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Implementing the Studer Initiatives to Sustain Change: An Interpretive Case Study

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Implementing the Studer Initiatives to Sustain Change:

An Interpretive Case Study

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We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

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ABSTRACT

This research focused on a very specific intervention strategy when working with change, the Studer Initiatives. The research had an interpretive design that focused on an internal perspective of the changes that occurred while implementing these initiatives. Three major categories evolved from this study of the experiences of 16 administrators, leaders, and staff at a healthcare organization that implemented the Studer Initiatives. The three categories were: Foundations of the system/change, primary factors to the selection of Studer, and the process of change to Studer. While this may not be applicable to other health care facilities, this study provides the experience of transformational change of one facility in a rural Minnesota environment.

Chapter One

Introduction and Background

My interest in the healthcare industry grew organically from my first professional position in human resources with a small healthcare system in Minnesota. I was intrigued by the challenges of small healthcare systems balancing the need to address rising economic pressures and remain competitive with the need to continue providing effective and quality service to patients. Block and Manning (2007) noted three challenges faced in the healthcare environment: cost pressures, increasing public expectation, and fragmented organizational structures.

Working in the healthcare industry during the past 10 years has made me aware of the increasingly complex issues that can impact a healthcare system. The complexity of submitting and receiving payments from insurance companies, increased options for medical treatment, and the increased costs associated with employing a highly technical staff are three of the complex issues healthcare systems need to address to remain competitive. At the same time, healthcare systems need to adjust to market needs for a high level of customer care at an affordable cost.

As a professional in human resources in the healthcare industry, I have been involved with several whole system organizational change techniques. One such technique was based on the Studer Initiatives, developed by Quint Studer in 2003. The Studer Initiatives are based on practical tools designed to help an organization sustain whole system change. Using the Studer (2003) Initiatives, the primary goal of a healthcare organization is "to provide better care for patients, a better workplace for employees, and a better place to practice medicine for physicians" (p. 25). The tools used are the Healthcare Flywheel™, Nine Principles ™, and the Five Pillars ™. The Healthcare Flywheel™ helps organizations create momentum for change by engaging the passion of the employees to apply prescriptive actions guided by the Nine

Principles ™. These principles provide a roadmap to achieve goals under the Five Pillars ™. The Five Pillars ™ outlined in the Studer Initiatives are People, Service, Quality, Finance, and Growth. These pillars provide a foundation for setting goals and direction for service and operations in the healthcare setting. The Studer Initiatives were designed to provide healthcare organizations with the ability to reach and sustain attainable goals.

Researching this topic gave me a deeper understanding of the change process during an implementation of the Studer Initiatives in a healthcare system. I was interested in this method of change, as the tools provided are grounded in whole system change that recognizes when patients feel good about the care they are receiving, the healthcare employees are proud to be part of their organization, and healthcare practitioners enjoy providing care.

Statement of the Problem

The healthcare industry is centered on providing effective care to those in need. Healthcare organizations operate on values that were built early in the twentieth century which significantly lag behind the settings, service design, and relationships between provider and client in non-healthcare settings (Applebaum & Wohl, 2000) of today. This gap creates the impetus for needed transformational change in healthcare organizations.

Drucker (1993) described healthcare organizations as the most complex form of human organization. This complexity is in part due to the variety of professions present in healthcare organizations and other stakeholders that often have seemingly incompatible interests, perspectives, and time horizons. While healthcare organizations must maintain the quality standards of the patients they serve, they must also maintain a level of profitability that allows the system to remain viable in a dynamic industry.

American healthcare began in a time when doctors had little knowledge about diseases being treated, patients were seen in their own homes, and healthcare insurance was only offered by select large employers (Fennell & Adams, 2011). Over time, doctors began learning more about the diseases being treated and their effective treatments. Advances in technology coupled with the Great Depression of the early 1930s heightened the need for doctors to treat patients in a hospital setting to reduce the cost of providing medical care while maximizing efficiency. While maximizing the efficiency of healthcare, patients began to see doctors spend less time with them and more time on paperwork for newly adopted healthcare insurance. Hospitals battled new governmental regulations to be reimbursed for care, and new technology increased direct costs to the patients (Fennell & Adams, 2011).

In the last fifty years, the view of healthcare has shifted significantly. These shifts include:

- viewing the patient as a customer as opposed to viewing the patient as a guest;
- a healthcare focus on healing a patient's mind, body, and soul instead of focusing solely on a patient's physical ailments;
- the delivery model of healthcare from the individual focus to that of the community focus;
- viewing the patient as a passive sufferer of an ailment to an active participant in the solution to the ailment (Willis, 2000);
- the increased cost of care delivery; and
- the economic downturn causing decreased access to needed technological advances (AMA, 2011).

Purpose of the Study and Research Question

The purpose of this case study was to understand the experiences of staff and physicians during the implementation of the Studer Initiatives at a single healthcare organization. The findings of the research may assist a healthcare system in understanding how healthcare organizations can experience growth and profitability in a challenging environment, as the findings will also provide categories that a healthcare organization should address to achieve a successful transformational change. The research focused on the following question: What is the influence of the Studer Initiatives on a hospital in a rural setting?

Importance of the Research

Healthcare organizations are experiencing change at a rapid rate. Healthcare organizations, operating in a competitive not-for-profit environment, are being compelled to provide new and better ways to deliver healthcare at lower costs while maintaining a high level of quality care. Healthcare organizations that have solidified the process of change and used internal teams and committees during implementation experienced greater benefits of the change, citing that the process of change may be as important as the instrument of change (Walston et al., 2000).

This research focused on a specific change intervention strategy, the Studer Initiatives. The researcher used an interpretive research study design that focused on an internal perspective of the changes that occurred while implementing these initiatives.

Understanding the "how" of change will matter to healthcare organizations. This research provides understanding of the experiences, feelings, and perceptions of staff and physicians during a planned change. Healthcare organizations can use this research as a backdrop for

assessment, planning, and strategies regarding the strategies and tactics needed to sustain change in their organizations.

Definitions of Terms

There are a number of key terms that aid in the understanding the research presented in this paper. The following definitions were used for this study:

Healthcare organization. A healthcare organization is an independent or system owned medical facility established to meet the healthcare needs of the community in which the organization is located. The healthcare organization includes a dynamic relationship between people, systems, and the resources available provide safe, effective, and patient focused healthcare in a twenty-four-hour setting.

Studer Initiatives. Studer (2003) outlined the Studer Initiatives as a change technique; the Studer Initiatives are based on common management practices with a focused and driven effort by professionals that have a deep connection to their chosen profession. The combination of the practices provides a prescribed roadmap for healthcare systems to reach their realistic bottom line goals while maintaining and increasing the quality of the service provided.

Healthcare Flywheel®. Studer (2003) developed the Healthcare Flywheel as a teaching tool/diagram that illustrates the power of purpose, passion, principles, and pillar results in creating momentum in an organization. Studer Group developed the Healthcare Flywheel to help organizations understand the journey in creating great places for employees to work, physicians to practice, and patients to receive care (p. 26). The Flywheel's purpose is to show how organizations can create the motivation for change by engaging employees in the change process, reigniting the passion that was present when a career in healthcare was chosen. The Flywheel

turns when employees' actions are guided by the nine principles of excellence found under the five Pillars™.

The Five Pillars™. The Five Pillars outlined in the Studer Initiatives are People, Service, Quality, Finance, and Growth. These pillars provide a foundation for setting goals and direction for service and operations in the healthcare setting.

The Nine Principles®. Studer (2003) developed the Nine Principles to provide organizations and individuals with a sequenced step-by-step process to attain desired results. The Nine Principles are:

- maintain a commitment to excellence;
- measure the important things;
- build a culture around service;
- create and develop great leaders;
- focus on employee satisfaction;
- create fluid individual accountability;
- align behaviors with goals and values;
- communicate at all levels; and
- recognize and reward success.

Staff. Staff refers to employee groups responsible for supporting the daily operation of the healthcare system. This may refer to senior leaders, professional, nonprofessional, direct care, and leadership of the healthcare organization.

Physicians. Physicians refers to those licensed professional employees who provide direct care medical care to patients seen at the healthcare organization.

Summary

Patients form the foundation on which a healthcare organization operates. The staff and physicians, who are employed by the healthcare organization, reflect an image of the organization to the patients who are being served and treated. As noted in the following literature review, staff and physicians involved in any type of change in a healthcare organization can be affected by the change. By meeting the needs of the staff and physicians in a time of change, the quality and image of the healthcare organization will stay stable in the midst of the change.

Competing in a dynamic industry, healthcare organizations must be willing to change how services are delivered and the way employees are managed. Many healthcare organizations will need transformational change to address industry shifts. Bigelow and Arndt (2005) defined transformational change as radical change introduced within the leader level of an organization. As the issues healthcare organizations are facing continue to shift, leaders of healthcare organizations will need to understand how transformational change is experienced by the staff and physicians to survive in the new state of healthcare. Understanding the healthcare industry's transformational change efforts and outcomes will enable leaders of healthcare organizations to survive and prosper during these shifts with minimal interruption or impact on patient care.

Chapter Two

Literature Review

A literature review is begun at the onset of an interpretive case study. A significantly more comprehensive literature review was completed as categories, themes, and patterns emerged from the single case study design. In the initial review of literature, I used databases such as PubMed, PsychInfo, and EBSCO Host and reviewed dissertations to find relevant research on the topic of healthcare organizational change. Key search terms included but were not limited to: Organizational Change, Healthcare, Transformational Change, Studer Initiatives, and Change Initiative. Pairing these words and phrases yielded large quantities of information. There are two main areas that will frame the topic of healthcare organizational change initiatives: healthcare organization and change initiatives in healthcare. These topics were of particular interest as they directly related to the experience of Excellence Health.

