Success comes from having the proper aim as well as the right ammunition.

From Common Sense To Health Cents

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The Power of People

As healthcare providers work to survive in a rapidly changing and technologically dynamic industry, the ability to adapt to rapid changes, to deliver high quality patient care and to maintain a strategic advantage is critical. Strategic planning and the care of the staff that can bring that plan to life lie at the heart of a healthcare organization's success.

Human resource development is critical to organizational success. The process of helping healthcare staff to develop to their full potential has probably never been more important than it is in today's market. Unprecedented growth in medical advancements and a shrinking workforce make it imperative that healthcare organizations have human capital systems that create a more versatile workforce that is capable of adapting to change within or outside the workplace. The ability to proactively respond to a changing environment to maintain strategic advantage is much more beneficial than the common practice of crisis management.

In the closing years of the past decade, management began to recognize that people, not cash, buildings, or equipment are the differentiating factor in organizational success. Over the past three decades, health care has experienced a technological boom. Diagnostic and medical intervention capabilities have proliferated at exponential speed. As a result, many healthcare organizations have focused a significant amount of time, energy and money on the development and purchase of these physical assets. Unfortunately, the same level of energy has not gone into developing the human capital side of many organizations. The problem in this approach is that every activity that is important to a healthcare organization's survival is dependent on that human factor.

Weaknesses in traditional measurement systems have made it difficult for organizations to measure and define the value-added aspect of human capital. Thus, it is difficult for many healthcare leaders to buy into resource allocation for human resource management. The first step on the road to acceptance of this as fact is recognizing it's importance. Management can start by answering the following questions:

> ***The stronger the relationship and connection between individuals, the more likely the follower will want to help the leader.***
>
> ***John C. Maxwell***

If all your new technology acquired in the past three decades went away today, could your healthcare organization still provide health care?

and

If all your staff went away today, could your healthcare organization still provide health care?

Obviously, there is no healthcare without the people who deliver it. Even the most high tech piece of equipment needs the skills of our professional staff to make any health care happen. While the loss of technology would set the sophistication of health care back, the care of communities would go on.

Everything that happens in an organization is the result of a process. A process is a series of steps designed to produce an effect. All processes share a common pattern of consuming resources that generate a service or a product. While there are a number of resources that go into our healthcare processes, the only resource that can create an outcome is the human resource.

Human, material, equipment, facilities and energy resources are common ingredients of a process and when all of these resources are brought together there is a potential for an outcome. Regardless of the sophistication of the tangible assets of materials, equipment, facilities and energy, they only have value when an employee leverages them to create an outcome and value. The potential of all the high tech equipment of that past three decades is only realized when staff contribute knowledge and skill to fulfill the promise of the equipment's specification. Equipment such as a MRI machine or surgical laser represents health care potential but the employees who operate it and/or interpret the results represent the catalyst that will assure the delivery of high quality healthcare.

As an example, CMS recently released their final issuance regarding quality assessment and performance improvement conditions of participation for hospitals. In response to these conditions of participation, hospitals must:

- Establish, implement, maintain, and evaluate their own QAPI program;
- Have a QAPI program that reflects the complexity of its organization and services;
- Have a QAPI program that is hospital-wide and focuses on maximizing quality of care outcomes; and,
- Include preventive measures that foster patient safety, such as reducing medical errors.

The employees of an organization are the gatekeepers to success of such initiatives. Without their buy-in, motivation, and commitment, any program developed by a healthcare organization simply becomes one of those passive assets with potential but no outcomes.

> ***"COMMON SENSE IS SEEING THINGS AS THEY ARE, AND DOING THINGS AS THEY OUGHT TO BE DONE"***

INSIDE THIS ISSUE:

Together HR and PI Lead To Success

There is no other aspect of healthcare that has fallen victim to the buzz word phenomenon as frequently as our quality – related efforts. In the 1970's and early 1980's, the expectations for quality assurance programs were established by JCAHO and regulatory agencies. From quality assurance there was a brief transition to quality assessment and improvement. In the 1980s and 1990s, total quality management and continuous quality improvement gained favoritism.

Today, our quality related efforts are commonly referred to as performance improvement. Along the way we mixed in the concepts of benchmarking, reengineering, root cause analysis, and a variety of others. Each of these healthcare quality panaceas was reported to offer that magic bullet to assuring healthcare quality. Despite two plus decades of quality initiatives, we continue to struggle with issues as basic as medication errors and surgical errors.

While each of these transitions brought more sophisticated processes, techniques and tools, they also created increasing levels of confusion. They encouraged the building of new quality improvement vehicles, but frequently the final product was more ignorance and confusion. In many situations, this confusion actually devalued our quality efforts rather than adding value. For our healthcare professionals and employees, the idea of quality initiatives has taken on the appearance of a fad. As quickly as our youth changes clothing styles, our healthcare industry changes quality initiatives.

