

## **Instructor Resources Sample**

This is a sample of the instructor materials for *Applying Quality Management in Healthcare: A Systems Approach, Fifth Edition*, by Patrice L. Spath.

The complete instructor materials include the following:

- Test bank
- PowerPoint slides
- Answers to the end-of-chapter exercises
- Guides to the end-of-book practice lab exercises
- Bonus exercises with answers
- Transition guide to the new edition

This sample includes the PowerPoint slides and answers to the end-of-chapter exercises for chapter 1, as well the guide to the first end-of-book practice lab exercise.

If you adopt this text, you will be given access to the complete materials. To obtain access, e-mail your request to [hapbooks@ache.org](mailto:hapbooks@ache.org) and include the following information in your message:

- Book title
- Your name and institution name
- Title of the course for which the book was adopted and the season the course is taught
- Course level (graduate, undergraduate, or continuing education) and expected enrollment
- The use of the text (primary, supplemental, or recommended reading)
- A contact name and phone number/e-mail address we can use to verify your employment as an instructor

You will receive an e-mail containing access information after we have verified your instructor status. Thank you for your interest in this text and the accompanying instructor resources.

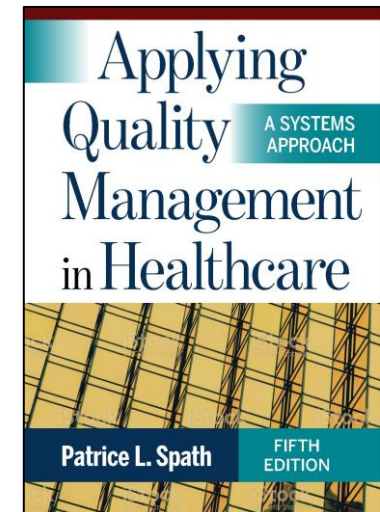
## **Digital and Alternative Formats**

Individual chapters of this book are available for instructors to create customized textbooks or course packs at [XanEdu/AcademicPub](http://XanEdu/AcademicPub). For more information about pricing and availability, please visit one of these preferred partners or contact Health Administration Press at [hapbooks@ache.org](mailto:hapbooks@ache.org).

# Applying Quality Management in Healthcare: A Systems Approach 5<sup>th</sup> ed.

## Chapter 1

### Quality Management Fundamentals



# Learning Objectives

After completing this chapter, you should be able to

- describe the vital role of management in achieving quality patient and client health services;
- differentiate among key healthcare quality characteristics, common approaches to quality improvement, and total quality principles; and
- recognize management practices and traits as organizations mature along the quality continuum.

# Shared Responsibilities for Quality

- Clinical and technical professionals—provide the medical care and produce the services
- Management—create and manage the structured system in which clinical and technical professionals work

# Why Focus on Managing Systems?

Patients may not receive the benefits of good medical care when the system of delivery is poorly managed.



# What Is Quality?

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Institute of Medicine 1990

# What Is Safety?

“Prevention of harm to patients”

Institute of Medicine 2004

# What is Reliability?

“Measurable ability of a health-related process, procedure, or service to perform its intended functions in the required time under commonly occurring conditions”

Weick, Sutcliffe, and Obstfeld 1999



# Key Components of Quality Healthcare

- Safe
- Effective
- Patient centered
- Timely
- Efficient
- Equitable

Institute of Medicine 2001

# Donabedian

Structure → Process → Outcome

- Number/location of pediatric clinics
- Available vaccines (i.e., inventory)

“What is done to a patient”

- Immunization rates (e.g., MMR vaccine)

“What happens to a patient”

- Measles rates

# Patient Experience

“Report of observations of and participation in health care, or assessment of any resulting change in their health”

Agency for Healthcare Research and Quality 2018

# High-Reliability Organizations

“Organizations with systems in place that are exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors”

Hines et al. 2008

# Quality Terms and Actions

<b>Term</b>	<b>Manager Actions</b>
<b>Quality control (QC)</b>	Fulfill process requirements
<b>Quality assurance (QA)</b>	Find and repair faulty processes causing defective outputs
<b>Quality improvement (QI/CQI)</b>	Incrementally and continuously improve processes
<b>Performance management</b>	Continuously review, evaluate, and improve performance to meet changing customer, stakeholder, and regulatory requirements
<b>Six Sigma</b>	Aggressively improve processes and reduce variation to achieve zero defects
<b>Lean/Lean thinking</b>	Seek better ways to organize human actions and processes to eliminate waste
<b>Total quality (TQ/TQM)</b>	Manage differently using a customer focus, continuous improvement, and teamwork
<b>Organizational effectiveness</b>	Understand and improve the system to achieve goals
<b>Change management</b>	Use systematic methods to transition individuals, teams, and the organization

