Preface

The days when quality was the passion of a select few are gone. The persistence of regulatory, consumer, and clinical leaders has transformed the expectations in all sectors and settings in which health services are offered. The early focus on hospital care has evolved to include integration across the continuum of care; on individual patient outcomes to population and community outcomes; on delivering a quality service to ensuring patient safety and providing value; on individual accountability to accountability at the organizational, professional, and industry levels; on defining and measuring quality to public transparency; on healthcare delivery to the domains of public health and health professionals’ education. The research agenda has expanded from an academic specialty area to an imperative on which policy decisions are based.

Despite this progress, I still hear comments from students like “I wish my organization would operate that way,” or “I wish my manager would learn this.” The third edition of Applying Quality Management in Healthcare continues to aim to assist managers who are or will be operating in various levels and types of health services organizations rather than providing a comprehensive review of technical, medical, and policy issues related to quality of clinical care. The book is designed to enhance managers’ literacy and awareness of concepts, topics, and practices required for effectively managing health services organizations in today’s changing environment.

I use the term “manager” broadly. A “manager” is defined as “one that manages.” The term “manage” is defined as “to exercise executive, administrative, and supervisory direction of,” “to succeed in accomplishing,” and “to achieve one's purpose” (Merriam-Webster 2010). When the first definition is applied to quality, one considers the formal role of managers within an organization. Applying the second definition expands the application to programs, initiatives, and projects. Within this combined definition of the term “manage” this text approaches quality management. Quality management, in this text, refers to how managers operating in various types of health services organizations and settings understand, explain, and continuously improve their organizations to allow them to deliver quality and safe patient care, promote quality patient and organizational outcomes, and improve health in their communities.

This broader definition of “manage” and the focus of this text on improving one’s understanding from a systems perspective has been well received by professionals in a wide range of health services settings. Students using the text have included those who manage hospitals, departments, and services (an oncology specialty hospital, inpatient care units, pharmacy services); manage professional practices (for physicians and nurse practitioners); manage agencies (public health and not-for-profit organizations); manage health programs (prevention, chronic disease, and children with special needs); manage a clinical service (for example, pain); manage an academic department of division (pediatrics, surgery, obstetrics); and manage research projects (drug trials). Students have included physicians, nurses, pharmacists, educators, public health practitioners, and professionals with clinical and non-clinical backgrounds. One student, taking the quality management course as an elective for an MBA program, owned his
own real estate business. The lessons gained prompted him to completely change his business model and approach.

The book strives to provide variety in its examples, though many are derived from clinical care. Readers are encouraged to consider the principles illustrated in the examples in relation to their own professional and work context and not just to the literal interpretation of the example. Just as in other domains of managerial knowledge, the principles and tools presented in this book may be widely applicable to a variety of settings.

The concepts and tools examined in this book come from varied disciplines, yet each has its origins in the systems perspective. When used together, their synergy provides managers with a guide to leveraging performance improvement and change efforts. In the past, quality management in healthcare has focused on tools to enhance a manager’s ability to improve “how things are done” (process) and to “do the right things” (content). Increasingly, managers are also required to employ tools that examine underlying thinking and assumptions. To succeed in an uncertain environment, managers must know when to accept and when to challenge underlying assumptions.

The ability to understand and fluidly manage the relationship between traditional quality tools and tools that provide a deeper understanding of assumptions and other underlying systemic structures permits managers to continually raise the quality-management bar.

**Changes from the Second Edition**

As adoption of quality philosophies and approaches throughout the health services industry has grown, so has the availability of quality improvement and patient safety tools and resources. In response, this third edition provides a stronger emphasis on systems and a lesser emphasis on traditional quality tools and techniques. Chapter content continues to present concepts supported by real-life examples and illustrations.

Section I provides foundational content about systems and systems thinking. The Section I end-of-chapter exercises are designed to aid students in remembering and understanding systems concepts (Holt and Kysilka 2006).

Section II focuses on achieving results in complex systems and is generally organized according to the categories in the Baldrige Performance Excellence Program, Health Care Criteria for Performance Excellence: leadership; strategic planning; customer focus; organizational profile; measurement, analysis, and knowledge management; process management; and workforce focus. This section provides managers with frameworks, approaches, and tools to foster critical thinking by enhancing their ability to (Critical Thinking Community 2010):

- raise vital questions and problems, formulating them clearly and precisely;
- gather and assess relevant information, use abstract ideas to interpret it effectively, come to well-reasoned conclusions and solutions, and test those conclusions against relevant criteria and standards;
• think open-mindedly within alternative systems of thought, recognizing and assessing, as need be, assumptions, implications, and practical consequences; and
• communicate effectively with others in figuring out solutions to complex problems

The Section II end-of-chapter exercises are designed to promote the understanding and beginning application of the content.

Section III represents an expanded version of the second edition epilogue using case studies and additional exercises designed for students to further apply, evaluate, and synthesize the content. These exercises are designed for students to individualize application to their own practice setting.

A glossary of terms has been added for quick reference.

Resources

Because of the rapidly changing environment relative to quality in the health services industry, the structure of the text has been designed to remain current while the third edition is in print. Selected companion readings supplement the text with more in-depth technical content and extend the application of chapter concepts with relevant and current issues faced by health services managers and leaders. To support the teaching of this text, links to companion readings and Internet sites, discussion questions, and PowerPoint® slides are provided in an online Instructor Resource along with lists of leading authors and resources that may be followed for ongoing, up-to-date information. For more information about the online Instructor Resources, please e-mail hap1@ache.org.

For students, end-of-chapter exercises, practice exercises, and web resources are available on this book’s companion website at www.ache.org/books/qualitymanagement3.

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References