As a result of these conflicting messages, a large percentage of the healthcare workforce is experiencing "change fatigue" and "quality fatigue". Their attitude is why bother with this latest fad since it will more than likely change in 24–36 months. These fatigues are in the top five reasons healthcare professionals give as their reason for leaving the workforce. This is an important issue as we face one of the worse healthcare professional shortages the industry will ever known. Interestingly, for many professional groups, there is not a shortage of individuals with the credentials and licensure to fill vacant positions; the issue is that there is a shortage of individuals willing to work in the traditional sectors of the industry today.

Today, approximately 32% of all quality-related efforts in a healthcare organization make no appreciable contribution to improving care, performance, operations or outcomes. 80-90% of today's activities focus on identifying the negative appreciable to an individual despite important literature on the role of system failure in quality issues. The programs leave very little opportunity for identifying what is good about the organization. For many healthcare organizations, performance improvement efforts can only become strategically advantageous if there is serious restructuring of existing systems based on the following:

1) There must be a clear linkage between strategy, performance improvement, human resources and financial management. Performance improvement must be empowered to contribute to organizational success. Performance improvement and human capital management must be strategically linked.

2) Programs must be tailored to the needs of the organization clearly taking into consideration the impact on personnel. Just as care plans individualized for patient needs are best for patient care, performance improvement programs tailored to the organization's specific characteristics and needs are best for organizational success.

3) The programs must recognize that the workforce is the driving catalyst and that the staff are the gatekeepers to success. Quality improvement is not an entity unto itself but a collection of processes designed to help healthcare providers succeed in delivering quality care and services.

"We live by encouragement, and we die without it– slowly, sadly and angrily."

4) Programs need to balance identifying the good with isolating opportunities for improvement. We need to get away from what Richard Carlson describes as "weatherproofing" behavior. When you weatherproof a house, you look for all the cracks, leaks and imperfections that need to be fixed. Weatherproofing in the work environment involves constantly being on the search for cracks, flaws, and imperfections in the workplace, particularly in people. Soon nothing is ever good enough and we forget to take pride in what is good about our organization and people. Feelings of alienation and unhappiness are the hallmark of organizations that are victims of weatherproofing.

5) Redundant activities need to be consolidated and streamlined. Greater integration must occur so activities are done once and information is managed once. As long as employees recognize that 32% of their efforts are a totally non-productive exercise, the perception will exist that the entire program devalues their time.

6) Activities that make no tangible contribution to improvement need to be deleted or restructured. Many of these are carry-over activities from days past and were never deleted when they no longer served a purpose. Some are activities that were created in response to outside pressures and never served any long-term purpose. Employees who perceive their plates of responsibility to be overflowing grow very resentful when an organization keeps adding to that plate without taking anything away.

7) Programs need to be designed to get to the heart of issues and thus, allow efforts to be focused where they will make the most difference with the least amount of effort. This is key as 80% of all quality-related concerns identified in a healthcare organization are usually symptoms of a more basic issue. Just as it is better to treat the disease that causes the symptoms in a patient, a healthcare organization has a greater chance of creating tangible improvements if they address the issues creating the symptoms in their own processes. Employees commonly recognize when this is occurring and become resentful of the fact that there is never any improvement in those issues that complicate their jobs. Cosmetic performance improvement is dangerous to employee morale and commitment.

8) Programs need to be structured to promote success and to be less punitive. Healthcare has become infamous for its "leave alone & zap" approach. Discipline has become the primary corrective action plan in many organizations. At a time when we need our employees working with us and giving everything they can give, this approach causes employees to play it safe, keep their heads down, do only the bare minimum that is required and hope that someone else will deal with it.

As Celeste Holm once said, "We live by encouragement, and we die without it– slowly, sadly and angrily." In many arenas, healthcare is dying. Poor employee morale, loss of employee commitment, and concern for their professional futures are placing our workforce, and thus our healthcare system in jeopardy. Unless there are some immediate and appreciable changes organizations' human capital programs , the decline of the past decade will only continue.