# Total Quality Management

Three principles:

- Customer focus
- Continuous improvement
- Teamwork

# Quality Continuum

	Less Mature	Developing	More Mature
Quality priorities	Complying with quality requirements of external stakeholders is an operational imperative	Internal quality improvement is one of three or four strategic priorities	Internal quality improvement is the organization's top strategic priority
Quality scope	Internal customers	Internal and external customers and stakeholders	Internal and external customers and stakeholders and the community served
Quality transparency	Key quality measures not reported internally throughout the organization and not reported publicly	Key quality measures reported internally throughout the organization; few reported publicly	Key quality measures reported internally and publicly; reports include benchmark data from best practice organizations
Quality methods	No organization-wide approach to quality improvement	Data-driven, statistical methods used in some improvement initiatives	Managers trained in data-driven, statistical methods and these methods are used for all improvement initiatives
Performance measures	Only measures used are those required by external stakeholders	In addition to measures required by external stakeholders, internal measures are used to evaluate quality priorities of managers	In addition to measures required by external stakeholders, internal measures linked to the quality goals of the organization are used
Information technology	There is little or no IT support for quality activities	IT supports some quality activities, but many are still paper based	IT support is provided for all quality activities

# Leading the Way

“Improving patient safety and quality involves leadership by the board and CEO based on an executable strategy cascading throughout the organization and applied across the entire continuum of care.”

American College of Healthcare Executives 2017



**Applying Quality Management in Healthcare:  
A Systems Approach, 5<sup>th</sup> ed.**

***INSTRUCTOR'S MANUAL***

**PART I—QUALITY MANAGEMENT: A SYSTEMS APPROACH**

**Chapter 1**

**Quality Management Fundamentals**

**EXERCISE 1.1**

The objective of this exercise is to better understand the National Quality Strategy and explore the current state of healthcare quality in the United States. In this exercise, students are introduced to a report published by the Agency for Healthcare Research and Quality (AHRQ) called the *National Healthcare Quality and Disparities Report*. The most current report is available at <https://nhqnet.ahrq.gov/inhqrdr>.

Students are asked to read the executive summary, explore the report, and then summarize, in one or two paragraphs, the state of healthcare quality and disparities in the United States.

- At the time of this writing, the 2019 version of the report is available. The report is updated annually and periodically goes through some format changes based on current health policy priorities.
- The instructor may ask students to focus on a particular area of the report (e.g., only quality or only access) and summarize that portion.

# **Applying Quality Management in Healthcare: A Systems Approach, 5<sup>th</sup> ed.**

## ***INSTRUCTOR'S MANUAL***

### **PART IV—PRACTICE LAB**

#### **EXERCISE 1**

##### **REFLECTIVE JOURNAL**

The questions posed in the reflective journal template serve three purposes, which correspond to the three parts enumerated in the text: encouraging readers to keep track of and remember key points, having them generate new questions from the journal content, and providing a mechanism for applying the content to their real-world environment.

Related to Part I, “key points to remember,” for this fifth edition of the text, students are asked to include their reasons for selecting particular points from the assigned content to enhance critical thinking skills.

Regarding Part II, “new questions,” in addition to the comments provided in the text, a purpose of this portion of the exercise is to foster inquisitiveness and generative learning.

For Part III, “application,” asking the reader how the concepts offered can be applied to her career roles, goals, and effectiveness helps solidify the main focus of this book: to apply quality management.

##### **PHILOSOPHY**

The emphasis of this course is on helping students develop professional awareness of and skills in quality management. Because students come from a variety of backgrounds, have had different experiences, and have varying levels of maturity, the journal exercise should encourage a mature level of thinking for less experienced students and reinforce the value of reflection for more experienced students. The journals are also a source of information for the instructor. At times, quieter students are hesitant to share their ideas during class, and more vocal, outgoing students dominate discussions. The journals provide an opportunity for the instructor to better understand how all students are absorbing the material by providing written documentation of their thought processes.

The students may not like the journal exercise at first; they will complain about too much reading and busywork. However, once they get into the routine of submitting the journals at the beginning of class and receiving comments back from their previous journals, they typically begin to look forward to the feedback and ongoing conversation with the instructor through the comments. The journals consistently are identified on the end-of-semester evaluations as

an exercise that should not be changed, but it takes the students about a half semester to realize the value in this exercise.

