initiative, NAHQ has an opportunity to move further into the limelight as the "premier" healthcare quality professional organization, representing the voices of over 5,000 individuals working in

the healthcare quality field. We are fortunate that we have representation on the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Professional and Technical Advisory Committee (PTAC) as well as representation on the National Quality Forum (NQF). We continually provide our input into the decision-making processes of these two groups and thus can affect change.

Because we can effectively show our involvement with PTAC and NQF, we have a prime opportunity to market our organization to those who are not members of NAHQ and increase our rolls so that we are that "one voice" that will have significant influence over the decision-making of PTAC and NQF.

**Q** JCAHO's surveys are being updated to include the Tracer Methodology. What advantages do you see to this method? What cautions would you recommend to healthcare quality professionals as they go through this process?

**A** The one main advantage I see with the Tracer Methodology is that the hospital healthcare quality professional will no longer be looked upon as the single source of information at survey. Their importance increases about one year out from each survey. With this new methodology, we will need to be in constant readiness.

I would caution each healthcare quality professional to share in the responsibility of constant readiness. In my experience, I have found that hospital personnel sometimes think that the healthcare quality professional is totally responsible for the survey and its attendant results. The Tracer Methodology will force organizations to take a "team" approach to the survey process.

**q** What will be the long-term impact of the national healthcare quality initiatives, particularly for healthcare quality professionals?

**a** Isn't it wonderful that CMS, the largest consumer of healthcare services, realizes that it's the quality of the services and the quality outcomes of patient care that need to receive the attention and that economical consumption of resources will follow. I have made my Chief Financial Officer aware that since market basket adjustments are going to be based on our quality activities, he needs to turn more attention to the Quality Management Department.

**q** The National Patient Safety Initiatives are another development currently impacting healthcare quality professionals. How can NAHQ members and other healthcare quality professionals influence those initiatives?

**a** As I said before, we have strong representation on the NQF whose membership carries a lot of influence with the safety initiatives. We have a number of Quality Volunteers who have agreed to provide feedback on issues that are being addressed by the NQF. I urge all healthcare quality professionals to get involved as much as possible in this activity. Only through our feedback can we make a difference.

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**q** A number of the national initiatives blur the lines of what might have classically been considered risk management and quality management as efforts coalesce around healthcare safety. Consequently, healthcare quality professionals may face changes in their organizational structures and reporting relationships. What are some organizational design features and position changes that we might see over the next several years?

**a** Risk Management, Infection Control, Case Management, and Quality Management have seemed to have polarized into their own specific interests over the years. However, with the national initiatives moving into full swing, none of these areas can operate in a vacuum. I believe organizations will begin to align these areas under one department and expect that there will be crossover and shared responsibilities and accountabilities.

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