



Quality Line

Minnesota Healthcare Quality Professionals

Spring 2008

Focus on Education

MHQP and HealthForce Minnesota Team up on Quality Education

By Skip Valusek

As many of you know, at the end of 2007 MHQP was actively pursuing:

- 1) The idea of monthly education sessions as part of the Building For Excellence (BFE) initiative, and
- 2) Education supporting those who want to become a Certified Professional in Healthcare Quality (CPHQ).

You may also know that Stratis Health had to step down from its leadership role in BFE to re-align resources with new requirements. As a result BFE announced a six month break. MHQP is stepping in to fill the gap. Working through Brian Lassiter, President of the Minnesota Council for Quality, we have teamed up with HealthForce Minnesota to offer monthly brownbag education sessions.

HealthForce Minnesota (www.healthforceminnesota.org) is one of four Centers of Excellence established by Governor Pawlenty. Winona State University is its administrative home and its mission is to:

- Provide the Minnesota healthcare industry with a well-trained, flexible and diverse workforce;
- Create ongoing capacity to transform health science education and delivery; and
- Position Minnesota as a global leader in healthcare education practice, research and innovation.

(Continued on Page 2 –Education)



Jennie's Jots....

They're fabulous; I'm lucky! "They" are the MHQP Board! We are just finishing first quarter 2008 and your Board has been hustling and bustling with much exciting activity! Read what they have to say; Skip's message will WOW! you.

Being a member of MHQP entitles you to help us live our organization's mission of "advancing the theory and practice of quality improvement by providing educational and networking opportunities for professionals within a variety of healthcare settings." Consider yourself entitled and engaged! (Continued on Page 2)

Visit the MHQP Web site at www.MHQP.com

(Education-Continued from page 1)

When I met with Jane Foote, Executive Director of HealthForce Minnesota, it was obvious to both of us that we had a win-win opportunity staring us in the face:

- HealthForce Minnesota has the mission to provide a well-trained healthcare workforce.
- There is a growing need to include quality knowledge and skills as a core competency of healthcare professionals.
- MHQP has the quality professionals to provide the broad quality education to the workforce.

We agreed that the CPHQ topics would provide a good starting framework for this education and that we could use HealthForce Minnesota communication infrastructure to offer the "brown bag" series.

At the time of the deadline for articles in this publication, the status of this initiative is:

- MHQP has leased the CPHQ training materials from NAHQ for three years and will use them as the foundation for this "quality in the trenches" series.
- We have a curriculum committee composed of MHQP members: Julie Anderson from Windom Area Hospital; Kathy Anderson from IMCare; Judy Bakke from HealthEast; Ann Fiala from Lakeview Hospital; Mary Larweck from Emerald Quality Services; and me (Skip Valusek) from HealthEast. If you want to join this virtual team, contact me at skipvalusek@comcast.net
- The brown bag sessions will be offered the fourth Thursday of each month at noon beginning March 27th. Save the dates!
- The technical details for using Adobe Connect Professional, as the web conferencing environment are still being ironed out with Winona State Continuing Education. The training will be offered free because this software uses voice over internet rather than phone lines for the audio portion.
- The curriculum will benefit all those interested in quality. For experienced quality professionals without their CPHQ, it provides review material. For less experienced quality professionals it will provide the basics of quality principles and tools. For healthcare professionals who want to develop quality as a core competency, it provides a solid framework on which to build that competency and become comfortable as champions of change.
- We are currently working with NAHQ to determine how we can offer CPHQ certification credits for the Brown-Bag sessions.

(Education Continued from Page 3)

(Jennie's Jots...Continued from Page 1)

Some ideas:

- Print this newsletter! *Post it strategically and share it* with people in your organization who have responsibility for QI in their job description (EVERYONE!). Make copies and distribute the newsletter at your meetings so the message goes *up and down* the organization.
- Engage those who are not the "quality" folks in your organization in the principles of quality and performance improvement.
- Make flyers drawing attention to quality as a core competency! The topics offered in the Brownbag sessions will give leaders, and those not-yet-identified-as-leaders a glimpse into quality, strategy, data, measurement, analysis and communication. Who can't benefit from these topics?
- Be the liaison or conduit for communicating the information that sessions are at no charge! They are NOT JUST FOR quality professionals but for lab personnel, nursing staff, radiology, outpatient and inpatient areas, long term care, home care, ALL areas that have responsibility for the patient!

Spread the fever! Good luck with your recruitment efforts!