## STUDENT EXAMPLES

### Example Set I

Students with little or no work experience or those who have progressed directly from undergraduate to graduate school tend to have the most trouble with the journals. The journals reflect the students' level of maturity in thinking and, in turn, their maturity in general. Instructor feedback provides an opportunity to coach students in learning about quality and developing personal and professional skills and habits that will make them better managers.

This example shows three journals for one student in one of Dr. Diane Kelly's classes. Below are Dr. Kelly's comments about the student and her journal submissions:

This student started her MHA program immediately after finishing her undergraduate studies. Although she was very bright, she lacked both work experience and maturity. The first journal (September 12) shows her work at the beginning of the semester. She could have completed the journal by simply skimming for paragraph headings or scanning figure captions in the article. There is no evidence that she read the article, much less thought about what was in it or how to apply the material. Included are my actual instructor comments (in blue). It is important to convey that work is unacceptable but to communicate that feedback in a way that avoids discouraging the student.

The second journal (September 25) shows improvement in her work. The third journal (October 9) shows even more improvement. This student's earlier work was a result of her lack of experience. But as the semester progressed, she demonstrated effort and a willingness to learn and try new activities.

### Reflective Journal 1

**Name:** MHA Student #1

**Date:** September 12

**Title:** "Improving Customer Satisfaction: Emerging Lessons About Strategy and Implementation, Part I"

**Author:** Judy Morton

**Source:** *Managed Care Quarterly* 3 (2): 33–42, 1995

**Number of pages:** 10

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

- The moment of truth is any time a customer comes in contact with an organization and forms an impression on quality
- Six phases of their strategic approach to improve customer satisfaction: Listen, Target, (Re) design, Field Test, Diffuse, Monitor, and Improve

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

- Will the plan work for a healthcare system?

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

It is a useful step by step plan for improvement. Maybe I will be able to use it someday.

The following are the comments I wrote on this student's assignment:

"I can appreciate the desire to be succinct. Developing your comments further will better show me your critical thinking skills."

## **Reflective Journal 2**

**Name:** MHA Student #1

**Date:** September 25

**Title:** "Setting Goals"

**Author:** Dietrich Dorner

**Source:** *The Logic of Failure: Recognizing and Avoiding Error in Complex Situations*, pp. 49–70. Reading, MA: Perseus Books, 1996

**Number of pages:** 21

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

- Pursuing many goals means satisfying several criteria at once—goals may be interrelatedly linked either positively or negatively
- In setting goals, we must understand the characteristics of goals in order to manage setting them
- Always try to make general goals specific
- To dispel clarity in complex concepts, we must “deconstruct” them
- It is good to rank problems in terms of importance and urgency in distinguishing between central and peripheral problems

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

- How do you know what unintended consequences a decision for one goal might have on another?
- Would a root cause analysis help in figuring this out or is there a better way to figure interrelatedness out?

“Good! We will talk about this later in the semester.”

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

It will be important for me in making decisions, to understand that decisions I make concerning one goal may have unintended consequences (positive or negative) on another goal. I also need to be careful to solve problems that need to be solved and not just the ones that I know how to solve.

“Excellent insight.”

“I appreciate you taking the time to be more explicit in describing your thinking regarding these readings. Good job!”

**Reflective Journal 3**

**Name:** MHA Student #1

**Date:** October 9

**Title:** “It’s Up to You”; “The Purpose Principle”

**Author:** Nadler, G., and S. Hibino

**Source:** *Breakthrough Thinking: The Seven Principles of Creative Problem Solving*, pp. 17–37, 127–59. Rocklin, CA: Prima Publishing, 1994

**Number of pages:** 52

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

- Successful problem solvers use a target solution as an effective guide in developing details of what others consider breakthroughs
- Defining the purpose of working on a problem ensures that you will apply your efforts in areas where you can have the greatest impact
- Finding the right purpose greatly increases your chances of discovering a breakthrough of an innovative solution
- Focusing on what’s wrong ignores the purposes of the solution
- Accepting the problem as given often leads to an “obvious solution,” which is not a breakthrough but which frequently gives rise to other problems

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

- How do you get management buy-in into this new way of approaching problems?
- How do you get the group to agree on a statement of purpose?
- How do you convince managers that they do not need to collect massive amounts of information like they are used to, to solve the problem?

“Great questions!”

