"EQUALIZED": One team's experience with the TQM tools.

by Lisa Boisvert

Lisa Boisvert is Coordinator of Research at GOAL/QPC. Lisa is also facilitating and instructing organizations on the use of the Seven Management and Planning Tools.

This report is an excerpt from a paper submitted to Harvard University to fulfill the requirements for the course, *Qualitative Research Methods*. The complete study includes a thorough description of the research methodology, data analysis that led to the conclusions I drew, and my personal reflections throughout the process. This excerpt describes the site of the study and my conclusions.

THE SITE

As a "transitional" facility, The Recuperative Center (Center) serves patients who are no longer eligible, by insurance reimbursement criteria, to stay at an acute care hospital, and are too sick or incapacitated to live at home without professional, clinical care. For example, individuals undergoing total hip replacement surgery can stay at a hospital for an average maximum of eight days after their surgery. After this point, the hospital will no longer be reimbursed for the cost of the patient care. Consequently, hospitals sometimes discharge patients before they are capable of taking care of themselves. Some of these patients do not require long-term care and can be effectively treated in an average stay of 30 days at facilities like The Recuperative Center.

The participants interviewed for this study categorized the Center as a "skilled nursing facility." Unlike a traditional, long term residential facility, the Center provides nursing care and professional therapeutic services on a continual basis.

One other important framing fact about the Center is its high volume of activity. Unlike most long term care facilities, The Recuperative Center has roughly 20 new admissions and 20 new discharges every week. The added complexity of shepherding 40 human beings through the system creates a unique challenge for this TQM application.

RESEARCH PARAMETERS

The Recuperative Center's Executive Director, Ken Mermer, began investigating Total Quality Management (TQM) about two years ago. At the time of my study, exposure to TQM had been limited to a senior management group called the TQM steering committee and its training in and use of the quality control tools. My conclusions are based on the study of this steering committee group.

CONCLUSIONS

My original assumption that the study of applying TQM to The Recuperative Center would be simple and scientific couldn't be further from the truth. The generous revelations of my participants clearly pointed to a deeper reality. I think that the heart of this issue for the TQM steering committee at the Center is not the scientific ramifications of using the TQM tools, but how the tools have impacted the core relationships of the participants in their day-to-day work lives.

This study has been like taking a photograph of a piece of an organization in transition. The agent of transition is a method of getting a job done, a problem resolved, an improvement realized. This agent at the Center is Total Quality Management. Evidence that a transition is taking place includes my observation that steering committee members have drawn a distinct chronological line between the current situation and life as it was . . ."before TQM" . . . "pre-TQM" . . . "during the old approach" . . . "back then, when we never really had a handle on how to make things better."

When I asked *how* things were different, every person I interviewed described a recent experience in a meeting. One of the issues from the meeting that elicited the greatest excitement and energy from participants was how individual influence could be "equalized" through the use of the TQM tools. "Equalized" is used by them not in the sense that lines of authority have been erased, but in the sense that during the time when people come together to solve a problem, influence and credibility are shared more equally.

The design of a TQM tool itself seems to spread influence more equally. An assistant to Ken Mermer told a story of a meeting she had with him and a nursing associate where they used the Affinity Diagram. When the group got to the step of sorting the ideas on the Post-it™ notes, Mr. Mermer began to talk and comment on where the others were moving the Post-its™. His talking was a departure from the standard way of doing the exercise. I think the assistant's words really capture the essence of the equalizer concept. "I went 'shhhhh' because I wanted that sticky over where it was going and I knew he wasn't supposed to talk. It's almost like with the tool I was saying 'Don't intimidate me because I want to say this.'" Other participants told similar anecdotes about experiences using the Affinity Diagram, the Pareto Chart, and the Flowchart.

Ken Mermer responded gracefully and with humor to the retelling of these stories. I interviewed Gene Fetteroll, the TQM instructor at the facility. Mr. Fetteroll says that he has worked with other facilities whose leaders are not so enlightened, where the commitment to one of W. Edwards Deming's 14 Points, "Drive Out Fear," is not present.