A word about volunteerism: it is alive and well in MHQP! Early in the year I sent an email to members asking for volunteers to be involved in some exciting educational efforts that were pending. Five, yes, five, of you responded! Made my day! This Virtual Group is already engaged in the Brownbag sessions.

(Continued on page 3)

(Education Continued from Page 2)

The current proposed scheduled is:

Date	Topic	Content Area
○ March 27	Intro to the Webinar Series	
○ April 24	Management & Leadership: Strategic	
○ May 22	Management & Leadership: Operational	
○ June 26	Patient Safety: Strategic	
○ July 24	Patient Safety: Operational	
○ August 28	Information Management: Data & Measurement	
○ September 25	Information Management: Analysis and Communication	
○ October 23	Performance Measurement & Improvement: Planning & Implementation; Project Management	
○ November 20	Performance Measurement & Improvement: Education/Training	
○ December 18	Performance Measurement & Improvement: (3rd Thurs) Evaluation/Integration	
○ January 22	TBD	
○ February 26	TBD	
○ March 26	TBD	

This can also be found on the MHQP Website Education forecast at www.MHQP.com

In addition, if there is sufficient interest, we will arrange for a weekend CPHQ prep course sometime in March 2009. This will be an "at cost" event.

Skip Valusek PhD, CPHQ
MHQP Education Chair

(Jennie's Jots...Continued from Page 2)

These wonderful volunteers are:

- Julie Anderson, RN, CPHQ (new CPHQ since November -- Congratulations, Julie!), is the Performance Improvement Coordinator at Windom Area Hospital – a 25 bed Critical Access Hospital in Southwestern Minnesota. Julie states, “Brownbag educational sessions will be invaluable – not only for those studying toward the CPHQ but anyone who has the responsibilities of quality improvement in their job description.”
- Ann Fiala, RN, assumed the position of Quality Resources Manager at Lakeview Hospital in Stillwater January 2007. She is counting on meeting more quality professionals in the region and hopes to sit for the CPHQ exam sometime this year.
- Judy Bakke, MBA, CPHQ, writes, “I work at St. Joseph's Hospital, part of the HealthEast Care System, as a Performance Improvement Specialist. I have been certified as CPHQ and have worked in healthcare quality for over 20 years. I have a background in Quality, Risk Management, JCAHO and management. My education background is Medical Technology, Cytotechnology, and an MBA with specialty in healthcare.”
- Mary Larweck is a consultant in Minneapolis.
- Kathy Anderson RN, BAN, CCM, CCP, is Associate Director at Itasca Regional Medical Care in Grand Rapids.

A special “Thank You” to each of you for “stepping up to the plate.” We have persons from the east, west, south and the north parts of the state – that is very encouraging, too!

Carol Barnhart, Past President, 2006 and 2007, brought this to my attention – perhaps it is a bit of trivia you didn't know either. Joseph M. Juran, 1904-2008, grew up in Minneapolis and graduated from the U of M in 1924! For those of you new in quality: contact me and I'll send you his obituary that is succinct and very informative!

(Continued on Page 7)

Team Conflict: Messy or Magic?

By Amy Vejar, M.S., P.M.P.

Whether you are managing a project, leading a team, supervising people, or simply working with others, conflict is inevitable. We have all heard that conflict can be good and it can be healthy—for individuals and for teams. But as a leader, seeing conflict erupt on your team, or feeling conflict between you and a member or members of your team, can be both very stressful and very frightening. Conflict can be mysterious in its origin, its nature, and the variety of ways different people respond to it.

As a manager of teams, projects, and people for 35 years, I rely heavily on two wise adages that have completely demystified conflict for me:

- Conflict is always differing expectations.
- Anger is always fear, and fear is always fear of loss.

I wish I knew the origin of these words of wisdom. They appear in many places, from management tomes to recovery literature to Richard Bach's *Running from Safety: An Adventure of the Spirit*. Perhaps someone, somewhere, knows exactly to whom they should be attributed. Someday, perhaps I will know too.

Conflict can feel very messy. Conflict is right up there in the list of things most people try to avoid. We even have a personality descriptor for it: "conflict averse." There are many kinds of conflict we should avoid—the kind of conflict where you have nothing to lose by walking away and everything to lose by getting hooked in—the fight at the bar, a two-year-old's tantrum, or a temporary and later regretted over-reaction on someone else's part. Most team or organizational conflict, however, has substance to it that must be dealt with effectively. Once you begin to think of conflict as simply different sets of expectations, the messy world of conflict begins to have some order to it.

Example:

Derek and Brittany are at each other's throat this morning in the team meeting. A heated argument has erupted over the next step in their project.