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

The chapters make me realize that I need to focus on finding a purpose that can direct my search towards a useful solution. It also reminds me not to try to clone someone else’s solution and impose it on a different problem. I can use the thinking and reasoning aides of the purpose

principle to develop a “flexible mindset that embraces openness, intuition, and expanded perceptions.”

“Very insightful application. I have found the purpose principle so helpful, both in professional and personal decision-making. Good job!”

## Example Set 2

Following are some examples from older students in Dr. Kelly’s MHA courses who had a greater level of maturity and work experience. Dr. Kelly notes that the journals from these students can be really fun to read. They are also a source of ongoing learning for the instructor, not only to collect new examples but also to keep abreast of current issues in the healthcare practice arena.

### Reflective Journal 1

**Name:** MHA Student #2

**Date:**

**Title:** “It’s Up to You”; “The Purpose Principle”

**Author:** Nadler, G., and S. Hibino

**Source:** *Breakthrough Thinking: The Seven Principles of Creative Problem Solving*, pp. 17–37, 127–59. Rocklin, CA: Prima Publishing, 1994

**Number of pages:** 52

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

- I fell [sic] tempted to paraphrase a known sentence “the way people see the problem *is* the problem.” I think this sentence never meant to me as much as it does now. The examples given in the book are so highlighting that I was going through the pages and remembering this sentence. Definitely, addressing a problem by stating the purpose of what exists seems so basic. But on the other side, we never do it, we never seem able to deal effectively with problems. I would call it looking for the ultimate, underlying reasons of the systems and our **purposes**. Here am I saying the word, but it seems meaningless to talk about breakthrough thinking without using it.

- Understanding the nature of the problem, not just fixing a list of things that are not going well

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

- Now that I have read more about breakthrough thinking, I am amazed about the “obvious.” Gosh, are we really always so immersed with problems that we don’t see what is behind them?
- Still I am wondering if CQI [continuous quality improvement] is not also a complement of such a revolutionary approach to problems. Breakthrough thinking comes like a problem-solving strategy, where you learn to see problem’s [sic] from a larger, system’s perspective
- Who knows if philosophers would not do a better job as CEOs . . . questioning beyond our usual bounds

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

In everything in life, we are constantly being pressed to be effective. And the pressure creates in [you] (some more than others) a need to be very active and dynamic. I often see myself doing stupid things when I am being pressed by a situation, as if by doing so I would start solving the problem itself. I think that my process of growth was exactly made by my growing ability to: 1) first, deal with uncertainty; 2) second, dealt with the anxiety uncertainty generates in me. I never lost this first instinct of starting doing things, whatever they were. But slowly I have learned how to be more reflective, how not to be dependent on the stimulus and how to balance all variables under consideration, and going beyond the problem (its visible part, its symptom). I will definitely add to my resources when dealing with problems and difficult situations, breakthrough thinking in generating a purpose that will orient my next moves.

**Reflective Journal 2**

**Name:** MHA Student #3

**Date:**

**Title:** “It’s Up to You”; “The Purpose Principle”

**Author:** Nadler, G., and S. Hibino

**Source:** *Breakthrough Thinking: The Seven Principles of Creative Problem Solving*, pp. 17–37, 127–59. Rocklin, CA: Prima Publishing, 1994



**Number of pages: 52**

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

- The importance of using purpose as a starting point in a project. It expands the options available, rather than if you just concentrate on fixing the problem.
- It may not be easy to overcome conventional thinking about how to complete, start, or progress on projects. The fact that American business relies heavily on focusing on the bottom line and quick fixes to the bottom line is the norm. I have seen this way of thinking in action in my former employer and, while I don't think I would have ever come up with breakthrough thinking on my own, at the time I couldn't understand the need to satisfy shareholders when our business was about something totally different. A lot of the reading I have done for this class makes me realize that there are so few visionaries in business today. I can really see the challenges that lie ahead for those who want to shift today's thinking.

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

The chapters noted that Japanese firms have been using this kind of breakthrough thinking with success, but out of curiosity, I wonder in their recent economic trouble, have they continued to focus on the purpose and not switched to focus on the bottom line? When push comes to shove, does breakthrough thinking remain at the forefront?

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

I like the new ways of approaching process review and process improvement that we are learning in class. I "grew up" in the workplace nurtured on the conventional way of thinking about process. I believe that I am shortsighted in how [I] think about these things and I need to improve my skills in decision-making and project management through utilizing the tools we are learning. I probably will have to carry my Quality HPAA 263 binder around with me in my next job, so that I can remember when and how to use these tools!