Healthcare Organization

In an effort to provide quality medical care, individual organizations have had to overcome environmental pressures such as traditional hierarchical structure, as well as balance the needs of key stakeholders such as providers, payers, and suppliers (Guo, 2004). Healthcare organizations are being forced to compete for a place in the competitive healthcare market while balancing limited resources due to the changes in how healthcare organizations are funded.

In Minnesota, healthcare organizations are experiencing significant funding challenges. According to the Minnesota Hospital Association (MHA) (Fennell & Adams, 2011), the state of Minnesota currently has 148 hospitals that provide direct care for 9.9 million patient visits per year. In addition, Minnesota has the lowest percentage of uninsured adults in the nation (9%) with a majority of payments being made to hospitals from state and federal government

insurance programs. This pay structure is of particular importance because hospitals are often reimbursed for services below the cost of the delivery of the care in this pay structure. The MHA also noted that, during 2009, twenty-four percent of these hospitals operated in the red, meaning they accumulated no profit by the healthcare system. Healthcare organizations must now evolve in an even more complex and turbulent environment (Fennell & Adams., 2011) due to the increased cost of care, technology, and increasing competition. This evolution will require healthcare organizations to implement change initiatives to remain competitive and profitable in this complex and turbulent environment.

Change Initiatives in Healthcare

Change is required to maintain and increase market share, something which holds true for healthcare organizations. Change in any organization can be a monumental task. Implementing change in a highly regulated healthcare organization with multiple stakeholders increases the risk that change initiatives would be unsuccessful (Ford, 2005). Ford cited that changes in funding, competition, and environment force organizations to transform to adapt to a new and emerging environment.

Healthcare organizations are now called to advance in healthcare technology, healthcare policy, and changes in the systems of care (Fennell & Adams., 2011). As healthcare organizations evolve, one area that is receiving increased pressure from stakeholders to change is patient safety. Over the last four years, healthcare organizations have struggled to develop programs that are effective at increasing the safety of patients receiving care (Frankel et al., 2003).

Developing changes within healthcare organizations is not a solitary leadership effort, as all efforts of healthcare organization change must align with the healthcare system's objectives.

Healthcare organization departments that participate in the change process include employees, customers, and business partners. Each department must provide input on balancing the costs and benefits with the risks of making the desired changes. Clearly defining measures to monitor the process and communication on the change must be present for the process to be effective (Caccia-Bava et al., 2009). According to Caccia-Bava, there is no better time for change than the present for healthcare organizations to succeed in the complex healthcare environment.

A multidisciplinary strategic team should be created to implement the necessary changes for success in the healthcare organization (Johnston, 1998). By engaging a multidisciplinary team, leaders in healthcare organizations are able to identify areas with an increased need for change and have the ability to launch initiatives to address those needs (Ready, 2011). Moran and Brightman (2001) noted that, when a proposed change is announced in a healthcare organization, it is important for the strategic team to understand that the change will affect each person in the organization differently.

A significant factor in the environment of healthcare organizations is the management of the people resources. Moran and Brightman (2001) stated that change management is about managing people: the shared responsibility of everyone in the organization for success and integrating change on a personal level is required for sustaining change in the organization. Horney and Koonce (1995) noted that more attention should be focused on the stress and anxiety that people feel during an organizational change as the changes often affect the process in which daily routine tasks are completed.

Communication of the process, expectations, and progress is a tool that can be used to significantly reduce the negative impacts of change in healthcare organizations. Many change efforts have suffered from ineffective implementation due to poor planning and lack of clear,

consistent, and ongoing communication as a part of the change process (Horney & Koonce, 1995). Creating a communication plan can keep all stakeholders aware of all aspects of the change (Johnston, 1998). Notifying stakeholders of the process and expectations of the change increases engagement and aids in achieving the desired results (Willis, 2000).

Biegelow and Arndt (2005) questioned if transformational change is possible for healthcare organizations, stating that changes based on the private sectors' experience of change and promoted by third parties are unlikely to generate transformational change. They stated that change must be initiated, maintained, and sustained from inside the healthcare organization.

Maintaining the change over time is often the most difficult part of the initiative. Longenecker and Rieman (2007) outlined five strategies to ensure that the desired change is maintained. The paraphrased strategies are:

- Do not declare victory too early. Review the objectives and goals of the change to ensure the activities of the organization still align with the desired change.
- Continue to focus on the desired change, even after improvement has begun.
- Continue to have people resources review their own behavior and habits to ensure they are aligned with the desired change.
- As a leader, reinforce the desired behavior of the people and groups on an ongoing basis.
- Strategically use financial and non-financial rewards to employees to maintain desired behaviors.

Once a healthcare organization has successfully outlined a needed change, measuring outcomes of the change process should be incorporated into the process (Johnston, 1998) allowing the healthcare organization to understand if the end result of the implemented change is

what was initially desired. The evaluation of the outcomes also determines if there were unintended outcomes that were identified because of the change implemented (Guo, 2004).

The Studer Initiatives are one change implementation strategy that healthcare organizations can employ. Excellence Health chose to employ the tools and methodologies outlined by Quint Studer (2003).

Studer Initiatives

The Studer Initiatives used in this study were developed specifically for the healthcare organization. In a system developed by Quint Studer and outlined in *Hardwiring Excellence*, Studer (2003) urged "healthcare leaders to ingrain 'hardwire' systems and tools that recognize what's right and what's working well" (p. 10). The message that Studer emphasized to leadership was the need to convey the importance of sustainable excellence to staff members; they need to take ownership of their role in the change initiative and the organization's mission (Studer, 2011). Studer noted that sustainable excellence was accomplished by:

- honing the ability to transfer their individual value across the organization;
- owning their own professional development;
- understanding their connection between time and money; and
- communicating effectively.

Schuller et al. (2015) compared the success and sustainability factors presented in the Studer Initiatives with other evidence-based leadership tools. Schuller et al. found that the Studer Initiatives presented tools and an implementation process that were fairly standardized across health systems and hospitals providing easy relatability and understanding by staff. Central to this category is the development of a change system that is a human resource focused approach to transformational change that will affect the work practices and culture (Spaulding, Gamm, &

Griffith, 2010). The Studer Initiatives are grounded in a human resource focused approach at the patient and employee level. Using the lens of transformational learning, this study outlined the major categories in a human resource focused approach to change and the stages that administrators, leaders, and staff experienced during the change.

Transformational Learning

Mezirow (1997) defined transformational learning as a dramatic/fundamental change in the way we see ourselves and the world in which we live. It is a change in what we know: mental construction of experiences, inner meaning and reflection. Mezirow's theory concerns how adults make sense of their life experiences by defining learning as the process of using prior interpretation to constitute a new or revised interpretation of meaning in order to guide future actions: Frame of reference, habits of mind, points of view. Transformational learning occurs when transformation occurs in one of our beliefs or attitudes or a transformation of our entire perspective. There are three central factors to transformational learning: an experience that is a starting point that provides content for reflection; engaging in the life experience in a critical reflective manner; and finding the entire process is about change, a change that is growth enhancing.

Chapter Three

Methodology

This study was driven by an interpretive epistemology. This methodology guides the researcher to gain understanding from others' perspectives. In completing this research, I used an interpretive case study design. I studied a single healthcare system that implemented the Studer Initiatives focusing on the experience of implementing the specific initiatives. The research focused on how a single healthcare organization experienced a change initiative in the complex environment of healthcare to sustain growth.

Excellence Health (the pseudonym given the name of the healthcare organization for this study) was a newly built facility in 2007 with a new addition and remodeling taking place while I was conducting my research. At first impression, the healthcare facility was clean and there were welcoming signs on the walls. There were many pictures and an advertisement of each of the department's services. The main entrance was inviting with a large fish tank, chairs of every size for seating, and an accessible pharmacy available to patrons of the facility. The main lobby area was quiet for a large facility. I was not sure where to go initially but was met with the signs of an un-staffed information desk that displayed instructions for visitors to check in on a computer kiosk that was located at the desk. The system itself was not intuitive if you did not represent a specific organization and throughout my many trips to the facility, I had to register with a different email address each time I came in as I never received the registration email when I signed in to set up the account.

As I began to walk around the facility heading to the administration area, I noticed many prominently displayed colorful "Achieving Excellence for Patients" display boards. These boards outlined patient satisfaction scores, major highlights of the facility, and upcoming goals

to be achieved. While walking, I observed a staff person interacting with what appeared to be a patient and his spouse. The staff person bent down to speak with the patient in the chair and had a discussion at eye level. In addition, the staff person spoke in a louder tone when the patient indicated he was having a hard time hearing the information being shared.

This same friendly mentality carried through my walk to the administration area of the facility. I encountered many staff personnel sending greetings to each other, asking about their work day, and asking me if I needed help or directions. The environment was very welcoming to someone who had not been there before.

I did note, however, that many of the printed materials located throughout the facility were outdated by at least three years. Statistics that were advertised were also displayed from three years ago which was in contrast to the "Achieving Excellence for Patients" boards that I noticed were up to date from the day prior to my visits.

Interview Process

The interviews were conducted in locations throughout Excellence Health's facility, depending on the choice of the interviewee. One interview was conducted off site at a local McDonalds® and two interviews were completed on the phone due to scheduling conflicts. Each interview participant had a different role in the health system including Admissions, Health Information, Nursing, Nutrition Services, and Administration.

Of the sixteen people interviewed, six of the participants would be classified as Administration, all from different areas of the facility from Nursing to Radiology; all had differing roles of responsibility. Years of service among the administration interviewees ranged from one to nine years.

The eight staff people who participated in the interviews worked for five separate areas of the healthcare facility in support service positions. The staff represented years of service ranging from three to 25 years. The two remaining participants in the interview process were a physician who had been with the facility for 25 years and a leader who had been with the facility for three years.

Table 1 outlines the list of the participants who were interviewed.

Table 1

Profiles of Study Participants

Name (changed for privacy)	Gender	Years of Service	Role
Caity	Female	3	Administrator
Kimberly	Female	6	Administrator
Mary	Female	12	Staff
Lance	Male	6	Administrator
Lisa	Female	3	Leader
Katy	Female	12	Staff
John	Male	1	Administrator
Steve	Male	9	Administrator
Sharon	Female	3	Staff
Greg	Male	25	Physician
Karen	Female	4	Administrator
Sandy	Female	25	Staff
Michelle	Female	15	Staff
Barb	Female	20	Staff

Mary	Female	18	Staff
David	Male	7	Staff

Data Analysis Process

The data collected from these interviews were analyzed through a series of steps. I first reviewed my interview notes after each interview to identify some key categories that emerged and made notes to review these again once transcripts were completed. After reviewing the transcripts of the interviews and observations, which I transcribed myself, I reviewed the main categories that emerged.

Research Design

The design of the research was an interpretive single case study. In an interpretive case study, the design is determined by the researcher and the main topic of the study (Gall, Gall, & Borg, 2007). In this design, I gathered data from interviews with physicians and employees, observed team meetings and interactions of employees, conducted interviews with employee groups at all levels of the organization, and reviewed documents to include employee surveys, quality reports, financial reports, employee meeting minutes, customer surveys, and artifacts collected related to the case. An analysis of the data collected was done to determine the experience of implementing the Studer Initiatives and themes a healthcare system change intervention may include. The data were analyzed simultaneously with collection.

As an interpretive study, this research had an emerging design. As a researcher, I focused on the emerging process as well as the outcomes of the research.

Site Selection

This study examined a single healthcare organization that chose to address a whole system change by implementing a method of management originated by Studer. Sites reviewed had completed the change and experienced a stable time frame after implementation of the changes. Because of my background in rural healthcare, I preferred to study an organization that operates in a rural environment. Of the researched sites, I chose to conduct research at a single site and protect the confidentiality of the organization and participants in the study. The target site was a single rural healthcare organization that acts independently but is part of a larger health system similar to organizations across the globe. The organization holds a stable and significant market share of the healthcare in its rural area which is experiencing significant growth due to the location of the community. To maintain the confidentiality of the site and protect individuals participating in this study, I will refer to the chosen site as Excellence Health.

Excellence Health met the criteria listed above as implementation of the Studer Initiatives began an estimated four years ago. Excellence Health is a single rural Minnesota operational healthcare organization that has the benefits of being a subsidiary of a larger organization. Excellence Health is unique in that, while it is a subsidiary of a larger organization, the larger organization has not adopted the Studer Initiatives at this time.

Gaining Entry to the Site

To request a study of this topic with the selected site, I contacted the public relations department within the facility and verbally outlined my intentions with my proposed study. I was directed to the Vice President of Nursing for the facility to whom I repeated my proposed study verbally and followed up by email. This information was then brought to the senior leadership team of the facility where participation was discussed and approved. After receiving approval for

this dissertation proposal from my committee, I submitted a request to the University of St. Thomas Institutional Review Board for permission to use human subjects in my research, which was approved.

Participant Selection

I interviewed a variety of staff members in this study. I included one to four subjects from the following areas that belong to the category of senior leadership, professional staff, non-direct care staff, and direct care staff to provide a wide breadth of perspectives on the experience of implementing the Studer Initiatives.

The Vice President of Nursing sent an introduction email of my study and requested interested in participating in the study to contact me directly (Appendix C). In this email, participants were notified that they are eligible to receive pay by the healthcare organization for time spent participating in the study. Once this was completed by the Vice President of Nursing, she had no further knowledge of the participants. I then followed up with participants outlining the study, requesting completion of a consent form to participate in the study (Appendix A), and provided a plan to protect their confidentiality. All participants were interviewed at Excellence Health or, if requested, off site by phone or in a face-to-face meeting.

In order to protect the identity of the participants, time paid for participation in the study was coded as ‘REG’ for regular hours worked for fair labor standards act non-exempt employees and approved by the supervisors of the related departments. No notation was made on the corresponding timecards outlining participation in this study. For fair labor standards act exempt employees who do not record hourly times, no notation was made on the corresponding timecards outlining participation in this study.

Methods of Data Collection

The goal of this interpretive case study was to understand the experiences of staff and physicians during the implementation of the Studer Initiatives at a single healthcare organization. The method of data collection used for this study was interviews and observations of the site. In the interviews, I explained to each participant the purpose and research question that was formulating my study. I then requested that the participant read and sign the consent form (Appendix A).

Interviews

I met with each of the participants at a location of his or her choice on the Excellence Health campus or off-site in a private location. The interviews were between 18 and 57 minutes long. My goal was to gather enough information to create a fully developed understanding of the experiences of the staff and physicians in the change process while giving the participants the opportunity to share their experiences. The interviews followed the interview guide, including the questions (Appendix B).

All interviews were recorded electronically to ensure the descriptive information was captured for accuracy and my ability to refer to data during the data analysis phase of the study. I also took minimal written notes during the interviews and observation.

In the processes of interviews, I did refine the questions to some degree depending on the person who was being interviewed in order to ensure I was capturing the experiences. After interviews were completed, I reviewed notes and observations with participants to ensure thoughts and experiences shared were recorded without my biases and accurately reflected the responses to the questions given by that participant.

The electronic recordings were uploaded to my personal home computer file which is password protected. I transcribed these files which were also saved electronically on my password protected secure home computer.

Observation

Through the observation, I was seeking understanding of the organizational change by how the participants interact with other staff, customers, and patients. In addition, I was looking for physical evidence of the sustained change in the physical surroundings of Excellence Health. Sustained change must be rooted in the culture of an organization. Using observation is the best way to learn about an organizations culture.

Several field visits were planned throughout the study. The amount of time spent during each observation varied. While I was observing, I attempted to remain as non-interruptive as possible to preserve the observation situation by selecting an observation area out of direct contact with participants. Areas in which observations were held were public areas, accessible without keyed entry. While observing, I was recording field notes of my observations.

The focus of the observation visits was the patient care given, interactions between co-workers, and staff and physician interactions in hallways with patients and visitors to the healthcare organization. While observing interactions, I was noting facial expressions, behaviors, and companionship between staff, physicians and patients.

Document and Website Review

In the review of documents, I was focusing on documents that were a direct production of the organizational change; these included, but were not limited to, employee survey outcomes and responses, quarterly reports of performance and quality, meeting minutes from all levels of the organization, customer-patient satisfaction surveys, and financial documents. These

documents were produced in the last four years, to include the pre- implementation stage. All documents and observation notes were retained in a secure and private location at my home.

Methods of Data Analysis

The data collected were analyzed to complete this study. In this analysis, I was reviewing notes, coding the data collected from interviews and observations and memoing. All notes and observations were reviewed and updated for accuracy. I used a system of coding to identify categories and patterns that emerged from the data collected. In the system of coding, I used colors and conceptual mapping to link loosely related ideas within the data collected. While memoing, I was reflecting on my own thoughts to ensure they did not influence my findings. I also reviewed the data for individual circumstances that may further the knowledge regarding how an organization can experience an organizational change. Patterns and categories that emerged from the data analysis were outlined in a narrative to make sense of the most important categories and ideas that are conveyed. An example of the data analysis can be found in Appendix D.

In my journal I outlined my experiences, so they did not contaminate the data collected. I recorded my thoughts and assumptions throughout the data collection process as a means of documenting my biases and to reduce my influence on the study outcomes. In addition, I reviewed notes and observations with participants to ensure that I captured their stories correctly, and that their thoughts and experiences were recorded without my biases. While writing the findings, I re-reviewed all notes and electronic recordings to ensure coding was accurate.

I referred to Stake (1995) to assist in the categories identification process. I identified the categories then created a table of the categories and themes. Once the table was completed, I cut and pasted the supporting comments into the table.

During the data analysis, observations notes, interviews, and documents reviewed provided a triangulation of the data and helped build an in-depth understanding of the meanings of the documents to validate observations and interpretations.

Researcher Bias

My past experience as a professional in a healthcare organization assisted me in easily understanding the challenges that relate to this study. I have an in-depth knowledge of the operations of healthcare organizations at varying levels which allowed me to easily blend into the environment where the study was taking place. In addition, the participants may have used hospital jargon as a form of communication that would be expected to aid in the understanding of the data that were collected.

Chapter Four

Findings

The purpose of this case study was to understand the experiences that develop from implementing the Studer Initiatives at a single healthcare organization. The goal of the research was to assist a health system to understand how to sustain growth and profitability in the challenging healthcare environment. In addition, the purpose of the study was to identify categories that any healthcare system could address when implementing a transformational change. The research question was: What is the influence of the Studer Initiatives on a hospital in a rural setting?

In this study I assessed categories from 16 interviews that included 8 Staff, 1 Leader, 1 Physician, and 6 Administrators. The site I studied will be referred to as Excellence Health. Excellence Health is located in the Midwest region of Minnesota. The collected information was the result of interviews with sixteen staff, facility observations, and data provided by the healthcare system. All staff were allowed to participate with their time paid by the healthcare system. The data were coded using symbols, colors, and conceptual mapping to link loosely related items to create categories and theme that became apparent when discussing the topic with interview participants and were supported by the data collected.

Excellence Health is a rural hospital and clinic system in Minnesota in a campus setting with one main hospital and 4 rural clinics that use the same pool of medical providers. There is one major entrance to the facility clearly marked for patients who are entering for service. The emergency room is clearly notated with signs and a separate entrance for ambulances. Upon entering the main entrance for the participant interviews, I found a full waiting room with a gift shop and clearly labeled signs to the administration area of the facility.

Participants volunteered to be interviewed for this study and I found the data collected and analyzed to be richer than expected. After several reviews of the data, I created a chart outlining the categories as I understood them. The chart offered me a clearer picture of the facility, and perceptions of the change process and Excellence Health as a whole. Next, I cut and pasted from the electronic transcripts the data that I coded under the appropriate categories. Once this was completed, I reassessed the overarching categories and redefined the categories.

The categories became apparent as the result of the discussions with the interview participants within Excellence Health. There were three primary categories that were most evident after reviewing the transcripts and listening to the recorded interviews several times. Themes within the three categories also became apparent and supported the data for the major categories.

Outline of Categories One through Three

The first category describes the foundations of the needed system change at Excellence Health. This category included subthemes of the constant change experienced by seasoned leaders and staff, history and accounts of the leaders and staff involved, and the experiences described by some of the leaders and staff.

The second category describes the process of the change to the Studer Initiatives. This by far garnered the most responses to the interview questions. I could not ignore the varied responses to the categories. These primary factors included the stability that Studer Initiatives offered, accountability for all leaders, staff, and patients, and the collaborative effort of all involved.

The final and third category included components necessary to sustain the current and future state of Excellence Health. The sustaining components include the themes of connection

of a leader's or staff person's role to the mission / vision of the organization, the tools to provide stability and framework, and the increased communication and transparency to show employees their contributions are valued.

Categories and Themes

Categories became apparent as a result of the result of the interviews and observations. Three major categories developed throughout the interviews that were further developed after reviewing the transcripts.

Category 1: Foundations of the system/change

- Leadership story
- Flavor of the day
- Lack of focus / vision for future

Category 2: The process of change to Studer

- Patient satisfaction
- Accountability
- Collaborative nature

Category 3: Components necessary for sustaining Studer Initiatives and future of Studer

- Connection to mission, vision of organization
- Tools provide stability and framework
- Increased communication and transparency

Categories and themes for the research question "What is the influence of the Studer Initiatives on a hospital in a rural setting?" are shown in Table 2.

Table 2

Categories and Themes for the Research Question

Major Categories	Foundations of system/change	The process of change to Studer	Components necessary for sustaining change and future of Studer
Themes	Leadership Story	Patient Satisfaction	Connection of role to mission/vision of organization
	Flavor of the Day	Accountability	Tools provide stability and framework
	Lack of focus/vision for future	Collaborative Nature	Increased communication and transparency

Category 1: Foundations of the System and Change

The first category could be described as the foundations of the needed system change at Excellence Health. This category included the themes of constant change experienced by seasoned leaders and staff, history and accounts of the leaders and staff involved, and the stories that described some of the experiences of the leaders and staff.

As I analyzed the data, the first major category that became apparent from the interviews and review of the transcripts, included the focus on why Excellence Health had to change its current ways of operating the business. Excellence Health was experiencing increased turnover, lack of community involvement, significant financial losses, and a lack of leadership and staff engagement in the services provided due to the significant change initiatives that had come before. The participants in the interviews talked about how all these factors presented difficulties within Excellence Health.

Theme 1: Leadership Story

Many of the participants discussed the lack of focus in the right areas at Excellence Health. There were stories of struggles in how decisions were made at only the highest levels and for the wrong reasons. Kimberly, a leader, talked about the financial difficulties Excellence Health experiences and how this translates to performance and employee engagement scores across the system.

> The financial performance is one thing, but in terms of patient satisfaction, employee engagement, and quality scores [which were always high] were maintained in the past. In prior years, the financial issues drove a lot of our problems we have had with employee engagement and patient satisfaction. Right after I came here [Excellence Health], we had horrible financial performance. Our financial performance and employee engagement scores were the lowest of all the hospital systems. (Kimberly)

Results of employee engagement scores was also described by leader Caity. She outlined this as a lack of focus on the employees and what they would need to be successful in their positions with Excellence Health and how that translated to the work the staff did each day with the patients.

> We focused around our patients, as that is who we are here for. We did not focus it around our employees. Our patient satisfaction scores were not nearly where we wanted them to be. (Caity)

Caity also recognized that as a leader, Excellence Health "did not do a great job" at recognizing the good work that staff did each day. While the continued focus remained on the patient, Excellence Health recognized the one patient experience that went wrong versus the

twenty patient experiences that did go well. The feeling was that they could always do better. This feeling was felt by staff with the continuous change efforts.

Top level leadership was also a dividing factor in the concerns experienced at Excellence Health. Many interview participants outlined the positive change experienced when the new Executive Director was hired. The interviews outlined the Executive Director's style of leadership as people centered and plans were well thought out.

> People quit their jobs because the future was unknown. People would lose their jobs right before Christmas making the changes very frustrating and emotional for all involved. [The Executive Director] is people centered in his approach. He does not want to change anything if it affects the position. People no longer have to apply for their positions when changes are made. (Sandy)

Theme 2: Flavor of the Day

In healthcare, changing to meet the increasing financial pressures is experienced by almost all small healthcare systems. Steve, a leader, outlined that there were many things tried along the way to re-focus the organization to the mission and vision of the organization.

> We had, like many other healthcare organizations, tried many things along the way. It started to feel like a flavor of the day for front line staff. So when Studer came along, staff thought they would just ride that trend for a little while and it too will pass. We had been working and working at improving our patient satisfaction scores, trying everything and not getting traction. (Steve)

Many interviewees stated that prior to Studer, they were just waiting for the next initiative to move forward. Changes in leadership and staff did not provide clear direction and the dis-jointed nature of a smaller rural health system was that you have the staff you have and work with them, no matter the attitude or patient approach that was taken. Staff did not feel engaged in the work as they were always waiting for the new direction and if they held on long enough, the leadership would be on to a new tactic, forgetting what was learned. Sandy, a staff member, outlined some of her experiences working directly with the changes and her own personal experience.

> After three years, I am breathing a sigh of relief that we have stopped reorganizing. It was never clear why we're reorganizing, and it seemed like people were quitting their jobs before anyone knew they were hired. I had to reapply for my same position seven (7) times in these years. (Sandy)

How a healthcare system responds to the needed change to remain competitive was described by the interview participants as having been difficult in the past. Participants outlined decisions being made for financial reasons without a holistic thought to the staff of the organization.

> Five years ago, financial strain would have been dealt with by reducing a significant amount of labor costs in secret, making plans and making the cuts to staff. Financial issues drove a lot of our problems we had with employee engagement and patient satisfaction. Cutting back on staff to reorganize and reengineer [services]. (Kimberly)

The underlying reasons for the changes experienced by the staff and leadership continued to affect the patient and employee satisfaction scores that Excellence Health was striving to

increase. Many of the interviews outlined that there needed to be a solid change to drive the scores to an acceptable level, one that could be maintained over time and have a lasting impact on the services and staff that were engaged in the daily responsibilities of delivering quality patient care.

Theme 3: Lack of Focus / Vision for Future

Several interviewees outlined that there was no clear focus or vision on the future of Excellence Health. Staff that worked in departments that did not require a degree, such as food service or environmental services, were not perceived to be part of the team by other departments. This had a large effect on the interview participants as their daily contact with the patients had a direct impact on patient satisfaction scores. Those interviewed indicated their contributions were not valued in the organization.

> There has been some improvement in attitudes that we are all a team and that we are supporting each other, but the relationships of food service or housekeeping staff to others are not perceived to be part of the team and their contributions are not valued. (Mary)

Interview participants outlined that their department may be working on their own initiatives for the future that were not part of the larger Excellence Health focus or vision. This left staff wondering if this is where they were supposed to be or where they were supposed to be spending their time.

Category 2: The Process of Change to Studer

The second category can be described as the process of the change to the Studer Initiatives. This by far garnered the most responses to the interview questions. The responses

focused on the stability that Studer Initiatives offered, accountability for all leaders, staff, and patients, and the collaborative effort of all involved.

Theme 1: Patient Satisfaction

The need to focus on the patient was evident in most interview responses as was the atmosphere at Excellence Health for the direct care staff. Excellence Health is located in a rural community with close ties as the leaders and staff work and live with the patients they see every day.

> Virtually every patient we have is a family member, friend, colleague, and sometimes it's us! The work we do extends beyond the hospital campus and what we do well is recognized in the community and when we do fail to do it well, it resonates with the community. (Steve)

One interviewee outlined the balance of the patient experience with the needs of the department. Nutritional services is seen as a very patient friendly department but with challenges as most of the patients have nutritional limitations. The department is under budget constraints but one way to increase the patient experience is to meet their nutritional needs and wants. With the implementation of the Studer initiatives, there was more leeway to satisfy patients than there would have been in the past. Mary, a leader, outlined the need to balance budgetary constraints with patient satisfaction. A new program was implemented called service recovery, in which other departments may correct errors made by offering items the patient may want (such as more cookies, etc.). Mary, a leader, outlined her experience with service recovery.

> I think in food service, we get a chip on the shoulder. Every time someone makes a mistake (with a patient), they seem to want to fix it by giving food. You know you are always fixing other staff mistakes and using food as a reward for patients. (Mary)

However, not all departments who delivered the direct care understood that perspective. A focus group interview with the Health Information Management System (HIMS) group outlined that the system did not take into account the patient experience when it came to billing and medical records. They outlined the "make or break nature" of their work.

> If you have happy people working here, it will show to the patients. It creates customer loyalty. It can be one little thing that will be bad or good that will make the patient come back. Before Studer was implemented, there was never a thought given to the patient experience. (HIMS Focus Group)

This perceived lack of focus on the patient was described as evident in the implementation of new computer software, designed to increase reliability in billing and revenue generation for Excellence Health. While the system was implemented and understood by leadership, HIMS staff had to monitor the two systems with no clear vision on the outcomes expected or how this expensive newly implemented technology would increase the positive patient experience.

Excellence Health tried many different tactics to increase patient satisfaction scores and employee engagement scores. Each change method would work for a short period of time, but Excellence Health stated they never achieved the positive change needed to these important metrics. The Studer Initiatives provided what other change methodologies did not. The Studer Initiatives were implemented because they were grounded in healthcare, designed by people who

had experience in healthcare and gave tools which were designed to be implemented in a healthcare setting.

Theme 2: Accountability

Accountability was a major theme in the change to using the Studer Initiatives. Steve, as leader of a department, outlined the process for creating the employee standards of excellence for required behavior elements of all employees of Excellence Health.

> At the time, Excellence Health did not have behavior standards, so they developed them from the ground up. With the behavior standards, it didn't matter what your role in the organization was or the title on your identification badge, we held everyone to the same level of accountability. (Steve)

Along with the newly developed employee standards of excellence, Steve outlined the need to reflect the newly required elements in processes that were already developed. Changes to the employee evaluation forms now included core competencies and behaviors.

> We changed the employee evaluation forms to no longer just focus on the technical aspects of the job. We are evaluating core competencies along with their behavior. (Steve)

There was frustration with the process of implementing all the new Studer requirements with staff. Several interviewees noted both the positive and negative effects of changing the uniform color of scrubs for all the staff. Staff were now color coded by the department they supported. Several of the interviewees outlined how this cleared up ambiguity to accountability when encountering staff in hallways, the lunch room, and patient rooms.

There was also noted frustration with the required accountability when implementing Studer Initiatives. Mary, a leader, outlined the focus on creating a record of how leaders followed up on required items and carried binders to record how she was following up on items such as thank you notes. Several interviewees noted that staff are pushed to do their best, helped along by the Studer Initiatives.

Theme 3: Collaborative Nature

Through several of the interviews, participants outlined the need for a collaborative nature in the work that needed to be completed. Staff that worked in nutritional services had to rely on those who delivered the patient care to update information as it changed from the providers. Medical records not updated in a timely fashion caused issues with billing for the patient. The foundations of the Studer Initiatives derive emphasize quality patient care and a collaborative nature in the work needed to be completed no matter which department you worked in.

> There was a disconnect between the hospital and clinic staff, those that work at the clinics do not seem to practice the Studer Initiatives. Before Studer, there was never a thought to the patient experience. (Barb)

This disconnect also presented itself in completing required leadership tasks. Kim, an administrator, outlined her experiences with the new Studer Initiatives and the way to which staff performance reviews were now completed. The whole approach focused not only on the technical aspects but on the behavior components caused some conflict between leadership and staff. In addition, staff were able to focus on the tasks at hand, and not the constant reorganization they were experiencing.

> When Studer Initiatives were adopted, staff breathed a sigh of relief because they have stopped the ongoing reorganization. (Sandy)

Interview participants, focusing on their own experiences, outlined the need for the continued collaborative nature to sustain the Studer Initiatives. They noted the Initiatives were needed to continue to increase the patient and employee satisfaction scores instrumental in moving the healthcare facility forward.

Category 3: Components Necessary for Sustaining and the Future of Studer Initiatives

The third category focused on components necessary to sustain the current and future of Excellence Health. The sustaining components included connection of leader and staff roles to the mission/vision of the organization, the tools to provide stability and framework, and the increased communication and transparency to show employees their contributions are valued.

Theme 1: Connection of Role to Mission / Vision of Organization – Achieving Excellence

Many of the interview participants noted that the Studer initiatives brought a connection of their role in the organization and the mission of the organization and made them a better leader, one who is in touch with his / her team and where the organization was headed. Karen, an administrator, referred to some of this positive movement.

> There is more connection to the mission and vision of the organization. People collaborate more with each other and they see how working together between departments benefits the organization (Karen).

Several interview participants noted that there was a need for roles to be more defined because of the increased use of technology, especially with the implementation of computerized charting of patient visits. Barb, a staff person, referred to this connection.

> My thought is that the patient experience is the focus of your job. You can have a once in a lifetime experience at Excellence Health, we want it to be the best experience the patient has ever had. The patient appreciates that. (Barb)

Theme 2: Tools

One thing that most interviewees noted was the need to provide stability and frame work for employees at all levels of the organization. Interviews, observations and data analysis revealed that Studer provided this for Excellence Health.

Studer Initiatives provided many tools that staff and leadership became familiar with and were able to implement in the appropriate setting and within the time allotted. AIDET is one example. Using this tool in the emergency room provided reassurance to the patient being seen and the employee who used the tool to acclimate the patient. Continued discussions of the tools and successes were needed to cement Studer.

> At various times along the way, you would see some things fall off, we would see a reduced number of thank you notes or not rounding on employees, we would pause and go back to those things with the Studer coaches. We had hit a plateau, we would always then look for ways to continue to push the bar higher and higher. (Steve)

Several interview participants outlined the feeling of receiving a genuine thank you note from a leader or fellow staff member at their home address. Outlining that it changes relationships between everyone in the organization in a positive way, no matter the role of the person sending or receiving the card.

> Everyone contributes to making the hospital run and function. Jobs are all important, each employee contributes to patient satisfaction scores as a whole. The notes come

> from all levels as we are all part of the success and all contribute to the patient experience. (Barb)

There were several interviewees who noted that the tools provided a complete map of what should be done to achieve high patient satisfaction and high employee engagement scores. Lance, a leader, provided that roadmap as a tribute to success.

> Studer provides a road map and experience of what has worked well for others. The whole Studer program is a cumulative effect. The leadership here [Excellence Health] fought to keep it going and then with the transition of one leader to the next we kept the momentum going. (Lance)

There was also recognition that a change initiative of this magnitude could not be implemented on its own. One of the Studer tools is the use of a coach during implementation and change to the processes. It was noted in several of the interviews that, when Excellence Health did not engage the coaches at the beginning, the leadership team was not expert enough to cement the needed changes. Steve, a leader, outlined the errors made that can only be reflective.

> We would talk about one tool in Studer: AIDET. We would teach, model, and audit then switch to a new tool such as key words. Then staff would wonder what happened to AIDET tool. What we failed to recognize was the Studer umbrella of tools. Each tool was a part of a greater implementation we were working towards. (Steve)

The use of the coach created accountability for the needed change. One interviewee noted that it was as essential for employees to understand the "why" in what Excellence Health was doing as the "how."

Many participants noted the added time it takes to implement these tools multiple times a day when there was no additional time allotted for the increased patient interactions. Variance can be seen with each interaction. Katy, a staff person, outlined the concern in implementing AIDET in her department in surgery where her time is limited with each patient that comes in.

Theme 3: Increasing Communication and Transparency

In this theme, the changes to Excellence Health showed the employee contributions were valued and topics can be discussed without fear of losing their positions. Several interviewees saw this as transparency. Caity, an administrator, stated the tone is set to the right direction but staff at all levels of the organization needed to be on the bus to turn it. She said that it was important to "value that everyone had a significant part to play." John, an administrator, defined his role as more than a leader.

> From day one, my job is to encourage the team and be part of it. It comes back to the care and compassion for the employees. We celebrate, and we recognize our employees. I have been in this industry for a long period of time and this is the most fun I have had in a job (John)

Achieving excellence has not cemented itself to all levels of the organization. Creating transparency was clear in some interviews but not in others.

> What is clear to me is that we have a change in culture. We have had turnover here in leadership at all levels and frontline staff, but we are still seeing the results needed. (Caity)

However, several staff members said there is still some work to be done in this area to solidify a clear culture change. Interview participants felt more informed than in the previous

five years; they felt this was partly because of the newly instituted staff forums and organization of the communication with the "achieving excellence" boards across the Excellence Health campus.

> Communication pieces are still a work in progress. I am in a low-level position and some of my co-workers frown on the work produced. (David)

Staff also recognized that there was inconsistency in application of the new Studer Initiatives. Not all parties were involved at the implementation of Studer. Several interviewees outlined the lack of involvement by the physician group and the lack of buy-in from the physicians to the Studer Initiatives.

> One of the errors we made in our implementation was not engaging our physicians earlier in the process. If we could have done anything better, it would have been to engage the physicians earlier in the cycle. It was six to nine months too late. (Steve)

There was also a noted disparity in the treatment of the hospital side and the clinic side of Excellence Health. Change is being recognized at the hospital but Studer was not as present at the multiple clinics where billing, patient satisfaction, and staff engagement scores were not increasing as rapidly.

Sustaining the changes that the Studer Initiatives brought forward will come about in the daily contact with the leaders and staff. There was a sense in the interviews that all involved wanted to move too fast and not take each important decision one step at a time.

> Everyone's biggest frustration was that we did not see immediate wins: We did not see the translation in our patient satisfaction scores; our coaches kept telling us to keep doing what we are doing, and it will come. (Steve)

Many of the participants discussed that the key to sustaining this and future changes within Excellence Health was to continue to have the administration, physician and staff buy-in to the needed changes. Having dedicated leadership at all levels of the organization sustained the success seen thus far. In addition, when changes are needed, buy-in from all levels of the organization is key. John, an administrator, talked about an experience dealing with financial changes that were needed to sustain the laundry department.

> I have never had this experience before, but we had to lay a couple of people off because we had to quit doing a service. Three to four employees in our laundry, we just couldn't afford to do it anymore and moved to a central laundry. I went up to meet with the employees [who were losing their jobs] and they gave me hugs, they thanked me for the process and told me they would love to come back to Excellence Health. They appreciate what we had done. (John)

Many participants stated that year after year, as things started to improve with Excellence Health, all believed the Studer Initiatives were the right thing to do. People who wanted to work there knew they could fit into the newly enhanced culture and embrace a level of engagement that creates a sense of ownership. This is cemented with peer interviewing for positions within the organization.

> Each of us have an idea of what will fit into a department and if we let that influence out decision to hire then the candidate would not fit into the culture of the organization [supervisor only hire], we have found that casual (part-time) and full-time staff

identifying who will fit into the new culture. We need the right people is what it comes down too. [Lance]

Summary

While writing this chapter, I continued to review the details from the interviews to validate the data I had collected and placed in the three major categories in the data analysis.

The first category described the foundations of the needed system change at Excellence Health. This category included the themes of constant change experienced by seasoned leaders and staff, history and accounts of the leaders and staff involved, and the stories that described some of the experiences of the leaders and staff.

The second category is the process of the change to the Studer Initiatives. This by far garnered the most responses to the interview questions. This category included the themes of the stability that Studer Initiatives offered, accountability for all leaders, staff, and patients, and the collaborative effort of all involved.

The final and third category included components necessary to sustain the current and future of Excellence Health. The sustaining components included the themes of connection leader and staff roles to the mission/vision of the organization, the tools to provide stability and framework, and the increased communication and transparency to show employees their contributions are valued.

Chapter Five

Overview of Major Categories

There were three major categories identified in this study that describe the experiences of implementing the Studer Initiatives at a single rural healthcare organization. The categories became apparent through the interviews with 16 administrators, leaders, and staff. The three major categories are:

- foundations of the system/change;
- the process of change to Studer;
- components necessary for sustaining Studer and future of Studer.

In the following section, I will outline my findings by describing my literature review as linked to the findings and categories noted above. I will link the information discovered to the findings which may not have been apparent at the beginning of the literature review or the study. Any new literature notes will be included in the following discussion.

The overall result of implementing the Studer Initiatives at a small rural health care system in Minnesota seemed to be effective for Excellence Health. Since the inception of the initiatives, Excellence Health has seen an overall increase in the reported patient satisfaction scores and employee engagement scores which were the driving factor for needed change. As a health system, it is nearly impossible to attribute all the success Excellence Health has experienced to the Studer Initiatives, however, it is clear that implementation of the tools and methodologies that Studer presents were a driving factor for the success experienced.

Conclusions

The three factors revealed through the lens of transformational learning, according to Mezirow (1997), are life experience, engaging in life experiences, and change that is growth enhancement. Experience is the starting point and content for reflection.

There are ten steps or phases in Mezirow's (1997) transformative learning theory. These ten steps are part of four major components of the process: experience, critical reflection, reflective discourse, and action.

The process begins with the learner's experience that is critically reflected for his or her own meanings that have been placed on the experience. To test the new meanings developed from the experience, learners seek out information from others to validate or challenge the assumptions that are created, building a new understanding. This is known as the reflective discourse as outlined by Mezirow (1997). The last step in the process is action. Action can be simply defined by a decision to be made or a physical action to take place such as a whole system change as experienced at Excellence Health. Figure 1 is a representation of the transformative learning theory as outlined by Mezirow.

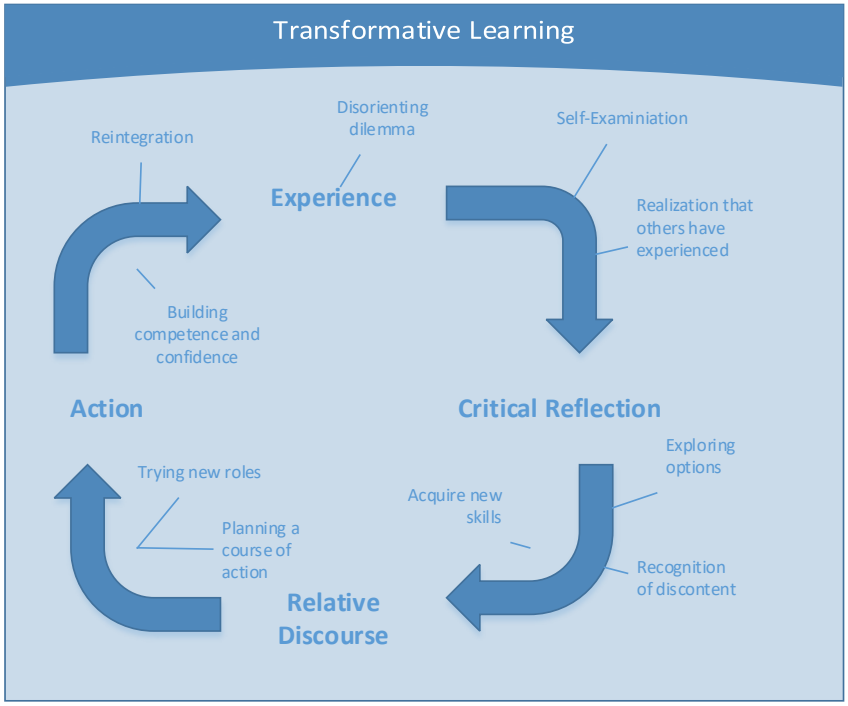

Figure 1. Transformative Learning Theory as outlined by Mezirow (1997).

The conclusions discussed below are outlined in the following table.

Table 3

Positive and Negative Findings

Major Categories	Positive Finding	Negative Finding
Foundations of system/change	Realization that others experience	Disconnect with organizational change and vision.
	Staff were welcoming	Focus on financial profitability
		Self-Examination of role
The process of change to Studer	Engaged staff in changes	Disconnect with staff and leadership on expectations
Components necessary for sustaining change and future of Studer	Communication	Engaged some staff late in process

Foundations of the System / Change

The first category focused on the foundations of the needed system change at Excellence Health. Participant interviews revealed three themes that included the constant change experienced by seasoned leaders and staff, history and accounts of the leaders and staff involved, and the stories that described some of the experiences of the leaders and staff. Horney and Koonce (1995) noted that more attention should be focused on the stress and anxiety that people feel during an organizational change as the changes often affect the process in which daily routine tasks are completed.

The foundations of the system/change link closely to that of the experience and critical reflection as outlined in Mezirow's (1997) transformative learning theory. Each of the participant interviewees outlined his or her own experiences, viewed through their own lenses of meaning and the meaning they told me in the interviews. The initial experience was outlined as the constant changes they were experiencing implemented by senior leadership in an effort to decrease the negative financial performance while increasing patient satisfaction scores and employee engagement scores causing a disorienting dilemma as outlined by Mezirow.

From the participant interviews, there was a clear disconnection with rapid organizational change with no clear vision or understanding of where Excellence Health was headed. Staff feared their positions would be eliminated and job satisfaction was not a thought or consideration in the changes being implemented. Leadership at the facility did not seem employee or patient friendly, instead focused solely on the financial performance of the facility. Negative financial performance required change in the way business was being completed at the hospital. This was the driving factor for continuous failed experiments to change patient satisfaction with Excellence Health.

While staff were able to realize that others are experiencing the same disorienting dilemma, causing critical reflection, an opportunity that was lost to Excellence Health would have been more facilitated self-examination at the administrator and senior leadership level. Realization of the impact of previous change initiatives could have made the introduction of the Studer Initiatives to Excellence Health more positive to staff and caused it to gain traction faster than what was experienced.

In reflection of my initial visits to Excellence Health, while patient satisfaction scores and employee engagement scores were not where the senior leadership would have liked them to be, I found the staff engaged in their work and very friendly in interactions with patients. The staff were generally engaging to patients and I was asked if I needed help by more than one staff member in my visits.

The Process of Change to Studer

The second category focused on the process of the change to the Studer Initiatives. These primary factors included the stability that Studer Initiatives offered, accountability for all leaders, staff, and patients, and the collaborative effort of all involved. Creating accountability for moving Studer Initiatives forward required work and follow up – including consistency across all areas (hospital, clinic, and departments). Levine (2015) discussed the five important issues facing hospital leaders today, referring to findings by Quint Studer. Levine noted that having an accountability system in place will help healthcare organizations achieve their two goals: looking at the healthcare system in a full-circle mode and ensuring that the leaders in the organization have the skill sets they need to be successful. Excellence Health strived to have this value system in place when implementing the Studer Initiatives.

In Excellence Health's process of change to the Studer Initiatives, the experiences followed the relative discourse and action stages of Mezirow's (1997) transformative learning theory. The participants in the interviews validated their own experiences with each other, with the patients supported, and in reflections regarding the patient and employee satisfaction scores. These scores reflected the needed action for Excellence Health to drive decisions forward and make clear process changes.

There was a recognition of a perceptive disconnect happening between leadership and staff. Staff were concerned about keeping their current position; value added work is disconnected from what is presented by senior leadership. There was a disconnect in the way Excellence Health was managing the change, most evident between staff and leadership. Some staff did not conform to the new ways under Studer Initiatives, with no changes expected. Senior leadership was expected to behave in a certain way and hold staff accountable and show appreciation for performing well. This was most evident in the interviews with the staff. Some staff were reluctant to meet with me, after multiple attempts to reach out and hear their stories. One staff member preferred to meet off site instead of at the facility.

This disconnect led Excellence Health into the action phase of the transformative learning theory. The senior leadership included staff on instrumental changes such as the implementation of the performance expectations which was led by a senior leader but collected valued contributions for staff in implementation, wording and accountability.

Components Necessary for Sustaining Studer and Future of Studer

The final and third category included components necessary to sustain the future of Excellence Health. The sustaining components included connection of leader or staff roles to the

mission / vision of the organization, the tools to provide stability and framework, and the increased communication and transparency to show employees their contributions are valued.

Levine (2015) discussed of the five important issues facing hospital leaders today, as noted by Quint Studer. One issue was that a lack of communication leads to major losses in the healthcare organization citing that leaders are often too busy to effectively communicate decisions that have been made to their organizations. Directly tied to this is the employee turnover rate; the greater increase in communication results in a reduction of the number of employees who voluntarily leave the healthcare organization.

This aspect of the findings encompasses all aspects of Mezirow's (1997) learning theory. Excellence Health, engaged staff, leadership, and administration at all levels regarding their experiences in the transformation and the need to create a financially viable engaged healthcare organization.

Excellence Health used varied communication tools to meet the communication needs of the organization:

- Employee forums to provide information to staff. There was a large focus on those who worked the day shift staff at the hospital even though it is a 24-hour facility. This focus on the day shift staff created the perception that senior leadership was less interested in engaging other shifts in the transformation.

  All-staff communications. The use of all-staff communications via email was only mentioned by one focus group. This group discussed the changes that were coming, noting a change in how the leadership of the organization was engaging the staff in an understanding of expectations.

Walston et al. (2000) found that using internal teams and committees during implementation of the process of change realized greater benefits. Excellence Health engaged the provider staff later in the process than others which left a key stakeholder out of the initial implementation process. The employment of an internal team to formulate expectations would have greatly benefited Excellence Health as there was discussion of expectations and behaviors desired by co-workers in the daily operation of healthcare.

The impetus to the changes needed at Excellence Health were the financial performance of the organization and patient and employee satisfaction scores. The use of transformational learning theory to reflect on the experience was helpful in understanding interviewee comments about their experiences and the lenses under which they viewed the performance of Excellence Health. The changes they were experiencing could not have been implemented using previous problem-solving strategies. Staff, leaders, and administrators at Excellence Health reintegrated what they learned from their experiences into the new transformed perspective of patient care, financial performance, and employee engagement.

Research Limitations

Every research study has limitations in design, function, and outcomes. The design of this research study means it is not possible to generalize the findings to other healthcare organizations as this study is bounded by one healthcare system's experience with the Studer Initiatives. As in interpretive case study, this research was focused on a single rural facility in rural Minnesota. The demographic of a rural community in which the healthcare system is located and the conclusions for the study may not be relevant to metropolitan healthcare systems.

The limitations of this study are bound by the number of participants who volunteered to be interviewed. I interviewed 16 participants, and while I tried to involve participants from every

level and include all those who volunteered, it is possible that additional interview participants may have made the findings more robust. Participants self-reported their perspectives which can always be enhanced or hindered by reality. There were several attempts to contact additional staff members to participate with no response. Had more staff responded, they may have offered different perspectives, ideas, and concepts that may have modified the categories presented.

Lastly, the selected site is an independent healthcare system that partners with a larger healthcare system which provides opportunities that another independent rural healthcare system would not. In my experience, access to additional resources is not always available to rural health systems such as electronic medical records or a centralized team to draw from for technology resources. In addition, this system also can place restrictions and requirements on the rural provider that other independent systems would not have.

One item that Excellence Health could have focused on more was the critical reflection of participants on how the performance got to where it was prior to the onset of the Studer Initiatives. All should have been able to spend time to reflect on their own role in the performance issues/concerns that led them to the need for implementation of the new initiatives. Interview participants to some level did engage in this, however it was very informal.

Suggestions for Future Research

There are opportunities to enhance the research results garnered from this case study. In this case study, the focus was on a single health system. To better generalize the results and experiences, more healthcare systems could be covered with a larger study on the participants in their roles. Would having more participants change the results of this study? Would having a varied number of participant roles change the results of this study?

In addition, a follow up survey could be completed to answer questions about the system changes over time. A pre- and post-survey could also be completed. In the pre-survey, a researcher would be able to better gauge the responses and create a benchmark of where the system began before implementing a transformational change. This benchmarking data can be used to generalize the changes to the hospital system, as well as allow others to participate who may not have felt they had the time. In addition, participants of surveys can feel more secure in providing anonymous responses that were not possible in interviews completed. In addition, an anonymous post-survey completed at the end of the transformational change could aid in understanding the process participants experienced. Would answers be more robust if they could answer anonymously? Would more participants come forward to be interviewed?

Lastly, I would recommend including other stakeholders in a study of the hospital system research. Including Studer coaches, patients, patient families and more clinic providers could help create an understanding of what drives the patient satisfaction scores. It could help determine if a rural healthcare provider in which patients have few other options for care makes a difference.

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Appendix A

Consent Form

University of St. Thomas

The experience of implementing the Studer Initiatives on a Healthcare system

(IRB# 368507-1)

I am conducting a study on the experience of implementation of the Studer Initiatives on a healthcare system. I invite you to participate in this research. You were selected as a possible participant because your healthcare system has initiated this program. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted my Kari Matson. My research advisor is Dr. Alla Heorhiadi of the Organization Learning and Development Department within the School of Education at the University of St. Thomas.

Background Information:

The purpose of this case study is to understand the experiences that develop from implementing the Studer Initiatives at a single healthcare organization. The results of the study will assist a healthcare system in understanding how healthcare organizations can sustain growth and profitability in the challenging healthcare environment. Results will also provide categories that any healthcare environment should explore when implementing a successful transformational change.

Procedures:

If you agree to be in this study, I will ask you to do the following:

1. Participate in an individual or group interview with me. The interview will last about 60 minutes and be conducted on the site of the health system in a private space. Interviews will be audio taped.
2. Grant access to documents you perceive as significant to the development of the Studer Initiatives, including such things as meeting minutes, thank you notes, etc.
3. Review and critique the preliminary analysis of the data for accuracy.

Risks and Benefits of Being in the Study:

There are no known risks or benefits to participating in this study.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. Audio tapes and printed copies of transcriptions will be kept in a locking file cabinet at my home. Electronic copies of the transcriptions will be saved on a password protected personal computer. Your identity will be protected by use of a code known only to myself. All materials will be destroyed following the completion of my successful doctoral dissertation. I will personally transcribe the interview from audio to written form, so no one else will have access to the data. Electronic versions of interview transcripts and transcribed interview notes will be kept on my personal

password protected home computer for five years. Consent forms will be maintained in a locked file cabinet in my home for five years.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the Health System or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until my dissertation defense has been scheduled. Should you decide to withdraw data collected about you, it will be withdrawn and excluded from the study. You may decline to respond to any interview question or probe.

Contacts and Questions:

My name is Kari Matson. You may ask any questions you have now. If you have questions later, you may contact me at xxx.xxx.xxxx my advisor at the University of St. Thomas is Dr. Alla Heorhiadi and may be reached at 651-962-4457. You may also contact the University of St. Thomas Institutional review Board at 651-962-5341with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission for the researcher to audio record this interview.

_____ _____

Signature of Participant Date

_____

Printed Name of Participant

_____ _____

Signature of Researcher Date

Appendix B

Interview Protocol

Review research purpose, question, and issues of informed consent.

Collect demographic data including:

- name;
- current position;
- authority level in system;
- length of service with health system.

Interview questions

- As a result of implementing the Studer Initiatives, what was the hospital experience during and after the change? Please describe your experiences during and after the implementation of the Studer Initiatives, reflecting on the change process.
- Is there anything else you would like me to know about your experience working with this health system that we haven't yet discussed (during and after the implementation of the Studer Initiatives)?
- Clarifying questions that may need to be used to keep participants sharing experiences:
    - Why?
    - Why do you think that?
    - Why do you think they feel that way?

Appendix C

Study introduction sent via the vice president of nursing

Dear potential study participant:

My name is Kari Matson. I am a doctoral candidate in the Organization Development program with the University of St. Thomas. I am conducting a research study as part of the requirements of my degree in Organization Development, and I would like to invite you to participate.

I am studying the influence of the Studer Initiatives on a hospital in a rural setting. If you decide to participate, you will asked to participate in interviews and discuss your experiences during and after the implementation of the Studer Initiatives. The meeting will take place at a mutually agreed upon time and place. The interview or focus group will be recorded so that I can accurately reflect on what is discussed. I will be the only one reviewing and transcribing the recordings.

You do not have to answer any questions that you do not wish to. Participation is confidential. Study information will be kept in a secure location. The results of the study may be published or presented at professional meetings, but your identity will not be revealed.

In the focus groups, others in the group will hear what you say, and it is possible that they could tell someone else. Because we may be talking in a group, I am not able to promise that what you say will be completely private, but I will ask that you and all other group members respect the privacy of everyone in the group.

Taking part in the study is your decision. You do not have to be in this study if you do not want to. You may also quit being in the study at any time or decide not to answer any question you are not comfortable answering.

I was happy to answer any questions you may have about the study. You may contact me at xxx.xxx.xxxx or xxxxx@stthomas.edu or my faculty advisor, Dr. Alla Heorhiadi at 651.962.4457 if you have any study-related questions or problems.

If you would like to participate, please reply to me by email at xxxxxxx@stthomas.edu. If you would like to participate in an interview or a focus group, we can communicate further via email about consent forms and setting up convenient times to meet. If you have questions about participating, please feel free to contact me.

Thank you for your consideration of this request.

Sincerely,

Kari Matson

Doctoral Candidate, University of St. Thomas, Organization Learning and Development

xxx.xxx.xxxx, matsxxxx@stthomas.edu

Appendix D

Chart of Data Analysis Example

	Themes:	Foundation of the System/Change	Primary factors to the transformational change	The process of transformational change	Componets necessary for sustaining change and future of change
	Subthemes	History	Disorientation	Reflection and Dialogue	Change
Objective	Content (What)	Kimberly - Financial issues drove a lot of our problems we had with employee engagement and patient satisfaction, cutting back on staff, reorganize, reengineer Kimberly - The financial performance is one thing, but in terms of patient satisfaction, employee engagement, quality scores which were always high but we have maintained them in the past. Caity - Focused around our patients, as that is who we are here for. We did not focus it around the employees. Caity E - Our patient satisfaction scores were not nearly where we wanted them to be.	Steve P - we changed the employee evaluation forms to no longer just focus on the technical aspects of my job but also if you are good at your job. We are evaluating core competencies along with their behavior. David - Change of uniforms to color code with Larger health system - Previous disorientation on who belonged to what department	Steve P -Studer is grounded in health care. Designed by health care, or health care and implemented for health care. That is why it works if you follow the steps. Lance - Studer provides a roadmap - experience of what has worked for others. The whole Studer program is a cumulative effect. Caity E - Higher level of transparency with employees, everyone knew what we were doing and why we were doing it. Its about the patient. David - Now when he comes in as a patient, he knows who is a doctor/nurse , adds to the feeling to family Steve P - We would talk about one tool in Studer - AIDET - Teach, model and audit it and then switch to another took such as Key Words. Then staff would wonder what happened to the AIDET tool. What we failed to recognize was the Studer umbrella of tools. Each was a part of a greater implementation that we were working towards.	Steve P - At various times along the way, you would see some things fall off, we would see a reduced number of thank you notes or not rounding on employees, we would pause and go back to those things with the Studer coaches. We had hit a plateau, we would always look for way to continue to push the bar higher and higher. John - we only want people working her that can fit into (the) culture and enhance it. David - if everyone does it, it works well. It cant be just one person implementing the changes, the whole facility needs to change. HIMS Group - Forum where senior leadership was identified, it showed who they were and their history. It made them reachable. HIMS Group - FNL is currently communicating changes via email that go out to all staff, indicating what is going on with FNL as a whole. Not just what you may hear (Rumors). HIMS Group - The employee forums bring a different perspective that was not previously experienced. Changes how you feel about your job when you are included, gaining respect for each other.
	Process (Org Process)	HIMS Group - Before Studer, there was never a thought given to the patient experience. Steve P - We had been working and working at improving our patient satisfaction scores, trying everything and not getting traction. Kimberly - 5 years ago, financial strain would have been dealt with by reducing a significant amount of labor cost (in secret , make plans and make the cuts)	Steve P - We had like many other health care organizations tried many things along the way it started feeling like a flavor of the day for front line staff. So when Studer came along, staff thought they would just ride that trend for a while and "this too shall pass" Steve P - Everyone's biggest frustration was that we did not see immediate wins: We did not see the translation in our patient satisfaction scores, our coaches kept telling us to keep doing what you are doing and it will come.	Kimberly - Today is different than the way we would do it five years ago Steve P - On of the errors we made in our implementation was not engaging our physicians earlier in the process ...if we could have done anything better it would have been to engage the physicians earlier in the cycle. It was 6-9 months too late. Dr. Schoen - there was a sense of wanting to move too fast...important to take one step at a time Kimberly - Sometimes you cant see yourself the same way someone else can	Steve P - We have to be sure we work to continue move forward to stay ahead of the pack...So we will never be done with this work. Kimberly - (if financial strain occurs now and labor cuts are needed) Key stakeholders are involved in making decisions, communicate needed changes. Deliberate process.
	Premise (Org Values)	Kimberly - Right after I came here, we had horrible financial performance. Our financial performance and employee engagement scores were the lowest of almost all the hospitals in our system.	Steve P - Virtually every patient we have is a family member, friend, college and sometimes, its us! The work we do extends beyond the hospital campus and what we do well is recognized in the community and when we do fail to do it well, it resonates with the community. Barb - there is a disconnect between the hospital and clinic staff, those that work at the clinics do not seem to practice the Studer Initiatives.	Steve P- Early on, we there to implement it ourselves without the partnership of Studer, but we were not expert enough to do it. Caity E - We don't do well with recognition. Everyone has the mindset of the one patient that didn't go well instead of celebrating the 20 that did. We always feel like we can do better. David - Communication is a work in progress John - I have never had this experience before, but when we had to lay a couple of people off because we had to quite doing a service (3-4 employees in laundry) we just could not afford to do it anymore, we moved it to a central laundry system. I went to meet with the employees and they gave me hugs, thanked me for the process and told me they would love to come back to FNL. They appreciated what we had done. Caity E - The biggest challenge is the provider buy-in to the change Mary - Relationships between staff - some of those staff that do not have the level of education are not perceived as part of the team.	Kimberly - To see genuinely happy people in our workplace, and it did not seem so genuine before with other times. Bays - the use of thank you notes that are sent to an employees home address recognize each and every job in important - from doctor to emergency department in the running of the hospital. If you have happy people working here, it will show the patients and creates customer loyalty
Subjective	Content	Sandy - I David - good to know when I come in as a patient, I know my doctor and nurse is when they use ADIET.	Mary - Some departments seem to get away with things, some are held more accountable than others, there are departments that get away with more HIMS Group - We see this throughout the hospital, however we do not see this in the clinics. They do not seem to practice Studer	Mary - The behavior standards, during that same time we went to computerized charting and we have better communication - some of this improvement might even be the technology and not on culture change. Caity E - we will set the direction, but we all need to get on the bus together and take turns directing it. Its a group effort, everyone has to play a significant part. What is clear to me is that we have a change in culture. We have had turnover here in leadership at all levels, and front line staff but we are still seeing the results. Mary - AIDET Scripting was presented in a more positive way. HIM Group - 99% Sure if you were walking around, someone would help you in the facility. Kim - putting more emphasis on patient satisfaction and quality. Its nice to get recognition that this is a great role model. see genuine happy people in our workplace and it did not seem so genuine before with all the teams. David - It was hard to get used to AIDET, coming and reciting a script and what to say to patients under certain circumstances, now it is just second nature, natural and it just comes out. If everyone uses it, it works well. It cant be left on one person.	Steve P - we had buy in from all levels of our organization and that is absolutely key. You cant be a day trader, you need to sit back and keep investing so you can see that return on investment Caity E - It would not have worked if our Sr. Leadership was not so dedicated to the change, we wanted to do it better. Dr. Schoen - The key to the changes has been engagement - developing rules and standards made by the front line staff and that there is accountability to buy in. Karen - The coach creates accountability to the needed change. the faster you go to implement things is not always better. Mary - The behavior standards seems to make a difference. It can change relationships, it can be a good thing. Kimberly - I really did not see the power of Studer, as I worked with others across the system, I started to get it. Barb - 99% confident if a patient was walking around the hospital, someone would stop to ask the patient how they could help. There is a comparison of care between facilities, care systems play a role and function.
	Process (How I fit)	Sandy - when Studer initiatives were adopted, staff breathed a sign of relief because they have stopped 're-ongoing' the organization. Barb - before Studer, there was never a thought to the patient experience.	Mary - I think because people sometimes treat the dietician a little differently than they treat the front line workers, but here has been important with the attitudes that we are all a team	Kimberly - I didn't really understand the power it had for my role or my teams. It was a collaborative effort, win/win for everyone. John - The thing that caught my eye was some improvement in patient care, impressed that they displayed it in public. Year after year as things started to improve people believe that this is the right thing to do. HIM Group - There is a sense of ownership and belonging - its not just a job. It does not feel like leadership is at another level.	Karen - More connection to the mission and vision of the organization. People collaborate more with each other and they see how working together between departments (understanding what Achieving Excellence is) Kimberly - I am a better leader now, I am more in touch with my teams also with the pulse of our organization. Barb - My thought is that the patient experience is the focus you can do your job if you keep that the focus. . You have a once in a lifetime experience - we want it to be the best experience the patient has ever had. The patient appreciates that.
	Premise (Personal Values)	Caity E - When I started here, I didn't think that FNL was a very employee friendly organization in general. Sandy - Fear instilled if I made a mistake, I would be fired - felt as though 'people' were making notes of the work I was completing, how much I was paid, etc.. Employees who do not meet expectations are still at work and causing disruption and harassment to other staff. Barb - it can be one little thing that has the patient returning - good or bad patient experience.	Sandy - Not sure why FNL was doing what it was doing - lack of communication, people were quitting before they even knew they were hired (the other staff). Sandy - not all staff expected to uphold Achieving Excellence or the perception seems that not all are held to the same standard. Some staff no longer work for us and we don't know why.	Katy - It seems like we are held more accountable for what is done, pushed to do your best. Employees are kept more informed in the past 5 years with employee forums. Things seem to be more organized now, communication is a big piece. HIM Group - Its appreciated what I do and how I perform my job. Kim - I'm a better leader now (because of Studer) Sandy - When John Herman came on board, it all stopped. He is very person centered and makes conscious decisions not to change it if will affect a position. People no longer have to apply for their positions. Increase focus on shifts other than day would be beneficial. No one from leadership wants to stay for other shifts to recognize work. David - hard to get used to script (AIDET) to know what to say to patients who come into the emergency department	John - My job from day one is to encourage and being a part of it, learn the tools and be a champion. It comes back to the care and compassion for the employees. We celebrate and we recognize our employees. I've been in this industry for a long period of time and this is the most fun I have had in a job. Sandy - My contributions to FNL are valued, I can bring up topics to be discussed without fear of being fired for opinion. Achieving Excellence is everyone's goal - it shows in all that an employee does: Patient care and how we work with co-workers. David - Communication pieces are still a work in progress. I am in a low level position and some co-workers may frown on the work produced.