I asked him what might make a leader respond negatively to her/his employees having the floor during a meeting. He told me, "Probably fear, inadequacy, fear of looking like they're not in control of what's going on." This zero-sum theory perspective suggests that if something that was not equal is "equalized," and someone gets more of something, then someone else gets less.

It seems that leadership in a TQM environment is not one of prestige or power, but of responsibility

This study supports a different theory: If one person's influence and productivity is enhanced, all others involved are enhanced as a result. My own observations of the Center's steering committee training sessions have reinforced my assertion that during problem-solving meetings, authority might be momentarily shifted on the basis of an individual's understanding of relevant data and her/his skill in communicating that data in a form that makes sense to everyone present.

It seems that leadership in a TQM environment is not one of prestige or power, but of responsibility. A team leader is responsible for understanding the tool that will be used and ensuring that all team members understand it as well. Participants of this study also stated that the leader should have "ownership" of the process in question. They indicate that whoever is directly involved in the "ill" process should be directly involved in determining the cure, whether he or she is an organizational leader or not. For example, If the dysfunctional process is the disposal of refuse and the building custodian has the skills to lead the problem-solving team, then he or she should probably be the one to l ead it.

Also I believe that, at least in the events I witnessed or heard about, a data-wielding tool often served as a security blanket when speaking up in a threatening situation. Part of this security stems from a shift of people's focus from personal blame to process

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dysfunction. One participant referred to this phenomenon as the creation of a "blame-free zone." "People are looking less at pointing fingers and more at gathering facts," said another.

Betty Hern, Nursing Director at the Center mentioned her reluctance to deal with what her associate called a "thorny" issue: the acquisition of medications for patients. When the team designed to address this problem completed a flowchart of the real process, she said "Well no wuuuunder. I felt good that... no wonder I was hesitant to approach this all on my own, because look at it!" "Members of the committee gasped in horror at this process." [Taken from TQM meeting minutes 6/17/92.] When the team was able to visualize how complex the process was, it became difficult to blame anyone for medication problems and delays. It seemed clear to the team members that the process itself was where the attention should be directed.

Participants all spoke repeatedly about "process" almost as an entity of its own. Like there's you, me, and the process. The process itself took on the human property of being able to absorb blame. It was a member around the table at team meetings. "The process just couldn't handle the volume." "Don't blame the people, blame the process!" (raised voice.) "The process gets bogged down." The opportunity to examine processes with a tool like the flowchart seems to make it possible to criticize the areas of breakdown without criticizing any individual person.

Participants universally agreed that the ability to allocate blame in a neutral manner created discussions with less conflict and better spirits during problem-solving meetings. It appears that the simple ability to *show* the problems in a process, through illustrating its flow or the frequency of errors, or the relationship between cause and effect, made the activity of resolving the problems less threatening. "I *showed* them how the process works." "I was surprised when I *saw* the frequency (of rejected referrals)." Meeting minutes and project reports indicate that a by-product of this improved interrelating was that the meetings often led to more widely agreed-upon decisions and better results.

Special thanks go out to Chris McShane-Cornell, Assistant Director of Nursing, for her study and generous contribution of time and insight in completing this study.

A Different Path . . .

Karen Jamrog Martel, the editor of this newsletter since 1990, has left GOAL/QPC to pursue a career as a freelance writer and editor. She will also continue her studies toward a Master's degree in Literature and Writing.

Ms. Jamrog Martel plans to build on her writing and editing experience with technical and promotional projects, and to continue her involvement in writing and editing catalogs, books, brochures, and newsletters.

Ms. Jamrog Martel was a pleasure to work with and is a very capable writer and editor. The staff at GOAL/QPC will miss her skills, her focus, her enthusiasm, and her ability to maintain a presence of mind when the rest of us were chasing our tails in the midst of a crisis. We wish her luck, with the start-up and staying power, and much success in her new venture called KJM Editorial Services.

If you would like to get in touch with Ms. Jamrog Martel to contract her editing or writing services, call her at (603) 483-5484.

– Fran Oddo
(another editor at GOAL/QPC)

GOAL/QPC
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