I have also found the journal exercise an effective tool for other courses. Following is a student journal from a doctoral nursing seminar on health policy and leadership.

### Reflective Journal 3

This reflective journal is reprinted with the permission of Emma Kurnat-Thoma.

**Name:** Emma Kurnat-Thoma

**Date:**

**Title:** “Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care”

**Author:** Suzanne Gordon

**Source:** Part III Hospitals and Nursing

**Number of pages:** 2

#### I. Key points that I would like to remember from this reading are:

1. From our discussion in class; we defined the word ‘hubris’. I never really understood the exact meaning of this word before. To reaffirm its meaning, I looked up the term on Merriam-Webster’s online dictionary and sure enough: exaggerated pride or self-confidence. You can also use this term as an adjective, ‘hubristic’. I now have a new word to use!!! 😊 So in using this word in conversation since class, I automatically assumed it was akin to ‘arrogance’. So I also looked this up: feeling or an impression of superiority manifested in an overbearing manner or presumptuous claims. As I compared these two words and their official definitions online, I couldn’t help but wonder why Suzanne Gordon selected hubris over arrogance. I think this reflects the fact that she is a careful writer and deliberate in her arguments, which is evident in this week’s reading. I did enjoy that specific aspect of her writing. She utilized published health care research when describing the characteristics of hospital work to back up her assertions of the hardships nurses in their profession face. I wish all journalists turned to such resources and selected their words, statements and messages in the way that she did in writing this book.

2. Although difficult for me to reflect upon at length, this reading is absolutely essential for anyone involved in the health care arena. I think it does an excellent job of providing not only the historical context of the nursing profession, but brings this context (provided in the first half of the book) to the recent events within the hospital atmospheres in the past decade. It helped me to see why and how important management and administration are to creating a supportive and therapeutic work environment. It also just shocks the heck out of me how so many hospitals and health care environments do not have the management and leadership required in order to adequately support their staff. Although it helps to understand why my attempts at patient care failed (ie [sic]—poor management, presence of massive restructuring, etc), it is extremely difficult to think about how nursing as a profession exists at present, with restructuring that remains ever present. If anyone in this state were to advocate for a union or

some sort of collective voice amongst all nurses in a unit or hospital, I know that they would be fired. I have heard IHC nurse managers discuss this in the past, and how they terminated employees on this basis. This just seems so counterintuitive . . . how can patient care improve without the collective voice of the human resource within the hospital setting?

3. I found the mention of nurse scientists conspicuously absent in Suzanne Gordon's writing. Although she mentioned 'nurse academicians', she did not specifically recognize the contributions made by nurses who have improved patient practice through their research. Actually, she cited the work of various nurse scientists, one of which, Linda Aiken, produces her scholarly work for the expressed intention of justifying the importance of adequate staffing by knowledgeable and skilled staff (RN's who are BS prepared). It seems as if she utilized this work for the specific persuasion of the argument she was making; not the value provided by having a "nurse leave the bedside" to produce such scientific results for the expressed reason she was using them. Errrgh, because if Linda Aiken hadn't been frustrated as a bedside nurse—I doubt she would be so passionate or motivated to produce the scholarly results that she has. I think Linda Aiken has provided more for nursing as a scientist than as a bedside nurse, yet Suzanne Gordon seemed to imply through her writing that leaving the bedside was somewhat of a traitorous act.

4. For all of the years that I worked in the clinical setting, I encountered numerous nurses from other countries, including Britain, South Africa, Australia, Norway, Phillipines [sic], and more. I never grasped the global, international effects on these individuals' country of origin. If the US recruits so many foreign nurses for our health care system, I can't begin to imagine the effects on the countries who relinquished them. This is so scary to me—and I never really was interested in the global context of nursing and health until I read this book.

5. I really enjoyed the examples that Suzanne Gordon utilized from the UK in regards to the public PR media campaign for improved patient/public awareness of the requirements/tasks required of a nurse (p 444–445). This seems so simple and effective—why on earth hasn't our country's government or nursing organizations, ANA [American Nurses Association] for example, applied such a technique in the US? The state of nursing working conditions seems as if it would be a powerful patient-based interest of US citizens (those who receive health care) yet it seems that . . . such potential has not been tapped, as it is not really a part of any main stream media sources.

## **II. New questions that I have as a result of reading this piece are:**

1. Seeing the content of this reading play out in the past decade, I am unsure of where exactly nursing is at this time, and how it is responding to the recent challenges imposed upon it by recent changes in governmental influences (Medicare/Medicaid hospital reimbursements, Bush/Republican privatization priorities, etc.) and subsequent various commercial, private and health care administrative agendas. What will happen in the next 10–20 years? How bad will the nursing crisis become, both nationally and internationally?