That isn't much information is it? But it is enough to begin to dissect the issues. Derek and Brittany have different expectations about how the project should proceed. You need only ask two questions at this point to begin to move them toward resolution: What? And Why?

WHAT is Derek's position? How does he think the project should proceed and *WHY* does he feel that way?

WHAT is Brittany's position and *WHY* does she feel that way?

You and I both know that getting these answers from Brittany and Derek does not result in resolution of the conflict in most cases—but it *IS* the beginning of the magic.

And now comes the magic

Once you have both Derek and Brittany's ideas about how the project should move forward and why, you have the ends of the thread you need to pull to unravel the conflict. And, as a team leader, you may have an important clue to improving your own effectiveness.

Ask yourself why Derek and Brittany might have different ideas about how to move the project forward. Was the definition of the problem and the scope crystal clear before the project began? You may find the source of the problem is poor preparation of the team on your part. If Brittany and Derek see things so differently, how might others on the team also be working at cross purposes? The *magic* in conflict is how it reveals sources of lost productivity and of project risk, simply by rearing its head.

(Continued)

(Continued)

Ask yourself what is at stake personally for both Brittany and Derek. Why do they, as individuals, have strong investments in their own perception of the way the project should proceed? Remember: Anger is always fear and fear is always fear of loss. It's amazing how quickly conflict can be resolved at times simply by cutting to the chase, addressing the fears of the individuals involved and fears they may very well be reticent to express.

Remember, too, that this is a work team, not group therapy. The way you address those fears requires a lot of emotional intelligence on your part—but if you are creative, compassionate, and fair, the right words will come. Rather than saying to Derek, “I can see you are afraid of losing your power if we proceed in Brittany’s direction,” you might suggest, “No matter how we proceed, it will be important for the two of you to work closely together to ensure the project stays on track” (implying shared control).

- The differing expectations may well come from radically different work experiences. Each may have well-founded fears stemming from previous teams or projects. Ask each to express his or her fears for the project if a course of action other than the one they are supporting is chosen.
- Look for the things Brittany and Derek do agree upon, and start there (i.e. the outcomes for the project, the use of resources, the timing involved). Even in this discussion you are likely to uncover significant differences in expectations—perhaps even the root cause of the entire conflict.
- Now identify the areas that the two disagree on. These are the problems to be solved. Identify, if possible, solutions over and above the two positions represented by Brittany and Derek. I always advise, “Never choose between A and B until you’ve come up with C, D, and E—no matter how wild or off-base D and E have to be. That creative thinking will inform the final solution.
- Now, of course, you are looking for Brittany and Derek to find some common ground on their own. But what if the decision is not theirs to make? It may be that you as a leader must be the final determinant in what is best for the team or the project. When you are communicating your decision, be sure you clearly articulate why you think the decision is best, and how you took into consideration the concerns expressed by the parties whose solution was not chosen.

Does everyone go away happy? Usually not. But most often, all parties feel that the process has been fair and their concerns have been heard. As leaders, that is our goal.

The title of this article poses the question: Conflict—messy or magic? Has the process above magically resolved the conflict? Of course not. It has been resolved by good leadership and good dialogue.

So, where is the magic?

The magic is in the dialogue that has occurred, or the expressing of differing expectations and coming to understand each other’s point of view.

- The magic is in the safe process you have led your team members through—the trust in you that has resulted.
- The magic is in the greater understanding you and your team members now have of the project, where it is headed, and why.
- Conflict is never fun, and there are many ways to avoid serious conflict on teams and projects. Even so, there will be disagreements and good wholesome debate on any team.

When conflict occurs, look for the magic lurking within!

About the Author

Amy Vejar, M.S., P.M.P., is a process and project management consultant with the Center for Business Excellence and Project Leadership Services in Minneapolis. She specializes in systems thinking, systems engineering, project initiation, interface management, and process improvement. Amy has spent the last 25 years as a systems engineer, program manager, and senior executive with a variety of Fortune 500 companies. Since 1999, she has been consulting and teaching. Amy holds bachelors and masters degrees in engineering from the University of Washington, with emphases on large scale systems design and industrial engineering. She also holds a masters degree from the Stanford University Graduate School of Business.

Membership Update

Dear Members,

As spring unfolds and nature responds to a cyclic and timeless rebirth, I'd like to share with you the annual MHQP membership report. MHQP undergoes a transformation each year similar to the seasonal changes. Winter brings a membership crusade to replenish the ranks of the organization. Spring heralds a renewed membership comprised of new recruits and many dedicated longstanding members. MHQP sustains a strong annual membership cache of 73 for 2008. This membership includes 15 quality professionals new to the ranks of the organization.