Putting Human Capital In The Value Added Column

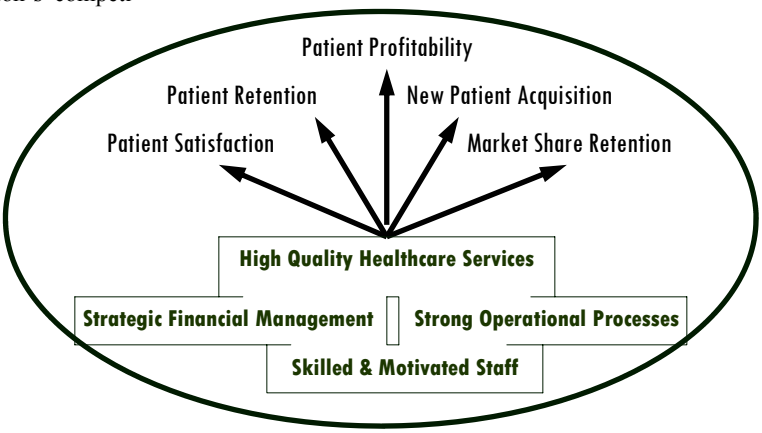
The new economic realities of the healthcare industry are forcing human resources to widen its focus from the traditional administrative role of hiring, performance appraisal coordination, benefit management, firing, and basic training to a much broader role that focuses on how human capital can help make the organization's strategic plan a success. The literature defines a strategic asset as "a set of difficult to trade and imitate, scarce, appropriable, and specialized resources and capabilities that create the organization's competitive advantage.

Health care is not an industry that has traditionally looked at employees as a capital asset. Employees have been viewed as an expense that can easily be reduced to create short term improvement in financial numbers and then easily replaced when needed. The recent healthcare professional shortage is forcing management to rethink its traditional approaches to its people.

The five driving goals of a good strategic plan are patient satisfaction, patient retention, patient profitability, new patient acquisition, and market share retention. A strategic plan is only as good as the people who breath life into it - an organization's workforce. If human resource management is to make the contribution necessary for organizational success, it must move away from emphasizing compliance and traditional administrative record keeping to promoting strategy implementation and employee development.

In the Ernest & Young 1998 report titled *Measures That Matter,* the top ten non-financial variables considered by financial analysts were identified. Even analysts who have historically focused on physical capital as the leading measure of organizational success are recognizing the importance of intangible assets such as people and what these people bring to the organization. These new variables include (listed in order of importance):

- Execution of corporation strategy
- Management credibility
- Quality of corporate strategy
- Innovation
- Ability to attract and retain talented people
- Market share
- Management expertise



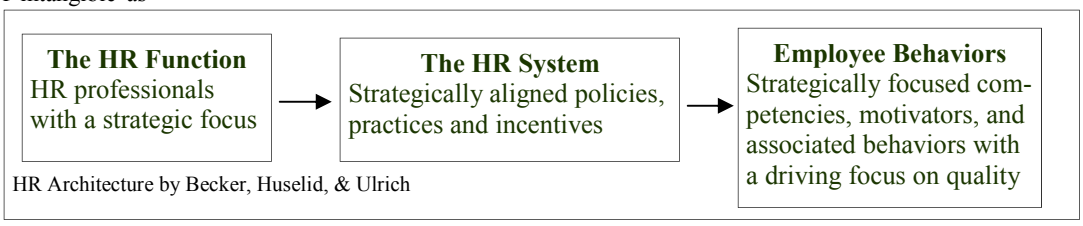
- Alignment of compensation with shareholders' interests
- Research leadership
- Quality of major business processes

The accounting systems used today evolved during a time when tangible capital such as equipment and buildings constituted the principle source of profits. He who owned the most enjoyed a huge competitive advantage. In today's service oriented market, where knowledge and skills can make or break an organization, conventional accounting systems create dangerous informational distortions. These systems tend to treat human capital as expenses rather than investments in assets. They tend to promote short-term thinking and thus tend to encourage organizations to look at people as expensive luxuries that should be minimized instead of crucial sources of quality, innovation, and customer satisfaction.

The first step in moving human capital to the value-added column is to discard the accounting mentality that says that human resource is primarily a cost center in which cost minimization is the principal objective and measure of success. This is a difficult leap for many organizations that are feeling the financial pressures of survival. The need to demonstrate action in the face of financial pressures often prompts leaders to make dangerous cuts despite the lessons in current literature.

Research has repeatedly shown that after a human resource reduction there is a short period where the organization shows an improvement in financial performance but that this perceived improvement is commonly artificial as a result of how the traditional accounting systems treat human resources. In their work, Morris, Cascio, and Young found that organizations frequently lose all these gains and sometimes more in the long haul. In the long haul, leaders who focus on minimizing human resources as a primary technique of financial management find themselves in a perpetual downward spiral.

Human resource management should coordinate staff planning, recruitment, maintenance, development and retention. These coordination efforts should be closely aligned with the strategic plan and goals of the organization. The primary focus is to make sure the right people are in the right place at the right time to make the strategic plan a reality. Remember, until you add the "people power" everything is a potential with no hope for meaningful outcome. One of the most pleasing discoveries one can make when improving human capital is that it yields gains in more than one objective. When an organization improves human management , it naturally creates the stage to improve quality, reduce service costs and improve patient satisfaction.



HR Architecture by Becker, Huselid, & Ulrich

HR Strategic Gap Analysis

Understanding the strategic gap between the current goals and activities of the organization and the strategic plan that defines its improved future is critical to reversing many of the negative trends that healthcare is experiencing. Historically, the practices in many organizations has focused heavily on minimizing human resources costs, often to the detriment of developing human capital. Human resource departments often function in a reactionary mode.

Programs often lack the capability to proactively deal with the human reactions of their employees. Human reactions refer to the physical, psychological and emotional response of individuals to events around them. Employees have values and attitudes that determine their reactions to organizational changes. Too often, little consideration is given to these reactions. As a result, organizations are blind-sided when they suddenly lose key personnel and when employees' negative reactions have a ripple effect throughout the organization.

Whether the organizational impact is positive or negative has a direct relationship to how the organization markets the change to its employees. While the first question is always whether the change is good for care, quality and productivity, the next and most important question in today's market is what affect the change will have on the internal customers of the organization. Only then can an implementation plan that allows the change to take place while protecting human capital assets be developed and rolled out.

An important part of understanding the gap in human resource performance is learning how to measure it. Human resource has historically look at measures such as staff turnover rates, new hires, the cost of training programs, payroll costs, and benefit costs (all important to minimizing human resource costs). Very few organizations have performance measurement systems that tell us how well our human resource practices meets the needs of the organization.

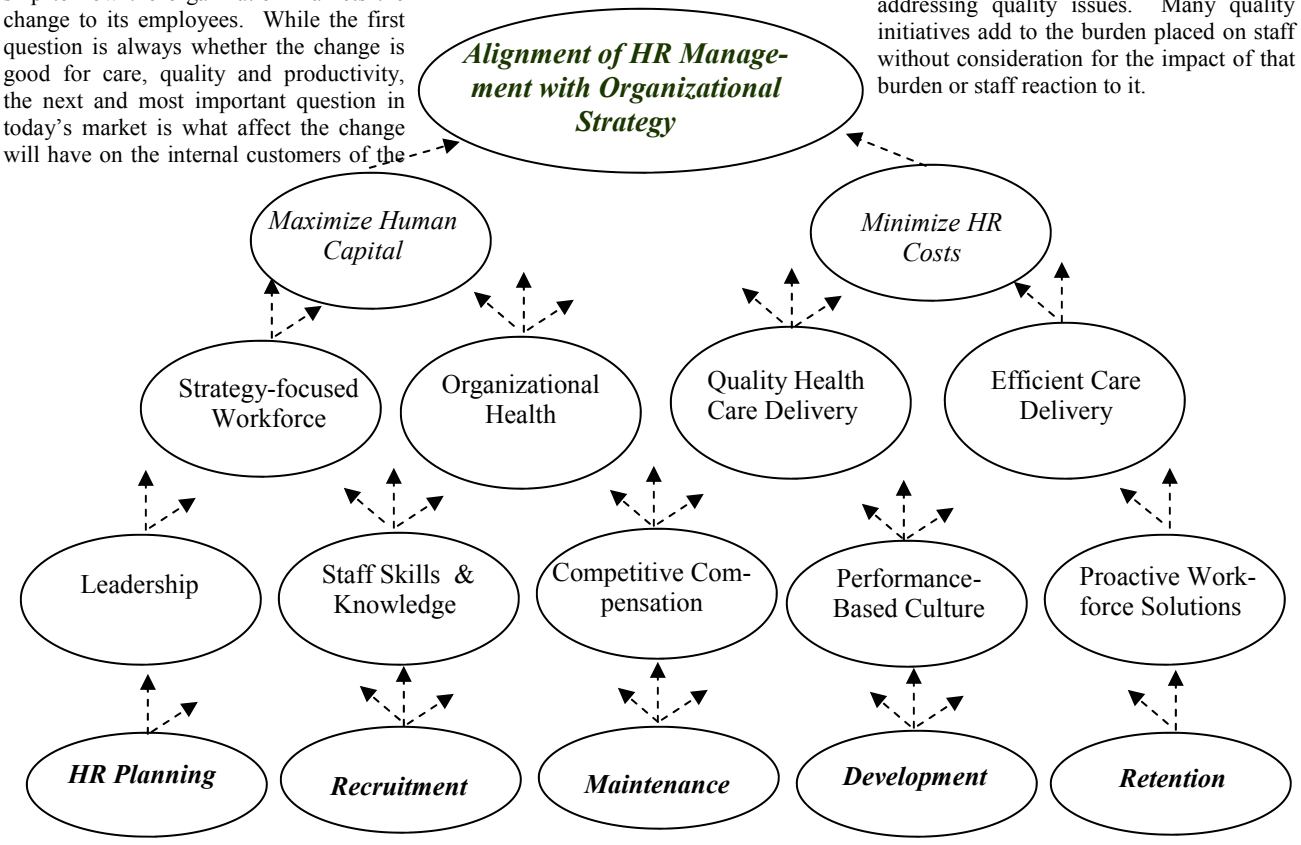
Using the balanced scorecard model of Kaplan and Norton, Jac Fitz-enz explains that a successful human capital management program must look at a balance of measures that evaluate both maximizing human capital and minimizing human resource costs.[2] This balance is critically important as the control of quality, performance, staff morale and staff commitment to succeed reside in those activities that maximize human capital. This human management approach recognizes that we can not back (or cut) our way into the future.

In building a human capital management system, healthcare organizations must look at all five areas of the human resource architecture: planning, recruitment, maintenance, development, and retention. In each of these areas, measures should look at cost, time, quality and quantity.

People + Facilities + Materials + Equipment + Energy = Quality Healthcare Services

Success comes from investing in those things that serve as the catalyst to positive change. The only catalyst in the healthcare delivery equation is the people. Everything else in the equation is a passive tool that only contributes to organizational success when a person releases its potential through use.

The control of quality can only occur if we clearly understand the role healthcare professionals play in that control. Despite all the different tools the healthcare industry has attempted over the past three decades, the industry is still besieged with concerns about quality. This is largely due to the fact that the industry has failed to address the most important piece of the equation - the people. Discipline is the primary tool for addressing quality issues. Many quality initiatives add to the burden placed on staff without consideration for the impact of that burden or staff reaction to it.



Creating A Human Resource Architecture

The new economic paradigm is characterized by speed, innovation, short cycle times, quality and customer satisfaction. The new human resource architecture must be able to define how people create value and how to measure the value creation process. An organization's human capital is the catalyst that drives all processes within the organization and ultimately will make or break the strategic plan developed to achieve the five critical strategic goals. The path to an organization's success is through the effective management of human capital which in turn finds, services, and retains patients.

The five key components of a human capital management system are staff planning, staff recruitment, staff maintenance, staff development, and staff retention. These five areas focus on staff skillfulness, staff efficiency, staff satisfaction, and staff enhancement.

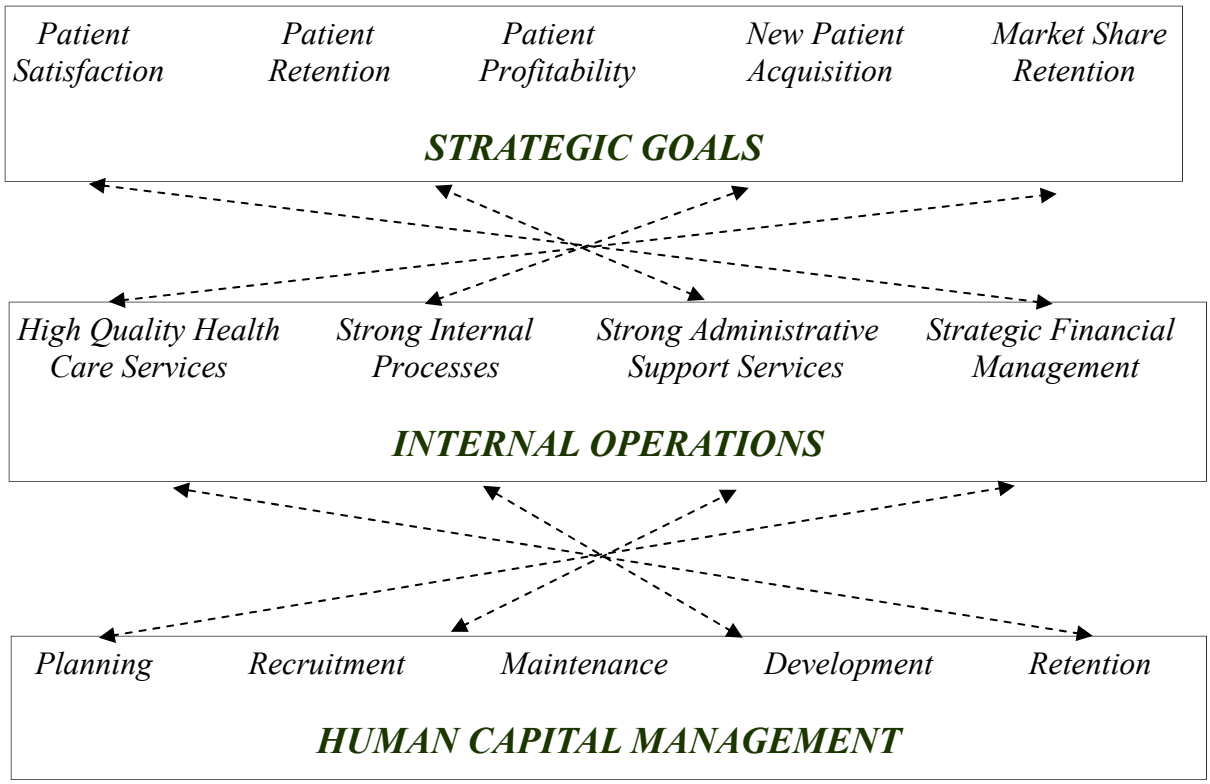
Staff Planning: Workforce and succession planning are frequently poorly managed areas in many organizations. In an industry with the staffing and financial stresses that are found in health care, crisis management of daily problems often becomes a way of life. Proactive planning in the Change-Ready Zone is a rarity. Workforce planning or the lack of it can have a profound impact on quality and outcomes. Short staffing, crisis hiring, and staff stagnation has profoundly negative reprocussions on patient care activities.

Staff Recruitment: Staff planning and recruitment must feed each other. The goal is to hire the right people to fulfill the promises of the strategic plan. Skill, knowledge, experience, values and beliefs are all important considerations in the hiring process.

Staff Maintenance: Once the healthcare professional is hired, the question is can an organization maintain that person. Maintenance primarily involves providing adequate pay and benefits to retain critical staff. Current literature indicates that the financial cost of replacing a good employee is, on average, 50% of the first year's salary and benefits (that cost is even higher if you have to replace with a less skilled person). The cost of replacing a managerial and/or professional staff member is at least the equivalent of one year's salary and benefits, dependent on their role. Proactively investing in maintaining employees is significantly less costly than replacement.

Staff Development: Once an employee has been recruited and retained, it is critical to develop that person to his or her fullest potential. In an industry that is as dynamic as the healthcare industry, staff development is crucial. Unfortunately, staff development is often one of the first things sacrificed when money gets tight, usually to the long term detriment of the organization and patients. The decision to sacrifice staff development again resides in the short-term mentality of existing accounting practices where education is a pure expense that can easily be manipulated without any perceive consequence. The long term consequence of poor development is commonly reflected in declining skills and knowledge, declining staff moral, increased medical errors, declining innovation and efficiency, and declining quality.

Staff Retention: Before losing a key employee or an employee that is a good human capital asset, what can be done to keep that person within the organization. Healthcare is losing good people at an alarming rate. Our ability to retain them and reattract some of those already lost will be dependent on the industry's ability to listen to what they identify as issues, react to those issues appropriately and create a work environment that promotes the desire to be part of it. Researh indicates that high performing employees have a 40% to 80% greater impact on organizational performance than to average performers. Healthcare has to stop losing high performers.



Attack Problems, Not People

Performance improvement efforts will never achieve the positive outcomes they are intended to produce unless we refocus our efforts on problems or opportunities for improvement and take the pressure off our healthcare professionals. Performance improvement programs need to move away from being punitively oriented. Leadership needs to learn techniques of "redirecting."[1] Redirecting involves addressing the error or problem as soon as possible, clearly and without blame. It is important that individuals understand the negative impact on patient care or performance without it being made personal. The final step in redirecting is to express your continuing confidence in the staff and to praise progress.

Today, this final step is frequently missing. Too often, employees and professional staff never hear anything from management until they make a mistake (leave alone & zap approach). The period of being ignored is followed by a negative response such as formal discipline, an angry look, verbal criticism or some other form of demoralizing behavior. In this approach, employees infrequently receive praise for their progress. The next report they often receive tells them how far they still have to go with no comment on how far they've come.

As Celeste Holm once said, "We live by encouragement, and we die without it– slowly, sadly and angrily." Organizations and performance improvement programs that don't promote success are doomed to fail. This propensity for failure is visible in the alarming number of quality healthcare professionals leaving those areas of the industry where they are so desperately needed - as direct care providers. It is also hallmarked in our continued struggle to control quality.

Literature and research indicates that 80-90% of all quality issues are the result of an outdated, dysfunctional, and/or overly-complex system. Unfortunately, a relatively small number of corrective action plans actually improve systems in a manner where improvement is easily sustainable. Discipline is a common corrective action.

System redesign does not always result in improvement. Too often, system redesign fosters the problem as the focus is often inappropriate. The debate over outcome versus process oriented performance improvement activities has always been an interesting one. What makes it most interesting is the perception that the two can be easily separated.

Outcomes without process drivers do not communicate how the outcomes are to be achieved or the best way to get there. Process drivers without outcome measures may achieve what appear to be short-term operational improvements but frequently result in no long term success.

Defining the desired outcome creates the foundation for the goals necessary to guide people to achieve success. All good performance starts with clear goals. Without outcomes and goals, people often head down the road of least resistance and success is rarely waiting there for them.

Too often, people make the mistake of thinking that a process is the outcome. Implementing a new form, starting up a new program, disciplining an employee, or limiting a physician's privileges does not necessarily lead to improvement. When the process is treated as the outcome, the result is often a slower rate of decline rather than sustainable improvement. This is because process-oriented thinking without defined outcomes tends to assume change naturally creates improvement. Unless properly directed, change can just as easily make a situation worse.

Cultural Management: Making or Breaking HR Success.

Every organization has a set of values and a culture that defines the organization and how it conducts business. One of the most common mistakes made in human capital management is to ignore that culture and assume that the employees will simply step up to the plate and do what must be done for strategic plan success.

All employees have a set of values and beliefs that dictate how they act and how they react. A value is an enduring belief that a specific mode of conduct is personally or socially preferable to an opposite or converse mode of conduct. This enduring set of beliefs determines the behaviors that both individuals and organizations consider to be appropriate and inappropriate and determines the norms or standards of conduct within organizations.

The culture is best defined as (1) a pattern of basic assumptions, (2) invented, discovered, or developed by a given group, (3) as it learns to cope with its problems of external adaptation and internal integration, (4) that has worked well enough to be considered valid and, therefore, (5) is taught to new members as the (6) correct way to perceive, think, and feel. The culture reflects the workforce's learned or developed way of coping with its environment .

These values and cultural norms define the organization's heroes, rites, rituals, standards of conduct (both formal and informal) and taboos. If the strategic focus or activities of an organization challenges any of these values or cultural norms, the plan has a much greater potential for failure if the plan does not include a set of actions to change or accommodate these values and culture. This is where human capital management plays a critical role in strategic planning.

For those leaders that believe they do not have the time, resources or energy to tackle their human capital needs, they had best re-think their priorities. Leadership's success is dependent on their staff's ability to operationalize those activities that create that success. The leader who chooses not to tackle this need is like the leader who says " My people are dying of malaria but I don't have time to deal with the swamp that is breeding the mosquitoes that carry the disease.

Jac Fitz-enz

Cultural norms and values are very difficult to change, even when it is obvious that they are no longer in the best interest of survival because there is a sense of security and control within the safety of their bounds. Value-related behaviors are often the most difficult to change as they are tied to a belief system of what is right and wrong.

Managing the cultural belief system of a healthcare organization is critically important, particularly in today's

(continued on page 8)

So Who Is Driving The Change In Your Organization?

In their work Philip Hodgson and Randall P. White describe sixteen basic types of people one could find in a work environment. In addition to considering clinical and professional skills, healthcare leaders need to consider the personalities of the people leading strategic change. Hodgson and White divide these personalities into two distinct groups.

The first group consists of those personality types that they call "Enablers". Enablers have skills and capabilities that enable a person to embrace change, the challenges that come with change and to actively tackle problems. The more one tries to do, the better they can function. These people include:

1. *Mystery Seekers* - Curious people who are attracted to areas that are unknown and to problems that appear to have no obvious solution.
2. *Risk Tolerators* - People who can make decisions when necessary despite incomplete information and are tolerant of the risk. Good intuition minimizes their risk of failure.
3. *Scanners* - People with the ability to question deeply and make links between apparently different pieces of information, while being constantly on the lookout for even the faintest signals of what the future might hold.
4. *Tenacious Challengers* - People who resolutely pursue difficult and challenging issues and problems. This person is at home with conflict and they have a built-in sense of determination and perseverance.
5. *Exciter* - People who create excitement and energy at work not just for themselves but also enthuse others around them.
6. *Flexible Adjusters* - Individuals who can make adjustments in the face of problems and are able to sell those adjustments to others.
7. *Simplifiers* - People who are able to get to the essence of something and to communicate it to others in such a way that they not only understanding it, but become enthused and committed to it.
8. *Focusers* - Individuals who know what are the few most important things to do or keep a watchful eye on no matter what else may be going on and however many options beckon.

Enablers are those personalities types that we desperately need in health care today if we are to take organizations to a new level of functioning necessary to drive quality back into activities and create strategic transition in services.

The second group consist of "Restrainers". Restrainers are negative and hold progress back. They have behaviors and anti-skills that get in the way of effectively handling change and problems. The more one tries to do, the less effectively these people can function. These people include:

1. *Poor Transitioners* - People who have trouble shifting from one kind of task or one type of behavior to another. They prefer to use the same style for every activity.
2. *Wet Blankets* - Individuals who have lost the ability to find work fun and energizing. They appear bored with their own work and negative toward other people's efforts. They smother enthusiasm by their negativity.
3. *Conflict Avoiders* - People who have trouble dealing with heated situations and may be seen as too accommodating to others.
4. *Muddy Thinkers* - People who confuse themselves and others by making simple issues more complex and less precise.
5. *Complex Communicators* - Rather than breaking down the complex into the simple in their explanations, these people have the knack of building up the simple into the complex.
6. *Detail Junkies* - Individuals who focus on the small matters often to the exclusion of the larger issues and the bigger picture.
7. *Repeaters* - People who are most comfortable repeating past actions because this is the way they have always done it.
8. *Narrow Thinkers* - People who focuses on the here and now and miss out on possibilities because of their "tunnel vision" approach.

On the surface, it would be easy to dismiss the consider of personality as a critical issue. The reality is that the people who are in key positions within an organizations can make or break an organizations success. Imagine the difference in potential outcomes if:

> The key or major of members on a performance improvement committee are poor transitioners, wet blankets, muddy thinkers, conflict avoiders, repeaters and narrow thinkers *versus* a committee made up of scanners, tenacious challengers, exciters, flexible adjusters, simplifiers and focusers.
>
> or
>
> The Training and Development Manager who is a complex communicator *versus* a simplifier.
>
> or
>
> The Quality Director who is a conflict avoider *versus* one who is flexible adjuster or tenacious challenger.
>
> or
>
> A strategic planning team made up primarily of conflict avoiders, repeaters and narrow thinkers *versus* a team made up of mystery seekers, risk tolerators, and scanners.

Whether management is interviewing someone for a position within the organization, selecting committee members, or appointing people to a CQI team, serious consideration needs to be put into the personalities that people bring to activities. People are the catalyst or the restrainer for the success of each and every activity in an organization. The changes that need to come to work environments and service delivery models are challenging. The people chosen to drive change oriented efforts are often the differentiating factor between success and failure.

There are two kinds of people on earth today,
Not the good and the bad for 'tis well understood,
The two kinds of people on earth I mean,
Are the people who lift and the people who lean!

Ella Wheeler Wilcox

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"Success comes from having the proper aim as well as the right ammunition"

Recommended Reading Materials:

1. *Mission Impossible* by Ken Blanchard & Terry Waghorn, 1997.
2. *The ROI of Human Capital; Measuring the Economic Value of Employee Performance* by Jac Fitz-enz, 2000.
3. *The HR Scorecard, Linking People, Strategy, and Performance* by Brian E. Becker, Mark A. Huselid, & Dave Ulrich, 2001.
4. *The 21 Irrefutable Laws of Leadership* by John C. Maxwell, 1998.
5. *The Balanced Score Card* by Robert S. Kaplan & David P. Norton, 1996.
6. *The Strategy Focused Organization* by Robert S. Kaplan & David P. Norton, 2001.
7. *Sacred Cows Make the Best Burgers* by Robert Kriegel & David Brandt, 1996.
8. *Who Moved My Cheese* by Spencer Johnson, M.D., 1998.

market. Staff in many organizations are victim of "change fatigue" and "quality fatigue". They have grown tired of change that preaches a better way of doing things and improved quality. From their perception, these promises are hollow. This is particularly true if the changes or a related lack of positive outcome violates employee beliefs and values related to good patient care and professional role.

The challenge for healthcare organizations is that their employees perceptions are the organization's reality. If that perception is negative, the organization's ability to gain the level of support and commitment necessary to move the organization forward is in danger. An effective human capital management program is responsive to the cultural needs of the employees.

Change is critical to an organization's ability to sustain a successful future and should not be abandoned for preservation of historical values and culture. The culture of the past needs to be replaced with a new set of basic assumptions that can keep the staff to cope with its problems of external adaptation and internal integration that can be taught to new members as the correct way to perceive, think and feel. This new culture must protect those cultural assumptions that are critical to quality patient care and create new values and beliefs that improve on the past. Only then will employees be willing to give up the old way of thinking, perceiving and feeling. Once an organization has achieved this, the employees will more willing move from the past into the future.

Darlene D. Bainbridge & Associates, Inc. is a consulting firm that specializes in issues affecting rural and small healthcare providers and communities. Mrs. Bainbridge holds certifications in both healthcare quality and healthcare risk management. She brings more than 20 years of experience in both areas to her consulting relationships. Coupling this with her experience in rural hospital, long term care, and network leadership, she has a perspective of healthcare that facilitates creating value-added solutions. "At Darlene D. Bainbridge & Associates, Inc., we are committed to helping our nation's healthcare organizations to find ways to meet the challenges of our rapidly changing healthcare environment and to make their success a reality."