2. It seems as if there are so many professional organizations and individual nursing advocates (academics, politicians, nursing business execs, etc) who are trying to voice reasonable, cost effective solutions to this crisis. Why isn't anyone listening, or if they are listening, why is their advice consistently not heeded?

3. For as bad as current clinical/hospital based nursing is, it seems as if the academic needs (where the source of the solution for more nurses is) have gone largely unheeded. Meaning, I don't see anywhere near the press-related content as to the need for nursing educators. I find that interesting, if the need for nurses as a human resource commodity is so tremendous, why aren't academic institutions being supported in fulfilling this need? This astounds me—especially since clinical faculty are not as well paid or valued in university settings. Why aren't more benefits being provided to the teachers that are doing the actual work of producing more nurses?

**III. I could use the information from this reading in the following way (may be related to your work role, career goals/objectives, or personal effectiveness). Alternative question: The information in this reading helps to explain the following situation that I have observed or experienced.**

Although this reading was difficult for me overall (it reminded me so much of all the struggles I faced and battles that I lost in being a staff nurse), it helps me to understand why I faced those problems and lost battles—and even why I encountered them! I don't know how I will use this information in the future; I hope that it will be to help me to continue to cope better with the painful experiences of the past. I cope much better with painful memories by understanding the global picture/understanding of the sequence of events that led up to them. This knowledge for me not only helps me to cope, but also helps me to build my own personal defenses in a specific way so that I won't be so hurt by similar events that occur presently or in the future (ie—when I do agency shifts).

I do know that this reading highlighted the fact that I too, have turned my back on bedside nursing for the specific reasons that were addressed and mentioned by Suzanne Gordon. It makes me proud, actually, to have done so. I find, that after reading this book, if I would have remained at the bedside, I would have been continuing to kill myself with stress. Also, I would have felt guilty, for not listening to my heart and instincts to get out of being a bedside nurse. Had I remained, I would have regretted every moment of work, because I would have known that my true capabilities for independent and critical thought far superceded the qualities and skills needed to be a staff nurse. I am so proud of myself that I did not continue to subject myself to utterly baseless and causeless arguments/fights/struggles that I surely would have faced by being clinically oriented, no matter what the role (this goes for practicing as an NP [nurse practitioner] too—I don't want to have anything to do with patients unless absolutely necessary, ie—agency shifts—now as a direct result of my bedside experiences). While I worked as a bedside nurse and observed the struggles of CNS [clinical nurse specialist] and NP peers, I knew that I could never work as an NP and be happy. I am so excited by where I am headed, yet the painful experiences of my past, as cited in the reading, help me to always direct myself in a

manner that is consistent with my beliefs and instincts. I feel so lucky that they have served me so well. . . .

### Example Set 3

Dr. Kelly reminds instructors that students who use few words in response to questions do not necessarily lack understanding, as demonstrated in the first examples. Following is a sample journal from a student who had a talent for homing in on the essential points of the readings and getting to the point in very few words—short on words, long on insight.

#### Reflective Journal 1

**Name:** MHA Student #5

**Date:**

**Title:** “Improving Customer Satisfaction: Engineering Lessons About Strategy and Implementation, Parts I and II”

**Author:** J. Morton

**Source:** *Managed Care Quarterly*, 1995

**Number of pages:** 21

**I. Key points that I would like to remember from this reading are (at least one, no more than five):**

1. Well described, fairly simple, systematic approach to improving customer satisfaction.
2. Emphasis on customer input in guiding principles.

**II. New questions I have as a result of reading this piece are (at least one, no more than three):**

1. How do you predict process benefits so as to justify resource inputs?

**III. I could use the information from this reading in the following way (no more than three to five sentences; may be related to your work role, career goals/objectives, or personal effectiveness):**

Ask patient families and floor personnel to be involved our ICU’s [intensive care unit] improvement efforts.

## Example Set 4

The reflective journal may also be used to synthesize the content from several resources in a lesson or module. Instructions may include this or a similar phrase: *This reflective journal assignment is intended to provide the opportunity to reflect on and apply the assigned material for the week. The weekly material has been selected to collectively represent a lesson around the designated topic. Look for common themes, contrasting points of view, and complementary content among the assigned readings/video for the week's lesson.*

Dr. Kelly reports that experiences with students since publication of the second edition of the text have revealed a need for them to practice their critical thinking skills of evaluating and synthesizing. The following are examples of one reflective journal assigned to the combined content of multiple articles.