- Patty Abbott-Albert Lea Medical Center
- James Baxter-Hennepin County Human Services Department
- Pamela Boettcher-Paynesville Area Health Care System
- Robynn Coauette-RiverView Health
- Laurie Grussing-Medica
- Wendy Gunderson-Douglas County Hospital
- Linda Jax-Blue Cross Blue Shield of Minnesota
- Leslie Nace-Woodbury Ambulatory Surgical Center
- Linda Macey-HealthEast Oakdale Clinic
- Mary Mayer-Perham Memorial Hospital
- Michelle Malmquist Avera Marshall Regional Medical Center
- Rose Petro-Hatmaker-SFM Insurance Company
- Barb Pritchard-Innovis Health
- Thomas Schmidt-Park Nicollet Health Services
- Judy Webber-Immanuel St. Joseph's-Mayo Health System

MHQP also welcomes two members returning after a hiatus of several years.

- Kathy Johnson-St. Luke's Hospital
- Cheryl Reiniger-Sleepy Eye Medical Center

If you are a "late bloomer" and have not yet renewed your membership for 2008, please take a few moments to complete an application form (available at www.mhqp.com) and mail it with a check for \$55.00 (payable to MHQP) to:

Nancy Wolf
Stratis Health
2901 Metro Drive, Suite 400
Bloomington, MN 55425

I encourage you to share information about MHQP membership with others in your organization who may be interested (patient safety, quality improvement, data analysis, abstraction, infection control, risk management, care management, and point of care staff). If in doubt about who may be interested, share the information widely and advocate enthusiastically for new members using the following talking points. MHQP membership benefits are multiple and include:

- A slate of new educational opportunities unfolding in 2008;
- Opportunities to obtain continuing education credit hours designed to meet CPHQ renewal requirements;
- The "Quality Line" newsletter, featuring articles written by members and experts in the field of quality and safety;
- Regular notices regarding health care quality-related job openings; and
- The occasion to network with colleagues from other health care organizations.

Please do not hesitate to contact any of the MHQP board members with thoughts or ideas about how the organization can better serve your needs. I look forward to seeing you throughout the coming year. Happy Spring!

Nancy Wolf, MSN, RN, CPHQ
MHQP Membership Chair
(952) 403-2261

(Jennie's Jots...Continued from Page 1)

A good read: "The Science of Improvement." Donald M. Berwick, *JAMA*. 2008;299(10):1182-1184. It goes hand in hand with a good listen: "Eating Soup with a Fork," keynote presentation given by Dr. Berwick at the December 2007 National Forum. You can find easy access to both at www.ihi.org.

One more thing? Get to know your Board! Go to www.MHQP.com and click on "contact us." We would love to hear from you!

Later,

Jennie

Human Factors

I cdnuolt blveiee taht I cluod aulacly uesdnatnrd waht I was rdanieg The phaonmneal pweor of the hmuan mnid Aoccdrnig to a rscheearch at Cmabrigde Uinervtisy, it deosn't mttar inwaht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae. The rset can be a taotl mses and you can sitll raed it wouthit a porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe. Amzanig huh? yaeh and I awlyas thought slpeling was ipmorantt!

MHQP Reflections

Our Mission:

Minnesota Healthcare Quality Professionals (MHQP) advances the theory and practice of quality improvement by providing educational and networking opportunities for professionals within a variety of healthcare settings. MHQP is affiliated with the National Association of Healthcare Quality (NAHQ).

Our Vision:

MHQP is a recognized state leader providing access to cutting edge theory and practices related to quality improvement with a focus on the professional needs of our members

Code of Ethics for Healthcare Quality Professionals

Healthcare Quality Professionals recognize personal accountability and moral obligations to all customers served: clients, employees, employers, physicians, organizations and the public. Healthcare Quality Professionals are committed to maintaining the integrity of the practice of quality and performance improvement. The key elements defining the standards of conduct for Healthcare Quality Professionals are: commitment, confidentiality, and relationships.

The Healthcare Quality Professional agrees to uphold and promote the dignity of the profession and is committed to:

- Practicing the profession with honesty, integrity, and accountability.
- Maintaining the level of competence as outlined in the Standards of Practice for Healthcare Quality Professionals.
- Seeking the trust and confidence of all customers.
- Supporting the Standards of Practice for Healthcare Quality Professionals.

Visit the MHQP Web site at www.MHQP.com