### HELPFUL HINTS

The following are hints that may bear repeating to students.

1. Even though the writing style may be casual for this assignment, please write professionally.
2. Sometimes students like to include direct quotes in Part I of the reflective journal. If you do, please enclose the passage in quotation marks (“ ”) and cite the source (author, date, page number).
3. In Part III, please be as specific and concrete as possible in describing your application of the content.

### Reflective Journal 1

This reflective journal is reprinted with the permission of Cody Schwartz.

**Name:** Cody Schwartz

**Date:** 1-31-2011

**Title:** “Defining Quality Improvement in Public Health”

**Author:** Riley WJ, et al

**Source:** *J Public Health Management Practice* 2010

**Number of pages:** p5–7.

*(If multiple sources, please list them all)*

**Title:** “Consensus Statement on Quality in the Public Health System”

**Author:** Public Health Quality Forum

**Source:** US DHHS [Department of Health and Human Services]

**Number of pages:** <http://www.hhs.gov/ash/initiatives/quality/quality/phqf-consensus-statement.html#r3>

**Title:** “Managing Complex Systems: Performance Management in Public Health”

**Author:** Landrum LB, Baker SL

**Source:** *J Public Health Management Practice* 2004

**Number of pages:** 13–18

**Title:** Applying Quality Management in Healthcare

**Author:** Kelly DL

**Number of pages:** p1–39.

**Title:** “The Role of Performance Management and Quality Improvement in a National Voluntary Public Health Accreditation System”

**Author:** Baker SL, et al.

**Source:** *J Public Health Management Practice*

**Number of pages:** p427–9

**I. Key points that I would like to remember and why are:**

- A key point in the reading is the definition of quality in the public health system and in health care compared to other fields. From the Consensus Statement on Quality in the Public Health System, quality is “the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy” (Public Health Quality Forum [PHQF], August 2008). From Chapter 1 of our reading, medical quality is described by Donabedian as having two components, one a technical aspect and the other an interpersonal aspect (Kelly 2007, pg 7). In the past, I have thought quality as a very difficult term to define and so I will try to remember these points.
- A key point in the readings is the idea that successful quality improvement is a continuous process with multiple contributions from multiple fields. This is highlighted in the Chapter 2 reading in the three principles of total quality: customer focus, continuous improvement, and teamwork. I think this is an important point because it shows that total quality can be achieved with a dedicated effort with members of an organization working together as a team. Quality cannot be attained by just one individual, but requires a dedicated group to acquire results. As a result, Riley highlights that small changes within individual programs or units can lead to large changes in organizations or communities (“small qi” to “Big QI”) (Riley 2010, pg 6).
- A key point of the readings is the connection of performance management with quality improvement. Performance management incorporates quality improvement as one of its main components but is not synonymous with QI. Performance management involves standards, measures, progress reporting, and QI. This is contrary to what I previously thought and I will try to distinguish between these definitions in the future.

“very insightful pickup”

## II. New questions I have as a result of this material are:

- How do different organizations define their audience and/or their stakeholders? Is this the same population?
- The PHQF recognizes ‘transparency’ as a key item. What ideas do they have to increase transparency and how do they quantify this?
- In further exploration, what effect has The Leapfrog Group had in terms of its member’s quality? What data do they have? (Kelly p24–25)

## III. I can use this information in the following way(s). Please be concrete and specific. Your answers may be related to your work role, your career goals, or your personal effectiveness.

Currently, I am involved with a project regarding transparency in the development and implementation of guidelines. I found it exciting that the PHQF mentions transparency as a key characteristic for defining quality and that transparency is a focus in the first two chapters of



the book as well. Defining transparency is not as straightforward as I originally thought. What kinds of information need to be transparent to the audience? All of it? How can a guideline group of only 10 or less members keep track of all of the data to make it available?

Another interesting issue I came across is the definition of stakeholders. I think of stakeholders as anyone who has an interest in a particular idea. But some groups define stakeholders more narrowly—such as only members of a certain professional organization or employees of a certain hospital.

I definitely believe that the three principles of total quality will be important in my career. In order to maintain certain accreditation standards, one must at least show minimum requirements. Using these principles of customer focus, continuous improvement, and teamwork as a basis for improving quality can only help a unit be better than the average. As more and more imaging is performed in this country, this will rapidly apply to imaging procedures. Three areas that come to mind generally include increasing patient satisfaction, decreasing waiting times, and communicating effectively about radiation exposure risk.

## **Reflective Journal 2**

This reflective journal is reprinted with the permission of Andrew Iannuzzi.

**Name:** Andrew Iannuzzi

**Date:**

**Title:** Applying Quality Management in Healthcare

**Author:** Kelly, D.

**Source:** Hardback

Number of pages: xv–33

**Title:** A Theory of Quality Management Underlying the Deming Management Method

**Author:** Anderson, J., Rungtusanatham, M. & Schroeder, R.

**Source:** *The Academy of Management Review*

**Number of pages:** 472–509

**Title:** The Role of Performance Management and Quality Improvement in a National Voluntary Public Health Accreditation System

**Author:** Baker, SL. Beitsch, L. Landrum, LB. Head, R

**Source:** *Journal of Public Health Management and Practice*

**Number of pages:** 427–429

**I. Key points that I would like to remember and why are:**

- There isn't a single perspective on "quality" or how to achieve it. Kelly (2010, 6) points out that a statistician, a quality manager and a nurse for instance would approach the realization of quality quite differently, but each can offer a successful method to achieving quality. Keeping this in mind can help me to understand and incorporate other methods into my own efforts to promote and sustain quality improvement.
- In Landrum and Baker (2004, 14), the authors advocate for the "establishment of organizational or system performance standards, targets, and goals and relevant indicators to improve public health practice." However, this flies in the face of recommendations many years earlier in the Deming Management Method, in which he argues that in improving quality, one should eliminate work standards and management by (numeric) objectives (1986, 23–24 in Anderson, Rungtusanatham, & Schroeder, 1994). Deming argues that such objectives pit employees against their employers and eventually disenfranchise them from their work. I would tend to agree and believe that such numeric data should be kept only as indicators but not as objectives or standards.
- Many of the works we have read thus far call for measuring specific indicators in order to track quality and improvement, but I am unclear on how such indicators are chosen or how often they should be taken. For instance, in the care of patients with a specific condition, what indicators should be measured to insure quality? Should measurements be done on processes or outcomes? I know this is a difficult question, but I think that it is key to improving quality moving forward.

**II. New questions I have as a result of this material are:**

- Kelly (2010, 9) employs an example in which the more effective employees help teach the "dawdlers" how to better their performance, but I worry about the unintended consequences of such an approach. For one, how does this make the workers (dawdlers especially) feel? Are they discouraged or resentful towards those that are put forward as the best of the employees (regardless of whether or not the dawdlers are indicated as such). Also, does this type of retraining always pay off in terms of time lost? On a larger scale, this same question can be asked of CQI, which undoubtedly requires much

time and attention on every employee's part. How quickly does this reap rewards, and if it doesn't do so quickly, how can you convince employees to buy in?

- In their article, "Managing complex systems: performance management in public health," Landrum and Baker make a strong argument for organizing a program such that it better measures, analyzes and attempts to improve quality, I don't know what role an individual physician in a large academic center can do with this information.
- With various organizations offering accreditation if certain standards are met, and with various methods of implementing QI, how will the U.S. ever create a truly national set of goals and implementation methods? Is this even something that we're attempting to do, or does it smack too much of a national health program? I realize that Healthy People 2010, 2020, etc. set many such goals, but does this constitute a truly national effort or are they simply that organization's hopes?

**III. I can use this information in the following way(s). Please be concrete and specific. Your answers may be related to your work role, your career goals, or your personal effectiveness.**

One of the greatest lessons from this week's readings is that of including customer satisfaction in the assessment of quality, with particular emphasis on the satisfaction of customers within an organization. In my future career as a physician, I hope to be able to ensure that the other employees with whom I work are satisfied with my performance and interactions. I think that this is an immeasurable quality that many physicians overlook and have overlooked in the past. Historically, the medical profession has espoused strong ambitions and desire for autonomy, to the detriment of interpersonal relationships with colleagues and other workers. In this sense, I find that a break with tradition is one of the best ways of realizing quality in health care. Within this goal, I believe that employing a more team-oriented approach that involves multiple disciplines (for instance, including nurses in morning rounds so that they may give feedback on the process and possible avenues for improvement) will be key to finding and correcting current shortfalls.

**SUGGESTED FORMAT FOR REFLECTIVE JOURNAL**

Name:

Date:

Citation(s):

- I. Key points to remember from this reading and my reason(s) for selecting these points:
- II. This information has prompted the following questions:

III. How I can use the information in my professional practice, in my work setting, or for my own personal effectiveness: