Appendix 5

Samples of itineraries, schedules and reports of foreign study trips

SIPTU/ MANAGEMENT MEETING WITH SEIU NEW YORK 16 MARCH 2009.

A joint management / union delegation met with the SEIU Training and Employment fund in New York on 16th March 2009.

Attendance;
Debbie King Executive Director Training and Employment, Scott White Assistant Director, Alison Skikkas, Daniel Bustillo, Samantha Moralis Maria Castenaeta from the Training and Employment Division.

Matt Merrigan, John Kelly, Brian Bird, John O'Dowd, Frank Ahern, Alan Smith, Paul Donnelly, Barry O'Brien, Tom Dowling, Bernard Carey.

Both countries are experiencing problems due to the difficulties in global economies. In the US two hospitals have closed and there are fewer resources for health services. 1,500 union members have been affected and the priorities have been to keep the system functioning but there has been much less focus on prevention and primary care.
There has been a lot of emphasis on hospital infection costs.

Matt Merrigan briefed the meeting on the situation in Ireland and covered areas such as the pension levy, unemployment rates, loss in GDP, reductions in health care budgets and services. He indicated that there was a strong possibility of engagement between the Government and the Social Partners on a "National Accord" but that there was still a lot of work to be done.

Initiatives would focus on:
Nursing Homes,
Primary Care delivery systems and
Setting goals for the future.
We are simply unsure of when this will "bottom out" and there seems to be a growing divide between the public and private sectors. There will be some lay-offs and while unions are seeking to protect the temporary staff there is no security for temporary staff in the service. The management side referred to the need for changes in work practices and work structures but there are real issues when premium pay is touched.

1199 has been paying attention to pensions and has a defined pension fund. It had been in the top 20 performers in the country but has suffered a loss of 40% of assets costing $5 billion. Employers must now increase their contributions or future beneficiaries will suffer a drop in terms of future service. SEIU also represents people in the private sector. There are concerns about all of this and the effect it will have on the pensions of staff. There is some discussion on a possible tax on employer paid benefit.

Massachusetts has a universal health care system and this has involved huge changes in how health care is paid for. In future there will be a major focus on chronic disease management.

SEIU will be testifying in Congress on March 27th on the labour management issues. SEIU is very active in projects on reducing absenteeism and in measures to control hospital infections. There is a general agreement that management and unions should work together on improvements in health services and to tackle work practices to being down costs in a fair manner and it is felt that this recession can be an opportunity for change in these areas.

The meeting was updated on the SKILL Programme and how it has developed and performed over the past three years or so. The strategy to go for critical mass was explained and around 8,000

people have now passed through the programme and secured their new qualifications. There is currently a study being done on return on investment which should show the benefits from the programme to the patients.

Debbie King raised the question of the possibility of having pre-employment training courses for health care assistants. While a number of VECs are now offering the FETAC programme to members of the public it is still not an essential requirement for entry to the service. In the US over 1,000 former care assistants have now been trained as nurses and have graduated. This improves the retention rates for nurses significantly. Debbie King has found that the clinical side is now very well covered but the importance of the people side and an understanding of the patient needs to be given more importance.

Scott White presented the New York State demonstration project on Health Care Technology for Long Term Care. Project sponsors saw 20 nursing home operators in the greater new York Benefit Fund area being involved with SEIU. The project began in January 2007 and is due for completed in the Spring of 2009. After a conference of vendors and nursing homes the final 20 were selected, nursing homes were selected and teams were put together.

The technology chosen was Sigma Care by E-Health Solutions, a wireless mobile electronic medical record system designed for nursing home staff based on their work-flow. This automates physician orders and provides real time information where all staff can provide an input. The result is that doctors can see the entire chart in their office and make decisions immediately and the system can also provide an alert when required. The system interfaces with partners, pharmacy and other organisations. The union wanted to be involved as the system will improve patient care and advance the skills of the CNAs. These people had seen themselves as "low-tech" jobs.

The new system however moves people from writing about the care to recording it in real time. It is possible therefore to know about a problem when it happens and not after it happens. The SEIU feels that the I.T. Project has helped relationships and points out that only 5% of nursing staff in Nursing Home had adopted technology while McDonalds has a 100% rate. Unions have encountered fears when moving from writing to electronic input. There were also fears of layoffs, and of joint working between labour and management.

The Training Fund had a major role in this initiative. It worked to develop leaders around the technology. It also worked to educate the vendor on working in a unionised environment. Work is also taking place in the research area. Cornell University has assisted in studying employment and labour relations. There is a view now that the savings in staff time are significant and that these should be transferred into the patient side and making the patient services better. A key lesson learned is that leadership must buy in early and become a "cheerleader" to facilitate the change.

The Union has had a major role in the project on Eliminating Hospital Acquired Infections in New York City. The purpose is to reduce hospital acquired infections through hand hygiene compliance, health-care workers immunisations and cleanliness in the environment of care. 16 infection control coaches were selected from a cross-section of front-line staff and managers in each hospitals. There are 13 participating hospitals. Best practice was shared at a conference when the coaches had been trained. The are now evaluating the work done in terms of a reduction in hospital acquired infection. The key role of a coach is to be able to give feed-back to people who are senior to them on poor hygiene.

Te project entitled the TEF Umbrella is designed to improve patient care in a joint project between unions and management. The concept is of a labour/management institute which could work on solving problems between unions and management. This concept sees the business needs of the

institution and the interests and needs of the workers being worked on to produce improved patient care. Examples of the Labour Management Projects were;
Nursing Home Quality Care Committee.
New Models of Patient Centred Care CBA Pilot Project.
Reduction in Operation Room turnaround time.
Reduction in wait times in the Emergency Departments and clinics.

Documentation outlining a number of initiatives being undertaken by the 1199SEIU Training and Employment Funds were circulated.

MEETING WITH PETER LAZES, DEAN, CORNELL UNIVERSITY. NEW YORK. 16 MARCH 2009.

Matt Merrigan updated the meeting with a wide-ranging review of the Irish health service and the partnership Process. The opportunities are there now for changes in relationships and behaviours. The Partnership Forum has not been progressing very successfully and there seems to be a lack of support from the top for any progress here. There is a widespread perception that there is very little engagement with people at present. While there is good progress in the Local Authority side in Ireland the health side is not anything as successful.

Cornell has run two successful "Working Conferences" for trade unions. The areas concerned were patient care and quality control. Pater Lazes feels that there is a need for people in the trade unions to get smarter in areas such as cost control, quality etc. Since some of the problems are the same there may be some traction here in terms of a US/Ireland synergy.

Lazes sees health care reform in the US in the areas of finance, access and a greater combination of public and private care with the systems becoming more integrated. With the new administration there will be money following health care reform and it is important to ensure that this is well spent. The advice is to focus on a few discrete projects.

In the Irish SKILL programme it would be best now to concentrate on key hospitals such as Beaumont, St. James's who would act as champions of real change. The importance of the readiness of management and unions must be understood also.

There are huge problems with hospital infections. 7% of patients entering Beaumont Hospital have MRSA on admission. There is now a danger that the focus is on containing rather than eliminating MRSA. However unions can help management to get funds for training in these areas and this type of crisis can be used to produce encounters with front line staff that would not be otherwise available. Management must understand the "tool-kit" of the unions in a helpful light and unions must be seen as valuable by the public. It is important to understand that projects on quality have often been initiated by the unions. There is also a need for capacity building in the unions to allow for better performance.

Cornell tends to ask two questions;
How can you change things in your local area?
How can Cornell help in resolving the conflicts?.

There was agreement that it was important to work quietly in building up a project such as SKILL, allowing it become successful and then making it a centre for best practice. We would have an interest in direct discussions with some agencies on this basis.

Peter Lazes agreed to give a number of pointers and concepts aimed at institutions to resolve

difficulties in patient care, infection control etc. on a partnership basis. It might be best to focus on a few pilot projects. This might be best achieved in the acute hospital sector. It seems that people are prepared to handle change at local level on a few focused issues but this does not happen in big national change projects. The Working Conferences in the US have resulted in follow up talks on difficult issues between unions and management.

Infection Prevention Campaign

Eliminating Hospital Acquired Infections in New York City

A Partnership of:
1199SEIU United Healthcare Workers East, Greater New York Hospital Association and
1199SEIU Training and Employment Funds

Background

- Project partners are 1199SEIU, Greater New York Hospital Association (GNYHA), 1199SEIU Training and Employment Funds/Labor-Management Project (TEF/LMP)
- Second phase of project completed in 2008-initial phase in 2007
- Purpose is to reduce hospital acquired infections through hand hygiene compliance, healthcare worker immunizations and cleanliness in the environment of care (HCAHPS #8)
- Intent to train Infection Prevention Coaches (IP Coaches): 4 in each unit, 4 units in each hospital, a total of 16 IP Coaches in each hospital-some hospitals participated in 2007 and 2008
- Supported by Site Coordinators and Union Representatives with senior union and management leader sponsorship

Coach Training

- IP Coaches were selected from a cross-section of frontline staff and managers
- Usually a nursing unit supervisor, an RN, a Patient Care Associate/Nurse Attendant, a Support Service Associate
- The assumption is peers are the most effective influencers
- 1 day training:
  - Coaches were presented with information on hand hygiene, immunization benefits and environmental cleanliness as well as tools, skills and practice on how to inform and communicate with their peers
- Follow-up consultation by LMP staff onsite
  - Work with site coordinators, organizers and coaches to develop an overall implementation plan

Participating Hospitals 2008

- Beth Israel-Petrie&King's Highway
- Brooklyn Hospital
- Flushing
- Forest Hills
- Jamaica
- LIJ
- Montefiore & Montefiore North
- Mt. Sinai Manhattan
- NYU
- RUMCSI
- St. Barnabas
- St. Luke's Roosevelt
- St. Vincent's NY

Coach Training

Coach Training

protect our patients
protect our health

1199SEIU United Healthcare Workers East • 1199SEIU Training and Employment Funds •
Greater New York Hospital Association

City-Wide Activities

- Held 6 Infection Prevention Coach one-day training sessions with 18 hospitals participating in 2008
- Over two year period have trained over 600 Infection Prevention Coaches
- Began a pilot IPC project with 4 nursing homes
- Hosted and invited coaches to participate at a Quality and Service Conference of 300+ people
- Developed or enhanced work plans at Quality and Service Conference

Current Gaps

- Infrastructure and ongoing support from Site Coordinators and Union Reps, support from unit supervisors and senior leaders
- Ensuring joint collaboration efforts-assessing readiness and moving from member participation project to joint collaboration
- Implementation of work plans
- Ensuring data collection efforts (including baseline measures)
- Completion of data to measure the benefits

Next Steps

- Assess and plan for 2009 activities
- Develop new model-learning collaborative
- Citywide meeting in mid-April??

The TEF Umbrella

Project has four key parts
which fit together
to make a whole…

1. **Training**
2. **Employment Security**
3. **Labor-Management Initiatives**
4. **Registered Nurses Training Job Security Fund**

Governance Structure

Objectives of Labor Management Project

3. Labor Management Initiatives, Inc.

Labor Management Project

- Improve labor relations
- Change the workplace culture/work processes to improve patient care, job satisfaction and cost effectiveness (at unit and facility level)
- Support strategic alliances - union and management work together as business partners
- Crisis interventions at financially distressed institutions
- Research and evaluation to determine best practices

Labor Management Initiatives, Inc. (continued)

Consulting Services to 1199SEIU and Employers

- Facilitation
- Labor and Management team development
- Training and Education
- Coaching
- Evaluation
- Research

Examples of LMP Projects

partnership between 1199SEIU and CCLC and over 40 nursing homes; 8 citywide conferences conducted since 2004; training and development for participating union and management representatives; participation and presentation at national conferences

"New Models of Person Centered Care" CBA Pilot:

- Seventeen League nursing homes began a pilot in August of 2007 to develop innovative workforce solutions while implementing person centered care. Outcomes will inform other homes work and 2011 collective bargaining.

Quality & Service

City-wide quality and service and infection prevention projects

A partnership with 1199SEIU, Greater New York Hospital Association (GNYHA), 1199SEIU Training and Education Fund/Labor-Management Project (TEF/LMP)

Purpose

- To reduce hospital acquired infections through hand hygiene, healthcare worker immunizations, and cleanliness

Process

- Trained Infection Prevention Coaches (IP Coaches) in 22 hospitals in 2007; in 2008, 18 hospitals involved
- LMP providing consulting services to support the union/management hospital implementation

Labor Management Project Institute

Purpose:

- To increase the capacity of union and management leaders to drive and sustain joint work at the local level through sharing, learning and developmental opportunities

Methodology:

- Partner with a university and other content experts,
- Classroom training mentoring, coaching and observation

Oversight:

- Working with labor management Oversight Committee

Examples of Hospital-Based Projects

- Reduction of OR turnaround time
- Reduction of call bell response time
- Improve revenue cycles
- Reduction of wait times in ED's and clinics
- Noise reduction on nursing units
- Improvement to the supply chain

INGREDIENTS FOR SUCCESS

- Strong Commitment by Both Parties
- Understanding and Accepting Each Others Interests
- Mutually Agreed Employment Process
- Union Orientation – Good Work Ethics
- Third Party Facilitation – LMP
- Flexibility of Employment Center to Make Process Changes

Infection Prevention Campaign

Partners are 1199SEIU, Greater New York Hospital Association (GNYHA), 1199SEIU Training and Employment Funds/Labor-Management Project (TEF/LMP)

PURPOSE:

Purpose is to reduce hospital acquired infections through hand hygiene, healthcare worker immunizations and cleanliness in the environment of care

PROCESS:

- Intent to train Infection Prevention Coaches (IP Coaches): 4 in each unit, 4 units in each hospital, a total of 16 IP Coaches in each hospital-some hospitals participated in 2007 and 2008
- IP Coaches were selected from a cross-section of frontline staff and managers usually a nursing unit supervisor, an RN, a Patient Care Associate/Nurse Attendant, a Support Service Associate
- Coaches were presented with information on hand hygiene, immunization benefits and environmental cleanliness as well as tools, skills and practice on how to inform and communicate with their peers in order to provide affirmation or corrective feedback
- Follow-up consultation by LMP staff onsite work with site coordinators, organizers and coaches to develop an overall implementation plan that complements hospital-wide infection prevention activities

ACTIVITIES:

- Held 6 Infection Prevention Coach one-day training sessions with 18 hospitals participating in 2008
- Began a pilot IPC project with 4 nursing homes
- Hosted and invited coaches to participate at a Quality and Service Conference of 300+ people

NEXT STEPS:

- Data collection activities on hand hygiene compliance, immunization rates and environment of care (HCAHPS #8) on units trained
- Develop model for 2009

Quality Care Committee

PURPOSE:

To increase Resident Satisfaction, Staff Satisfaction, and Quality Care

STRUCTURE

QCC Steering Group

Administrators Organizer
CEO
1199 Vice Presidents
199 Executive Vice Presidents
Organizers
HR VPs
Quality Improvement
Employer Associations – President & Vice President

Labor-Management Committee/QCC Committee

Dietary/Food Service
Delegates/ Activist (from various departments in the NH)
HR
CNAs
Social Worker
Activities Director
Recreational Therapist

MEASUREMENT

Last year, measurement for the QCC was conducted using three primary metrics:

1. My Innerview (measuring resident, staff and family satisfaction)
2. Quality measures (i.e. Pain Management, Weight Loss, Depression)
3. LM assessment

Of the three, only the satisfaction survey took shape.

As a part of the 2009 measurement activities, the QCC intends to focus on four measures:

1. 2 specific quality measures: pain and pressures ulcers
2. Monitoring consistent assignment
3. Surveying LM relations using a tool developed from the results of the Commonwealth study.

MAJOR PROJECTS

- Quality Improvements (See NMPCC summary for details)
- Employee Satisfaction
  - My Innerview showed increased staff satisfaction on QCC Pilot units.

MISSION

"We, the Labor-Management Committee of the Mount Sinai Hospital, are partners dedicated to achieving unprecedented excellence in the care of patients, their families and our community. We create and support an environment where people want to work, clinicians want to practice, and patients come from near and far for care."

GOAL

1. Promote continued growth, financial stability and market competitiveness at the Mount Sinai Hospital.
2. Transform the organizational culture to achieve unprecedented quality patient care, service excellence, and employee satisfaction by these actions:
   a. Recognize and build on excellence where it already exists;
   b. Recognize and tap the knowledge, ideas and valuable labor that each individual brings to the Mount Sinai;
   c. Promote a Labor-Management culture that can quickly implement strategies to meet the ever-changing healthcare environment and find win-win opportunities for all parties.
3. Promote the union's development, growth, and relevance to the workforce, the workplace and the healthcare industry.
4. Develop a relevant and responsive management team and a leadership philosophy that is applied consistently throughout the organization.

STRUCTURE

Partnership Council

Marianne Coughlin – VP of Operations, Mount Sinai Hospital
Audrey Ludmer, RN – VP Nurses Local Bargaining Unit
Steve Rivera – 1199SEIU Delegate
Wayne Keathley - EVP, President, COO
Carol Porter, RN - SVP, CNO
Daryl Wilkerson – VP Support Services
Jane Maksoud – SVP Human Resources
Jeff Cohen – VP Labor Relations
Michael McCarry - VP
Helen Hauff – VP
Maureen Van Benthuysen – VP
MaryDee McEvoy – Director, Cullman Institute
Saily Cabral - VP 1199SEIU
Angela Doyle - EVP 1199SEIU

Juliana Sherman - Organizer, 1199SEIU
Victor Sanchez – Contract Administrator, 1199SEIU
Gary Moore – Contract Administrator, 1199SEIU
Lidia Sixto – Delegate, 1199SEIU
Joyce Rollins – Delegate, 1199SEIU
Eddie Tete - Delegate
Jaclyn Price, RN Resident, Nurses Local Bargaining Unit
Patricia Holloman, RN – Secretary, LBU
Georgina Angeles – Consultant, Labor Management Project

MEASUREMENT

In very broad scope, there are targets for all leaders who attend the Leadership Development Institute. The focus of Labor-Management targets: Service, Quality and People.

MAJOR PROJECTS

SERVICE

Patient Satisfaction Survey

- Increase "Excellent" Overall Patient Satisfaction
- Nursing Care and Concern Rating of Excellent
- Pain Management Rating of Excellent
- Housekeeping "Always"

QUALITY

CMS Scores – achieve 6 out of 8 targets
Increase Hand washing Protocol
Increase Patient Identification Protocol

GROWTH

Increase Discharges
Increase Volume – Ambulatory Care
Increase Volume – Surgery
Improve Discharge Time Med-Surg Units

PEOPLE

Reduce RN Turnover in Inpatient
Reduce Nursing Agency Usage

FINANCE

Achieve CMI Budget
Achieve Supply Chain Savings
Achieve Budget

OTHER GOALS

Decrease overtime usage
IPC – Increase immunization rates
Achieve Magnet Redesignation

St. Vincent's Manhattan

MISSION

To initiate and oversee a strong union and management partnership in order to ensure the highest level of patient and employee satisfaction; the financial viability of the institution and positive relationships and engagement of members and management at all levels

STRUCTURE

Labor Management Oversight Committee

Chief Operating Officer
Chief Nursing Officer
VP'S
HR
Union Executive Vice President
Union Vice President
Union Organizers
Chair and Co-Chair of the Delegate Body

Departmental Labor-Management Committees

Manager's
Union/Staff Delegates
Organizers and Contract Administrator
Coaches

MEASUREMENT

Employee Satisfaction Survey's
Patient Satisfaction Survey's (Picker is the tool being used)

MAJOR PROJECTS

Patient Satisfaction (HCAHPS)
- Performance improvement projects
- Infection prevention campaign

Absenteeism
- Incentives to decrease the number of sick call in EVS

Labor Relations Improvement
- Union/Management leadership for change program

Richmond University Medical Center

MISSION

Our vision is to recruit, develop and retain the finest healthcare personnel in order to promote continued growth, financial stability and market competitiveness which would transform the organizational culture to achieve unprecedented quality patient care, service excellence and employee satisfaction

STRUCTURE

Labor Management Oversight Committee

Chief Operating Officer
Chief Nursing Officer
Vice President
VP of Human Resources
VP's of Operations, Finance, & Patient Relations
Director of Communication
Director of Service Excellence
Union Executive Vice President
Union Vice President
Entire Delegate Body

Departmental Labor-Management Committees

Manager's
Union Delegates
Union Organizers
Human Resources
Directors of Inpatient and Outpatient

MEASUREMENT

Survey's
Team Effectiveness
Labor Relations Improvement
Reductions in Grievance's and Arbitration

MAJOR PROJECTS

Patient Satisfaction (HCAHPS)
- Infection Prevention Campaign
- Service Excellence

Finance
- Revenue Cycle Performance Improvement Project

Employee Satisfaction
- On going activates to improve employee moral

Labor Relations Improvement
- The development of several joint committee's
- Communication
- Patient Standards
- Infection Prevention Campaigns

MISSION

- To promote collaboration with all stakeholders
- To transform the culture of nursing home care
- To jointly develop and adopt systems aimed at improving the quality of work life for employees
- To improve patients and family satisfaction.

STRUCTURE

Labor Management Oversight Committee

Regional VP 1199SEIU-NJ
Senior VP Administration - Genesis
Senior VP Human Resources: Advisor - Genesis
Regional Director Human Resources - Genesis
Organizer 1199SEIU-NJ
Labor Management Consultant/Facilitator
Labor Management Consultant/Facilitator
Thirteen representatives – one from each care center, chosen from labor and management ranks.

Departmental Labor-Management Committees

Care Centers Administrator
Area Operations Officer
Director of Nursing
Human Resource Representative
Union Organizer
Delegates (number varies based on center size).

MAJOR PROJECTS

Patient Satisfaction (HCAHPS)
- Responsiveness of staff- Call Bell Response Time

Quality Improvements
- Menu Changes

Employee Satisfaction
- Survey Participation

Absenteeism
- Improving Communication regarding Assignment Changes

Labor Relations Improvement
- Joint Decision-Making Process

North General

MISSION

TBD

Departmental Labor-Management Committees

Department Head
Chief Operating Officer
Chief Financial Officer
Organizer
Department Delegates

New York University Medical Center

MISSION

To serve
To teach
To discover
We are committed to making world-class contributions that place service to human health at the center of an academic culture devoted to excellence in research, patient care, and education

STRUCTURE

Departmental Labor-Management Committees

- Unit Based Committees – LMP has no current involvement
- Out Patient Lab Team Building Committee: Director, Managers, Techs, Clerks

MAJOR PROJECTS

- Unit Based Breakthrough Projects designed to address Patient Satisfaction, Quality Pt. Care and Staff Satisfaction
- Out Patient Labs project designed to address Staff Satisfaction, Patient Satisfaction and Quality

GOALS

- **NSLIJ GOALS for all Hospitals (2008-2010)**
  - Patient Experience (PG Likelihood to Recommend (Inpatient)
    - Achieve a 2.0 increase in score each year
  - Quality (CMS Overall Indicators Concurrent Review)
    - Top 2 Decile Performance
  - Financial Performance (Net Income)
    - Hospital Net Income increased to $107M by 2010
  - Productivity (Reduction is Excess Days)
    - 5% reduction each year in excess days

MISSION

- **LIJ**

LIJ LM Mission:

- Position LIJ to be the healthcare provider of choice
- Maintain employer of choice status
- Integrate NSLIJHS mission, vision, values, behaviors and expectations in all labor-management relationships
- Respect Union's values and principles
- Increase LIJ's service volume via broad scope of quality programs
- Improve efficiency to assure growth and success
- Integrate programs with minimal disruption to patients, employees and physicians
- Protect employees and foster growth of 1199 membership
- Promote best practices, service excellence and patient satisfaction
- Make both the Union and the Health System successful

LIJ Labor Management Project Committee Mission Statement: (DRAFT)

To jointly identify, implement, and support projects and processes that improve patient experience, employee satisfaction, quality and financial performance.

2009 Goals

The Labor Management Project Committee will look to sponsor projects in 2009 in the following areas:

IMPROVING FINANCIAL PERFORMANCE by:

- Support units and DLMCs in collecting data that reflects cost savings from labor-management projects including Unit Receptionist Medical Records, through-put and reduction of wasteful use of supplies.

PROMOTING QUALITY PERFORMANCE by:

- Supporting the growth of the Infection Prevention campaign throughout the medical center reaping specific results in the areas of hand hygiene, flu vaccination compliance, reduction in infection.
- Building the relationships between middle-level supervisors and staff including joint training and problem-solving sessions.
- Focusing on having adequate supplies, food, and equipment on the units in a timely manner

IMPROVING THE PATIENT/FAMILY EXPERIENCE by:

- Improving employee satisfaction through

  - Focusing on unit specific goals for Press Gainey/Employee Satisfaction
  - Promotion of respectful behavior for co-workers, patients, and family members
  - Creation of Department Labor Management Committees (DLMCS)
  - Education of employees on NS-LIJ's strategic business plan, government requirements for Healthcare providers, processes and tools including P4P, Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS), Centers for Medicare and Medicaid (CMS) and Press Gainey
  - Promotion and forums on Cultural Sensitivity
  - Increasing communications at all levels to increase relationships, teamwork and process improvements
  - Education/support for caring attitude including listening, introducing yourself and explaining what you are going to do, making the patient comfortable, being sensitive to patient's culture
  - Clear directions and transport for patients and visitors including maps, signage, greeters, shuttle bus, adequate number of clean and ready wheelchairs
  - Clear communication between dietary and patient care centers
  - Education/support sessions with employees and managers jointly to understand how to improve response to patient complaints including "owning" the complaint, acting quickly to fix the problem,

- **NSLIJ Tri-Team: OVER SIGHT TEAM**

The NSLIJ Tri-Team is comprised of representatives from Corporate Human Resources; Regional Human Resources; Human Resources Business Site Partners; 1199 Officers and organizing staff; the Labor Management Project and the Training & Upgrading Fund. The mission of the team is to act as a resource to the joint labor management committees in the NSLIJ Health System including the LMPs, LMCs and Training and Education Committees.

The responsibilities of the NSLIJ Tri-Team include:

- Exploring and providing resources, as appropriate, for the joint labor-management committees at all sites
- Identifying and seeking the help of resource people throughout the Health System to support the joint L-M committees
- Acting as a system-wide clearinghouse of the joint L-M committees' work including best practices, challenges, results
- Thinking through and *helping* to solve system-wide issues faced by the joint L-M committees
- Promoting system wide the value and results of the L-M committees' work
- Sponsoring system-wide or site specific events that will communicate the work of the joint L-M Committees

North Shore LIJ (continued)

STRUCTURE

TRI TEAM =oversight for nine Local Labor Management Project Committees

- Corp HR and Employee Relations folks
- Local HR Directors and Site Business Partners
- Union Officers
- Union organizers
- Black Belt Director
- LMP Consultants

Long Island Jewish:

- Labor Management Project Committee has oversight of LM departmental and unit practice groups (LMPC made up of Patient Services Executive, Nurse Executive, Service Excellence, IPC Director, Executive HR, HR site partners; 1199 EVP, 1199 organizers, delegate representatives from key departments i.e. nursing, housekeeping, clinical units, etc)

Forest Hills:

- CCC Steering Comm. and 1 LM Steering Committee to deal with issues before they become grievances

➢ **LIJ/FH**

Departmental Labor-Management Committee and Unit Practice Councils/Collaborative Care Councils—they are the same thing –but diff sites use diff names)

- Forest Hills has 18 CCCs with a
- LIJ has 5 DLMCs and 2 CCCs (others are in start-up stages)

MEASUREMENT

- LM Relations
- Team Effectiveness
- Impact of Joint Work
- Staff Satisfaction
- Patient Satisfaction (HCAHPS)
- Clinical/Quality Improvements
- Press Gainey
- See System wide goals

MAJOR PROJECTS

LIJ:

- LIJ Unit Receptionist CCC results= Patient Satisfactions Improvements; Nursing Unit=Likely to Recommend;
  LMPC: Labor Relations and Team Effectiveness Improvements the high 3 and 4 percentiles except for four areas in the mid 3 percentiles
- Increases in Employee Satisfaction
- Absenteeism slowly decreasing
- HCAHPS units with LM participation increased Likely to recommend scores

NSLIJ/Zucker-Hillside

MISSION

The committee at the Zucker-Hillside Hospital "gives labor and management an opportunity to collaboratively identify, implement and support projects that improve the patient experience, operational performance and healthcare system goals. Our committee strives to use our partnership to build respect among our colleagues, enhance employee investment, as well as strengthen our reputation as a hospital. As we work to create a collaborative environment, we need your feedback, support, participation and enthusiasm to be successful.

STRUCTURE

Departmental Labor-Management Committees
HR Site business partner, Dir of Nursing, Organizer, Delegates, Service Excellence partner, Center for Learning & Innovation consultant

Labor Management Oversight Committee
HR Site business partner, organizer, delegates (Mental Health Workers, Social

MEASUREMENT

Team Effectiveness Survey; Labor Relations Survey

Daughters of Jacob Nursing Home (DOJ)

MISSION

- To build high function self-directed team on units to champion culture change initiatives on each unit
- To develop processes for implementing decentralized dining (no tray service) on the units with input from Resident, Dietary Department and Staff
- To build leaders in the facility that will lead and sustain changes and improvements within the facility

Labor Management Quality Care Committee

CEO
Hospital Administrator
VP of Nursing
VP of Social Work (Management Co-Leader)
Director of Engineering
VP of Union – Nelson Valdez (Ad hoc)
Speech Pathologist (Labor Co-Leader)
Variety of Delegates and Line Staff (C.N.A.s, Housekeepers)
RN – 1199

Pilot Unit Staff on 5th and 6th Floors

- Both units have staff members from every discipline participating in change (i.e. Nursing- RNs and C.N.A.s, Housekeeping, Social Work, Dietary)
- Unit Residents

MEASUREMENT

Team is measuring progress through Resident Focus groups and Satisfaction Surveys

MAJOR PROJECTS

Labor Relations Improvement

- Self-Directed Pilot Unit teams that utilize tools and processes facilitated by LMP. Co-leader Checklist used to reinforce skills and competencies. 5 of 10 co-leaders have successfully facilitated team meetings.

MISSION

- To improve Bathing processes for Residents on 3 Pilot Units.
- To build leaders in the facility that will lead and sustain changes and improvements within the facility
- To enhance the Decentralized Dining processes within the facility
- To build a high functioning labor management team that champions improvement and boost morale with the Dietary Department

STRUCTURE

Culture Change Committee

- VP of Dietary
- VP of Human Resources (Labor Co-Leader)
- VP of Nursing
- 1199 Union Delegates, including CNAs and RN (C.N.A. is the Co-leader)

Food & Nutrition (Dietary Department)

- VP of Dietary
- Department Supervisor
- Cooks
- Food Service Workers

MEASUREMENT

Progress conducted via Annual Assessment, Focus Groups and Staff and Residents Satisfaction Surveys (for Bathing and Decentralized Dining)

MAJOR PROJECTS

Quality Improvements

- Developed Patient Preference Surveys to collect Data on how Staff could make improvements to the Bathing Process

Employee Satisfaction

- Developed Monthly Departmental Employee Recognition Program with Incentives

Labor Relations Improvement

- Developed Processes to Manage Departmental Challenges and Grievances
- **Started Sessions for Co-leader Coaching Sessions on Project and Meeting Management Skill Enhancement**
  - Union organizers
  - Black Belt Director
  - LMP Consultants

North Shore LIJ System- Plainview Hospital

MISSION

- To develop departmental labor management committees in key departments/units to manage challenges and champion improvements
- To develop teams that focus on Noise Reduction on a Pilot Unit within the Facility
- To conduct forums with labor and management that focuses on improving working relationships within the facility
- To development joint labor management teams to identify and champion collaborative initiatives that support the organizations strategic priorities

STRUCTURE

Labor Management Project Committee

- Executive Director (ad hoc)
- Director of Finance
- Service Excellence Person
- System Master Black Belt
- VP of Nursing Administration
- Director and manager of Human Resources
- 1199 Delegates from Laboratory, Dietary, Housekeeping

Environmental Service Department

- Director of Environment Services
- 2 Supervisors of Environment Services
- Housekeeping Staff, including department 1199 Delegates
- 1199 Organizer
- Human Resources Manager

MEASUREMENT

Press Gainey Surveys
Patient Feedback Surveys
Service Excellence Reports

Patient Satisfaction (HCAHPS) :

- Noise Reduction Project on Pilot Unit (Med Surg Unit)
- Bed Turnaround Breakthrough Project (from discharge to bed ready improved to 2 hours)
- Local HR Directors and Site Business Partners
- Union Officers
- Union organizers
- Black Belt Director
- LMP Consultants

Labor Relations Improvement: Nursing Assistant/NYSNA Nurses Relationship Improvement Project

North Shore LIJ System- Southside Hospital

MISSION

- To development joint labor management teams to identify and champion collaborative initiatives that support the organizations strategic priorities
- To assist 1199 Delegate Body in building team processes and creating a process to manage facility challenges and grievance collaboratively with Human resources
- To develop departmental labor management committees in key departments/units to manage challenges and champion improvements

STRUCTURE

Labor Management Project Committee (LMPC)

- Director and Manager of Human Resources
- Directors of Nursing
- Service Excellence Person
- System Master Black Belt
- VP, Organizer and Contract Administrators from 1199
- 1199 Delegates (from Nursing
  – Nursing Assts, Unit Clerks, Housekeeping, Dietary)
- Director of Housekeeping

Laboratory and Environmental Service (April '09)

Environmental Services

1. Manager of Environment Services
2. Supervisor of Environmental Services
3. House Keepers, including 1199 Delegates

Laboratory

1. Various Disciplines within the Lab (Pathologist, Clerks)
2. Director of Labs
3. Manager of Labs
4. Secretary
5. 1199 Organizer (Ad hoc)

MEASUREMENT

Staff Satisfaction Surveys (Bi-annually)
Press Gainey Scores
Service Excellence Feedback Surveys

MAJOR PROJECTS

Patient Satisfaction (HCAHPS): Patient Property Loss Project (Reducing the amount of property loss with eye glasses, hearing aids and dentures)
Breakthrough of Patient Throughput in Emergency Department

Employee Satisfaction : Issue and Grievance Tracking Process with 1199 Delegates and Human Resources

Labor Relations Improvement: Creation of DLMCs in Laboratory and Environmental Services (4/09)

Biographies of Speakers

Matt Merrigan is a National Industrial Secretary with SIPTU covering the Health and Local Authority areas. He has been a driving force for greater employee involvement in service development for many years. He initiated the groundbreaking SKILL programme which targets the skills needs of support staffs in the health services. He is joint chair of the Health Services National Partnership Forum. (HSNPF).

Aileen O Meara is an experienced health service writer and commentator. Aileen was formerly Health Correspondent with RTE and is now a regular contributor on health matters to the Sunday Business Post. She formerly worked for the Irish Press. She has extensive knowledge of the development of the health service and the emergence of the HSE. She has a keen understanding of health service politics and the dynamics which go to make up health modernization in Ireland today.

Sean Mc Grath is National Director of HR with the Health Service Executive. He joined the HSE from National Irish Bank where he held the position of HR Director and Executive member. He previously worked with EBS Building Society as Head of Retail and as Head of HR. He has experience of working with a large US manufacturing corporation and spent ten years with the Irish Defence Forces. Mr. McGrath commenced his new role in June 2008 and now heads up the largest and most complex workforces in Ireland, with approx. 111,000 public health service employees.

Kevin Callinan is the National Secretary of the Health and Welfare Division of IMPACT (Irish Municipal Public and Civil Trade Union) . IMPACT is the Republic of Ireland's largest public and services trade union . The Health and Welfare Division represents workers in the Irish health services, approximately 28,000 members, almost half of the overall membership of IMPACT. Kevin was a union branch activist and began working with the union when IMPACT was formed in 1991. Kevin has operated in the Local Government, Health, Education and Civil Service sectors prior to taking up his current post in 1999.

Peter Totterdill is Joint Chief Executive of the UK Work Organisation Network Ltd (UKWON), a coalition of employers' organisations, trade unions, universities and business support organisations committed to the development and dissemination of new ways of working. He is also Visiting Professor at Kingston University Business School, London. He has a PhD in industrial restructuring and public policy. Peter is a founding member of UKWON, formed in 1998 with support from several universities, ACAS, CBI, Industrial Society, TUC and several other bodies. Under his leadership UKWON runs a portfolio of projects with interrelated outputs including: research into leading-edge practice in work organisation, exchange of good practice between partners across Europe and future -oriented thinking about work. Peter has published several articles, chapters and papers relating to economic development and work organisation.

Carol A. Porter, MPA, RN is Chief Nursing Officer and Senior Vice President for Nursing at the Mount Sinai Medical Center in New York City. The Mount Sinai Hospital's Community of Nurses includes over 2000 nurses in all levels of practice as well as 1400 support staff. Carol is currently enrolled in the Doctor of Nursing Practice (DNP) program at Case Western Reserve University in Cleveland, Ohio. Her research is focused on the nursing labor-management partnership and the impact on nurse vacancy, turnover, nurse satisfaction and nurse comfort in the work environment. Carol has a Masters Degree in Public Administration- Health Administration from Rutgers University.

Richard Barnes is President of C. Richard Barnes and Associates. His organizational consulting firm, established in 2005, provides dispute resolution services, dispute resolution systems design, workforce training and development and leadership coaching to a cross-section of American industry, including labor, public, private and service organizations. Prior to forming his own company, Barnes was the Executive Director of the "Center for the Workplace" at Georgia State University in Atlanta, Georgia. He served in that capacity from 2003 through 2005. Previously, he served as the 14th Director of the Federal Mediation and Conciliation Service (FMCS). Appointed by President Clinton in January 1998, he held that position until June 2002. Barnes was the first career mediator in FMCS history to receive this Presidential Appointment and Senate confirmation.

People interested in attending the conference can register on mmerrigan@siptu.ie or jhealy@impact.ie

SIPTU

Reshaping Health Service Delivery: Building the Role of Staff and Trade Unions

A Conference for IMPACT and SIPTU Health Service Members to be held at the National College of Ireland, Mayor St, Dublin 1 on October 1 2008

IMPACT

Reshaping Health Service Delivery:
Building the Role of Staff and Trade Unions

A Conference for IMPACT and SIPTU Health Service Members to be held at the National College of Ireland, Mayor St, Dublin 1 on October 1 2008

Despite the dimming of the Celtic Tiger years, concerns over the modernisation and general improvement of the health service remain centre stage. A constructive role for staff and trade unions in the handling of change is often espoused and much good work is being done under the auspices of the Health Services National Partnership Forum (HSNPF). Nevertheless experience on the ground suggests that examples of joint working around service improvements are limited.

This joint IMPACT/SIPTU conference – the first of its type - aims to pinpoint key opportunities for staff and trade union input and involvement in the development of our health services.

Through examining key developments and positive change experiences in the UK and US, the conference will explore the progress made to date and chart how barriers to greater staff and union voice can be cleared.

The conference will seek to foster frank and open debate between management and union representatives about how a positive platform for change can be developed in the context of greater pressure on resources and services. And the conference will challenge trade union leaders to think about how they might have a more proactive role in the modernisation of our health services.

And it will address the issue of why insufficient progress is being made and why greater engagement is not happening at national and local level.

Conference Objectives

- To establish the current state of play and the management and trade union perspectives on key health service developments such as the proposed new HSE structures, development of primary care teams, the cancer strategy, co-location etc
- To highlight recent and ongoing HR/IR issues and impasses and how these are blocking progress towards reform
- To highlight the IMPACT/SIPTU view that insufficient progress is being made and that considerably more could be done if there was greater engagement between management and trade unions at local and national levels
- To show how such engagement can be quickly established using current and possibly new structures – NJC, HSNPF, Forum on Health
- To assess new ways in which management and unions can more successfully handle change at a local level

Conference Programme

8.30	**Assemble, Registration & Coffee**
9.00	**Welcome and Opening Remarks:** Matt Merrigan, SIPTU National Industrial Secretary and Conference Chair
9.05	**Setting the Scene – Keynote Speaker** Aileen O Meara, Health Sector specialist and commentator with The Sunday Business Post
9.30	**The HSE's Reform Strategy including HR/IR Strategy: The Management and Union perspectives:** Sean McGrath, HR Director HSE and Kevin Callinan, National Secretary IMPACT
10.05	**UK and US Perspectives On Change – Learning the Lessons** Carol Porter and Peter Totterdill
10.50	**Questions and Discussion**
11.10	**Coffee Break**
11.30	**The Challenges of Organisational Change for trade union leaders at local and national level - USA Experiences:** Richard Barnes
12.15	**Questions and Discussion**
12.30	**Panel Discussion:** Speakers Panel debate
13.15	**Closing Remarks:** Matt Merrigan, SIPTU National Industrial Secretary and Conference Chair
13.30	**Lunch**

SIPTU SEMINAR; In partnership with Sullivan University

MANAGING CHANGE IN THE WORKPLACE.
17TH / 18TH MARCH 2008. SULLIVAN UNIVERSITY.

SPONSORS;

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SULLIVAN UNIVERSITY, GRADUATE STUDIES IN DISPUTE RESOLUTION.

·d Bill Brett Director of the International Labour Office for the UK and Ireland moderated tl
ıinar.
rd Brett is a former Chairperson of the Governing Body of the ILO, member of the Gener uncil of the TUC and was appointed to the House of Lords in June 1999.

Richard Barnes. Director Federal Mediation and Conciliation Service (1998 to 2002)
pointed to the National Partnership Council in 1999 by President Clinton.

y points.
ange must be approached from a practical perspective.

se study from California State University System.
is group of universities has 500,000 students, 50,000 employees and a $6 billion budget.
rnes found that the people who worked in the system were tied together only "by a commc rking lot".
e system had 8 unions, 13 bargaining units and was involved in "continuous fighting". Barn t this down to "change imposed is change opposed".
ry early on he advised the management to stop "imposing change". He found that manageme l not understand the unions and there was little engagement.

rnes followed this model in terms of managing change.

ırting from	**CHANGE**	**ACHIEVEMENTS**
)SSIBILITIES.	**Allows you**	**"Actually do"**
ıe "can do".	**To move to:**	

CREMENTAL CHANGE.

ırnes claims that humans have the ability to adapt to a changing environment. We can g customed to anything gradually and incrementally.
: instanced the oil crisis of the 1970s and how the world gradually got used to the mo pensive oil. One effect in the US was the move from serviced to self-service gasoline stations.

:NDULUM CHANGE.
ımetimes the change arrives like the pendulum moving from one extreme to another. I stanced his own experience in moving from what he believed was a good state of health to beı ld he needed cardiac surgery (a triple by pass) and his feelings on being told of his change alth status.

HANGE BY EXCEPTION.

3arnes warned about change by exception. Management to indicate that a person wh(:xceptional has brought about successful change usually uses it. Managers may say he or she ın exception". It is often used to indicate to others that they are not capable of the same typ(·uccess.

'ARADIGM CHANGE.

Taking a different view of the world brings this about. The paradigm is the way we look at vorld and this can only change by obtaining a better understanding of the world and the view. ›thers in that world.

3ARRIERS TO CHANGE.

Habits. **We tend to have settled tendencies.**

3elief systems. **These are our own cultural beliefs and our beliefs about society. Hav ›reconditioned cultural beliefs.**

Attitude. **This comes from knowledge and experience and the emotional impact, which is made.**

Expectations. **This is reflected in what is encouraged, discouraged and punished. It is about w ve expect to happen and we need to be aware of our comfort zones.**

Barnes feels that the Federal Government in the US is itself a barrier to change. He instan(:heir focus on performance appraisal where boxes are ticked instead of fostering performa: nanagement.

HOW TO BRING ABOUT CHANGE.

.BARNES SEES TOO MANY CHANGE PROGRAMMES STARTING FROM IDEAS A: THOUGHTS FROM THE TOP AND WORKING TOWARDS THE END RESULT WI STAFF.

HE ADVISES GOING THE OTHER WAY, STARTING WITH IDEAS AND THOUGH FROM THE STAFF, EXAMINING HABITS, BELIEFS, ATTITUDES AND BEHAVIOU AND FINISHING WITH THE END RESULT WHERE STAFF HAVE "BUY IN" FOR TI CHANGE.

Barnes sees culture as the total sum of the habits, beliefs, attitudes and expectations of the gro(It id often stated as "the way we do things here".

Culture can be defensive and reactive. It can involve blaming others and favours the "status qu(

lture, however, can also be constructive. It can favour a proactive approach, foster innovatic
l allow people take responsibility.

rnes quoted studies where it was found that 70% of American companies were found to have
ensive culture. When these companies were evaluated it was found that these companies ha
wn a very small increase in net value over a period of years.
ose companies that had fostered innovation however had shown a net increase of 756% durii
same period.

rnes claims that success does not lead to success and holds that innovation leads to succes
ere individuals believe that they only are responsible for the success of an organisation, rath
n the people who work in the organisation, they can become arrogant and build
reaucracy, which supports them and their beliefs. When this deteriorates they blame others.

FENSIVE BEHAVIOURS.

rnes divides defensive behaviours as follows.

ssive defensive behaviour.

oidance. The "not my job" syndrome.
nvention. This involves not "rocking the boat".
pendent. Lack of creative thought.
proval. Taking no independent action.

gressive defensive behaviours.

mpetitive. Involves protecting status.
wer. Keeping prestige and influence.
position. Cynical and critical approach.

fensive cultures resist change and there is a focus on avoiding mistakes.
ganisations tend to operate in "swim lanes".

nstructive cultures tend to focus on achievement, improvement, fostering a culture of encourageme
d staff are urged to affiliate. They value their employees, value creativity, are supportive and helpf
d place great value on interpersonal relationships.

ganisations can position themselves for growth and vitality or decline.

Organisations with growth and vitality.

Growth can be led by the visionary leader, but the leader also needs to be a risk taker an builder.
Visionary leaders can see the future but "tend to trip all over the present".
The risk taker will see the opportunities for the company and the leader will act as builder for organisation.

Organisations in decline.

The leader is an administrator who shifts to "control" mode.
The next stage is the bureaucrat who creates a web of control and becomes arrogant. The fi stage is where the leader becomes the "aristocrat" who becomes isolated, develops a "slash a burn" approach, has no passion for the organisation and the only focus is the bottom line.

Barnes warns about leaders who have "more interest in Wall Street than in Main Street.

Barnes stresses the importance of trust and says that, "transformational change cannot hap where there is a lack of trust. It is a little like having a current account and a deposit accou Trust is something that must be banked in a deposit account. When you go there to get this tr there must be a store of built up trust available. If there is nothing left in the deposit account tl there is no trust and change will not happen. He advised all those involved in negotiations to bu trust in the other side.

Barbara Sunderland Manousso PhD The New Horizon in Health Care Concern; Cultural Diversity.

Manousso sees cultural diversity as an opportunity for people to get to know the individ behind the culture and points out that not all people from an ethnic group are the same. Each is an individual and it is possible to get to know the individual by simply asking them rather th telling them.

Globally she sees a rise in fundamentalist movements in the late 20th and early 21st centuries. S also points to Japan where there has been a turning inward and also to this trend in India.

The Middle East has been turning against Western ideas and values but individuals within t culture are adapting well to commercial ideas and culture.

Manousso spoke on how punishments vary with fines and prison being the ultimate punishme in Western society but in parts of Africa people who are seen to do wrong are ignored and cut from the community.

e scientific culture that surrounds health care values autonomy, independence and efficienc the United States health care organisations limit visiting hours and sleep over arrangemen t tend to expect behavioural change in relation to food, nutrition and exercise to improve heal e.

values, Manousso holds that everything we do represents values.

ople have a "world view" which is the basic assumption about their living reality. The "wor w" has a big effect on a person's interest in the health service. Belief in a next world might s erson "let go" while belief in God can effect how people behave in health care situations su abortion and type of medication. People however rarely question their "world view".

entific health care views the body as a machine while Native Americans see the body as part ture.

ans-cultural health care tries to understand people in their cultural context. Western heal e is "ethnocentric" as health care professionals believe that their system is superior to all oth tems. Ethnocentrism is the perception of one's own way is best when viewing the world.

verty often forces people into a "present" culture or just living for today. The see the future rriving at a later stage". Western culture is "future dominated" and operates on "clock time".

uality is something that people in the United States believe in, but the reality is that power ar luence dominate the social structure there.

anousso instanced the situation in Ireland where many ethnic groups are now part of tl mmunity. There are challenges for the United States and Ireland in dealing with tl ulticultural societies that are now part of our working populations.

anousso's final thought was that proactive education will help resolve the growing cultur oblems.

retta LeBar.

mans have incredible ability to sense change and to have serious discussions about it.

Bar feels that "man is more wary than warlike". The language on pre historic cave w awings is very much about man's predators as animals and not other humans.

me commentators, as in the book "Demonic Man" see man as warlike but there is much mo idence that man is very wary and that there are fear like behaviours in the workplace. This st illustrated when you look at new grades of people doing new types of work and these peop ve difficulty in getting work from the established people.

LeBar pointed to the similarity of cave drawings all over the world, which always show mai
var with animals and not man at war with man. Drawings have provided man with
›pportunity to show the meanings of their lives.
LeBar uses drawings in workshops to allow a unique approach to the manage the early stage
:hange management. Basic skills of drawing are based on perception and the use of edges :
ıpace, shadows and light allows people to take the meaning out of the stereotype and see
›erson in a new light. This gets rid of the "left brain" perception and provides a more ı
ınderstanding of the person being engaged.

'ANEL DISCUSSION; KEY POINTS COMING THROUGH.

There is a need to pay a lot more attention to diversity in the Irish health service. This applie:
ıtaff and patients.

Good communications are essential in engaging people from different cultures in a pro-active v
ınd communications must be good from an early stage. Communications should be listed on
ob specification and is part of actually doing the job. All involved must be able to communicat

People can be part of a minority in different settings. A Catholic in Ireland may be part of
najority but a Catholic in Utah will be part of a minority.

We should not label and frame people as stereotypes. We should not make decisions on w
›eople are before we get to know them.

Relationships are important in setting the bottom line.

Consultants are expected to come up with all the quick fixes. This is not possible, as decades
›ad behaviour have led to the current situation. Only by engagement and discussion can char
›e made and this cannot be done quickly. Starting to change the bad behaviours cannot be dc
without understanding why these behaviours are going on.

You cannot sell a "canned" or "off the shelf" change programme. People should interview ı
nanagement consultant and not allow any off the shelf programme.

Change takes place rapidly where there is a crisis.

In higher education in the US, state legislation decides on the number of dollars that will be spe:
Management and unions can lobby together for additional funding for the sector. Unions a
nanagement should look to areas where they can co-operate to improve the sector and try a
focus on mutual interests.

In the US there is an exchange of finger pointing rather than a focus on problem solving.

c Harter.
ıotional Intelligence and Change Management.

ic Harter' presentation focused on the link between Emotional Intelligence and Chan ınagement. Harter finds that there is a link between EI and sustainable organisations.

ange is a source of organizational friction, particularly in this fast-paced, global environmen riving organizations are constantly changing and evolving in response to both their intern /ironments and external forces.

) survive in contemporary organizations, leaders need both superior communication skills ar otional intelligence.
fortunately, both labour and management often lack these soft people skills that guide them throu ;anizational change, and when change is not properly managed, the workplace may become a dish f ıflict.
, change may be frightening because it represents loss of something that is known.
ther than face emotions, most people respond to conflict by either competing or cooperatin ten, competition results in destructive responses.

ıotional Intelligence is a very significant factor in how a leader can lead change in ; ;anisation.

e constructs of Emotional Intelligence are;
f-awareness, or reading your own emotions.
f-management, which involves controlling our emotions.
cial awareness which is the sense to understand and react to others' emotions and,
lationship Management, which involves keeping a cool head under fire.

rter illustrated this by referencing a case study, which examined 900 publicly trad npanies with average revenues of $710 million including 35 health care organisations. Tl dy was anchored to organisational sustainability and was an economic measurement. 'olved 35 CEOs and 105 senior executives and had a 13% response rate from the 9 npanies contacted.

e methodology for the study was a 360-degree assessment from a superior with a sel :essment under Emotional Intelligence headings. The study found that leaders of sustainab ;anisations scored highest on Emotional Intelligence.

lf-ratings of leaders in sustainable organisations showed less difference than in oth ;anisations.

Leaders of the least financially sustainable organisations were much less self aware than those he better performing ones.

The research suggests that leaders of organisations who score high on Emotional Intelligence : nore likely to belong to organisations that are "built to last".

The second case study looked at EI as a predictor of leadership effectiveness. This study poin owards the EI constructs being significant predictors of effectiveness where those of cognit ntelligence were not

The following were instances as important areas for development of Emotional Intelligence;
Training and supervision,
Diversity,
Team working,
Leadership,
Conflict management,
Stress management,
Sales and
Customer relations.

The following areas are important when starting the work of change.
Assessment of the organisation's needs,
Assessment of the needs of the individuals,
Delivering assessments with care,
Maximising leadership of change,
Encouraging participation,
Linking organisation's goals to personal ones and
Adjusting the expectations of the individuals.

It is important to evaluate the change process and provide feedback for all those involved. T mportant question here is "did the change work?" Successful change depends on developing organisational culture that supports learning.
Harter's concluding remarks were to the effect that the probability of instituting sustaina organisational change is significantly enhanced when incorporating Emotional Intelligence in workplace.

LaVena Wilkin. PhD. MBA.
LaVena has an expertise in conflict analysis and resolution. She told of how she had joinec company as a junior assistant and ended up purchasing the company and becoming the CE Since then she has moved to teaching and research and her speciality is the product management of aggression and conflict in the workplace. She described herself as a "confl avoider" for a long period in her life.

nflict management starts with self-awareness where a person must examine how they mana
ıflict. Conflict creates angst and bad feelings so this must be managed and not allowed
nain with the consequences for efficiency and the health of the company.

ɜ sees Step 1 as clarifying the perception of what is going on and asks the questions "What a
ı doing?" and "What are the other parties doing"?

ɜ sees it as essential that you start to find out what the conflict is about and what is the ro
ıse of the conflict. She advises listening to understand and not merely listening to respond. Sl
ls this "looking at the world through their heads". She advises appreciating the diversity ar
difference in ideas and positions.

ɜ instanced how when you ask each section of an organisation who is the most important in tl
ganisation each section will say, "We are". What they fail to take into account is that on
ether can they do the job properly.

ɜ also advises that people practice the skills of conflict resolution.

Emotional Intelligence she sees the process of understanding your own emotions as ve
portant if you are to resolve conflict involving yourself. People tend to forget that emotions a
ta and emotions are information.

ɜ stressed the importance of the process of successfully bringing ideas to others. She feels that
best done by, asking them what they think of an idea rather than saying "here is what y
ould do".

ɜ concluded by saying that you cannot change others and all you can do is change yourself. Sl
vised using a positive action in doing this rather than a negative action against others.

:Y POINTS EMERGING FROM FINAL PANEL DISCUSSION.

is important to engage those who may seem most distant from the power and influence in a
ganisation.

e cost of conflict is very significant. Absenteeism might well be a good place to start in seeki
improvement in services. Absenteeism points to a lack of productivity and is often a
lication of much deeper difficulties in an organisation.

e health and safety agenda shows that there are huge costs in allowing unsafe practices
ıtinue.

nflict resolution through ADR has a huge part to play in the Irish health service.

Time is a huge factor and lots of time and energy are needed to bring about successful cha
The problem with conflict is that the underlying problems of the organisation are often igno
while all the changes are happening.

The history of changes in the NHS shows that quick fixes have not worked. The political world want immediate transformation while the process of real sustainable and successful change takes time. The ask is not easy but is necessary.

Sullivan University
The Graduate School

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MANAGING CHANGE IN THE WORKPLACE

Every organization is a living museum; its function is based on a progressive menagerie of changes woven together to create its current culture. No organization remains stagnant if it is to survive. Organizations need change to accommodate growth. Growth is a series of subtle and visible changes to the mission by the leadership. As an organization grows, its culture adapts to the new experiences or the organization implodes from inertia. Culture is a concept that encompasses how organizations work: how people are selected, developed, managed, led or rewarded. Culture also includes an organization's values, its decision making processes, its allocation of resources, its division of power, the behaviour it requires and rewards, and the level of risk it allows and encourages.

This seminar will address managing change in the workplace. Resisting change seems to be an innate, universal trait. Moreover, resistance can happen even when the change benefits the self-interests of those resisting. This seemingly irrational resistance to change can be maddeningly frustrating for leadership and public policy. Furthermore, for change to be effective, it cannot be imported from the outside. It must come from within to serve the organization's needs.

This SIPTU Seminar has a blueprint for internal growth and change.

Topics include:

- The future of labour-management relations
- Cultural diversity: a new horizon in change
- Emotionally intelligent coaching and leadership
- Making the workplace work through change management

Program: Monday, March 17, 2008
Savannah, Georgia
Four Points Hotel

Sponsor: Services, Industrial, Professional and Technical Union (SIPTU)
Sullivan University, Graduate Studies in Dispute Resolution

Speakers:

Lord Bill Brett: Moderator

Bill took up his current post as Director of the International Labor Office for the United Kingdom and Ireland, based in London, in January 2004.

He was Chairperson of the Governing Body of the ILO for 2002-2003 and was Vice-Chairperson of the Governing Body of the ILO, and Chairperson of the Workers' group of the ILO Governing Body from 1993. He became General Secretary of the Institution of Professionals, Managers and Specialists (a trade union for professional workers such as scientists, engineers, architects) in 1989 and was re-elected for a further five-year term in 1994. He has had a long and committed career with trade unions; Negotiator with the Bank Employees' Union (BIFU); Member of the General Council of the TUC, Member of the Major Policy Committee of the Council of Civil Service Unions; Member of the Executive Committee of the Public Services International from 1989 to 1999. He was appointed a member of the House of Lords (UK) in June 1999.

He is also a Commissioner on the United Nations "World Commission on the Social Dimension of Globalization". The Report was published in 2005.

C. Richard Barnes

Richard Barnes is President of C. Richard Barnes and Associates, LLC. Established in 2005, this unique organizational consulting firm provides dispute resolution services, systems design, workforce training and development and executive coaching to a cross section of industry, labour and service organizations. Richard served as Director of the Federal Mediation and Conciliation Service (1998-2002); the first career mediator in FMCS history to receive this Presidential appointment and Senate confirmation. As Director of FMCS, he was responsible for the nation's federal mediators. He was also appointed to the National Partnership Council by President Clinton in 1999 providing oversight and direction to all federal agencies involved in workplace change initiatives. His broad and far-reaching experience in labour-management relations, negotiations, organizational change processes, mediation and dispute resolution made him exceptionally qualified for these positions.

Barbara Sunderland Manousso

Barbara Manousso, Ph. D (ABD), M.P.H., serves on a variety of federal and local mediation panels and numerous community boards with focus on healthcare. She is internationally recognized as an authority in elder care, family disputes, and health care

conflicts, and medical organization restructuring. In addition to being a graduate of Brown University in semiotics and the University of Texas School of Public Health in community health, she is currently working on her doctoral dissertation at Nova Southeastern University.

Since 1993, she has earned the designation of Advanced Practitioner from being a practitioner, lecturer, and trainer, and has completed over 2,000 hours in the advance study of mediation. She is a member of the Texas Bar Association – ADR Section, Texas Association of Mediators, Texas Roundtable in Mediation Training, New England Chapter for the Association of Conflict Resolution, the Labor Employment Relations Association, as well as a director of the Evans Center for Mediation at South Texas College of Law, and is a very active member of the Health Care Section for the international Association for Conflict Resolution. She is the immediate past-president of the Association of Conflict Resolution Houston Chapter.

LaVena Wilkin

LaVena Wilkin, Ph. D. (ABD), MBA, serves the Director of Graduate Alternative Dispute Resolution Studies. She is also Dean Emeritus of the College of Business at Sullivan University. Before joining Sullivan University, LaVena spent twenty-six years in the construction industry, and three of those years she co-owned the company. She became an adjunct instructor for Sullivan in 1999, and discovered her passion for teaching. After selling the company, LaVena came to work full-time at Sullivan serving as the Associate Director of the Evening and Weekend Division. LaVena earned associate, bachelors, and master's degrees from Sullivan, and she is currently working on her dissertation to complete her requirements for a PhD in Conflict Analysis and Resolution. Her dissertation topic is workplace bullying, and her research focuses on how companies that productively manage aggression and conflict in the workplace increase profitability through improved motivation and productivity. She expects to defend this dissertation in the spring of 2008.

Loretta LeBar

Loretta LeBar has more than eighteen years of experience in health care, administrative/regulatory, employment, and general business law. She has handled a wide range of health law and business issues and currently works with regulators in over 40 states involving Long Term Care, Medicare and Medicaid Reimbursement, and general regulatory/administrative law issues. Ms. LeBar's work in the federal arena entails matters before the Centers for Medicare and Medicaid Services, the FDA, and she continues to play a significant role in advising and assessing the legal needs of the long-term care industry as they navigate through the many corporate laws and regulations

mandated for licensing, reimbursement, advertising, and consumer protection. Prior to her career in law, Ms. LeBar was human resources professional for twelve years and has significant experience in labor relations and union negotiations. Ms. LeBar speaks nationally and has written many articles on various health laws, licensing, and regulatory law issues. Currently, Ms. LeBar also delivers consulting services to many clients that focus on risk management and asset enhancement. She travels throughout the United States and provides assessments and training, as well as short and long term strategy advice that has proven to increase companies' bottom line and enhance employee morale.

Eric Harter

Dr. Eric S. Harter is the Dean of the Graduate School at Sullivan University. Prior to joining Sullivan, Dr. Harter served as the CEO of ADSnetcurve, a global information technology company, divisional vice president/general manager of Praxair (NYSE:PX), a global Fortune 300 company, and the CEO of Health Care Partners, a regional health care company and former division of Humana (NYSE: HUM). As a result of these accomplishments, Dr. Harter received the Ernst & Young Entrepreneur of the Year Award, the INC 500/5000 award, and many related business awards. Dr. Harter has also served as a board member, distinguished lecturer, professor, and/ or chair of various faculty groups and academic committees for three universities. His applied research on leadership and emotional intelligence appeared in and supported Goleman and Boyatzis' New York Times Bestseller, "*Primal Leadership - Realizing the Power of Emotional Intelligence*," published by Harvard Business School Press.

Tony Belak

Tony Belak is faculty at Sullivan University and has taught conflict resolution at the University of Louisville Louis D. Brandeis School of Law, Indiana University Southeast College of Business, and MBA courses and seminars at the Vienna campus of Webster University and Bratislava, Slovakia. He is the first attorney graduate of the George Washington University Interagency Institute for Federal Health Care Executives (1992) and former Regional Counsel and Senior Dispute Resolution Counsel for the Department of Veterans Affairs. He was an original founder of the Louisville Bar Association ADR Committee and served for eight years on the Kentucky Bar Association ADR Committee and as its chair for two years. He was an initial member of the Civil Justice Reform Act Committee for the Western District of Kentucky, former assistant Commonwealth Attorney, special assistant U.S. Attorney, and President of the Federal Bar Association, Kentucky Chapter. He also is past two term chair of the Louisville Bar Association ADR/Mediation Section and past President of the Mediation Association of Kentucky. Tony has travelled throughout the United States and Europe lecturing and training in mediation and dispute resolution.

AGENDA:

Monday, March 17, 2008

9:00 AM ..... Lord Bill Brett
Opening Remarks and Welcome

9:30.....C. Richard Barnes
The Future of Labour-Management Relations
The Effects of Change to an Organization

From a neutral perspective and as a mediator in some of the nation's most significant, intense, and protracted labour-management disputes, the spectre of change is always a prime motivational element in moving from discord to harmony. All organizations must learn the art of communication for positive change. Change resulting from motivational speakers, consultants, or change artists cannot be sustained until and unless the change activity not only solved problems but also altered the lives of those involved in fundamental ways too deep to measure. Respects and communication are the pillars for successful change.

10:30.....BREAK

11:00.....Barbara Manousso
A New Horizon in Cultural Diversity and Conflict Resolution:
A Primer in Change for Medical Professionals

Now that Ireland's workforce is more ethnically diverse, new challenges are launched. In the past few years in Ireland, the focus has tended to be on people arriving in Ireland as refugees, asylum seekers, or economic migrants. Government figures estimate that as many as 340,000 immigrants are expected in the next six years. Ethnic and cultural diversity are not new phenomena in Ireland. The health service industry has experienced two-sided concerns with cultural diversity involving the service providers and the patients seeking services, since the medical industry is a mixing pot of differences in behaviors, values, and beliefs among staff as well as clients. Acknowledging these differences in a respectful way and being informed of them can advance the cause and practice of medicine and medical cost savings. Government policy in Ireland has been established to protect and prohibit discrimination in nine categories through the Employment Equality Act, 1998 and the Equal Status Act, 2000. This session will examine new perspectives to expand the cultural diversity horizon, open communication, and minimize conflict.

12:30.....LUNCH (On Your Own)

1:45 PM.....LaVena Wilkin
Emotionally Intelligent Coaching
Developing Leaders of the Future

Maybe once in a life time we have the opportunity to anticipate pervasive and radical change. Currently, we are at the pinnacle of this type of opportunity in our organizations. Yesterday's hierarchical management style is becoming less effective and less appropriate. Forward thinking leaders are looking for a better way, and that better way is emotionally intelligent coaching. Emotionally intelligent coaches identify feelings, use those feeling to guide reasoning, understand that feeling may change as events unfold, and manage to use those feelings to help people make rational decisions. They encourage dialogue, support problem-solving, and provide feedback. When organizations support emotionally intelligent coaches both the company experiences lower turnover and increased profits. The employees are appreciated and empowered. It is a win/win for everyone.

2:45.....Loretta LeBar
Premonition or Prediction – Does It Really Matter
What Employees Experience Before the Change Begins

Humans are an interesting species with incredible ability to sense when change is in the "air" - sometimes even before management contemplates it or begins serious discussions to pursue it. With this in mind, this session will explore why change is inevitable in all work place environments. This session will discuss what internal work behaviors are symptomatic of impending change brought about from either internal or external pressures on an organization. For this session, a unique approach to predict when change is necessary and how to manage this early stage of change management successfully will be shared with the participants.

3:45.....Panel Discussion

All speakers will participate in a moderated discussion to summarize and refine the primary message and define a course of action to follow through such that the lessons and skills learned are implemented and utilized practically and purposefully.

4:30.....Adjourn for the day

Tuesday, March 18, 2008

9:00 AM.....Dr. Eric Harter
Emotional Intelligence and Change Management
Leadership Self-Awareness and its Impact on Effectiveness, Sustainability and the Success of Change Management Strategies

This presentation will review and highlight the importance of one of the primary factors related to Emotional Intelligence – leadership self awareness and its impact on leadership effectiveness, organizational sustainability, and the effectiveness of change management as it relates to labour-management interactions. It will further introduce distinct guidelines and strategies for promoting Emotional Intelligence and Change Management in the workplace which, upon successful implementation, results in creating a more effective and productive organization.

10:00.....BREAK

10:20.....Tony Belak
Facilitated Discussion

We will take the content and ideas from all the speakers and our conversations of yesterday and today and formulate a discussion for a designed application of these important and vital elements contributing to successful change management. This culmination of concepts and workplace partnership principles will be translated into an action plan, a copy of which will be distributed to all members of the delegation.

11:30.....Conclusion of the program

THANK YOU

SIPTU SEMINAR

HOW TO MANAGE CHANGE IN THE WORKPLACE

Every organization is a living museum; its function is based on a progressive menagerie of changes woven together to create its current culture. No organization remains stagnant, if it is to survive. Organizations need change to accommodate growth. Growth is a series of subtle and visible changes to the mission by the leadership. As an organization grows, its culture adapts to the new experiences or the organization implodes from inertia. Culture is a concept that encompasses how organizations work: How people are selected, developed, managed, led or rewarded. Culture also includes an organization's values, its decision making processes, its allocation of resources, its division of power, the behaviour it requires and rewards, and the level of risk it allows and encourages.

This seminar will address managing change in the workplace. Resisting change seems to be an innate, universal trait. Moreover, resistance can happen even when the change benefits the self-interests of those resisting. This seemingly irrational resistance to change can be maddeningly frustrating for leadership and public policy. Furthermore, for change to be effective, it cannot be imported from the outside. It must come from within to serve the organization's needs.

This SIPTU Seminar has a blueprint for internal growth and change.

Topics include:

- The future of labour-management relations
- Cultural diversity: a new horizon in change
- Emotionally intelligent coaching and leadership
- Making the workplace work through change management

Program: Monday, March 17, 2008
Savannah, Georgia
Four Points Hotel

Sponsor: Services, Industrial, Professional and Technical Union (SIPTU)
Sullivan University, Graduate Studies in Dispute Resolution

words, people do not resist change as much as they resist being changed. A common approach to implementing change is teaching with coercion with people being asked to follow the advice of an organizational guru in a blind and cultish way. To be told "just do the program and don't ask questions" is often seen as losing control over one's life, and is it any wonder people resist?

STRATEGIES FOR SUCCESSFUL ORGANIZATIONAL TRANSFORMATION

There are four critical conditions for successfully implementing a new program within any organization:

1. Information must be communicated to those involved in the change about its characteristics and this information must be presented in an accessible and user-friendly format.

2. That information must include evaluative data about the facts, advantages over alternative options, cost effectiveness, and any serious side effects.

3. Financial, human, and physical resources must be available to support the implementation of the change.

4. Principal users must be assisted in meeting the human challenges of change such as overcoming fears, anxiety, and resistance and creating a positive environment of ownership in the innovation and involvement of the change process itself.

All elements are equally critical to effective organizational change but the human aspect can be most challenging and can make the difference between success and failure. For successful and efficient change you should:

- **Establish a need to change...**If you want people to accept change, alter the comfort level to get their attention. You must convince them that they need to change by providing a vision of how much better their lives will be if they do change and demonstrate your competence in this process by generating some positive results early. Waking the organization to the need for change can be wrenching and terrifying to many people but that extreme intensity of emotion must be felt before most will be ready to change. The pain of staying the same must be greater than the pain of change before people will make the decision.

- **Create a clear and compelling vision that reflects betterment...**Organizational change leaders must express a compelling vision critical for directing efforts, aligning the activity, and inspiring people to take action. Without an appropriate vision any transformation effort can easily dissolve into a list of confusing, incompatible, and time-consuming projects that go in the wrong direction or

nowhere at all. Change organizers should be careful not to reduce their vision to a slogan or abbreviated phrase of platitude that becomes a source of ridicule so what was meant to be a vision now leads to deep cynicism and alienation.

- **Look for true performance results and create early victories...**Successful change programs begin with results that are clear, tangible, and bottom-line and the earlier these occur the better. A major problem with many programs is lack of clarity and off-target goals. Organizational change is about changing organizational performance and the clearer the link between the activity and the results the more energy, commitment, and excitement that will be generated during the change processes. People need to see early progress to reaffirm their faith in the change effort and without short term wins to accelerate the change employees may give up or even actively resist.

- **Communicate, communicate well and often...**Poor or inadequate communications is one of the main reasons change efforts fail. When you want to communicate a vision to the organization, keep the message simple and succinct, without metaphors, analogies, or examples. You should use different forms of communication such as large group meetings, memos, newspaper, posters, and town hall meetings and repeat the message often. All successful cases of major change seem to include thousands of communications that help employees grapple with difficult intellectual and emotional issues. Management should lead by example because behavior of important people that is inconsistent with the vision overwhelms other forms of communication. Communication is a two way street and those who listen well often gain valuable insight and information to better achieve the goal.

- **Change comes easier when it is complicated...**Large scale and complex change may be easier to accomplish than small and incremental change. The former must, necessarily, deal with culture and management style within the organization and it is these two issues that frequently make incremental change almost impossible. If a plan for change does not redesign the structures and systems around people much old behavior gets reinforced and new behaviors go unrewarded. Changing everything at once may require a leap of faith, but there are certain cultural components that should be changed for success. New rules and policies must be created to reinforce desired ways of operating along with goals and measurements that reinforce that desired change. Training to encourage the change must be given timely such that the new, learned behavior can be implemented at once along with marketing, ceremonies, and events that reinforce the new ways of doing things. The organization must develop goals and measurements which encourage desired management behavior and publicly recognize and reward managers who adopt change by linking promotion and pay rewards to the desired modification. Rewards and recognition that reinforce the old methods and procedures must be replaced along with the physical environment and lines of communication to encourage the growth and acceptance of change.

- **People do not resist their own ideas...**People who participate in deciding what and how things will change not only are more likely to support the change but also are actually themselves changed through participation. This transformation, through recognition and empowerment of employees often encourages opinions and ideas in new and creative communication for greater participation and knowledge. Employees then become active, informed, conscientious, and contributing members of the system in which they live and work and this result could be difficult for some to accept.

Change means to become different or to be in an altered state, but if the culture does not change any new vision will be blinded through inertia. Culture is an organizational concept that encompasses how work is done and how people are selected, developed, managed, led or rewarded. Many elements go into determining an organization's culture. These elements range from being highly organized with maintenance of clear lines of authority and providing secure employment to building strategic alliances with other organizations, adapting quickly to changes in the business environment and being flexible and agile in thinking and approach. Culture includes an organization's values, its decision making processes, its allocation of resources, its division of power, the behavior it requires and rewards, and the level of risk it allows and encourages.

Simply stated, if the culture does not change, nothing will be different. Still, if the organization recognizes the importance of changing its culture and takes an active, studied approach that includes mobilizing its leadership, changing work processes, and aligning the full range of people strategies with its desired new culture, successful change within the organization can be realized.

HOW TO MAKE SURE YOUR PLAN PRODUCES THE EXPECTED RESULTS

The best laid plans of mice and men often fail in the implementation stage for failure to consider the realities of life, the workplace, and people. To help assure that the great ideas generated are translated into actions and desired results, here are a few key elements to consider:

- **Begin with the end in mind.** Start with a clear picture of what is to be accomplished and make sure everyone sees the same vision. The goal should be stated simply and concisely so it is easily understood and comprehended, even if the mission is complex. Remember the power political campaign slogans have in rallying the masses to action.

- **Develop the roadmap.** The path should be precise and easy to follow so that people can visualize where they are going. Each organization is a living museum of what has been tried and failed in the past, so don't repeat history.

- **Enlist the support of others.** Enthusiasm is contagious, and people who are adequately informed and feel they are part of the team are more likely to respond positively and lend support in any way they can, even in small ones.

- **Create checks and balances.** As the progress of the project evolves, it is important to assess success and realign responsibility for adjustments or modifications. A timeline can be helpful and lets everyone know where they are along the path to the goal. Let people know the status of the project from time to time and monitor the progress so success can be visualized.

- **Be consistent and reliable.** If you are the mentor of the project, people will read your responses for signs or reflections of success or failure. Honest and consistent information will retard rumors and build camaraderie. Form alliances with influential people within the organization to disseminate accurate information and facts.

- **Share the glory.** When success smiles of the project and the plan comes together as designed, celebrate and recognize the people who made it happen.

HOW TO SUCCEED AT PARTNERING

PARTNERING: A long-term commitment between two or more organizations for the purpose of achieving specific business objectives by maximizing the effectiveness of each participant's resources. This requires changing traditional relationships and practices to a shared culture without regard to organizational boundaries. The relationship is based on trust, communication, dedication to common goals, and an understanding of each other's individual expectations and values. Expected benefits include improved efficiency and cost effectiveness, increased opportunity for innovation, and continuous improvement of quality of services and outcomes.

PARTNERING may be appropriate when:

- The parties recognize they all have an ongoing stake in future policy, program, and operational decisions;
- They have an overlap of, and mutual interests in, outcomes;
- They consider their ongoing relationship to be important to the overall achievement of shared goals and objectives.

Ingredients for Partnering Success:

- All seek win-win solutions.
- Differences are settled before they become disputes.
- Strong value is placed on long-term relationships.
- Trust and respect are expected.
- An environment for mutual gain exists.
- All parties are encouraged to openly address any issues.
- All principals realize that exploiting each other is counterproductive.
- Innovation is encouraged.
- Each partner is aware of the others' needs, concerns, objectives and desires that they want to be achieved.

"The more evolved and psychologically healthy people get the more will enlightened management policy be necessary in order to strive in competition and the more handicapped will be an enterprise with an authoritarian policy."

Abraham Maslow

A common theme to successful partnerships is the level of commitment of both labor and management leadership to the process and their combined efforts to achieve common goals, even in times of adversity. Commitment, as the cause of success, appears at both the organizational and personal level for those involved. Not only must the larger organization or department endorse partnership, but also the individuals involved, especially those in leadership positions, must have an internal and personal commitment to making this novel approach to doing business successful. Unfortunately, a person or group who are personally committed to partnership will be less effective in an organization that is not fully committed to partnership. It takes both kinds of commitment for a partnership to succeed, and there is little doubt that partnership efforts are enhanced by a genuine willingness to work together toward shared goals in an environment of mutual respect and trust.

How to achieve respect and trust: If it's not there now don't think partnership has magical properties to enhance personal or professional relationships. A successful partnership, built on respect and trust, must start with people sitting down and discussing issues. This discussion must be a dialogue, not debate, for partnership to succeed. Lost trust can be reclaimed slowly through sharing and caring and listening to what's important to others. If there is a perception of success, along with a commitment of the leadership to on-going efforts, the organizational culture will adapt and the partnership concept can redefine labor-management relations. Holding hostage the partnership as a bargaining chip may be a traditional negotiation strategy, but it has no place in this new ideology.

Through dialogue, adversaries can learn to break down stereotypes and negative patterns on interaction and begin to accept each other as human beings, with feelings, points of view, and perceptions that just might make sense when seen from the other's perspective. Without healthy dialogue, chances of successful negotiations are severely reduced, even if success would be in one or both sides' best interest. When ideologies are at stake and values attacked within a clash of competing cultures, rational self-interest looses importance, and we fight for the right to be right. Without positive communication and mutual respect, negotiations will not produce meaningful results.

To move from the traditional negotiation style of independence, compromise, and positions to interdependence, interests and needs, and collaboration may require the assistance of a mediator or facilitator.

FACILITATED NEGOTIATIONS: Negotiations between or among parties for the purpose of resolving differences, solving problems, and reaching decisions by consensus. Facilitated negotiations require the assistance of a qualified facilitator who runs the meetings, keeps the parties focused, guides them in the process, encourages ground rules, and takes notes.

FACILITATED NEGOTIATIOS may be appropriate when:

- The parties are willing to work toward a solution all can support but recognize that a structured process and a facilitator acceptable to everyone are necessary to move the group effectively through the problem solving process.
- Fundamental issues of law or contract are not at issue.
- The parties do not have trust issues so serious that any form of cooperation is impossible.
- The parties wish to improve their communications and achieve mutual goals.

"Let your thoughts be positive for they will become your words. Let your words be positive for they will become your actions. Let your actions be positive for they will become your values. Let your values be positive for they will become your destiny."

Mahatma Gandhi

Pre-decisional Involvement and Information Sharing

Differences of opinion about what is pre-decisional involvement can be a barrier to partnership and a hindrance preventing partnerships from moving forward and maturing. Also closely related to concerns regarding the decision-making process are issues with

sharing of information. Sometimes, management fears wide dissemination of information for many reasons, which labor or others may view as circumspect or non-supportive. Management may believe information flow in primarily one way or that all sharing is not relevant. There may be a perceived distinction in routine communication between management and the union, informing, and collaboration.

Perceptions regarding information sharing, access to news, and input to decisions are reflected or distorted by the trust and respect individuals and groups have for each other. Good communication does not take place only during formal partnership meetings but should occur between and among individuals every workday. Viewing labor and management as opposing camps is adversarial in its thinking when we are more akin to a clan or tribe existing to survive in dangerous times. Each member is individually insignificant to survival of the group, but collectively the indistinguishable power of one is magnified to massive proportions for survival and competitiveness of the collective.

When we view our participation in partnership as competing gangs fighting over the same turf and worry more about how others view us in this game of "chicken," and power plays to impress our friends, we are not experiencing a healthy or productive relationship. Like any marriage under similar conditions, when that deterioration has reduced trust and respect to merely words and not actions, no amount of therapy or counseling will repair the relationship and drastic measures may need to be invoked. Should a union divorce itself from management, or can management ignore union needs? It happens all the time, because it's harder to stay together and committed than it is to bicker and fight, blaming the other in a litany of wrongs from historically distorted memory, happy to be the victim of such a callous and non-loving partner.

Conclusion

Successful partnerships place a high value on open communication, and labor and management identify honesty and openness to be key factors in their success. Personalities of the participants is another major factor in achieving success. Consequently, turnover of key players in the partnership may result in either advancement or degradation of the established relationship. Personality traits, which resonate positively, are sincerity, honesty, open-mindedness, and a willingness to listen.

When a partnership has the proper people committed to its success, they should focus on development of the relationship and problem-solving methods most comfortable for them. Partnerships seem to attract people with problem-solving personalities and styles, and an efficient and collaborative method is highly more satisfying than the natural and usual reactions to positional debate. Even in times of fiscal restraint, it would be prudent to train and learn techniques to break the common paradigm of debate and move to dialogue and effective communication.

LABOR/MANAGEMENT PARTNERSHIP PYRAMID

MISSION

- Does your labor/management partnership have a clearly defined mission?
- Do all members of the labor/management executive team know how the part they play relates to the overall mission of the group?
- Is this mission something the labor/management team cares about?
- Do you discuss the labor/management mission often?
- Do you celebrate the mission of your labor/management partnership?

VISION

- Does your labor/management partnership have a clearly defined vision?
- Is this vision articulated enough that all parts of the organization know what it is and accept it?
- Were stakeholders involved in developing this vision?
- Do your practices support this vision?
- Do you routinely verify that your vision is focused?

GOALS

- Do your goals and overall objectives support the mission of the organization?
- Can other employees explain the labor/management partnership goals and why they are important?
- Are the goals of individuals and groups consistent with the direction of the organization?
- Were all stakeholders involved in designing these goals?
- Do you relate new projects or activities to established goals?

STRATEGIES

- Do your strategies support the overall direction and vision of the organization?
- Could these strategies be threatening to some?
- Do your strategies address the needs of various stakeholders?
- Do you often modify these strategies to conform to changes?
- Are teams involved in designing and modifying your strategies?

ROLES

- Is decision-making easily understood and supported by people?
- Are the necessary resources available to do the job?
- Are people comfortable in their assigned or acquired roles?
- Do people know where to get accurate information?
- Have barriers to successful performance been eliminated?

POLICIES

- Do you policies and practices support the common and accepted vision and direction?
- Are policies and practices consistent throughout the organization?
- Do you modify policies to conform to changes?
- Are individuals and teams held accountable to the same policies?

INTERPERSONAL RELATIONSHIPS

- Are resources utilized for people to accurately know each other?
- Are problems addressed as issues rather than individuals?
- Is conflict constructively dealt with?
- Do you have a viable conflict resolution process or program?

Speakers:

Lord Bill Brett: Moderator

Bill took up his current post as Director of the International Labor Office for the United Kingdom and Ireland, based in London, in January 2004.

He was Chairperson of the Governing Body of the ILO for 2002-2003 and was Vice-Chairperson of the Governing Body of the ILO, and Chairperson of the Workers' group of the ILO Governing Body from 1993. He became General Secretary of the Institution of Professionals, Managers and Specialists (a trade union for professional workers such as scientists, engineers, architects) in 1989 and was re-elected for a further five-year term in 1994. He has had a long and committed career with trade unions; Negotiator with the Bank Employees' Union (BIFU); Member of the General Council of the TUC, Member of the Major Policy Committee of the Council of Civil Service Unions; Member of the Executive Committee of the Public Services International from 1989 to 1999. He was appointed a member of the House of Lords (UK) in June 1999.

He is also a Commissioner on the United Nations "World Commission on the Social Dimension of Globalization". The Report was published in 2005.

C. Richard Barnes

Richard Barnes is President of C. Richard Barnes and Associates, LLC. Established in 2005, this unique organizational consulting firm provides dispute resolution services, systems design, workforce training and development and executive coaching to a cross section of industry, labour and service organizations. Richard served as Director of the Federal Mediation and Conciliation Service (1998-2002); the first career mediator in FMCS history to receive this Presidential appointment and Senate confirmation. As Director of FMCS, he was responsible for the nation's federal mediators. He was also appointed to the National Partnership Council by President Clinton in 1999 providing oversight and direction to all federal agencies involved in workplace change initiatives. His broad and far-reaching experience in labour-management relations, negotiations, organizational change processes, mediation and dispute resolution made him exceptionally qualified for these positions.

Barbara Sunderland Manousso

Dr. Manousso serves on a variety of federal and local mediation panels and numerous community boards with focus in health organizations. She is recognized as an authority in elder care, family disputes, and health care conflicts and reorganization. A graduate of Brown University in semiotics and the University of Texas School of Public Health in

community health, she has also obtained over 2,000 hours in advanced mediation training, including certification in transformative mediation. In Texas, she has earned the designation of Advanced Practitioner. As a practitioner, lecturer, and trainer, she has been active in alternative dispute resolution since 1993. She is a member of the Texas Bar Association – ADR Section, Texas Association of Mediators, New England Chapter for the Association of Conflict Resolution, the Labor Employment Relations Association, as well as a director of the Evans Center for Mediation at South Texas College of Law, and is a very active member of the Health Care Section for the international Association for Conflict Resolution.

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States and provides assessments and training, as well as short and long term strategy advice that has proven to increase companies' bottom line and enhance employee morale.

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A Primer in Change for Medical Professionals

In the past few years in Ireland, the focus has tended to be on people arriving in Ireland as refugees, asylum seekers, or economic migrants. Government figures estimate that as many as 340,000 immigrants are expected in the next six years. Ethnic and cultural diversity are not new phenomena in Ireland. The health service industry has two sided concerns with cultural diversity involving the service providers and the patients seeking services. The medical industry is a mixing pot of differences in behaviors, values, and beliefs among staff as well as clients. Acknowledging these differences in a respectful way and being informed of them can advance the cause and practice of medicine. Government policy in Ireland has been established to protect and prohibit discrimination in nine categories through the Employment Equality Act, 1998 and the Equal Status Act, 2000. This session will examine new perspectives to expand the cultural diversity horizon, open communication, and minimize conflict. Traditional models of care are shifting from the highly professional system to patients taking charge of their health and medical care. There is also a growing emphasis on prevention and a movement toward less intensive forms of treatment and care. Considerable pressure has been placed on the service with more people being served with more complex and acute needs. Resources

have not matched the changes in demand. This pressure has been exacerbated in recent years with global and economic market trends. In recent years, there have been significant difficulties in Ireland in recruiting and retaining staff due to competition with other sectors offering similar or better conditions of employment, including wages. Now that Ireland's workforce is more ethnically diverse, new challenges are launched.

12:30.....LUNCH (On Your Own)

1:30 PM.....LaVena Wilkin
Emotionally Intelligent Coaching
Developing Leaders of the Future

Maybe once in a life time we have the opportunity to anticipate pervasive and radical change. Currently, we are at the pinnacle of this type of opportunity in our organizations. Yesterday's hierarchical management style is becoming less effective and less appropriate. Forward thinking leaders are looking for a better way, and that better way is emotionally intelligent coaching. Emotionally intelligent coaches identify feelings, use those feeling to guide reasoning, understand that feeling may change as events unfold, and manage to use those feelings to help people make rational decisions. They encourage dialogue, support problem-solving, and provide feedback. When organizations support emotionally intelligent coaches both the company experiences lower turnover and increased profits. The employees are appreciated and empowered. It is a win/win for everyone.

2:30.....Loretta LeBar
Premonition or Prediction – Does It Really Matter
What Employees Experience Before the Change Begins

Humans are an interesting species with incredible ability to sense when change is in the "air" - sometimes even before management contemplates it or begins serious discussions to pursue it. With this in mind, this session will explore why change is inevitable in all work place environments. This session will discuss what internal work behaviors are symptomatic of impending change brought about from either internal or external pressures on an organization. For this session, a unique approach to predict when change is necessary and how to manage this early stage of change management successfully will be shared with the participants.

3:30.....Panel Discussion

All speakers will participate in a moderated discussion to summarize and refine the primary message and define a course of action to follow through such that the lessons and skills learned are implemented and utilized practically and purposefully.

4:15.....Adjourn

- **Fear of More Work...**Employees believe that change will result in them having more work to do and less opportunity for rewards. Change is resisted because it may alter terms of personal compacts employees have with their organizations and associations in three common dimensions...formal, psychological, and social.
    - Formal compacts capture the basic task and performance requirements of the job as defined in the employment handbook or job description, contracts, or performance agreements.
    - Psychological dimension of personal compacts address aspects of employment relationships that are primarily implicit and personal, such as "how hard will I really have to work" or "what recognition or financial rewards will I receive."
    - Employees gauge an organization's culture through the social dimension of their personal compacts. They pay attention not only to what the organization's leadership says about corporate values and the corporate mission, but also to what they do in support of their pronouncements.

  Major organizational change can and often does impact some or all of these dimensions of the personal compact and, to the extent that people perceive the changes to the personal compact negatively, they will resist change.

- **Habits to be Broken...**When a supervisor with a command and control management style has been requested to modify that behavior to get in step with new and innovative concepts for the organization does not comply, it does not mean that person is a bad supervisor. It might mean that she learned a command and control style early on and it developed into a deeply ingrained set of habits that seemed to work and help her get ahead in the organization. To try to change interrelated habits and traits that reflects a style of management is extremely difficult and reinforces resistance.

- **Lack of Communication...**Before most people can understand and accept a proposed change they want answers to questions such as, "what will this mean to me; what will it mean to my friends; what will it mean to the organization and are there better options; will I have to make sacrifices, what will they be, and how do I feel about having to make them?" When top management makes a speech or sends out memos or e-mails with a few upbeat stories in the employee newsletter, employees are left to speculate about when, where, how, and why of change. The fear that unexplained or unaddressed anxiety can generate hinders acceptance and the necessary buy-in.

- **Failure to Align With the Organization as a Whole...**The organization's structure, business systems, technology, core competencies, employee knowledge and skills, and the culture (values, norms, beliefs, and assumptions) are not aligned and integrated with the change efforts.

- **Employee Rebellion...**Those who resist change do so because they feel it is being forced upon them. People do not resist change as much as its implications, i.e., the ambiguity that results when the familiar ceases to be relevant. In other

NEW YORK 2009

REPORT ON UNION/MANAGEMENT STUDY VISIT TO NEW YORK.

MEETINGS WITH SEIU TRAINING AND EMPLOYMENT FUND.
PETER LAZES, DEAN, CORNELL UNIVERSITY NEW YORK.

MARCH 2009.

SIPTU/ MANAGEMENT MEETING WITH SEIU NEW YORK 16 MARCH 2009.

A joint management / union delegation met with the SEIU Training and Employment fund in New York on 16th March 2009.

Attendance;
Debbie King Executive Director Training and Employment, Scott White Assistant Director, Alison Skikkas, Daniel Bustillo, Samantha Moralis Maria Castenaeta from the Training and Employment Division.

Matt Merrigan, John Kelly, Brian Bird, John O'Dowd, Frank Ahern, Alan Smith, Paul Donnelly, Barry O'Brien, Tom Dowling, Bernard Carey.

Both countries are experiencing problems due to the difficulties in global economies. In the US two hospitals have closed and there are fewer resources for health services. 1,500 union members have been affected and the priorities have been to keep the system functioning but there has been much less focus on prevention and primary care.
There has been a lot of emphasis on hospital infection costs.

Matt Merrigan briefed the meeting on the situation in Ireland and covered areas such as the pension levy, unemployment rates, loss in GDP, reductions in health care budgets and services. He indicated that there was a strong possibility of engagement between the Government and the Social Partners on a "National Accord" but that there was still a lot of work to be done.

Initiatives would focus on:
Nursing Homes,
Primary Care delivery systems and
Setting goals for the future.
We are simply unsure of when this will "bottom out" and there seems to be a growing divide between the public and private sectors. There will be some lay-offs and while unions are seeking to protect the temporary staff there is no security for temporary staff in the service. The management side referred to the need for changes in work practices and work structures but there are real issues when premium pay is touched.

1199 has been paying attention to pensions and has a defined pension fund. It had been in the top 20 performers in the country but has suffered a loss of 40% of assets costing $5 billion. Employers must now increase their contributions or future beneficiaries will suffer a drop in terms of future service. SEIU also represents people in the private sector. There are concerns about all of this and the effect it will have on the pensions of staff. There is some discussion on a possible tax on employer paid benefit.

Massachusetts has a universal health care system and this has involved huge changes in how health care is paid for. In future there will be a major focus on chronic disease management.

SEIU will be testifying in Congress on March 27th on the labour management issues. SEIU is very active in projects on reducing absenteeism and in measures to control hospital infections. There is a general agreement that management and unions should work together on improvements in health services and to tackle work practices to being down costs in a fair manner and it is felt that this recession can be an opportunity for change in these areas.

The meeting was updated on the SKILL Programme and how it has developed and performed over the past three years or so. The strategy to go for critical mass was explained and around 8,000

people have now passed through the programme and secured their new qualifications. There is currently a study being done on return on investment which should show the benefits from the programme to the patients.

Debbie King raised the question of the possibility of having pre-employment training courses for health care assistants. While a number of VECs are now offering the FETAC programme to members of the public it is still not an essential requirement for entry to the service. In the US over 1,000 former care assistants have now been trained as nurses and have graduated. This improves the retention rates for nurses significantly. Debbie King has found that the clinical side is now very well covered but the importance of the people side and an understanding of the patient needs to be given more importance.

Scott White presented the New York State demonstration project on Health Care Technology for Long Term Care. Project sponsors saw 20 nursing home operators in the greater new York Benefit Fund area being involved with SEIU. The project began in January 2007 and is due for completed in the Spring of 2009. After a conference of vendors and nursing homes the final 20 were selected, nursing homes were selected and teams were put together.

The technology chosen was Sigma Care by E-Health Solutions, a wireless mobile electronic medical record system designed for nursing home staff based on their work-flow. This automates physician orders and provides real time information where all staff can provide an input. The result is that doctors can see the entire chart in their office and make decisions immediately and the system can also provide an alert when required. The system interfaces with partners, pharmacy and other organisations. The union wanted to be involved as the system will improve patient care and advance the skills of the CNAs. These people had seen themselves as "low-tech" jobs.

The new system however moves people from writing about the care to recording it in real time. It is possible therefore to know about a problem when it happens and not after it happens. The SEIU feels that the I.T. Project has helped relationships and points out that only 5% of nursing staff in Nursing Home had adopted technology while McDonalds has a 100% rate. Unions have encountered fears when moving from writing to electronic input. There were also fears of layoffs, and of joint working between labour and management.

The Training Fund had a major role in this initiative. It worked to develop leaders around the technology. It also worked to educate the vendor on working in a unionised environment. Work is also taking place in the research area. Cornell University has assisted in studying employment and labour relations. There is a view now that the savings in staff time are significant and that these should be transferred into the patient side and making the patient services better. A key lesson learned is that leadership must buy in early and become a "cheerleader" to facilitate the change.

The Union has had a major role in the project on Eliminating Hospital Acquired Infections in New York City. The purpose is to reduce hospital acquired infections through hand hygiene compliance, health-care workers immunisations and cleanliness in the environment of care. 16 infection control coaches were selected from a cross-section of front-line staff and managers in each hospitals. There are 13 participating hospitals. Best practice was shared at a conference when the coaches had been trained. The are now evaluating the work done in terms of a reduction in hospital acquired infection. The key role of a coach is to be able to give feed-back to people who are senior to them on poor hygiene.

Te project entitled the TEF Umbrella is designed to improve patient care in a joint project between unions and management. The concept is of a labour/management institute which could work on solving problems between unions and management. This concept sees the business needs of the

institution and the interests and needs of the workers being worked on to produce improved patient care. Examples of the Labour Management Projects were;
Nursing Home Quality Care Committee.
New Models of Patient Centred Care CBA Pilot Project.
Reduction in Operation Room turnaround time.
Reduction in wait times in the Emergency Departments and clinics.

Documentation outlining a number of initiatives being undertaken by the 1199SEIU Training and Employment Funds were circulated.

MEETING WITH PETER LAZES, DEAN, CORNELL UNIVERSITY. NEW YORK. 16 MARCH 2009.

Matt Merrigan updated the meeting with a wide-ranging review of the Irish health service and the partnership Process. The opportunities are there now for changes in relationships and behaviours. The Partnership Forum has not been progressing very successfully and there seems to be a lack of support from the top for any progress here. There is a widespread perception that there is very little engagement with people at present. While there is good progress in the Local Authority side in Ireland the health side is not anything as successful.

Cornell has run two successful "Working Conferences" for trade unions. The areas concerned were patient care and quality control. Pater Lazes feels that there is a need for people in the trade unions to get smarter in areas such as cost control, quality etc. Since some of the problems are the same there may be some traction here in terms of a US/Ireland synergy.

Lazes sees health care reform in the US in the areas of finance, access and a greater combination of public and private care with the systems becoming more integrated. With the new administration there will be money following health care reform and it is important to ensure that this is well spent. The advice is to focus on a few discrete projects.

In the Irish SKILL programme it would be best now to concentrate on key hospitals such as Beaumont, St. James's who would act as champions of real change. The importance of the readiness of management and unions must be understood also.

There are huge problems with hospital infections. 7% of patients entering Beaumont Hospital have MRSA on admission. There is now a danger that the focus is on containing rather than eliminating MRSA. However unions can help management to get funds for training in these areas and this type of crisis can be used to produce encounters with front line staff that would not be otherwise available. Management must understand the "tool-kit" of the unions in a helpful light and unions must be seen as valuable by the public. It is important to understand that projects on quality have often been initiated by the unions. There is also a need for capacity building in the unions to allow for better performance.

Cornell tends to ask two questions;
How can you change things in your local area?
How can Cornell help in resolving the conflicts?.

There was agreement that it was important to work quietly in building up a project such as SKILL, allowing it become successful and then making it a centre for best practice. We would have an interest in direct discussions with some agencies on this basis.

Peter Lazes agreed to give a number of pointers and concepts aimed at institutions to resolve

difficulties in patient care, infection control etc. on a partnership basis. It might be best to focus on a few pilot projects. This might be best achieved in the acute hospital sector. It seems that people are prepared to handle change at local level on a few focused issues but this does not happen in big national change projects. The Working Conferences in the US have resulted in follow up talks on difficult issues between unions and management.

Boston 2007

SIPTU Union – Management Field Study
Massachusetts Institute of Technology
March 2007.

The Kaiser Permanente Labour Management Partnership.

Professor Robert McKersie led the team from the Massachusetts Institute of Technology.

Matt Merrigan SIPTU led the team from the Irish delegation.

Kaiser Permanente is America's leading not-for-profit health maintenance organisation. It serves 8.5 million members and most of its business is carried out in the Western United States with its head office located in California. It employs over 79,000 staff with more than 50 local bargaining units. The Kaiser Foundation had been involved in providing health insurance while the Permanente Medical Group provided medical services. The two organisations merged to become Kaiser Permanente.

In the late 80s and early 90s Kaiser Permanente experienced severe competitive challenges from other non profit providers and by the mid 1990s they were recording huge losses. It lowered prices, attracted additional members but this only increased the losses. They began to take a tougher line with the unions on pay and this led to lay-offs and strikes. The workforce became increasingly demoralised and the company saw itself as being in trouble and in need of a strategy to transform itself.

The largest union was the Service Employees International Union (SIEU) and it began to take an aggressive stand against the company. Management brought in McKinsey as Consultants and the union saw this as a prelude to hospital closures and began to fight this. The bargaining round of 1994-5 went very badly with both sides fighting each other in a bruising campaign.

Dr. David Lawrence was the CEO of Kaiser Permanente and he decided that something new was needed to stop the demise of the organisation. There were 54 labour contracts and 36 labour unions involved and this round of bargaining with contracts falling due on a weekly basis. Dr Lawrence agreed to meet the union representatives for a private meeting on the basis that the current arrangements were not working for any party. The unions also recognised that some new thinking was required.

At the meeting both sides did indicate that it would be better to try and find solutions through collaboration rather than confrontation. What happened allowed both sides to come away with a different way of solving problems on the basis that there needed to be a partnership approach to the problems as no one side had the answers.

A facilitating organisation with recognised experience was asked to facilitate and mediate between the parties and design and sustain a union management partnership framework. John Strepp a former Deputy Under-secretary for Labour and Head of the Department's Bureau of Labour Management Relations was the national expert who headed up the team with a staff of twenty mediators available to him. This was a huge task and we in the Irish delegation were impressed by the size of the financial investment which the US Government was prepared to put into establishing a better framework for the resolution of conflict at Kaiser Permanente. We did however see that Kaiser Permanente was almost the same size as the Irish public health service.

Work on producing a Partnership Agreement began in early 1996 and lasted well into 1997. Senior executives and union leaders worked intensively on issues such as employment security, union security and the scope of shared decision-making. All of these were particularly tough issues with employment security being the toughest issue of all because of the lay-offs that had already taken place. People were also asked to change the way they were doing things, figure out new ways of delivering services and find efficiencies within existing budgets.

As soon as the management and unions had the basis of an agreement they began an intensive process of education of the front-line staff and union members. While most would not have known very much about the Partnership it was now important that they should know how these new arrangements would affect their interests. The unions produced videos describing the partnership and featured John Sweeney President of AFL-CIO who described his vision for what a partnership of this size could mean for America. That would be like having the President of ICTU supporting something in Ireland.

The Partnership Agreement was approved by the union membership except for the California Nurses Association. This represented 8.000 nurses and withdrew from the partnership negotiations.

The kaiser Permanente National Labour Management Partnership Agreement had the following goals;
Improve quality of health care for members and communities.
Assist Kaiser Permanente in achieving and maintaining market leading competitive performance.
Make Kaiser Permanente a better place to work.
Expand membership.
Provide staff with maximum possible security of employment
Involve employees and their unions in decisions.
Consult on public policy issues and jointly advocate where possible and appropriate.

The structure of the partnership arrangements sees two top oversight bodies representing unions and management. 26 unions participate in the body.
The Strategy Group consists of 12 union leaders physicians and senior managers and meets eight times a year. The National Partnership Council meets four times a year and brings together around 50 union and management officials to share reports and enhance co-ordination across the organisation.

After the partnership deal was agreed partnership affairs were separate from the collective bargaining on pay. This is the usual arrangement for the first few years and helps to build trust. However at some stage this area also has to be challenged. A strike in Oregon forced both sides to address this issue. Partnership agreements nationally can be vulnerable to local conflicts according to McKersie. A nurses strike in Portland began to threaten the process and the top Kaiser Permanente people went there to try and ensure that the local strike did not derail the national agreement.

The unions wanted a national pay rate but Kaiser did not want that for fear of huge increases in some States. The senior facilitators joined the consultations. An alternative approach of "gates" that the parties would move through before negotiating a national agreement on pay was seen as having possibilities. Training of 400 participants in local and national negotiations in Interest Based Negotiations became a vital proposal for solving the issue. This allowed an agreement on a single integrated national negotiation that also allows local agreements to retain their respective deadlines so there was no common expiry date that management feared would weaken their position.

Seven decentralised bargaining task groups were established to address wages, benefits, work-life balance, performance and workforce development, quality and service, employee health and safety and work organisation. Each group worked through the problems from an interest based approach. A union management "Common Issues Committee" co-ordinated the process and were assisted by 20 facilitators. Options were developed within the bargaining task groups. Where there was agreement the recommendations were sent to the Common Issues Committee. Eventually a framework for national agreement was agreed by the common Issues Committee and approved by senior management and the unions' bargaining council.

The process was the biggest and most successful interest-based set of negotiations in the United States up to 2000. The national framework was ratified by 26 unions by a 92% majority. Leadership by unions and management played a huge part in the success of the negotiations. Unions had to convey hard messages to their membership while management had to take risks and attend union meetings to explain their proposals. Facilitation was hugely important during the negotiations. The training of the facilitators was an investment that paid off very well. Identifying agenda items that can be resolved rather than focusing on make or break agenda items meant that there were early wins and this sustained the momentum. Part of the solution was the setting up of a "performance sharing" fund where around 1% was paid to staff on the basis of the performance of the company.

The management got benefits in the stability of the organisation, no dislocation of services a more productive relationships and industrial peace. The unions got certainty and predictability with no lay-offs. The tradition of Kaiser Permanente had been that the unions "dumped" all over the company and the company in turn "dumped" all over the union and told the world that union members were unproductive people. This drew reaction from the public who expected business to be properly carried out in the health care setting. The partnership agreement meant that the public got a good story for a change.

It was then necessary to embed the partnership process into the everyday life and culture of the company. There was an extensive investment in training for managers and union officials. This training saw the integration of partnership into the normal activities of the company. This was seen when Kaiser Permanente was able to open a new hospital in record time as the project was carried out using the partnership process. The new hospital was designed as an innovative fully functioning efficient hospital and opened before the target date with no IR problems.

Professor McKersie and his team at the Massachusetts Institute of Technology carried out an independent case study on the Kaiser Permanente Partnership programme. There was a huge interest from the Irish delegation in the process and especially in the initial decision to seek to work together rather than enter the another round of union management conflict. It was agreed that there were major lessons in this innovation for the Irish health service.

NEW YORK 2006

Matt Merrigan
National Industrial Secretary

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27 January 2006

Dear ,

I refer to our visit to New York and set out the Agenda:

Wednesday, 15th March:

Flight to New York 10.30hrs

Thursday, 16th March:

Meeting with ETJSP on SKILL Mix issues and Personnel Planning

p.m. meeting with New York Nursing & Community Homes on improved care for clients.

Friday, 17th March:

Meeting with New York Dept. of Health & Human Resources on Personnel Planning for New York City.

Saturday, 18th March:

Meeting with New York Fire Department on EMS.

Saturday, 18th March 2006:

18.00hrs Boat Trip on Fire Department Boat –
Leave Manhattan – Drop off in Brooklyn

Group will be collected from Hotel.

Please advise by return e-mail if you will be going on the Boat Trip.

email sent 23/

Monday, 20th March 2006:

Travel to Montifore Hospital, Bronx

Utilisation of Press Ganey Measurement Systems in an acute setting.

Pre-Hospital Emergency Care Provisions

13.30hrs Cornell University Conference Centre
16 East 34th Street (6th Floor)

Sheila Namm, Vice President for Professional Affairs

Maimonides Medical Centre

Patient Satisfaction and its impact on Medicare & Medicard reimbursement – whats coming down the line.

19.00hrs Meal with President of City University of New York – Ricardo Fernandez & Dean of Lehman College, Michael Paull

($30 per head – please advise Matt Merrigan if you wish to attend. The above figure is payable in advance.)

Venue: JC Fogarty's Town Tavern, 60 Kraft Avenue, Bronxville (Take the train from Grand Central Station – Metro North to Bronx (Westchester Town)

Tuesday, 21st March 2006:

Depart New York JFK Airport 18.00hrs

MONTEFIORE MEDICAL CENTER

Patient Satisfaction Measurement
Monday, March 20, 2006
9:30am – 12noon

Welcome
Matt Merrigan & Team
Services Industrial Professional & Technical Union

Agenda

1. **Power of Data**
   - Patient Satisfaction Measurement — Elaine Brennan, RN, MPS; Maria Castaneda
2. Patient Satisfaction Metrics — Brandon Yongue, PhD
3. **Press Ganey: High quality survey instrument** — Bettie Jackson, RN, EdD; Brandon Yongue, PhD; Leslie Bank
   - Peer Group Benchmarking
   - Target recommendations & ongoing revision
   - Content of reports
   - Data access & interpretation
4. **How we use data to drive results**
   - Emergency Services — Sue McAllen, RN/Bonnie Corbett, RN
   - Inpatient Services — Cathy Naughton, RN/Marcia Lutz, RN; Stella Reiss, RN/Jaccel Kouns, RN
   - Home Health Care Services — Pam Joachim, RN/Carol Wetherbee, RN
5. **Areas yet to be measured**
   - Support Service areas — Stephen Amis, MD

Please join Elaine, Matt and his team for lunch after the presentations at Madison's in Riverdale.

Report of Union Management Field Study Group 2006

Hospital and Emergency Services

New York City

March 15th to 21st.2006.

Meeting in Fire Academy ,Fire Department of New York,

Randalls Island ,NYC 15th March.2006.

The group was met by Chief Frank Curnyn of the Training Academy, who indicated that FDNY had got $50 million extra in its budget from the city during the final period of Mayor Guliani's term. A major portion of this had been invested in training. A major programme of building followed and a number of buildings for specific training purposes such as rope training subway rescue and flash fire simulation were provided. Because of this Chief Curnyn indicated that FDNY was well prepared prior to 9/11.

Nicholas Santangelo gave a brief history of FDNY from the original situation in 1853 when the Jefferson Engine was horse-drawn and New York used part time or retained fire-fighters to the current situation of a highly professional service up with the best in the world.

When the retained fire fighters were called in the first to arrive was paid the most ,second to arrive was paid a little less and so on. This arrangement meant that a full crew did not always arrive and was discontinues around the end of the 19th century The system of retained fire fighters was then continued by New York state which kept the initials NYFD thus causing the city of New York to use the initials FDNY.

The training period is 3 months and is very intensive.A notice in the training theatre as follows shows how seriously the training is taken

Let no man's ghost come back to say "my training let me down"

There is a major emphasis on physical fitness and the training academy has a fine fully equipped gymnasium. Each year a fire-fighter must undergo a medical examination Fire fighters who are overweight are sent back to the gym to lose the extra weight and this arrangement is strictly enforced.

The equipment carried by a fire-fighter responding to a fire weighs 100 pounds and each fire-fighter must be able to walk up seven floors carrying this equipment.

Fire fighters wear special suits for responding to incidents where poison gas or chemical weapons may be involved. The most expensive part of the suit is the zipper which must be vapour tight so that there is no contact between the chemical and the skin. Should there be a nerve agent in a building the most dangerous place will be the cellar and the fire-fighters are trained in dealing with cellars with unknown agents as part of their basic training.

The group was shown rope training for dealing with 6 story buildings in one of the new training buildings. A lot of emphasis is now being placed on rope training on how to get in and out of buildings. In March 15th 2005 two fire-fighters were killed and two were injured while getting out of a building and since then the FDNY has developed a new rope system which we saw used in training. During training people work 9 to 5 and each day 8 teams of fire-fighters are on release.

The Fire Department arranges an annual education day for every fire-fighter where everything from rope training to subway rescue is covered.

Fire-fighter is a very sought after career and when the instructor who briefed us was an applicant 14,000 people applied and only 1,400 made the list.

Training Building 4 creates the common scenario of the "bed fire" When the fire increases in intensity it creates very high temperature and caused a flashover which is the biggest problem for the fire-fighter. Captain O Neill indicated that in situations like this where children are involved they hide under the bed and finding the children alive or their dead bodies is what the response calls for.

Captain Connolly described how the FDNY train for accidents on the subway. The most common situations are where bodies fall between the train and the platform. Since the subway is operated electrically the power supply is the biggest concern. There is 600 volts of electricity in the electric rail and this creates a major hazard for the rescuers. The FDNY has a good relationship with the Transit Authorities now and can request that the power to be turned off quickly. This request must be very specific and each track is numbered and the station concerned must also be indicated. This must all be verified by the FDNY dispatch/The emergency brakes must be applied to ensure there is no movement of the carriage during the rescue.

In general where people are pushed in front of an oncoming subway train they die and where a person apparently tries to commit suicide they are usually live.

FDNY has a counselling service which is despatched in cases where the victim is a child.

There are over 200 fire companies in New York.

The group met with Chief Peter E. Hayden, Chief of the Fire Department of New York at his offices in the Metrotech Center ,Brooklyn New York 11201.

He was accompanied by;

Chief Salvitore J. Cassanio, Chief of Operations,

Chief Raymond Goldbach, Chief of Personnel,

Michelle J. Maglione, Director, Recruitment and Diversity Unit,

Peggy Quinn ,H.R. Department.

There is a major focus on anti terrorism since 9/11 and FDNY has an anti terrorism centre to coordinate their response to terrorism in the city. They have a large Emergency Response room where any major event is monitored. All the buildings in New York hove been photographed and stored electronically and these can be called up during an incident to assist with the fire fight. The emergency room has a large screen which can show the actual fire live relayed from a helicopter camera. This allows the chiefs to see the full picture and convey the strategy from the emergency room.

Each borough has its own dispatch centre and fire and ambulance services are dispatched from these centres. Relationships between the two services are strained but according to Chief Hayden they are improving slowly. The fire response time is 2 to 3 minutes and it is somewhat longer for the ambulance service .Only in one location in the city do the fire and ambulance services share the same building.

The FDNY handles 1.2 million calls for ambulance services per annum and has 360 vehicles in its fleet. Staffing is on the basis of 3 eight hour "tours". Some voluntary hospitals contract out ambulance services to the FDNY and dispatch will always send the nearest appropriate unit to the scene of the reported incident. Up until 1996 the ambulance service was under the control of the health administration before it was taken over by the FDNY.

The FDNY recruits every 4 years. Around 14,000 apply and there is a rigours physical testing and a written examination. Fire-fighter is a highly sought after job in New York. There are, however, difficulties in recruiting minorities and while FDNY is making efforts to improve the situation there are obstacles in the way of progress.

These would include the long lead in time for recruitment when minorities want a job and cannot afford to wait.

The FDNY has around 7.500 fire-fighters and 3,000 emergency Medical Technicians/Paramedics. They take separate examinations. Serving EMTs can take a separate "confined" test for promotion to fire-fighter. Female representation is very low and there are only 30 to 35 females on the force. Chief Hayden sees the stringent physical examination as a major difficulty in recruiting females and there is also a lack of interest among females in becoming fire-fighters. The H.R. department is planning to go to where future female fire-fighters may be in attending sports events to raise the profile of female fire-fighters. They are also planning to use the media for this.

Chief Hayden would like to have dual qualified staff on a common pay scale but City Hall which pays the bills does not want to pay the additional money for this arrangement.. Pay is negotiated between the unions and City Hall. While Fire-fighters can earn $75,000 after five and a half years, paramedics average earnings are $45,000 so there is a huge gap between the grades. The FDNY would like to assimilate the grades but Chief Hayden put the issue in the following way.

"Change is always difficult particularly in agencies and organisations that are used to doing business in a particular way."

He sees the FDNY as " the biggest and best in the world " but buildings are getting better and fire fighting is reducing as there are less and less fires while pre hospital care is growing all the time.

Bullying and harassment is not seen as a major problem because of the small numbers from the minorities and while there are some isolated cases they do not believe that they have a problem in this area. They do have a diversity training programme.

Morale was described as good and while the FDNY "suffered a lot " after 9/11 and there were a lot of retirements they have recovered well.

Recruits must be between the ages of 17 ½ and 29 years of age. The next written examination will be held in December 2006. Recruits must be U.S. citizens. They must have 30 college credits or 2 years satisfactory military service.

Benefits are excellent with family medical coverage and a flexible work schedule.

There is a generous pension after 20 years of service.

Discussions with Lt Edward P. Boles

Uniformed Fire Officers Association. 225 Broadway. New York 10007.

The Association represents Lieutenants. Captains Chiefs and Battalion Commanders in the service. It has 2,500 members and also represents veterans who cannot vote but have other benefits. Contract settlements have now been agreed with City Hall and Lt Boles felt that the Union did well. The new deal followed the broad lines of the Police deal with two increases of 5% and a saving in payroll costs of 4.6%. The saving mean that lieutenants will now have a 5 point scale instead of a 4 year scale. The new contract prevents broad banding (the amalgamation of the different officer grades).

The Association has an elected Executive Council of nine members and they are elected on a rotational basis so as to maintain continuity. The Executive Council itself elects its President and Vice President and this gives the higher ranks with smaller numbers a chance of these posts.

The union hires a lobbyist to work with the State Legislature on matters such as pensions, health insurance etc. and Lieutenant Boles is the contact point for City Hall.

Health Insurance is given a major priority by the union and the union has the choice as to who the providers will be. There is an annuity payment system which gives members a per day payment which goes into an annuity fund which is paid on top of their pensions. A figure of $6.20 per day goes into that fund and is invested on behalf of the members.

The World trade Centre Bill covers any illness occurring during the lifetime of a person who responded to 9/11 which is related to that response.

The health insurance arrangement sees the major part of the payment to doctors being made by the insurer and only as small top up fee being paid by the member.(15 to 20 dollars).

After the discussions the group went to City Hall to meet Christina Quinn ,Speaker of the City Council and the first Irish American to hold this post. The City Council bestowed an honour on Frank Kelly Head of H.R., Dublin City Council at a special St Patrick's Day ceremony.

Presentation and discussions at Montefiore Medical Center

331 Steuben Ave North Bronx N Y C

The presentation was led by Bettie Jackson Director of Education at Montefiore. Montefiore is a large hospital with 1,100 in-patient beds and discharges 65,000 patients per year. It sees 3 million cases in ambulatory care and has 190,000 emergency room visits. It employs over 11,000 staff and relies heavily on patient satisfaction surveys to help improve services. Their customer services department manages the survey process but the statistical data is processed by a vendor.

Ms Elaine Brennan presented an outline of the work on patient satisfaction and spoke on the issue of why it is important to the hospital. Patient Satisfaction is vital to the business interests of the hospital, is part of the organisation's objectives and is vital to the reputation of the hospital in the community and beyond.

Around 40% of the 1.4 million people in the Bronx use Montefiore and 10% of people in Westchester County use the hospital.

A major focus has been placed by the hospital on learning from their patients and patient satisfaction surveys are driving changes in behaviour that are improving patient care.

Dr Brendan Younger ,an epidemiologist at the hospital, described satisfaction as "something inside a person's head" and feels that questionnaires to get at this information is a good way to find the level of satisfaction with their services. They use a balanced scale and ask patients how frequently they observe events and behaviours. Their questionnaires ask such questions as;

how often did a doctor tell you.....or how often did a nurse say.....

The questionnaire asks for information on the admission process, if everything in the room worked properly, what the meals were like how the tests and treatments went ,how visitors were treated , how the discharge process went and how personal issues were dealt with.

The hospital then calculates the association of individual items that correlate the overall satisfaction of the patient with the service and then tries to provide room for improvement in its service. The patient is also asked to prioritise the items that matter to them.

The hospital used a company called Press Ganey and has done so for many years. The score is compiled as follows;

Very Poor 1

Poor.....2

Fair.....3

Good.....4

Very Good.....5

They then translate this scale as follows as they believe that this makes more sense to people;

1.....0

2.....45

3.....50

4.....75

5....100

They regard 75 as a "C" and as such is not good enough while 100 is regarded as an "A" and this is what everybody wants.

They accept that a mean score is good over time but a percentage score can tell the hospital how it is faring in relation to a group of like hospitals. The grouping that Montefiore belongs to is a group of large urban acute teaching hospitals. While the group known as the council of teaching hospitals has over 100 members some are relatively small rural hospitals while the New York City group of teaching hospitals has 14 who are similar in size workload and scale of operation.

Questionnaires are sent by post and there is a follow up phone call but since this is costly not all questionnaires are followed up by phone. The difficulty is that the patient must decide to fill the form and this has the effect of limiting the sample.2351 surveys have been carried out in January and February 2006. Too small a survey with

a sample size of 6 will not give an accurate picture and they feel that good data can be got from groups of 40 or more.

Focus groups are used from time to time by the Operating Department .Every manager gets the results of the survey.

Mr Anthony Boreland is an expert in data measurement at the hospital and he holds weekly meetings to decide what data is required by the management and who gets it. Surveys are completed monthly and around 10% of patients are surveyed. This works out at around 1,600 per month .The hospital does very well on meals but personal issues , which are rated as more important by patients presents difficulties. A series of lunch and learn sessions is provided for staff so they can be taken through what is happening and given the key findings. General information on patient satisfaction surveys is available on the Press Ganey website.

Staff surveys are also used by the hospital and there is evidence that staff and patient surveys correlate. The customer services department has found that patients like to be telephoned at home.

Leslie Bank is the Director of the Customer Services Department and is very strong of having "the voice of the customer" heard by the hospital. She sees a situation where a group runs a mile in 10 minutes but one of the individuals can run it in 6 minutes. That individual might win the race but "you have to run a 4 minute mile to be up with the best". She wants Montefiore to be up with the best and wants to help units to be up with the best. Some of these units might not be doing well and she sees units being accountable by way of patient satisfaction measurement.

There are 7 divisions at Montefiore and these divisions must know if they are doing a good job and where this is so that good work should be reinforced. She sees a role for her division in giving direction where things are not going well in a division. Leslie

banks feels that "inside every patient there is a customer trying to come out". The data from surveys of patients provide the foundation for quality improvement. Where ,for instance , a large number of patients rate personal attention as low then management must address these issues and deal with the issues that the patients identify as poor. This must lead to interaction between management and staff to seek to improve the situation and to do this they use the "Plan, Do, Check and Act model. Successful managers involve their staff in this process and the "Act" element is to make sure it sticks. Ms Banks sees the early thinking as strategic and high level but the actual efforts to improve must be made at local level.

Data collected from the patients showed that the hospital was not talking to patients and that the waiting times throughout the hospital were too long. This led to the introduction of the "NOD" programme locally. Staff were asked to give their name, occupation and duty to patients at all times. They could then give any instruction to patients. All of this was budget neutral and in addition to this the hospital changed processes to provide a 24 hour fast track service in the emergency rooms. The hospital also used nurse practitioners instead of M D s where possible.

Ms Cathleen Naughton gave a brief picture of the nursing workforce at the hospital. The hospital uses nurses, service associates and nursing assistants as appropriate. The retention rate for nurses is very good and most of her nurses have 15 to 18 years service at the hospital. The nurse ratio is 1 to 6. Nurses sensitivity and responsiveness gets measured on a scale of 0 to 10. All nurses take a round of the wards every hour. During their round nurses ask three key questions aside from anything else that may come up and these are calls "the three Ps. These are Pain, Potty and Position. These questions will help nurse responsiveness but more importantly find out how the patient might feel but might not mention.

Home care packages are provided by the hospital which also uses certified home care agencies for provision. Home care teams visit patients for a period of 60 days after discharge. There is also a long term response programme to help people remain in their homes. The biggest problem is the scheduling of nurse visits as the patient must stay home from shopping or a medical appointment etc when the nurse is due to call. There are difficulties in arranging all of this for some patients.

Dr Amos Consultant Radiologist (on behalf of those whom he called "the universal scapegoats" described how patient satisfaction had driven changes in the Radiology Department. Waiting time and comfort were the major issues that arose from the surveys and they began to tackle these issues. They wanted to ensure that;

it was easy to get an appointment,

there was a reasonable wait,

the patient's stay in the department was as short as possible ,

the patient was comfortable during the examination and

the radiology report went to the doctor quickly.

The department's goals for mammography are;

screening 6 weeks

diagnostic 10 weeks

They have an "ombudsman" who looks at delays in their Department. The Department tracks turn around time and looks at complaints. Where complaints are made the Quality Assurance manager contacts the patient straight away.

It has taken 4 years of hard work to get to where they are and in future re-imbursement will be tied to patient satisfaction and quality so they feel they are well placed for these changes.

General remarks.

The hospital has been getting good satisfaction ratings but in some departments they are not yet reaching their goals. They are not yet "best in class" but are making good progress. Whether or not a department reaches its goals varies from month to month. For instance in general the Emergency Department did better than its goals from October 05 to February 06 but did not reach its goals in January 06. Home care rankings did not reach its goals from September 05 to February 06 with the exception of December 05. On ratings with their peers they are a little below the peer goals. The hospital also seems to be doing better at night in terms of reaching its goals.

The group were very impressed by the attention that the hospital was giving to patient satisfaction ratings and particularly so as these ratings were the driving force for changes in behaviour in improving services and in improving future satisfaction ratings.

Presentation and discussion at Cornell University / Maimonides Medical Center, New York City.

Sheila Namm, Susan Goldberg and Andrew Pollack.

The hospital uses "Report Cards" to measure quality and performance and this is now mandatory for Medicare and Medicaid services. In addition the New York Department of Health has a comparative table for hospitals which is published on its website. The United States Department of Health and Human Services also publishes a compare site for quality measurement for treatments provided by 12 different hospitals for a ten different conditions (e.g. heart attacks, pneumonia, heart failure etc).

The federal government is now moving from these 10 measurements to 20 and the secretary of H and H S has now got to decide how incentives can be provided to help hospitals improve care. Hospitals will be reimbursed differently and will get an incentive if they avoid complications from hospital based infections.

The Patient Safety and Quality Improvement Act of 2005 enables providers to contact voluntarily Patient Safety Organisations to help them to :

* identify and analyse threats to patient safety and other quality of care problems
*change health care structures and processes to improve health outcomes without fear that data will be disclosed or used in legal or administrative proceedings against them.

The hospital does well in these measurements for instance for heart attacks patients getting ACE Inhibitor for Left Ventricular Systolic Dysfunction the average for all U.S. hospitals is 80% ,the average for New York City is 81% while for Maimonidies it is 83%.Public reporting cards is "very big" in New York according to Pollock and to make sure it stays ahead the hospital needs to try and understand how care is best delivered. Maimonidies takes its patients from care programmes funded by Federal, State, City and from the private sector. All of these are relying more on Public Report Carding and there is now a variety of these arrangements in place. The difficulties now for hospitals are around convergence and accuracy. Pay for performance is now on the horizon and 2% of reimbursement will be lost where reporting is not up to standard.

There has been a mandatory reporting system in New York since 1985 for reporting errors and near misses and this is now being tied into the reimbursement arrangements.

The National Healthcare Quality Report is a comprehensive national overview of the quality of health care in the United States. It is produced by the Agency for Healthcare Research and Quality which was set up over three years ago by Congress. It has 179 measures across four dimensions of quality –effectiveness, patient safety, timeliness and patient centeredness. It has 46 what are described as "core Measures" which represent the most important scientifically credible measures of quality.

Themes emerging from the 2005 report are ;

*quality continues to improve at a modest pace,

*quality improvement is variable with notable areas of high performance.

*sustained rates of improvement are possible for the future.

The agency has 20 key patient safety indicators.

The hospital issues questionnaires to its patients on a regular basis and from 2007 it will be mandatory to have a certain percentage of patients surveyed for their views and this task must be carried out by a recognised vendor. Sheila Namm indicated that Maimonides is perfecting its own instrument and building on its current questionnaire which has 27 questions on care from nurses care from doctors, the hospital environment, the patient's experiences in the hospital, after care, overall rating and five questions about the patient themselves.

The American Hospital Association is taking a big interest in quality and safety and is keen on ensuring that an "apples to apples" approach is taken and that hospitals are compared on a like for like basis.

The insurers such as Blue Shield are now looking at data on survival rates and using it to save money on its bills by downgrading its hospital payments where survival measures indicate lack of attention to quality.

The hospital has major difficulties with diabetes and last year alone 7,000 of its discharges has diabetes. There is a concern about costs of providing data especially where a hospital must treat a disproportionate number of poor or uninsured persons and the database should allow replication of the risk adjustment model as well as performance scores.

The hospital's physician leadership development programmes and staff orientation programmes have been changed to take account of what the hospital has learned in its Patient Satisfaction Surveys. Andrew Pollock did say however in relation to bringing about change that " it is hard to see what works to produce a shift in an organisation because the culture in each facility is different". Physicians are under a lot of scrutiny right now and a lot of people feel that "health care is broken"

The hospital uses electronic medical records and has 100% compliance from physicians in this area since patient re-imbursement is tied to electronic medical records and is not paid otherwise.

Susan Goldberg was quite certain that collection of data on patient satisfaction is driving improvement in patient care in the hospital. There was general agreement among the presenters that no one set of measures captures the entire hospital experience.

At this stage the hospital is also reflecting on the entire measurement industry and while not disputing the need to measure quality and satisfaction there is a feeling that the authorities may well be measuring "alleged Performance" since nobody or no organisation has an agreed measure that is accepted nationally or internationally. There is a huge desire to measure but there are questions about measurement in that only what can be measures is measured and this leaves so much of health care without measurement. The presenters described American healthcare to day as being right in

the middle of a culture of measurement. However there are some major advantages in measuring what can be measured in that it can change the perception of a hospital and use of feedback from the patients can show the hospital what it is doing wrong and what it is doing right. In general the hospital works on the basis that "where the employee has an input change is more sustainable in the long term".

Savannah

SIPTU SEMINAR; In partnership with Sullivan University

MANAGING CHANGE IN THE WORKPLACE.
17TH / 18TH MARCH 2008. SULLIVAN UNIVERSITY.

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Lord Bill Brett Director of the International Labour Office for the UK and Ireland moderated the seminar.
Lord Brett is a former Chairperson of the Governing Body of the ILO, member of the General Council of the TUC and was appointed to the House of Lords in June 1999.

C. Richard Barnes. Director Federal Mediation and Conciliation Service (1998 to 2002)
Appointed to the National Partnership Council in 1999 by President Clinton.

Key points.
Change must be approached from a practical perspective.

Case study from California State University System.
This group of universities has 500,000 students, 50,000 employees and a $6 billion budget.
Barnes found that the people who worked in the system were tied together only
"by a common parking lot".
The system had 8 unions, 13 bargaining units and was involved in "continuous fighting".
Barnes put this down to "change imposed is change opposed".

Very early on he advised the management to stop "imposing change".
He found that management did not understand the unions and there was little engagement.

Barnes followed this model in terms of managing change.

Starting from POSSIBILITIES. The "can do".	CHANGE Allows you To move to:	ACHIEVEMENTS "Actually do"

INCREMENTAL CHANGE.

Barnes claims that humans have the ability to adapt to a changing environment.
We can get accustomed to anything gradually and incrementally.
He instanced the oil crisis of the 1970s and how the world gradually got used to the more expensive
One effect in the US was the move from serviced to self-service gasoline stations.

PENDULUM CHANGE.

Sometimes change is like a pendulum moving from one extreme to the other.
He instanced his own experience in moving from what he was a good state of health to being told he needed cardiac surgery and his feelings on being told of his changed health status.

CHANGE BY EXCEPTION.

Barnes warned about change by exception. Management to indicate that a person who is exceptional has brought about successful change usually uses it. Managers may say he or she "is an exception". I is often used to indicate to others that they are not capable of the same type of success.

PARADIGM CHANGE.

Taking a different view of the world brings this about. The paradigm is the way we look at the world and this can only change by obtaining a better understanding of the world and the views of others in that world.

BARRIERS TO CHANGE.

Habits. We tend to have settled tendencies.

Belief systems. These are our own cultural beliefs and our beliefs about society. Having precondition cultural beliefs.

Attitude. This comes from knowledge and experience and the emotional impact, which is made.

Expectations. This is reflected in what is encouraged, discouraged and punished. It is about what we expect to happen and we need to be aware of our comfort zones.

Barnes feels that the Federal Government in the US is itself a barrier to change. He instanced their focus on performance appraisal where boxes are ticked instead of fostering performance managemen

HOW TO BRING ABOUT CHANGE.

BARNES SEES TOO MANY CHANGE PROGRAMMES STARTING FROM IDEAS AND THOUGHTS FROM THE TOP AND WORKING TOWARDS THE END RESULT WITH STAFF.

HE ADVISES GOING THE OTHER WAY, STARTING WITH IDEAS AND THOUGHTS FROM THE STAFF, EXAMINING HABITS, BELIEFS, ATTITUDES AND BEHAVIOURS AND FINISHING WITH THE END RESULT WHERE STAFF HAVE "BUY IN" FOR THE CHANGE.

Barnes sees culture as the total sum of the habits, beliefs, attitudes and expectations of the group. It is often stated as "the way we do things here".

Culture can be defensive and reactive. It can involve blaming others and favours the "status quo".

Culture, however, can also be constructive. It can favour a proactive approach, foster innovation and

allow people take responsibility.

Barnes quoted studies where it was found that 70% of American companies were found to have a defensive culture. When these companies were evaluated it was found that these companies had show a very small increase in net value over a period of years.
Those companies that had fostered innovation however had shown a net increase of 756% during the same period.

Barnes claims that success does not lead to success and holds that innovation leads to success. Where individuals believe that they only are responsible for the success of an organisation, rather than the people who work in the organisation, they can become arrogant and build a bureaucracy, which supports them and their beliefs. When this deteriorates they blame others.

DEFENSIVE BEHAVIOURS.

Barnes divides defensive behaviours as follows.

Passive defensive behaviour.

Avoidance. The "not my job" syndrome.
Convention. This involves not "rocking the boat".
Dependent. Lack of creative thought.
Approval. Taking no independent action.

Aggressive defensive behaviours.

Competitive. Involves protecting status.
Power. Keeping prestige and influence.
Opposition. Cynical and critical approach.

Defensive cultures resist change and there is a focus on avoiding mistakes.
Organisations tend to operate in "swim lanes".

Constructive cultures tend to focus on achievement, improvement, fostering a culture of encouragem and staff are urged to affiliate. They value their employees, value creativity, are supportive and helpfi and place great value on interpersonal relationships.

Organisations can position themselves for growth and vitality or decline.

Organisations with growth and vitality.

Growth can be led by the visionary leader, but the leader also needs to be a risk taker and a builder. Visionary leaders can see the future but "tend to trip all over the present".
The risk taker will see the opportunities for the company and the leader will act as builder for the organisation.

Organisations in decline.

The leader is an administrator who shifts to "control" mode.
The next stage is the bureaucrat who creates a web of control and becomes arrogant. The final stage i where the leader becomes the "aristocrat" who becomes isolated, develops a "slash and burn" approach, has no passion for the organisation and the only focus is the bottom line.

Barnes warns about leaders who have "more interest in Wall Street than in Main Street.

Barnes stresses the importance of trust and says that, "transformational change cannot happen where there is a lack of trust. It is a little like having a current account and a deposit account. Trust is something that must be banked in a deposit account. When you go there to get this trust there must be store of built up trust available. If there is nothing left in the deposit account then there is no trust and change will not happen. He advised all those involved in negotiations to build trust in the other side.

Barbara Sunderland Manousso PhD The New Horizon in Health Care Concern; Cultural Diversity.

Manousso sees cultural diversity as an opportunity for people to get to know the individual behind th culture and points out that not all people from an ethnic group are the same. Each one is an individua and it is possible to get to know the individual by simply asking them rather than telling them.

Globally she sees a rise in fundamentalist movements in the late 20th and early 21st centuries. She also points to Japan where there has been a turning inward and also to this trend in India.

The Middle East has been turning against Western ideas and values but individuals within this cultur are adapting well to commercial ideas and culture.

Manousso spoke on how punishments vary with fines and prison being the ultimate punishments in Western society but in parts of Africa people who are seen to do wrong are ignored and cut off from community.

The scientific culture that surrounds health care values autonomy, independence and efficiency. In the United States health care organisations limit visiting hours and sleep over arrangements but tend to expect behavioural change in relation to food, nutrition and exercise to improve health care.

On values, Manousso holds that everything we do represents values.

People have a "world view" which is the basic assumption about their living reality. The "world view has a big effect on a person's interest in the health service. Belief in a next world might see a person "let go" while belief in God can effect how people behave in health care situations such as abortion a type of medication. People however rarely question their "world view".

Scientific health care views the body as a machine while Native Americans see the body as part of nature.

Trans-cultural health care tries to understand people in their cultural context. Western health care is "ethnocentric" as health care professionals believe that their system is superior to all other systems. Ethnocentrism is the perception of one's own way is best when viewing the world.

Poverty often forces people into a "present" culture or just living for today. The see the future as "arriving at a later stage". Western culture is "future dominated" and operates on "clock time".

Equality is something that people in the United States believe in, but the reality is that power and influence dominate the social structure there.

Manousso instanced the situation in Ireland where many ethnic groups are now part of the communit There are challenges for the United States and Ireland in dealing with the multicultural societies that are now part of our working populations.

Manousso's final thought was that proactive education will help resolve the growing cultural problen

Loretta Le Bar.

Humans have incredible ability to sense change and to have serious discussions about it.

LeBar feels that "man is more wary than warlike". The language on pre historic cave wall drawings is very much about man's predators as animals and not other humans.

Some commentators, as in the book "Demonic Man" see man as warlike but there is much more evidence that man is very wary and that there are fear like behaviours in the workplace. This is best illustrated when you look at new grades of people doing new types of work and these people have difficulty in getting work from the established people.

Le Bar pointed to the similarity of cave drawings all over the world, which always show man at wai with animals and not man at war with man. Drawings have provided man with an opportunity to sh the meanings of their lives.

Le Bar uses drawings in workshops to allow a unique approach to the manage the early stages of change management. Basic skills of drawing are based on perception and the use of edges and space shadows and light allows people to take the meaning out of the stereotype and see the person in a ne light. This gets rid of the "left brain" perception and provides a more real understanding of the persc being engaged.

PANEL DISCUSSION; KEY POINTS COMING THROUGH.

There is a need to pay a lot more attention to diversity in the Irish health service. This applies to stafl and patients.

Good communications are essential in engaging people from different cultures in a pro-active way ar communications must be good from an early stage. Communications should be listed on the job specification and is part of actually doing the job. All involved must be able to communicate.

People can be part of a minority in different settings. A Catholic in Ireland may be part of the majorit but a Catholic in Utah will be part of a minority.

We should not label and frame people as stereotypes. We should not make decisions on who people a before we get to know them.

Relationships are important in setting the bottom line.

Consultants are expected to come up with all the quick fixes. This is not possible, as decades of bad behaviour have led to the current situation. Only by engagement and discussion can change be made and this cannot be done quickly. Starting to change the bad behaviours cannot be done without understanding why these behaviours are going on.

You cannot sell a "canned" or "off the shelf" change programme. People should interview the management consultant and not allow any off the shelf programme.

Change takes place rapidly where there is a crisis.

In higher education in the US, state legislation decides on the number of dollars that will be spent. Management and unions can lobby together for additional funding for the sector. Unions and

management should look to areas where they can co-operate to improve the sector and try and focus (mutual interests.

In the US there is an exchange of finger pointing rather than a focus on problem solving.

Eric Harter.
Emotional Intelligence (EI) and Change Management.

Eric Harter' presentation focused on the link between Emotional Intelligence and Change Manageme Harter finds that there is a link between EI and sustainable organisations.

Change is a source of organizational friction, particularly in this fast-paced, global environment. Thriving organizations are constantly changing and evolving in response to both their internal environments and external forces.

To survive in contemporary organizations, leaders need both superior communication skills and emotional intelligence.
Unfortunately, both labour and management often lack these soft people skills that guide them throug organizational change, and when change is not properly managed, the workplace may become a dish for conflict.
Also, change may be frightening because it represents loss of something that is known.
Rather than face emotions, most people respond to conflict by either competing or cooperating.
Often, competition results in destructive responses.

Emotional Intelligence is a very significant factor in how a leader can lead change in an organisation.

The constructs of Emotional Intelligence are;
Self-awareness, or reading your own emotions.
Self-management, which involves controlling our emotions.
Social awareness which is the sense to understand and react to others' emotions and,
Relationship Management, which involves keeping a cool head under fire.

Harter illustrated this by referencing a case study, which examined 900 publicly traded companies w average revenues of $710 million including 35 health care organisations. The study was anchored to organisational sustainability and was an economic measurement. It involved 35 CEOs and 105 senio executives and had a 13% response rate from the 900 companies contacted.

The methodology for the study was a 360-degree assessment from a superior with a self-assessment under Emotional Intelligence headings. The study found that leaders of sustainable organisations scored highest on Emotional Intelligence.

Self-ratings of leaders in sustainable organisations showed less difference than in other organisation Leaders of the least financially sustainable organisations were much less self aware than those in the better performing ones.

The research suggests that leaders of organisations who score high on Emotional Intelligence are mc likely to belong to organisations that are "built to last".

The second case study looked at EI as a predictor of leadership effectiveness. This study pointed towards the EI constructs being significant predictors of effectiveness where those of cognitive intelligence were not

The following were instances as important areas for development of Emotional Intelligence;
Training and supervision,
Diversity,
Team working,
Leadership,
Conflict management,
Stress management,
Sales and
Customer relations.

The following areas are important when starting the work of change.
Assessment of the organisation's needs,
Assessment of the needs of the individuals,
Delivering assessments with care,
Maximising leadership of change,
Encouraging participation,
Linking organisation's goals to personal ones and
Adjusting the expectations of the individuals.

It is important to evaluate the change process and provide feedback for all those involved. The important question here is "did the change work?" Successful change depends on developing an organisational culture that supports learning.
Harter's concluding remarks were to the effect that the probability of instituting sustainable organisational change is significantly enhanced when incorporating Emotional Intelligence in the workplace.

LaVena Wilkin. Ph.D. MBA.

LaVena has an expertise in conflict analysis and resolution. She told of how she had joined a compan as a junior assistant and ended up purchasing the company and becoming the CEO. Since then she ha moved to teaching and research and her speciality is the productive management of aggression and

conflict in the workplace. She described herself as a "conflict avoider" for a long period in her life.

Conflict management starts with self-awareness where a person must examine how they manage conflict. Conflict creates angst and bad feelings so this must be managed and not allowed to remain with the consequences for efficiency and the health of the company.

She sees Step 1 as clarifying the perception of what is going on and asks the questions "What are you doing?" and "What are the other parties doing"?

She sees it as essential that you start to find out what the conflict is about and what is the root cause o the conflict. She advises listening to understand and not merely listening to respond. She calls this "looking at the world through their heads". She advises appreciating the diversity and the difference i ideas and positions.

She instanced how when you ask each section of an organisation who is the most important in the organisation each section will say, "We are". What they fail to take into account is that only together can they do the job properly.

She also advises that people practice the skills of conflict resolution.

On Emotional Intelligence she sees the process of understanding your own emotions as very importan if you are to resolve conflict involving yourself. People tend to forget that emotions are data and emotions are information.

She stressed the importance of the process of successfully bringing ideas to others. She feels that it is best done by, asking them what they think of an idea rather than saying "here is what you should do".

She concluded by saying that you cannot change others and all you can do is change yourself. She advised using a positive action in doing this rather than a negative action against others.

KEY POINTS EMERGING FROM FINAL PANEL DISCUSSION.

It is important to engage those who may seem most distant from the power and influence in an organisation.

The cost of conflict is very significant. Absenteeism might well be a good place to start in seeking an improvement in services. Absenteeism points to a lack of productivity and is often an indication of much deeper difficulties in an organisation.

The health and safety agenda shows that there are huge costs in allowing unsafe practices to continue

Conflict resolution through ADR has a huge part to play in the Irish health service.

Time is a huge factor and lots of time and energy are needed to bring about successful change. The problem with conflict is that the underlying problems of the organisation are often ignored while all t changes are happening.

The history of changes in the NHS shows that quick fixes have not worked. The political world want: immediate transformation while the process of real sustainable and successful change takes time.

The task is not easy but is necessary.

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SIPTU

MANAGING CHANGE IN THE WORKPLACE

Every organization is a living museum; its function is based on a progressive menagerie of changes woven together to create its current culture. No organization remains stagnant if it is to survive. Organizations need change to accommodate growth. Growth is a series of subtle and visible changes to the mission by the leadership. As an organization grows, its culture adapts to the new experiences or the organization implodes from inertia. Culture is a concept that encompasses how organizations work: how people are selected, developed, managed, led or rewarded. Culture also includes an organization's values, its decision making processes, its allocation of resources, its division of power, the behaviour it requires and rewards, and the level of risk it allows and encourages.

This seminar will address managing change in the workplace. Resisting change seems to be an innate, universal trait. Moreover, resistance can happen even when the change benefits the self-interests of those resisting. This seemingly irrational resistance to change can be maddeningly frustrating for leadership and public policy. Furthermore, for change to be effective, it cannot be imported from the outside. It must come from within to serve the organization's needs.

This SIPTU Seminar has a blueprint for internal growth and change.

Topics include:

- The future of labour-management relations
- Cultural diversity: a new horizon in change
- Emotionally intelligent coaching and leadership
- Making the workplace work through change management

Program: Monday, March 17, 2008
Savannah, Georgia
Four Points Hotel

Sponsor: Services, Industrial, Professional and Technical Union (SIPTU)
Sullivan University, Graduate Studies in Dispute Resolution

Speakers:

Lord Bill Brett: Moderator

Bill took up his current post as Director of the International Labor Office for the United Kingdom and Ireland, based in London, in January 2004.

He was Chairperson of the Governing Body of the ILO for 2002-2003 and was Vice-Chairperson of the Governing Body of the ILO, and Chairperson of the Workers' group of the ILO Governing Body from 1993. He became General Secretary of the Institution of Professionals, Managers and Specialists (a trade union for professional workers such as scientists, engineers, architects) in 1989 and was re-elected for a further five-year term in 1994. He has had a long and committed career with trade unions; Negotiator with the Bank Employees' Union (BIFU); Member of the General Council of the TUC, Member of the Major Policy Committee of the Council of Civil Service Unions; Member of the Executive Committee of the Public Services International from 1989 to 1999. He was appointed a member of the House of Lords (UK) in June 1999.

He is also a Commissioner on the United Nations "World Commission on the Social Dimension of Globalization". The Report was published in 2005.

C. Richard Barnes

Richard Barnes is President of C. Richard Barnes and Associates, LLC. Established in 2005, this unique organizational consulting firm provides dispute resolution services, systems design, workforce training and development and executive coaching to a cross section of industry, labour and service organizations. Richard served as Director of the Federal Mediation and Conciliation Service (1998-2002); the first career mediator in FMCS history to receive this Presidential appointment and Senate confirmation. As Director of FMCS, he was responsible for the nation's federal mediators. He was also appointed to the National Partnership Council by President Clinton in 1999 providing oversight and direction to all federal agencies involved in workplace change initiatives. His broad and far-reaching experience in labour-management relations, negotiations, organizational change processes, mediation and dispute resolution made him exceptionally qualified for these positions.

Barbara Sunderland Manousso

Barbara Manousso, Ph. D (ABD), M.P.H., serves on a variety of federal and local mediation panels and numerous community boards with focus on healthcare. She is internationally recognized as an authority in elder care, family disputes, and health care

conflicts, and medical organization restructuring. In addition to being a graduate of Brown University in semiotics and the University of Texas School of Public Health in community health, she is currently working on her doctoral dissertation at Nova Southeastern University.

Since 1993, she has earned the designation of Advanced Practitioner from being a practitioner, lecturer, and trainer, and has completed over 2,000 hours in the advance study of mediation. She is a member of the Texas Bar Association – ADR Section, Texas Association of Mediators, Texas Roundtable in Mediation Training, New England Chapter for the Association of Conflict Resolution, the Labor Employment Relations Association, as well as a director of the Evans Center for Mediation at South Texas College of Law, and is a very active member of the Health Care Section for the international Association for Conflict Resolution. She is the immediate past-president of the Association of Conflict Resolution Houston Chapter.

LaVena Wilkin

LaVena Wilkin, Ph. D. (ABD), MBA, serves the Director of Graduate Alternative Dispute Resolution Studies. She is also Dean Emeritus of the College of Business at Sullivan University. Before joining Sullivan University, LaVena spent twenty-six years in the construction industry, and three of those years she co-owned the company. She became an adjunct instructor for Sullivan in 1999, and discovered her passion for teaching. After selling the company, LaVena came to work full-time at Sullivan serving as the Associate Director of the Evening and Weekend Division. LaVena earned associate, bachelors, and master's degrees from Sullivan, and she is currently working on her dissertation to complete her requirements for a PhD in Conflict Analysis and Resolution. Her dissertation topic is workplace bullying, and her research focuses on how companies that productively manage aggression and conflict in the workplace increase profitability through improved motivation and productivity. She expects to defend this dissertation in the spring of 2008.

Loretta LeBar

Loretta LeBar has more than eighteen years of experience in health care, administrative/regulatory, employment, and general business law. She has handled a wide range of health law and business issues and currently works with regulators in over 40 states involving Long Term Care, Medicare and Medicaid Reimbursement, and general regulatory/administrative law issues. Ms. LeBar's work in the federal arena entails matters before the Centers for Medicare and Medicaid Services, the FDA, and she continues to play a significant role in advising and assessing the legal needs of the long-term care industry as they navigate through the many corporate laws and regulations

mandated for licensing, reimbursement, advertising, and consumer protection. Prior to her career in law, Ms. LeBar was human resources professional for twelve years and has significant experience in labor relations and union negotiations. Ms. LeBar speaks nationally and has written many articles on various health laws, licensing, and regulatory law issues. Currently, Ms. LeBar also delivers consulting services to many clients that focus on risk management and asset enhancement. She travels throughout the United States and provides assessments and training, as well as short and long term strategy advice that has proven to increase companies' bottom line and enhance employee morale.

Eric Harter

Dr. Eric S. Harter is the Dean of the Graduate School at Sullivan University. Prior to joining Sullivan, Dr. Harter served as the CEO of ADSnetcurve, a global information technology company, divisional vice president/general manager of Praxair (NYSE:PX), a global Fortune 300 company, and the CEO of Health Care Partners, a regional health care company and former division of Humana (NYSE: HUM). As a result of these accomplishments, Dr. Harter received the Ernst & Young Entrepreneur of the Year Award, the INC 500/5000 award, and many related business awards. Dr. Harter has also served as a board member, distinguished lecturer, professor, and/ or chair of various faculty groups and academic committees for three universities. His applied research on leadership and emotional intelligence appeared in and supported Goleman and Boyatzis' New York Times Bestseller, "*Primal Leadership - Realizing the Power of Emotional Intelligence*," published by Harvard Business School Press.

Tony Belak

Tony Belak is faculty at Sullivan University and has taught conflict resolution at the University of Louisville Louis D. Brandeis School of Law, Indiana University Southeast College of Business, and MBA courses and seminars at the Vienna campus of Webster University and Bratislava, Slovakia. He is the first attorney graduate of the George Washington University Interagency Institute for Federal Health Care Executives (1992) and former Regional Counsel and Senior Dispute Resolution Counsel for the Department of Veterans Affairs. He was an original founder of the Louisville Bar Association ADR Committee and served for eight years on the Kentucky Bar Association ADR Committee and as its chair for two years. He was an initial member of the Civil Justice Reform Act Committee for the Western District of Kentucky, former assistant Commonwealth Attorney, special assistant U.S. Attorney, and President of the Federal Bar Association, Kentucky Chapter. He also is past two term chair of the Louisville Bar Association ADR/Mediation Section and past President of the Mediation Association of Kentucky. Tony has travelled throughout the United States and Europe lecturing and training in mediation and dispute resolution.

AGENDA:

Monday, March 17, 2008

9:00 AM ..... Lord Bill Brett
Opening Remarks and Welcome

9:30.....C. Richard Barnes
The Future of Labour-Management Relations
The Effects of Change to an Organization

From a neutral perspective and as a mediator in some of the nation's most significant, intense, and protracted labour-management disputes, the spectre of change is always a prime motivational element in moving from discord to harmony. All organizations must learn the art of communication for positive change. Change resulting from motivational speakers, consultants, or change artists cannot be sustained until and unless the change activity not only solved problems but also altered the lives of those involved in fundamental ways too deep to measure. Respects and communication are the pillars for successful change.

10:30.....BREAK

11:00.....Barbara Manousso
A New Horizon in Cultural Diversity and Conflict Resolution:
A Primer in Change for Medical Professionals

Now that Ireland's workforce is more ethnically diverse, new challenges are launched. In the past few years in Ireland, the focus has tended to be on people arriving in Ireland as refugees, asylum seekers, or economic migrants. Government figures estimate that as many as 340,000 immigrants are expected in the next six years. Ethnic and cultural diversity are not new phenomena in Ireland. The health service industry has experienced two-sided concerns with cultural diversity involving the service providers and the patients seeking services, since the medical industry is a mixing pot of differences in behaviors, values, and beliefs among staff as well as clients. Acknowledging these differences in a respectful way and being informed of them can advance the cause and practice of medicine and medical cost savings. Government policy in Ireland has been established to protect and prohibit discrimination in nine categories through the Employment Equality Act, 1998 and the Equal Status Act, 2000. This session will examine new perspectives to expand the cultural diversity horizon, open communication, and minimize conflict.

12:30.....LUNCH (On Your Own)

1:45 PM.....LaVena Wilkin
Emotionally Intelligent Coaching
Developing Leaders of the Future

Maybe once in a life time we have the opportunity to anticipate pervasive and radical change. Currently, we are at the pinnacle of this type of opportunity in our organizations. Yesterday's hierarchical management style is becoming less effective and less appropriate. Forward thinking leaders are looking for a better way, and that better way is emotionally intelligent coaching. Emotionally intelligent coaches identify feelings, use those feeling to guide reasoning, understand that feeling may change as events unfold, and manage to use those feelings to help people make rational decisions. They encourage dialogue, support problem-solving, and provide feedback. When organizations support emotionally intelligent coaches both the company experiences lower turnover and increased profits. The employees are appreciated and empowered. It is a win/win for everyone.

2:45.....Loretta LeBar
Premonition or Prediction – Does It Really Matter
What Employees Experience Before the Change Begins

Humans are an interesting species with incredible ability to sense when change is in the "air" - sometimes even before management contemplates it or begins serious discussions to pursue it. With this in mind, this session will explore why change is inevitable in all work place environments. This session will discuss what internal work behaviors are symptomatic of impending change brought about from either internal or external pressures on an organization. For this session, a unique approach to predict when change is necessary and how to manage this early stage of change management successfully will be shared with the participants.

3:45.....Panel Discussion

All speakers will participate in a moderated discussion to summarize and refine the primary message and define a course of action to follow through such that the lessons and skills learned are implemented and utilized practically and purposefully.

4:30.....Adjourn for the day

Tuesday, March 18, 2008

9:00 AM.....Dr. Eric Harter
Emotional Intelligence and Change Management
Leadership Self-Awareness and its Impact on Effectiveness, Sustainability and the Success of Change Management Strategies

This presentation will review and highlight the importance of one of the primary factors related to Emotional Intelligence – leadership self awareness and its impact on leadership effectiveness, organizational sustainability, and the effectiveness of change management as it relates to labour-management interactions. It will further introduce distinct guidelines and strategies for promoting Emotional Intelligence and Change Management in the workplace which, upon successful implementation, results in creating a more effective and productive organization.

10:00.....BREAK

10:20.....Tony Belak
Facilitated Discussion

We will take the content and ideas from all the speakers and our conversations of yesterday and today and formulate a discussion for a designed application of these important and vital elements contributing to successful change management. This culmination of concepts and workplace partnership principles will be translated into an action plan, a copy of which will be distributed to all members of the delegation.

11:30.....Conclusion of the program

THANK YOU

MBTI Conversion Workshop
19-21 September 2005
The Oxford Belfry, Milton Common
Tel: (01844) 279381/ Fax:01844 278 414

TRAINER: ELLEN FLETCHER

LIST OF PARTICIPANTS

Ann Judge	Management & Organisation Development Office for Health Management
Stuart Maxwell	VP Human Resources Europe International Flavours & Fragrances
Lopa Patel	Manager – Recruitment Glaxosmithkline Biologicas
Ann Purchese	Consulting Director Advance
Michelle Reiling	Director People Management Services Ltd.
Lynn Sanders	Assistant Consultant Veredus
Alan Smith	General Manager Office for Health Management
Helen Ward *(Attending Day 3 Only)*	HR and Communications Co-operative Insurance Society

Myers Briggs Training

Ann Judge

Subject: New Indigo workshop - Thought LeadershipT - Leading hearts & minds - 14t June 2007

From: RobertF@indigobusiness.co.uk [mailto:RobertF@indigobusiness.co.uk]
Sent: 17 April 2007 07:43
To: Ann Judge
Subject: FW: New Indigo workshop - Thought LeadershipT - Leading hearts & minds - 14t June 2007

Here at Indigo we constantly strive to bring you the latest management techniques first. With this in mind, I am delighted to let you know that Indigo are offering a brand new workshop – ***Thought Leadership™*** - delivered by the author Robin Ryde, one of the UK's brightest rising stars in management, and Indigo's Life Time Master Trainer Chuck Dymer. This one day workshop is being delivered in London on the 14th June 2007.

The Problem:
So much leadership today leaves people disengaged, already exhausted by the 'next big initiative' and unsure of their contribution to the bigger picture. To be successful, leaders need to mobilise the talents of their people and bring about new solutions to the problems we all face. The question for anyone in a position of leadership is how to do this?

The Solution:
Modern leadership is in every way about shaping the social process of engagement, strategising and decision-making so that workers can create immeasurable value. This workshop is about what executives can actually do to transform the thinking of those around them. It is about the circuitry that lies beneath the habits and norms that govern business conversations and the role leaders can play in mastering the process of thinking with others. The workshop offers practical wisdom on how we can all create environments that propel us towards creative and more innovative solutions.

For a comprehensive overview of the *Thought Leadership*™ principles please use this link - http://www.meettheauthor.co.uk/bookbites/1350.html

Your trainers delivering this workshop:
During the workshop you will not only gain an working knowledge into the Thought Leadership techniques from the author himself, but you will also learn how to successfully and easily apply these techniques with the help of one of the world's leading and most successful management trainers.

- **Robin Ryde:** is the Head of the Centre for Strategic Leadership with the National School of Government. Robin has a background in leadership and organisational development spanning numerous sectors and internationally. In particular, he was the youngest person to direct the British Prime Minister's flagship leadership development programme and he has delivered cross-sector development and consultancy in the UK, the US and other territories including South America and Eastern Europe.

  Robin has two degrees in Sociology, is a qualified accountant and has, for some years, led evaluations of a diverse range of government programmes from the sale of UK gold reserves to the procurement of advanced military technologies. His passion in leadership thinking has, in part, been sparked by literally hundreds of private and public sector chief executives with whom he has engaged. This has ignited an interest in the way that leaders think, approach problems and the common dilemmas they face.

"The relationship between effective leaders and highly performing organisations is clear. Robin Ryde has overseen the development of many leaders from all sectors. We can learn from the varied experiences of these leaders and I commend Robin for bringing together and translating this vast body of knowledge into practical leadership wisdom." **Sir Gus O'Donnell, Cabinet Secretary and Head of the Civil Service**

- **Chuck Dymer:** is one of only four trainers in the world accredited to the highest possible standard of Life-Time Master Trainer status by Dr Edward de Bono to transform organisations' thinking using de Bono Thinking Methods. In 1988, Chuck became the first person in the world permitted by Edward de Bono to teach the Six Thinking Hats concept. Since that time, he has successfully trained thousands of executives from South Africa, Australia, Europe, and North America in the de Bono techniques.

Before joining the Indigo team, Chuck spent 17 years in manufacturing and information technology. His broad base of expertise enables Chuck to talk about what works instead of presenting untested theory. Chuck's particular skill at this event will be to take the ***Thought Leadership*** techniques and highlight their applicability and practical application in the workplace.

Workshop Outline:

- Getting thinking habits on the agenda
- Environments that leaders create
- Sense that make good ideas
- The Six Dominant Styles of leaders

LUNCH

- Defining the Shadow Thinking Styles for 360° Leadership
- Getting into better habits
- Building the capabilities, strengths and engagement of your team
- Securing a return on your most valuable asset

Workshop Format:
The day long workshop will encompass practical, easy to understand sessions enabling instant understanding of the techniques. This will be complemented by practice exercises so that you can embed and use the techniques taught.

Who Should Attend?
Ideal for middle and senior managers, this workshop will benefit every senior person that ever had a sense of déjà vu in the boardroom, or who has been horrified to see great minds producing pulp. This workshop will give you:

1. **Exemplary decision-making**
2. **Quicker organisational change**
3. **Focused leadership.**

Next Steps:
To attend this plenary UK public workshop, simply reserve your place online by going to:

- **LONDON – 14th June 2007 – Book online at: http://www.indigobusiness.co.uk/book/index.php?id=693 - All attendees at this workshop receive a signed copy of Robin Ryde's latest book - 'Thought Leadership'**

Fees: £545+VAT for the 1st delegate, £495+VAT for all additional delegates. Block booking discounts available – call +44 (0)20 7801 6262 for details.

What are people saying about the techniques?
We hope you can join us at what promises to be a truly phenomenal, ground breaking workshop. But don't take our word for how good these techniques are; here are some other leading figures who feel these techniques make a difference to leadership:

- "Bang up to date and full of insight, Robin Ryde will be required reading for anyone who wants to be a leader in an age of terrifying change." - **Jeremy Vine, BBC Presenter**

- "An immensely enjoyable, provocative and intriguing book; your meetings will never be quite the same again and you will have Robin Ryde to thank for that." **Professor Keith Grint, Cranfield University & Defence Leadership Academy**

- "This book provides real insights from an experienced and respected practitioner in the field of senior management development." **Iain Macdonald, Group vice President & Group Controller, BP plc**

- "At last, an accessible business book that truly inspires and places passion at the heart of leadership" **Robert Swan OBE, the first man to walk to the north and south poles**

- "A leader persuades people through reason, but compels them to action through emotion - Robin Ryde understands that and I am pleased he has put his wealth of experience into this book" **Simon Woodroffe, Founder of YO! Sushi and YO! Everythingelse**

- "This is the first leadership book that offers leaders real tools to help them understand how people think and real methods to change that thinking. Apply the tools - they really work!" **Steve Mcguirk, President, Chief Fire Officers Association**

For further information about this workshop, or to book a whole team at this workshop, call Indigo on +44 (0)20 7801 6262.

We look forward to greeting you at this workshop.

Robert Fisher

ROBERT FISHER
DIRECTOR
INDIGO - ***Training your people; Liberating your potential***
Shakespeare House, 168 Lavender Hill, London, SW11 5TF
t: 020 7801 6262
f: 020 7801 6264
RobertF@indigobusiness.co.uk
www.indigobusiness.co.uk

FORTHCOMING INDIGO WORKSHOPS FOR 2007:

- ***NEW FOR 2007* - Grammar & E-mail Masterclass** – 10th May 07 (London), 20th June 07 (Bristol), 2nd July 2007 (London), 12th September (London)
- ***NEW FOR 2007* - Think on Your Feet® & The Skilled Presenter™ Combined** – 23rd – 25th May 07 (London)
- ***NEW FOR 2007* - Dr Edward de Bono's Focus on Facilitation** – 18th – 20th June 07 (London), 24th – 26th September 07 – (Edinburgh)
- ***NEW FOR 2007* - Dr Edward de Bono's Simplicity** – 21st – 22nd June 07 (London), 27th – 28th September 07 (Edinburgh)
- ***NEW FOR 2007* - Thought Leadership** – 14th June 07 (London)
- ***NEW FOR 2007* - Dr Edward de Bono's Direct Attention Thinking Tools™ (DATT)** – 17th October 07 (Manchester)
- **Dr Edward de Bono's Six Thinking Hats®** – 14th May 07 (Bristol), 11th June 07 (London), 11th June 07 (Manchester), 14th June 07 (Edinburgh)
- **Dr Edward de Bono's Lateral Thinking™ (1-day SHORT course)** – 15th May (Bristol), 16th May 07 (Edinburgh), 12th June 07 (Manchester), 9th October 07 (London)
- **Dr Edward de Bono's Lateral Thinking™ (2-day FULL course)** – 15th – 16th May (Bristol), 16th – 17th May 07 (Edinburgh), 12th-13th June 07 (Manchester)
- **Think On Your Feet®** – 2nd – 3rd May 07 (Dublin), 10th – 11th May 07 (Edinburgh), 19th – 20th June 07 (London), 11th – 12th September 07 (Bristol)
- **Writing Dynamics™** – 8th – 9th May 07 (London), 21st – 22nd May 07 (Belfast), 12th – 13th June 07 (Edinburgh), 6th – 7th September 07 (Edinburgh)
- **The Project Management Survival Guide** – 9th – 10th May 07 (Leeds), 21st – 22nd May 07 (Edinburgh), 5th – 6th June 07 (London), 13th – 14th September 07 (London)
- **Making Programmes Fly** – 6 June 07 (Bristol), 20th September 07 (London), 8th October 07 (Leeds), 30th October 07 (Edinburgh)
- **The Skilled Presenter™** - 18-19 June 07 (Bristol), 10th – 11th September 07 (London), 25th – 26th October 07 (Edinburgh)

For further information about these events please email -info@indigobusiness.co.uk

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SKILL

Ann Judge Have no Itinerary in my records ie 30/31st July 07 (7)

From: Gordon, Frances [F.Gordon@shu.ac.uk]
Sent: 23 April 2008 15:47
To: Ann Judge
Subject: RE: Skillvec e-learning materials

SHEFFIELD

Thanks Ann

have to be away for a few days but will get back to you.
Frances

-----Original Message-----
From: Ann Judge [mailto:ann.judge@mailw.hse.ie]
Sent: 23 April 2008 14:59
To: Gordon, Frances
Cc: Alan Smith; Caroline O'Regan
Subject: RE: Skillvec e-learning materials

Hi Frances
I am fine and it was very nice to hear from you - I also hope you are keeping well.

Re your email below I would like to invite you to submit a detailed proposal clearly outlining the background, rationale, outputs that will be delivered, timelines and of course costs for both SHU and SKILLVEC.
Please also include a piece on evaluation.

Once received, the proposal will be considered by the Project Team and the relevant Steering Group personnel.

Regards
Ann

Ann Judge, Assistant General Manager
HSE SKILL Project, 63-64 Adelaide Road, Dublin 2
Telephone: +353 1 6626966 Fax: +353 1 6626977
Website: www.skillproject.ie

-----Original Message-----
From: Gordon, Frances [mailto:F.Gordon@shu.ac.uk]
Sent: 21 April 2008 10:15
To: Ann Judge
Cc: Brookes, Elaine C; Miller, Luke (HWB)
Subject: Skillvec e-learning materials

Hello Ann

I hope you are well. I was over seeing Jackie Nunan on Thursday last with some of her colleagues and I think we had a very successful meeting. The discussion was productive ending in an outline plan of the development of some materials (e-materials, a guide booklet for facilitatyors and hand-out type guidance for students) that promise to address a specific module, but will also be useful for other modules.

What we need to do is agree a budget for this work. Obviously we will have to cost up what we think from this end - Jackie's team were also keen to be involved in doing the voiceovers, plus there will be budget implications for Jackie's people to get involved in this too would have a resource implication and I am not sure if this should be budgeted separately. Anyway, can you let me know how you feel it's best to take all this forward. Would also like to talk to you about evaluation. Many thanks, and hope to hear from you soon.
kind regards
Frances

Professor Frances Gordon
Head of Interprofessional and Multidisciplinary Learning Faculty of Health and Wellbeing
Sheffield Hallam University Parkholme Collegiate Campus Sheffield S10 2BP

0114 225 4360
f.gordon@shu.ac.uk
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SKILL

(8)

Learning partnership

SIPTU Study Visit 2
Tuesday 9th October '07
Room 6/2/3 New Kings Beam House
22 Upper Ground
London
SE1 9BW

Time	Title	Lead	
10.00	Introductions	Vince Ion	
10:10	CIPel discussion	Prof Francis Gordon	
11:00	CPD anywhere presentation & discussion followed by wider discussion on CPD availability Sheffield Hallam University	Elaine Brookes	
12:30	lunch		
13:15	SKILL project discussion	Led by Prof Jill Brunt	
14:00	e-Learning support for health care assistants	Tony Chandler	
14:45	Update on west midlands project	TBC	
15:00	Core Learning Unit	Vince Ion & Jill Brunt	
15:15	Summary and next steps	All	
15:30	End		

www.trueblueconsultancy.co.uk
Fax 01636 821 528

Ann Judge

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The Silent Workforce, Learning for the Future.

15th September 2008
Novotel
100-110 Euston rd
London
NW1 2AJ

Agenda

9:30-10:00 Arrival inc refreshments	
10:00-10:00 Introduction to the day	Vince Ion
10:10-10:45 Individual introductions	All
10:45-11:00 Overview from Ireland	Matt Merrigan
11:00-11:15 Overview from England	Jill Brunt
11:15-11:30 Overview from Northern Ireland	Paul Donaghy
11:30-11:50 Break	
11:50-12:50 Round table discussion on key issues	All
12:50-13:15 Validation of round table	All

DRAFT

13:15-14:00 Lunch

14:00-15:00 Round table discussion 2 in groups All

15:00-15:30 Validation of round table 2 All

15:30-15:50 Break

15:50-16:15 Summing up of the day and what next Bob Fryer

16:15 End of the day

DRAFT

University of Southampton | Health Care Innovation Unit | Visitors Programme

Agenda

Date: Monday, 24th July 2006/ Tuesday, 25th July 2006

Venue: Boldrewood Campus, Faculty Meeting Room, A1011, Southampton, 14h30

Monday, 24th July 2006

14h30 – 15h00	Welcome and introduction - Debra
15h00 – 16h00	Julie Wintrup – Foundation Degree Consortium Manager Tracey Pugh - Foundation Degree Work Based Facilitator Foundation Degree and Work place learning
16h00 – 17h00	Pam Jackson – Curriculum Development Co-ordinator NGP
17h00 – 18h00	Debra Humphris Kim Adams – Research Career Fellow Workforce
18h30	Dinner with Debra

Tuesday, 25th July 2006

09h30 – 10h30	Questions and Answers
10h30 – 11h30	Edgar Meyer – Lecturer CETL CETL
	Overview of UNISON Open College / Open University & SIPTU's Partnership
	SKILL Project in Ireland's Health Service
	Conference and meetings on 27/28 September in Dublin

Ann Judge

From: Matt Merrigan [mmerrigan@siptu.ie]
Sent: 31 July 2006 13:09
To: Tom Dowling; Alan Smith; Ann Judge; Se O'Connor
Subject: Fw: Visit

----- Original Message -----
From: "Humphris D." <D.Humphris@soton.ac.uk>
To: "Matt Merrigan" <mmerrigan@siptu.ie>
Sent: Sunday, July 30, 2006 8:11 PM
Subject: RE: Visit

Dear Matt

It was excellent to meet you and your team, the SKILLS project is an outstanding and impressive commitment to developing support staff. Given your challenge to consider how we could work together, as a team we have discussed this and before we develop any further detail I wanted to check this out with you.

You commented that as a project you were considering focusing your attentions a number of areas to gain critical mass in developing support staff. As we discussed a major constraint you seem likely to encounter is enabling those staff to optimise their skills. Therefore finding a way to break down the barriers and demarcations between various staff groups may be a mechanism to support the process of ongoing change. To this end if an area of care, for example older people, long term conditions, etc could be identified as a clinical focus in one of your critical mass areas, then using our experience form both the NGP and the Intermediate Care Project we could work with an interprofessional group to explore creating pathways which logically lead to the workforce issues. This would logically be a pilot and it could be open to the range of clinical areas within a setting, linked to service development needs, we would facilitate as the neutral party. If we could find a clinical concern common to a setting in Hampshire, NY and Ireland even better, this would open up views about differing models of service and workforce design. Clearly we can put a full evaluation around the pilot group

I'd welcome your views

The second suggestion was a question, would you ever consider supporting a student on the Foundation Degree, they need to be in University 1 day per week over the academic year and can undertake their work based learning in their own work setting.

I hope we can find a way to work together, what you have achieved so far is really impressive.

Kind regards
Debra

Professor Debra Humphris

Dear Debra,

I wish to thank you and your team for the lovely reception received by the Irish Group in Southampton on Monday & Tuesday.

The New Generation Project is a success because of your leadership and I look forward to meeting you in September 06.

Yours sincerely,

Matt Merrigan
National Industrial Secretary.

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4

Ann Judge

From: Matt Merrigan [mmerrigan@siptu.ie]
Sent: 10 March 2006 11:02
To: Aidan Browne; Frank Ahern; Jack Kelly; Brian Byrd - Personal Mail; K Callinan; Alan Smith; Ann Judge; Frank Kelly; Larry Walsh; Conal Devine; Peter Bunting; Paddy Daly; Geoff King; Max O'Brien; Paul Donaghy; Martin McDonald; Pat Harvey; Denis O'Sullivan; Bernard Carey
Subject: New York

Dear Colleagues,

Please read this e-mail in conjunction with your itinerary.

07.45hrs Thursday, 16th March:

Pick up from Hotel to meetings in FDNY (Fire Academy)

Lunch at Bekmans Pub and at 16.30hrs meeting with speaker of City Council (Christine Quinn)

17.15hrs Saturday, 18th March:

Pick up at Hotel for Boat Trip.

09.30hrs Sunday, 19th March:

Pick up at Hotel.

Drop off at Memorial Wall at Breezy Point, Queens.

"Mass for Mrs. Roberts' son"

12.15hrs Brunch at Kennedys

09.00hrs Monday, 20th March:

Depart Hotel for Montifore Hospital, Bronx

09.00hrs Breakfast meeting with Elaine Brennan CEO, Classroom 2A at 331 Steuben Ave (2nd Floor)

Regards,

Matt.

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DRAFT SCHEDULE

Wednesday, 15th March 2006:

Depart Dublin 10.30hrs

Collection at JFK Airport by Fire Department New York

Thursday, 16th March 2006:

08.30hrs Fire Department Training Centre
FDNY Training Academy, Randalls Island, NYC

11.00hrs Meeting with Chief Fire Officer Hayden's Office (Fire Department of New York)
8th Floor, 9 Metrotech Center, Brooklyn NY 11201

- Pre-Hospital Emergency Care
- Emergency Planning

14.30hrs Meeting with Eddie Boles (Lieutenant Representative) for Uniformed Fire Officers' Association
(including Speaker of Council, if available)
7th Floor, 9 Metrotech Center, Brooklyn NY 11201

14.00hrs For Health Staff:
(Meeting in 1199/League Building, 330 West 42nd Street (between 8th /9th Avenue) Telephone No. 212-643-9340 on Care for the Elderly Projects.

Friday, 17th March 2006:

Assemble behind the Irish/American Labour Coalition Banner (Connolly)

Afternoon: New York Fire Department Emerald Society – Social
Metropolitan Hotel, 51st Street & Lexington Ave., Manhattan

Saturday, 18th March 2006:

18.00hrs Boat Trip on Fire Department Boat –
Leave Manhattan – Drop off in Brooklyn

Group will be collected from Hotel.

Please advise by return e-mail if you will be going on the Boat Trip.

Monday, 20th March 2006:

Travel to Montifore Hospital, Bronx.

Utilisation of Press Ganey Measurement Systems in an acute setting.

Pre-Hospital Emergency Care Provisions.

13.30hrs Cornell University Conference Centre
16 East 34th Street (6th Floor)

Sheila Namm, Vice President for Professional Affairs

Maimonides Medical Centre

Patient Satisfaction and its impact on Medicare & Medicard reimbursement – whats coming down the line.

19.00hrs Meal with President of City University of New York – Ricardo Fernandez & Dean of Lehman College, Michael Paull

($30 per head – please advise Matt Merrigan if you wish to attend. The above figure is payable in advance.)

Venue: JC Fogarty's Town Tavern, 60 Kraft Avenue, Bronxville (Take the train from Grand Central Station – Metro North to Bronx (Westchester Town)

Tuesday, 21st March 2006:

Depart New York JFK Airport 18.00hrs

Report of Union Management Field Study Group 2006

Hospital and Emergency Services

New York City

March 15th to 21st.2006.

Meeting in Fire Academy ,Fire Department of New York,

Randalls Island ,NYC 15th March.2006.

The group was met by Chief Frank Curnyn of the Training Academy, who indicated that FDNY had got $50 million extra in its budget from the city during the final period of Mayor Guliani's term. A major portion of this had been invested in training. A major programme of building followed and a number of buildings for specific training purposes such as rope training subway rescue and flash fire simulation were provided. Because of this Chief Curnyn indicated that FDNY was well prepared prior to 9/11.

Nicholas Santangelo gave a brief history of FDNY from the original situation in 1853 when the Jefferson Engine was horse-drawn and New York used part time or retained fire-fighters to the current situation of a highly professional service up with the best in the world.

When the retained fire fighters were called in the first to arrive was paid the most ,second to arrive was paid a little less and so on. This arrangement meant that a full crew did not always arrive and was discontinues around the end of the 19th century The system of retained fire fighters was then continued by New York state which kept the initials NYFD thus causing the city of New York to use the initials FDNY.

The training period is 3 months and is very intensive.A notice in the training theatre as follows shows how seriously the training is taken

Let no man's ghost come back to say "my training let me down"

There is a major emphasis on physical fitness and the training academy has a fine fully equipped gymnasium. Each year a fire-fighter must undergo a medical examination Fire fighters who are overweight are sent back to the gym to lose the extra weight and this arrangement is strictly enforced.

The equipment carried by a fire-fighter responding to a fire weighs 100 pounds and each fire-fighter must be able to walk up seven floors carrying this equipment.

Fire fighters wear special suits for responding to incidents where poison gas or chemical weapons may be involved. The most expensive part of the suit is the zipper which must be vapour tight so that there is no contact between the chemical and the skin. Should there be a nerve agent in a building the most dangerous place will be the cellar and the fire-fighters are trained in dealing with cellars with unknown agents as part of their basic training.

The group was shown rope training for dealing with 6 story buildings in one of the new training buildings. A lot of emphasis is now being placed on rope training on how to get in and out of buildings. In March 15th 2005 two fire-fighters were killed and two were injured while getting out of a building and since then the FDNY has developed a new rope system which we saw used in training. During training people work 9 to 5 and each day 8 teams of fire-fighters are on release.

The Fire Department arranges an annual education day for every fire-fighter where everything from rope training to subway rescue is covered.

Fire-fighter is a very sought after career and when the instructor who briefed us was an applicant 14,000 people applied and only 1,400 made the list.

Training Building 4 creates the common scenario of the "bed fire" When the fire increases in intensity it creates very high temperature and caused a flashover which is the biggest problem for the fire-fighter. Captain O Neill indicated that in situations like this where children are involved they hide under the bed and finding the children alive or their dead bodies is what the response calls for.

Captain Connolly described how the FDNY train for accidents on the subway. The most common situations are where bodies fall between the train and the platform. Since the subway is operated electrically the power supply is the biggest concern. There is 600 volts of electricity in the electric rail and this creates a major hazard for the rescuers. The FDNY has a good relationship with the Transit Authorities now and can request that the power to be turned off quickly. This request must be very specific and each track is numbered and the station concerned must also be indicated. This must all be verified by the FDNY dispatch/The emergency brakes must be applied to ensure there is no movement of the carriage during the rescue.

In general where people are pushed in front of an oncoming subway train they die and where a person apparently tries to commit suicide they are usually live.

FDNY has a counselling service which is despatched in cases where the victim is a child.

There are over 200 fire companies in New York.

The group met with Chief Peter E. Hayden, Chief of the Fire Department of New York at his offices in the Metrotech Center ,Brooklyn New York 11201.

He was accompanied by;

Chief Salvitore J. Cassanio, Chief of Operations,

Chief Raymond Goldbach, Chief of Personnel,

Michelle J. Maglione, Director, Recruitment and Diversity Unit,

Peggy Quinn ,H.R. Department.

There is a major focus on anti terrorism since 9/11 and FDNY has an anti terrorism centre to coordinate their response to terrorism in the city. They have a large Emergency Response room where any major event is monitored. All the buildings in New York hove been photographed and stored electronically and these can be called up during an incident to assist with the fire fight. The emergency room has a large screen which can show the actual fire live relayed from a helicopter camera. This allows the chiefs to see the full picture and convey the strategy from the emergency room.

Each borough has its own dispatch centre and fire and ambulance services are dispatched from these centres. Relationships between the two services are strained but according to Chief Hayden they are improving slowly. The fire response time is 2 to 3 minutes and it is somewhat longer for the ambulance service .Only in one location in the city do the fire and ambulance services share the same building.

The FDNY handles 1.2 million calls for ambulance services per annum and has 360 vehicles in its fleet. Staffing is on the basis of 3 eight hour "tours". Some voluntary hospitals contract out ambulance services to the FDNY and dispatch will always send the nearest appropriate unit to the scene of the reported incident. Up until 1996 the ambulance service was under the control of the health administration before it was taken over by the FDNY.

The FDNY recruits every 4 years. Around 14,000 apply and there is a rigours physical testing and a written examination. Fire-fighter is a highly sought after job in New York. There are, however, difficulties in recruiting minorities and while FDNY is making efforts to improve the situation there are obstacles in the way of progress.

These would include the long lead in time for recruitment when minorities want a job and cannot afford to wait.

The FDNY has around 7.500 fire-fighters and 3,000 emergency Medical Technicians/Paramedics. They take separate examinations. Serving EMTs can take a separate "confined" test for promotion to fire-fighter. Female representation is very low and there are only 30 to 35 females on the force. Chief Hayden sees the stringent physical examination as a major difficulty in recruiting females and there is also a lack of interest among females in becoming fire-fighters. The H.R. department is planning to go to where future female fire-fighters may be in attending sports events to raise the profile of female fire-fighters. They are also planning to use the media for this.

Chief Hayden would like to have dual qualified staff on a common pay scale but Vity Hall which pays the bills does not want to pay the additional money for this arrangement.. Pay is negotiated between the unions and City Hall. While Fire-fighters can earn $75,000 after five and a half years, paramedics average earnings are $45,000 so there is a huge gap between the grades. The FDNY would like to assimilate the grades but Chief Hayden put the issue in the following way.

"Change is always difficult particularly in agencies and organisations that are used to doing business in a particular way."

He sees the FDNY as " the biggest and best in the world " but buildings are getting better and fire fighting is reducing as there are less and less fires while pre hospital care is growing all the time.

Bullying and harassment is not seen as a major problem because of the small numbers from the minorities and while there are some isolated cases they do not believe that they have a problem in this area. They do have a diversity training programme.

Morale was described as good and while the FDNY "suffered a lot " after 9/11 and there were a lot of retirements they have recovered well.

Recruits must be between the ages of 17 ½ and 29 years of age. The next written examination will be held in December 2006. Recruits must be U.S. citizens. They must have 30 college credits or 2 years satisfactory military service.

Benefits are excellent with family medical coverage and a flexible work schedule. There is a generous pension after 20 years of service.

Discussions with Lt Edward P. Boles

Uniformed Fire Officers Association. 225 Broadway. New York 10007.

The Association represents Lieutenants. Captains Chiefs and Battalion Commanders in the service. It has 2,500 members and also represents veterans who cannot vote but have other benefits. Contract settlements have now been agreed with City Hall and Lt Boles felt that the Union did well. The new deal followed the broad lines of the Police deal with two increases of 5% and a saving in payroll costs of 4.6%. The saving mean that lieutenants will now have a 5 point scale instead of a 4 year scale. The new contract prevents broad banding (the amalgamation of the different officer grades).

The Association has an elected Executive Council of nine members and they are elected on a rotational basis so as to maintain continuity. The Executive Council itself elects its President and Vice President and this gives the higher ranks with smaller numbers a chance of these posts.

The union hires a lobbyist to work with the State Legislature on matters such as pensions, health insurance etc. and Lieutenant Boles is the contact point for City Hall.

Health Insurance is given a major priority by the union and the union has the choice as to who the providers will be. There is an annuity payment system which gives members a per day payment which goes into an annuity fund which is paid on top of their pensions. A figure of $6.20 per day goes into that fund and is invested on behalf of the members.

The World trade Centre Bill covers any illness occurring during the lifetime of a person who responded to 9/11 which is related to that response.

The health insurance arrangement sees the major part of the payment to doctors being made by the insurer and only as small top up fee being paid by the member.(15 to 20 dollars).

After the discussions the group went to City Hall to meet Christina Quinn ,Speaker of the City Council and the first Irish American to hold this post. The City Council bestowed an honour on Frank Kelly Head of H.R., Dublin City Council at a special St Patrick's Day ceremony.

Presentation and discussions at Montefiore Medical Center

331 Steuben Ave North Bronx N Y C

The presentation was led by Bettie Jackson Director of Education at Montefiore. Montefiore is a large hospital with 1,100 in-patient beds and discharges 65,000 patients per year. It sees 3 million cases in ambulatory care and has 190,000 emergency room visits. It employs over 11,000 staff and relies heavily on patient satisfaction surveys to help improve services. Their customer services department manages the survey process but the statistical data is processed by a vendor.

Ms Elaine Brennan presented an outline of the work on patient satisfaction and spoke on the issue of why it is important to the hospital. Patient Satisfaction is vital to the business interests of the hospital, is part of the organisation's objectives and is vital to the reputation of the hospital in the community and beyond.

Around 40% of the 1.4 million people in the Bronx use Montefiore and 10% of people in Westchester County use the hospital.

A major focus has been placed by the hospital on learning from their patients and patient satisfaction surveys are driving changes in behaviour that are improving patient care.

Dr Brendan Younger ,an epidemiologist at the hospital, described satisfaction as "something inside a person's head" and feels that questionnaires to get at this information is a good way to find the level of satisfaction with their services. They use a balanced scale and ask patients how frequently they observe events and behaviours. Their questionnaires ask such questions as;

how often did a doctor tell you.....or how often did a nurse say.....

The questionnaire asks for information on the admission process, if everything in the room worked properly, what the meals were like how the tests and treatments went ,how visitors were treated , how the discharge process went and how personal issues were dealt with.

The hospital then calculates the association of individual items that correlate the overall satisfaction of the patient with the service and then tries to provide room for improvement in its service. The patient is also asked to prioritise the items that matter to them.

The hospital used a company called Press Ganey and has done so for many years. The score is compiled as follows;

Very Poor 1

Poor.....2

Fair.....3

Good.....4

Very Good.....5

They then translate this scale as follows as they believe that this makes more sense to people;

1.....0

2.....45

3.....50

4.....75

5....100

They regard 75 as a "C" and as such is not good enough while 100 is regarded as an "A" and this is what everybody wants.

They accept that a mean score is good over time but a percentage score can tell the hospital how it is faring in relation to a group of like hospitals. The grouping that Montefiore belongs to is a group of large urban acute teaching hospitals. While the group known as the council of teaching hospitals has over 100 members some are relatively small rural hospitals while the New York City group of teaching hospitals has 14 who are similar in size workload and scale of operation.

Questionnaires are sent by post and there is a follow up phone call but since this is costly not all questionnaires are followed up by phone. The difficulty is that the patient must decide to fill the form and this has the effect of limiting the sample.2351 surveys have been carried out in January and February 2006. Too small a survey with

a sample size of 6 will not give an accurate picture and they feel that good data can be got from groups of 40 or more.

Focus groups are used from time to time by the Operating Department .Every manager gets the results of the survey.

Mr Anthony Boreland is an expert in data measurement at the hospital and he holds weekly meetings to decide what data is required by the management and who gets it. Surveys are completed monthly and around 10% of patients are surveyed. This works out at around 1,600 per month .The hospital does very well on meals but personal issues , which are rated as more important by patients presents difficulties. A series of lunch and learn sessions is provided for staff so they can be taken through what is happening and given the key findings. General information on patient satisfaction surveys is available on the Press Ganey website.

Staff surveys are also used by the hospital and there is evidence that staff and patient surveys correlate. The customer services department has found that patients like to be telephoned at home.

Leslie Bank is the Director of the Customer Services Department and is very strong of having "the voice of the customer" heard by the hospital. She sees a situation where a group runs a mile in 10 minutes but one of the individuals can run it in 6 minutes. That individual might win the race but "you have to run a 4 minute mile to be up with the best". She wants Montefiore to be up with the best and wants to help units to be up with the best. Some of these units might not be doing well and she sees units being accountable by way of patient satisfaction measurement.

There are 7 divisions at Montefiore and these divisions must know if they are doing a good job and where this is so that good work should be reinforced. She sees a role for her division in giving direction where things are not going well in a division. Leslie

banks feels that "inside every patient there is a customer trying to come out". The data from surveys of patients provide the foundation for quality improvement. Where ,for instance , a large number of patients rate personal attention as low then management must address these issues and deal with the issues that the patients identify as poor. This must lead to interaction between management and staff to seek to improve the situation and to do this they use the "Plan, Do, Check and Act model. Successful managers involve their staff in this process and the "Act" element is to make sure it sticks. Ms Banks sees the early thinking as strategic and high level but the actual efforts to improve must be made at local level.

Data collected from the patients showed that the hospital was not talking to patients and that the waiting times throughout the hospital were too long. This led to the introduction of the "NOD" programme locally. Staff were asked to give their name, occupation and duty to patients at all times. They could then give any instruction to patients. All of this was budget neutral and in addition to this the hospital changed processes to provide a 24 hour fast track service in the emergency rooms. The hospital also used nurse practitioners instead of M D s where possible.

Ms Cathleen Naughton gave a brief picture of the nursing workforce at the hospital. The hospital uses nurses, service associates and nursing assistants as appropriate. The retention rate for nurses is very good and most of her nurses have 15 to 18 years service at the hospital. The nurse ratio is 1 to 6. Nurses sensitivity and responsiveness gets measured on a scale of 0 to 10. All nurses take a round of the wards every hour. During their round nurses ask three key questions aside from anything else that may come up and these are calls "the three Ps. These are Pain, Potty and Position. These questions will help nurse responsiveness but more importantly find out how the patient might feel but might not mention.

Home care packages are provided by the hospital which also uses certified home care agencies for provision. Home care teams visit patients for a period of 60 days after discharge. There is also a long term response programme to help people remain in their homes. The biggest problem is the scheduling of nurse visits as the patient must stay home from shopping or a medical appointment etc when the nurse is due to call. There are difficulties in arranging all of this for some patients.

Dr Amos Consultant Radiologist (on behalf of those whom he called "the universal scapegoats" described how patient satisfaction had driven changes in the Radiology Department. Waiting time and comfort were the major issues that arose from the surveys and they began to tackle these issues. They wanted to ensure that;

it was easy to get an appointment,

there was a reasonable wait,

the patient's stay in the department was as short as possible ,

the patient was comfortable during the examination and

the radiology report went to the doctor quickly.

The department's goals for mammography are;

screening 6 weeks

diagnostic 10 weeks

They have an "ombudsman" who looks at delays in their Department. The Department tracks turn around time and looks at complaints. Where complaints are made the Quality Assurance manager contacts the patient straight away.

It has taken 4 years of hard work to get to where they are and in future re-imbursement will be tied to patient satisfaction and quality so they feel they are well placed for these changes.

General remarks.

The hospital has been getting good satisfaction ratings but in some departments they are not yet reaching their goals. They are not yet "best in class" but are making good progress. Whether or not a department reaches its goals varies from month to month. For instance in general the Emergency Department did better than its goals from October 05 to February 06 but did not reach its goals in January 06. Home care rankings did not reach its goals from September 05 to February 06 with the exception of December 05. On ratings with their peers they are a little below the peer goals. The hospital also seems to be doing better at night in terms of reaching its goals.

The group were very impressed by the attention that the hospital was giving to patient satisfaction ratings and particularly so as these ratings were the driving force for changes in behaviour in improving services and in improving future satisfaction ratings.

Presentation and discussion at Cornell University / Maimonides Medical Center, New York City.

Sheila Namm, Susan Goldberg and Andrew Pollack.

The hospital uses "Report Cards" to measure quality and performance and this is now mandatory for Medicare and Medicaid services. In addition the New York Department of Health has a comparative table for hospitals which is published on its website. The United States Department of Health and Human Services also publishes a compare site for quality measurement for treatments provided by 12 different hospitals for a ten different conditions (e.g. heart attacks, pneumonia, heart failure etc).

The federal government is now moving from these 10 measurements to 20 and the secretary of H and H S has now got to decide how incentives can be provided to help hospitals improve care. Hospitals will be reimbursed differently and will get an incentive if they avoid complications from hospital based infections.

The Patient Safety and Quality Improvement Act of 2005 enables providers to contact voluntarily Patient Safety Organisations to help them to :

* identify and analyse threats to patient safety and other quality of care problems

*change health care structures and processes to improve health outcomes without fear that data will be disclosed or used in legal or administrative proceedings against them.

The hospital does well in these measurements for instance for heart attacks patients getting ACE Inhibitor for Left Ventricular Systolic Dysfunction the average for all U.S. hospitals is 80% ,the average for New York City is 81% while for Maimonidies it is 83%.Public reporting cards is "very big" in New York according to Pollock and to make sure it stays ahead the hospital needs to try and understand how care is best delivered. Maimonidies takes its patients from care programmes funded by Federal, State, City and from the private sector. All of these are relying more on Public Report Carding and there is now a variety of these arrangements in place. The difficulties now for hospitals are around convergence and accuracy. Pay for performance is now on the horizon and 2% of re-imbursement will be lost where reporting is not up to standard.

There has been a mandatory reporting system in New York since 1985 for reporting errors and near misses and this is now being tied into the re-imbursement arrangements.

The National Healthcare Quality Report is a comprehensive national overview of the quality of health care in the United States. It is produced by the Agency for Healthcare Research and Quality which was set up over three years ago by Congress. It has 179 measures across four dimensions of quality –effectiveness, patient safety, timeliness and patient centeredness. It has 46 what are described as "core Measures" which represent the most important scientifically credible measures of quality.

Themes emerging from the 2005 report are ;

*quality continues to improve at a modest pace,

*quality improvement is variable with notable areas of high performance.

*sustained rates of improvement are possible for the future.

The agency has 20 key patient safety indicators.

The hospital issues questionnaires to its patients on a regular basis and from 2007 it will be mandatory to have a certain percentage of patients surveyed for their views and this task must be carried out by a recognised vendor. Sheila Namm indicated that Maimonides is perfecting its own instrument and building on its current questionnaire which has 27 questions on care from nurses care from doctors, the hospital environment, the patient's experiences in the hospital, after care, overall rating and five questions about the patient themselves.

The American Hospital Association is taking a big interest in quality and safety and is keen on ensuring that an "apples to apples" approach is taken and that hospitals are compared on a like for like basis.

The insurers such as Blue Shield are now looking at data on survival rates and using it to save money on its bills by downgrading its hospital payments where survival measures indicate lack of attention to quality.

The hospital has major difficulties with diabetes and last year alone 7,000 of its discharges has diabetes. There is a concern about costs of providing data especially where a hospital must treat a disproportionate number of poor or uninsured persons and the database should allow replication of the risk adjustment model as well as performance scores.

The hospital's physician leadership development programmes and staff orientation programmes have been changed to take account of what the hospital has learned in its Patient Satisfaction Surveys. Andrew Pollock did say however in relation to bringing about change that " it is hard to see what works to produce a shift in an organisation because the culture in each facility is different". Physicians are under a lot of scrutiny right now and a lot of people feel that "health care is broken"

The hospital uses electronic medical records and has 100% compliance from physicians in this area since patient re-imbursement is tied to electronic medical records and is not paid otherwise.

Susan Goldberg was quite certain that collection of data on patient satisfaction is driving improvement in patient care in the hospital. There was general agreement among the presenters that no one set of measures captures the entire hospital experience.

At this stage the hospital is also reflecting on the entire measurement industry and while not disputing the need to measure quality and satisfaction there is a feeling that the authorities may well be measuring "alleged Performance" since nobody or no organisation has an agreed measure that is accepted nationally or internationally. There is a huge desire to measure but there are questions about measurement in that only what can be measures is measured and this leaves so much of health care without measurement. The presenters described American healthcare to day as being right in

the middle of a culture of measurement. However there are some major advantages in measuring what can be measured in that it can change the perception of a hospital and use of feedback from the patients can show the hospital what it is doing wrong and what it is doing right. In general the hospital works on the basis that "where the employee has an input change is more sustainable in the long term".

Reaching Up, Inc.

and

The John F. Kennedy, Jr. Institute for Worker Education
City University of New York

20th Anniversary of the Kennedy Fellows Program

Tuesday, June 2, 2009
6 pm to 8 pm

Baruch College
New York City

Program

Moderator	William Ebenstein University Dean and Director of the John F. Kennedy, Jr. Institute
Greetings	John Mogulescu Senior University Dean for Academic Affairs
Remarks	James P. Murphy AHRC NYC Board of Directors & Former Chairman, CUNY Board of Trustees
	James Mulzet Board of Directors, Reaching Up, Inc.
	Lyda Clifton and Osmin Sullivan-Hewitt Former and Current Directors, Kennedy Fellows Program
Fellows & Mentors	2008-09 Fellow, Jody Ann Hall, YAI/NIPD
	Mentor, Mary McInnerny, Richard Hungerford School, DOE Fellows, Joseph Miller and Elnora Kennedy, DOE
	Mentor, Amy Bittinger, UCP NYC
	Fellow, Joanne Gerenser, Eden II School
	Fellow, Theresa Lou Bowick, ARC Monroe County
	Ann Judge, HSE SKILL Programme, Ireland Irish Fellow, Bernadette Frain, Western Care Association
Remarks	Caroline Kennedy
Closing Remarks	Jeffrey Sachs, President, Reaching Up, Inc.

Kennedy Fellows Program

John F. Kennedy, Jr. started the Kennedy Fellows Program in 1989 to support the higher education and career advancement of exemplary frontline workers employed in health, education and human services agencies. To be eligible workers must be enrolled in a City University of New York (CUNY) or State University of New York (SUNY) school. Fellows receive a $1,000 scholarship per year and one-on-one mentoring.

In the past two decades 800 Fellows have been accepted into the program. They commit to several years of study to complete degrees in fields such as special education, psychology, social work and nursing.

Hundreds of Fellows have gone on to become social workers, teachers, nurses, clinicians and administrators, and are currently employed by non-profit organizations and public agencies throughout New York.

Kennedy Fellows play leadership roles in a diversified workforce and have emerged as role models for their co-workers and strong advocates for the people they serve.

In 2006, the Kennedy Fellows Program was expanded to Ireland.

Photo by Andre Beckles

Kennedy Fellows Group Photo at Baruch College
With John F. Kennedy, Jr., Lyda Clifton and Osmin Sullivan-Hewitt

History of Reaching Up, Inc.

In 1989, John F. Kennedy, Jr. was challenged by his aunt, Mrs. Eunice Kennedy Shriver, to make a contribution to the developmental disabilities field. He met with experts, self-advocates, parents and professionals throughout New York, where he lived, and learned about the chronic workforce crisis that was frustrating efforts to provide a better quality of life for people with disabilities and their families. Staff turnover caused by low wages, minimal benefits, poor training and lack of career opportunities hindered non-profit service organizations.

John came to believe that an experienced, educated, and motivated workforce was an important factor in meeting the needs of his fellow New Yorkers with disabilities. He understood that these hardworking women and men needed to believe they could get ahead and advance in their careers. To address these issues, John founded Reaching Up, Inc. a non-profit organization.

Enhancing access to higher education remains the cornerstone of Reaching Up's philosophy. In promoting higher education, John was a leader in the movement to professionalize the frontline workforce. At the same time, Reaching Up assisted dedicated staff in achieving the economic, social and personal benefits associated with going to college. He realized that the only sure way to get ahead financially and professionally was via higher education.

His first step was to start the Kennedy Fellows Program, which provides scholarships and career mentoring to frontline workers in health, education and human services fields who are attending a CUNY or SUNY school.

John met frequently with James Murphy, then chairman of CUNY's Board of Trustees, and also a parent of a young man with developmental disabilities. Sharing a commitment to improve the lives of people with disabilities, they joined forces to support the creation of college-level courses in the area of disability studies at CUNY.

The partnership John developed with Dennis Rivera, then president of 1199SEIU United Healthcare Workers East, focused on workforce issues related to hospitals, nursing homes, and home care agencies and resulted in the creation of collaborative education programs at CUNY designed to help nursing assistants and home care workers become registered nurses.

In 1995 Bill Clinton appointed John to The President's Committee on Mental Retardation (PCMR). John used this forum to draw national attention to the workforce crisis in the developmental disabilities field. With the PCMR, he also co-founded the National Alliance of Direct Support Professionals, a national network of organizations that provides technical assistance to states in implementing worker education programs and creating career ladders for qualified staff.

John believed that paraprofessionals employed in public schools represent a valuable source of new teachers, especially in shortage areas such as special education. Having seen the successes of the Kennedy Fellows he knew that these mature individuals bring extensive experience and knowledge of the community into the professional ranks. In 1996 he served as Principal for a Day at the Hungerford School in Staten Island to highlight its record in helping paraprofessionals become certified teachers.

On an international level, John was interested in the ways that political, cultural, economic, legal, and social factors influence the development of health and human service delivery systems. Through Reaching Up he developed Citizen Exchange Programs involving professionals, frontline staff, and disability advocates in the U.S. and their counterparts in Vietnam, Jamaica and Ireland.

John's death challenged his colleagues and friends to carry on his work. His ten years of leadership in building the organization provided a foundation, and the memory of his enthusiasm and commitment served as an inspiration.

In March 2000 the John F. Kennedy, Jr. Institute for Worker Education was officially launched at CUNY.

John F. Kennedy, Jr. Tribute
Frontline Initiative Newsletter

Frontline Initiative

Volume 3 • Number 4 • Fall 1999

John F. Kennedy, Jr.

Lighting the Way for DSPs

Photograph by Andrea Beckles, University Relations, CUNY, New York

John F. Kennedy, Jr. with a group of direct support professionals.

Writing this brief tribute to John F. Kennedy, Jr. was more than a bit daunting. Although I had met John and served on the President's Committee on Mental Retardation (PCMR) with him, I did not really know him. In fact, I cannot even begin to imagine what it was like to be John F. Kennedy, Jr., except to believe his joyful self-assessment that its benefits greatly exceeded its annoyances. John's sense of being blessed fostered greatly his ability to give so much, because he felt and expressed a personal sense of obligation to try to repay some measure of what he felt he had received. It was fortunate, but not surprising, that among his involvements was that of contributing to the social movement that championed the rights and opportunities of persons with intellectual disabilities to enjoy full and respected membership in the communities of their birth.

It is not surprising that John made a commitment to this movement because so much of it is a direct legacy of his own family. His father, President John F. Kennedy, established the first meaningful federal government commitment to the

well-being of people with intellectual disabilities. His uncle, Senator Robert Kennedy, became the nation's conscience in bringing public attention to the terrible circumstances of America's institutional treatment of people with intellectual disabilities. His uncle, Senator Edward Kennedy, has played a visible and instrumental role in virtually all major legislation in education, health, long-term care, and employment and rehabilitation affecting persons with intellectual and other disabilities over the past quarter century. His aunt, Patricia Kennedy Smith, has contributed to making visual and performing arts an important part of educational and leisure opportunities for people with intellectual disabilities through *Very Special Arts*. Another aunt, Eunice Kennedy Shriver, and the whole Shriver family, have contributed immeasurably to enhanced public awareness of the potential of people with intellectual disabilities in founding and building of the enormous and amazing *International Special Olympics* movement. John's cousins, with assistance from the family foundation, have also established new initiatives to improve the developmental, social, and economic lives of people with intellectual disabilities.

No family in America is better or more rightly identified with the cause of opportunity, accomplishment, and inclusion of people with intellectual disabilities than the Kennedys. That was his family legacy, but John also embraced it as his birthright. He gladly accepted his open opportunity to continue and extend the highly valuable commitments of his family, but he chose to do so in a unique and important new way.

John recognized that the well-being of people with intellectual disabilities is inextricably tied to the well-being of those on whom they depend for love, assistance, and opportunity. Among all who play such roles in the lives of people with intellectual disabilities, John chose to focus on the well-being of direct support personnel because, to use John's words, of his personal "concern about the low wages, high turnover, minimal training and lack of career opportunities for dedicated, hardworking staff." He committed himself, his resources, and his visibility to the creation and support of opportunities for direct support workers to advance in their skills, their formal education, and in professional careers. In doing so he brought important recognition and meaningful responses to a national crisis in caregiving for which many more years of his attention and dedication were sorely needed.

We will miss John's leadership and the bright light he was able to shine on the just struggle of direct support professionals for decent pay, due respect, and positive futures. We will miss the visibility of his challenges and the justice of his commitment to do right by those on whom the well-being of hundreds of thousands of people with intellectual disabilities is dependent.

John's legacy was derived from a family legacy, but it found its own direction. That direction will be sustained in part by his bequests to the Reaching Up Foundation which he founded as an organized instrument of his commitment to direct support workers. Other significant initiatives in his memory will no doubt follow. But no organization or program to carry on John's work will ever be able to rekindle the bright light of John's concern for those who provide direct support to people with intellectual disabilities. It will take thousands of smaller lights to match the intensity of focus that John brought to this issue of great personal concern to him. Each of us must commit ourselves to being one of those lights.

K. Charlie Lakin

JOHN F. KENNEDY, JR.
INSTITUTE for WORKER EDUCATION
at the City University of New York

Mission

The John F. Kennedy, Jr. Institute supports workforce development initiatives in health, education and human services.

We work with colleges, public and private employers, organized labor, professional associations, advocacy groups, community organizations, foundations and government agencies to:

- Design and implement collaborative worker education programs
- Provide career mentoring and college scholarships for exemplary workers
- Advocate for career ladders, health and educational benefits, and a living wage for frontline workers
- Support the employment of people with disabilities
- Conduct workforce research in related areas

New Initiative

This spring 2009 semester the JFK, Jr. Institute launched a new Master of Arts in Disability Studies degree program. The 30-credit M.A. in Disability Studies was created in partnership with, and is offered through, CUNY's School of Professional Studies.

The Master's in Disability Studies is designed for human service professionals, advocates, researchers, scholars and policy makers who are interested in an interdisciplinary and multi-disciplinary approach to the exploration of disability as a social construct, social phenomenon, and culture.

As the first stand-alone M.A. in Disability Studies in the country, the program provides students with the intellectual and methodological tools to assume greater responsibility and leadership in the future. For more information about the Master's, please contact Osmin.Sullivan-Hewitt@mail.cuny.edu.

University of Southampton

Meeting 24 July 2006

Attendance;
University of Southampton, Prof. Debra Humphris, Julie Wintrup, Tracey Pugh, Pam Jackson, Kim Adams, Edgar Meyer.

SIPTU Matt Merrigan, Jack Kelly, Paul Donaghy, Alan Smith, Tom Dowling, Ann Judge, Se O'Connor, Frank Ahern.

Open University/Unison, Steve Williams, Liz Bromley.

Key issues covered in discussions.

Reducing the number of professionals and increasing the number of support workers in the nursing area is on the agenda in many places. A lot of research is going on internationally; in relation to this issue and studies are being undertaking on support numbers.
The Foundation Degree is a new concept and is part of the change in under graduate training in the UK. 1,000 students per year will go through the University of Portsmouth.
The focus now with the different training arrangements for professionals is the provision of "joined up training".
Matt Merrigan gave an overview of the SKILL training programme in Ireland and there was a big focus now required in terms of the evaluation and the value for money from this big Euro 60 million programme.
Some of the professionals have been slow to support the programme. The bottom line however is that if this investment in training results in better patient care the programme will be supported.
UNISON has put a lot of effort into bringing people back to learning. In the UK the front line staff without professional qualifications tend to earn much less.
The Open University is anxious to work with UNISON to develop education programmes at various levels. This involves widening access to courses, keeping students on education programmes and supporting students on difficult courses where they find the going difficult.

The University of Southampton draws its students from a wide range of schools and provides a chance for them to work in the social care workplace. They have a two-year programme and the students become associate health and social care practitioners. They can then choose a pathway into nursing, podiatry etc. The programme runs for 3 days a week and can be funded by the employer or they can fund it themselves.
A huge challenge is to transform the roles of professionals and reconstruct how the work gets done and how the graduates fit into that. Those on these learning programmes do not have "A levels" but are people who have practical experience of caring. They need to be supported in how they learn.
The students evaluate the work placement but the employer does not, as yet, complete an evaluation questionnaire on the work.

Universities can award foundation degrees and enhance employment opportunities and improve the service provided by the member of staff.

A discussion took place on the scope for upgrading for those that have taken part in the SKILL programme. One way of helping with evaluation might be in drawing up case studies to provide evidence of improvements in patient care.

The University people provided an illustration of how students can move out from the two-year programme into a three-year professional programme through entry into the second year of the new programme. Levels 1, 2 and 3 are NVQ accredited while 4 are at Associate Practitioner status. Level 5 becomes a Registered Practitioner. It was noted that the Associate Practitioner is a different job from our HCA.
In areas like Radiography the Imaging Technician can do a lot of the straightforward work. A challenge here is to get people to let go of the straightforward work. The University is engaged in a longitudinal study of 1,000 students who answer a questionnaire on their attitude and that of other professionals to team working. The University of Southampton will look at trends over a period and this is a qualitative study will show what difference integrated education has had in their practice, over time. Four sites have been chosen by the Department of Health for common learning programmes. Eleven different professions are involved in this programme.
The University of Newcastle upon Tyne is one of these sites and it is bringing professionals closer to the patients.
The University of Southampton advised the SKILL project "don't play with the laggards; they will come when they are ready so don't embarrass them".
The future might be in having placements together but this is somewhat down the road. The University of Southampton has 5,000 students who are put through inter professional learning and this is done to help people work in teams. They work on the basis that "if you want people to work in teams you should not train them in silos".

Inter-professional learning across the public service is funded by HFEC. This brings health care and education staff together to think together and find solutions to the problems of communities. His sees people from the education sector in schools being involved in tackling issues like teenage pregnancy, obesity and lack of sporting facilities. The objective is to get the health part, the education part and the young people's services part all together. Learning sets for middle managers will be formed in September to discuss these issues.
The University of Southampton has targeted a school (Woodlands Community College) where the kids and the teachers can be engaged. The head teacher has been very supportive. They are engaged in raising the aspirations of young girls as a first objective. Since the University trains teachers it is a natural follow on to get teachers to work together with other professionals on the same issues that are important to children and their families. The University has played a third party role in bringing the management of the three services together and has facilitated the management in tackling these issues jointly. Enhancing the school day is one of the issues and family involvement, an anti bullying scheme and contraception are all covered

outside normal hours. The outcome must be something that changes practice. Facilitation for a number of days is not going to help if it does not change practice. "Where you set the metrics you will get the desired behaviour" according to Professor Humphris. She also advised that if something is required to get funds people will get whatever is required to get their hands on the funds.

On evaluation there was agreement that it is always difficult to evaluate a programme. Local data may be best to examine absentee rates etc. It is important to have a framework to collect the data because so little national data are available and locally available meaningful data might present the best way forward. Before the project commences all available data should be collected so as to measure improvements.
The University creates the workforce for the Public Service so is in a key position to shape what the future will be. The Innovation Unit works to educate the staff together as they will be required to work as a team.

Frank Ahern.

Key Roles in Performance Improvement

There are four key roles in any Breakthrough Project: Steering Committee, Facilitator, Team Leader and Team Member. Each has a distinct job to do in the successful management of the project.

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John F Kennedy Junior Irish Fellows Study Trip to New York November 2007

Itinerary for Alan Smith, Jack Kelly, Tom Dowling and Ann Judge

Date	Time	Event	Location	Notes
Thursday 22 November 2007	10.30	**Alan, Ann and Jack's** flight departs Dublin 10.30am and arrives in New York 13.00. Take taxi to hotel.	The Algonquin Hotel 59 West 44th Street Between Fifth and Seventh Avenues New York, NY 10036 Telephone: (212) 840 6800	Settle into hotel and free for pm
Friday 23rd November 2007	11.00 to 15.00	**Alan, Ann and Jack** to meet Dr William Ebenstein, University Dean for Health and Human Services & Director, JFK, Jr. Institute for Worker Education, City University of New York Faculty staff Ashleigh Thompson and Erin Croke also present.	City University of New York JFK, Jr. Institute 101 West 31st Street at 6th Avenue, 14th floor New York, N.Y. 10001 Phone:646-344-7316 Fax: 646-344-7319	Purpose of meeting is to discuss • Study programme and arrangements for Irish Fellows w/b 26th Nov. • Conference 27th November and SKILL Project input • Irish Fellows 2008 – 2010 Weekend = personal time
Saturday 24th November 2007	10.30	**Tom's** flight departs Dublin 10.30am and arrives in New York 13.00. Take taxi to hotel. The **6 Irish Fellows** arrive in New York at 13.00 and take taxi to their hotel.	Sheraton New York Hotel & Towers 811 7th Avenue 53rd St New York, NY 10019 Telephone: (212) 581-1000 Sheraton Hotel 790 7th Avenue 51st Street · New York, New York 10019 · United States Phone: (212) 581-3300	Settle into hotel and free until Monday am
Monday 26th November 2007	10.00 to 17.00	**Day 1 - Fellows Study Programme** 10 am Breakfast Welcome, Introductions and Overview of Schedule Orientation 12:30 pm Lunch 2 pm Agency Visits with YAI Buddies	City University of New York JFK, Jr. Institute 101 West 31st Street at 6th Avenue, 12th floor New York, N.Y. 10001 Phone:646-344-7316 Fax: 646-344-7319	

		Alan, Jack, Tom and Ann present at opening of orientation session and then possible side meetings in pm.		Personal time pm
[illegible] 2007	08.30 to 16.00	**Day 2 - Fellows Study Programme** All day Conference at CUNY Graduate Centre with several thematic strands of breakout sessions, including Autism and Life Transitions. Conference title is **"Higher Education and the Frontline Workforce in the Developmental Disabilities Field'.**	City University of New York Graduate Centre 365 Fifth Ave. at 34th St., Concourse Level New York, N.Y. 10001 Phone:646-344-7316 Fax: 646-344-7319	**Am Breakout session facilitated by Alan, Jack and Ann on the Irish Kennedy Fellowships experience, SKILL Project, Partnership working in Ireland and the partnership with CUNY**
[illegible]	13.00 to 20.30 10.30 to 15.00	**Day 3 - Fellows Study Programme** 1 pm Lunch and Speaker 2 pm – 4 pm Group Workshop 6:30 pm – 8:30 pm Disability Studies Lecture Series **Alan Jack Tom and Ann** meeting to review Fellowship process and action agenda going forward.	JFK, Jr. Institute 101 W. 31st St. at 6th Ave., 14th Floor Baruch College 55 Lexington Ave. at 24th St., 14th Floor The Algonquin Hotel 59 West 44th Street Between Fifth and Seventh Avenues	 Personal time pm
[illegible]	10.00 to 12.00	**Day 4 - Fellows Study Programme** Breakfast debriefing and reflection	City University of New York JFK, Jr. Institute 101 West 31st Street at 6th Avenue. 14th floor New York, N.Y. 10001 Phone:646-344-7316 Fax: 646-344-7319	**Alan, Ann and Jack's return** flights to Dublin depart 17.40 arrive 05.10 Friday 30th November 2007. Fellows flights also depart in pm.
[illegible] 2007	18.00	**Tom's return flight to Dublin departs 18.00 and arrive Dublin 05.30 Saturday 1st December 2007.**		

International Action Research Project

IMPROVING OUR HEALTHCARE AND WORKING LIVES

A report from the International Action Research Project based on the proceedings of a Conference held 29–31 July 2003 in Belfast, Northern Ireland

February 2004

Contents

Preface

Introduction

Key themes emerging from the Conference

I. What is in it for me?
The Challenge of Transcending Traditional Adversarial Roles and Defining Common Interests for Union and Management Partnerships

II. Can I trust you?
Strategies for building and sustaining trust when different interests are at play

III. Is everyone on the same page?
The Challenges Inherent in Aligning Union Constituents and Management Constituents

IV. How is it working?
Measuring the impact and making the case for joint work

V. Conclusion: Moving Forward

Appendices

I The measurement of labour-management partnerships

II Conference proceedings

III Conference registration

Preface

Health service trade unions, managers and community leaders from New York and Ireland, North and South, have formed an important new partnership to improve quality and equality outcomes in healthcare delivery.

We believe that improving such outcomes necessitates identifying, in a co-operative way, the joint needs and interests of patients, workers, management, trade unions, employers and local communities as well as the development of innovative solutions to problems. Fostering a partnership approach between labour and management is the most effective way to make such change a reality. Only then can we expect to deliver effective health care in a way that ensures dignity and respect for everyone involved.

The International Action Research Project has been developed in the belief that a valued respected workforce, well-trained and involved will produce better outcomes for patients, the community and staff. It will also create opportunities for frontline workers to have a voice in how quality patient care is delivered.

This partnership project will celebrate successes and learn from mistakes; demonstrate the gains to be made for patients, health providers and health workers; share learning with a wide range of learning partners and promote and support existing partnership work between and within New York and Ireland, North and South.

We commend this first report of the International Action Research Project to you. It details the proceedings and key themes that emerged at the international conference convened in Belfast in July 2003 to launch the project. It also contains a detailed report from the Project's Measurement Sub-Group on the principles and values underpinning our approach to measurement, documentation and research.

Introduction

Health services world-wide face enormous challenges including escalating cost pressures, changing technologies and treatments, and widening inequalities in access to healthcare. Confronting such challenges mandates the creation of partnerships in which diverse stakeholders can come together to begin to define innovative solutions to common problems. To this end, Labour-Management partnerships have increasingly emerged as one such innovative tool for fostering multi-stakeholder dialogue and identifying the joint needs and interests of patients, workers, and hospital management in order to improve the quality and efficiency with which medical services are provided.

Nevertheless, while a number of industries have proactively sought to foster partnership work between labour and management, few health services organisations have seized upon the potential opportunities posed by joint labour-management initiatives to move beyond *traditional* adversarial roles and establish joint benchmarks for improving healthcare delivery and employees' lives.

In response to this challenge ***The International Action Research Project*** was established by a consortium of key labour and management leaders from 1199SEIU and the League of Voluntary Hospitals in New York and UNISON and The Royal Hospital in Northern Ireland. In addition, learning partners such as SIPTU and Beaumont Hospital in the Republic of Ireland joined the consortium and it is expected that in early 2004 two more hospitals from Northern Ireland and the Republic will also join the consortium as learning partners.

The objectives of this three year exchange and learning project include the:

1) Identification of best practices of Union-Management Partnerships in Health Services;
2) Encouragement of the development of new Union-Management Health Service partnerships in Ireland North and South and the United States;
3) Development of appropriate measurement and documentation tools for measuring the impact of strategic partnerships; and

4) Validation of the appropriate use of specific Union-Management Strategic Alliance activities as both a viable business and union-building strategy.

In laying the foundation for this project, an international conference was convened in Belfast, Northern Ireland from 29-31st July 2003 entitled "Improving Our Healthcare and Working Lives: Best Practices in the Workplace". The conference brought together over 100 health care union leaders, shop stewards, line and human resources managers, CEOs/COOs and community representatives in Belfast for three days with the objective of sharing the experiences of joint approaches as a process to help improve health outcomes and improve the economic viability of surrounding communities.

To this end, this report summarizes and highlights a number of key issues and themes revolving around the challenges and opportunities inherent in fostering joint Union-Management Partnerships.

Sponsors of this international conference were:

from New York

- the 1199 SEIU Hospital League Health Care Industry Planning and Placement Fund, Inc.,
- 1199 SEIU New York's Health and Human Service Union,
- Maimonides Medical Center,
- Montefiore Medical Center,
- New-York Presbyterian Hospital

from Northern Ireland

- UNISON
- The Royal Hospitals in Northern Ireland.

In identifying both the benefits and challenges of establishing joint work, four key recurring themes emerged throughout the conference, revolving around the following questions:

I. ***What is in it for me?*** The Challenge of Transcending Traditional Adversarial Roles and Defining Common Interests for Union and Management Partnerships;

II. ***Can I trust`you?*** Strategies for building and sustaining trust when different interests are at play;

III. ***Is everyone on the same page?*** The Challenges Inherent in Aligning Management and Union to a Common Vision of Joint Work; and

IV. ***How is it working?*** Measuring the impact and making the case for Joint Work.

This report seeks to identify some of the key issues and innovative practices highlighted during the conference aimed at addressing some of aforementioned questions deemed critical to the ongoing development of joint labour-management initiatives in the health services field.

IMPROVING OUR HEALTHCARE AND WORKING LIVES

Key Themes emerging from the Conference

I. What is in it for me?

The Challenge of Transcending Traditional Adversarial Roles and Defining Common Interests for Union and Management Partnerships

Traditionally union and management relations have been viewed in adversarial terms with union and management each defining and pursuing their independent agendas in an attempt to maximize their self-interests irrespective of the negative repercussions it may have on the whole. Transcending these adversarial perceptions by identifying common interests was identified as a key process for setting the stage for effective labour/management partnerships. Even when common interests are clearly identifiable, joint efforts still face the manifestation of "old adversarial behavior" and "cultural baggage."

Whatever stage partnership has reached, management retains the right to manage and unions the right to organise, represent and act collectively. Often, it is difficult for a union based on traditional organisation to effectively and quickly change membership attitudes that working collaboratively with management is "selling out" or who feel that working with management on partnership projects will weaken the union. Vice versa, the challenge is similar for management, where perceptions can range from inability to govern hospitals properly to showing signs of weakness in managing employees, and acknowledging that partnership work means sharing power in a climate of equality and respect.

While transforming the historically adversarial culture of labour-management relations in the health services field is a long-term process with no easy solutions, participants stressed the need to create joint processes capable of fostering the mutual trust and respect necessary to align a joint vision of partnership work (both of which will be explored in subsequent sections of this report). The key to partnership work without antagonism lies in the clear articulation of common interests and outcomes around which partnerships can be organized and processes established.

Significantly, the clear articulation of such joint interests helps provide a common foundation that minimizes misunderstandings and misperceptions between labour and

management; the clear articulation of joint interests also helps both management and labour identify clear goals and outcomes around which partnerships can be forged. Indeed, joint interests can and should revolve around a number of common strategic organizational objectives linking patient care to institutional viability and employee satisfaction. As emphasized by William McKee, Chief Executive of the Royal Hospitals, *"A valued, respected workforce, well-trained and involved will produce better outcomes for patients- and that is the fundamental purpose of hospitals-to serve patients, the community and staff."*

Significantly, the successful implementation of this strategic vision requires strong leadership and signaling from top labour and management officials, in order to achieve buy-in from middle professionals and workers.

In identifying the rationale for undertaking joint partnerships, conference participants stressed a number of key interests underpinning their support for the creation of strategic labour-management alliances, and summarized below as:

CREATING EXCELLENT HEALTH OUTCOMES FOR ALL

Management's Interests

1. Improving Quality Patient Care
2. Creating a Positive work environment
3. Enhancing Cost effective care & Operation

Union's Interests

1. Improving Patient Care and Satisfaction
2. Improving Job Satisfaction through Greater Workforce Participation
3. Union Building & Development

Community Interests

1. Improved Health Outcomes
2. Economic Development
3. Employment Opportunities

The articulation of this shared vision lays the foundation for a highly diverse set of partnerships based on discrete collaborative work projects with clearly identifiable goals that meet a number of the aforementioned goals. For example, Maimonides Medical

Center and Montefiore Medical Center have each had a "strategic alliance" with 1199 SEIU since 1997. Numerous joint projects have yielded results ranging from the participation of union members in the hiring process of managers to self-directed teams in units throughout the hospital. Because of the outcomes of the strategic alliance work at these institutions, efforts are currently underway to measure the impact of the initiatives beyond the current indicators that are in place.

The Royal Hospitals is also in the process of successfully carrying out its Best Value Partnership aimed at creating a joint vision for the hospital by proactively engaging management, workers and the community in the formulation service delivery. Work is also being launched on outreach to children in deprivation, and pre-employment training initiatives. The New York-Presbyterian Hospital, is currently exploring an employment referral initiative in which this hospital will utilize the 1199 SEIU/League Employment, Training & Job Security Program's Employment Center to fill vacancies instead of hiring from outside referral sources.

Notwithstanding, it is important to note that additional work is needed in articulating what is meant by each of the interests as identified by union and management. In addition, conference participants highlighted additional areas necessary for enhancing and supporting joint work. These areas include:

- The provision of training for union members and managers around alternative methods for resolving conflict;
- Educating managers and union members around their new roles; and
- Providing timely and penetrating communication around joint efforts

Finally, participants also stressed the need for further operationalizing and defining specific indicators for measuring the achievement of common interests and objectives across diverse institutional settings.

II. Can I trust you?

Strategies for building and sustaining trust when different interests are at play

Trust is by far one of the most important ingredients to carrying out successful joint initiatives as well as one of the most difficult to establish and fragile to maintain. It takes a great deal of commitment, honesty and open communication to be able to continuously build trust and exhibit behaviors that demonstrate this value. To this end, conference participants highlighted three key values central to collaborative efforts. Those values include, but are not limited to:

- **Commitment** – Sufficient time and resources in order to create and sustain joint projects. Top union and management support is required and must be visible by all who are involved in the process. At times, it may seem that joint work is "additional work" that must be carried out, but parties should be encouraged to make joint work part of the daily operations.
- **Measurement** – Getting results from joint labour-management activities. Participants stressed the importance of demonstrating how labour and management can work together through the creation of discreet important projects that can demonstrate results quickly and build momentum for future collaborative work.
- **Respect** – While there is a hierarchy between credentialed / qualified and non-credentialed / unqualified employees within institutions, joint work seeks to recognize the value added of all employees regardless of educational achievements and provides them the opportunity to participate on an equal level with others. Respect also positively adds to the overall workplace environment and employee morale, and underpins the creation of cultures of lifelong learning.

Workshop Highlights

Building on these values, participants stressed the importance of recognizing the contributions that both labour and management make to the day-to-day operations of

their respective institutions and in forging partnerships to mobilize constituencies when common interests are threatened. For example, New York participants highlighted their recent lobbying experience around the proposed $2 billion cut in the state's Medicaid budget. By forging a joint labour-management position against the cuts, 1199SEIU and the League of Voluntary Hospitals were able to rally more than 40,000 members to the state's capital to voice out their disapproval. A significant outcome of this partnership was the restoration of $1.9 billion into the Medicaid budget.

Participants also stressed the challenges of building labour-management trust in institutions in which multiple unions exist. For example, The Royal Hospital has more than 20 unions that represent employees, including a number of small professional unions. However, UNISON is the only union that has been involved in partnership work and is the major union in those areas where partnership work is progressing. Work on Best Value now involves a coalition of the relevant unions.

Under these circumstances, it becomes extremely challenging to accurately align managers and employees under one banner because buy-in from other union leaders may not be present and unions may be involved in competition for members. The absence of a broad coalition of unions will also limit the extent of making major changes in some institutions.

Participating hospitals stressed that they experienced successful joint initiatives when they respect and trust were present in their workplaces. To this end, participants highlighted a number of proven strategies for building trust through the creation of discrete collaborative projects. One such example revolved around the employment of **Breakthrough Methodology** – based on a rapid-cycle process with clear goals and measurable outcomes. As part of Maimonides Medical Center joint work *unit based performance improvement project,* are being established in all of their nursing units. Projects range from lessening the call button response, reducing patient falls to structural processes improvement. To oversee this process a steering committee consisting of nurse managers and representatives of the two unions at this hospital (1199SEIU and NYSNA) meet every six weeks to review the progress of unit-based projects. The Executive Vice-President provides institutional support for Patient Services as well as union leaders on this steering committee. The Performance Improvement Project has created a space for increased participation of Registered

Nurses and non-Registered Nurses in making changes to improve patient care in this hospital.

The Breakthrough Methodology not only exhibits commitment, progress and respect in a relatively short period of time (usually 6-8 weeks), it also tracks the impact via data that spans from the beginning of the project to post. However, participants also highlighted the challenges inherent in "scaling up" up this methodology in order to sustain improvements within a broader workplace environment – particularly in an environment where the methodology has not yet been implemented and where managers and workers have not bought-in to joint work.

III. Is everyone on the same page?

The Challenges Inherent in Aligning Union Constituents and Management Constituents

The alignment of all levels of management, union, and various levels of professional employees to partnership was cited as a third key ingredient to the formulation of successful partnerships. Conference participants identified the main challenges they face from their own constituents and recognized that many of the challenges are shared by all partners:

Challenges aligning management partners and professional staff:

- Communication at all levels of the organization
- Uncertainty of the role of supervisor, nurses, doctors and other professionals in partnership
- Working with multiple unions who don't all have the same vision

Challenges aligning union partners:

- Communication through all levels of the union from top leadership to members that are not necessarily involved in partnership
- Fear by union members that the union is "selling out"
- Fear and confusion over the changing roles of both elected and rank and file union leaders

Challenges in getting involvement from service users and communities:

- Two way communication with community and service users
- Union and management need to share their vision with communities and invite them to join in partnership work

In overcoming these challenges, a number of best practices were highlighted, including the importance of:

- **Timely Communication & filtering of joint message** – Joint work requires extensive and innovative communication approaches to ensure all players are kept

informed of the partnership work and obtain critical information from employees in a timely manner about all current activities. While a partnership approach may be clear with senior level leadership, it does not guarantee the trickling down of the message. Transparency was deemed critical for minimizing misinformation among middle-management professionals and workers.

- **Clarity on Goals & Joint Interest** – Both union and management need to be clear about their joint as well as separate interests and goals before starting collaborative work; without this clarity, joint activities might not be fully supported by one or more of the groups involved. In addition, clarity around goals assures that the impact of the project will accurately be measured.

- **A Community Strategy of Engagement:** Trust building and alignment efforts were stated as important areas of work when trying to work with community organisations. Since an outcome of labour-management partnership work is to better serve residents and the community, community members should be a key stakeholder in the development of a joint vision and in defining the critical needs. Institutions conducting joint work should incorporate community organisations and local civic groups in small projects which further cement the ties between the institution and its surrounding.

- **Communication Strategy** is a critical component of successful joint projects. Newsletters, bulletin boards, articles in local newspaper are excellent ways to help employees learn about the goals and actual activities of joint work and can serve as a communication vehicle with the wider community.

In striving to align worker, management and community joint visions, participants highlighted a number of partnership efforts underway at diverse healthcare institutions. For example, participants stressed the innovative partnership forged between UNISON, the Royal Hospitals and community organisations to develop education programs focused on the development of new union, management and community leaders. UNISON, has also established a youth committee to survey the needs of the younger membership, and runs weekend residential courses to build leadership skills.

IV. How is it working?

Measuring the impact and making the case for joint work

As projects mature and grow, participants stressed the need for quantifying results in order to measure the impact of joint work and deepen collaborative engagements.

Although most of the participating organisations have some form of documentation and measurement activities, to date there exists no consistent approach for tracking progress across institutions conducting joint work. Much of the current measurement has been tracked on an individual institution or project basis. While great efforts have been made to track the numbers of individuals who have upgraded their skills or undergone job relocation, more work needs to be done to demonstrate how collaborative work enhances quality care, strengthens unions and is responsive to management's fiscal concerns.

Going forward, participants expressed interest in building on current measurement efforts and systematizing indicators and tools that measure the impact of collaborative efforts utilizing both qualitative and quantitative data. At the closing session of the conference, it was agreed that it is critical to free-up resources in order to work on this area. Institutional partners present at the convening hoped to move forward in this area through surveys and the creation of indicators which measure the impact of collaborative work on host institutions in both qualitative and quantitative terms.

V. Conclusion: Moving Forward

The initial start-up three-day conference was a very powerful and exciting event, enabling union, management and community leaders to share experiences and insight from joint union-management hospital-based projects in Northern Ireland and New York.

Current follow-up from the conference includes:

- Additional documentation of all major projects;
- Working on developing specific tools for measuring and documenting activities;
- A fine-tuning of the critical interests, expectations and outcomes of both union and management for joint work.

The three-day conference for union, management and community leaders is the first step of our three-year international research project. Each year the project will disseminate reports and host conferences/meetings to share the overall progress of this innovative project as well as provide examples of best practices to help participants on both sides of the Atlantic achieve better outcomes for patients, workers, hospitals and the communities served by the participating organisations.

It is expected that as a result of this joint union-management project we will understand better how joint collaborative initiatives have a direct impact on the quality of patient care and institutional viability.

Labor-Management Project

LABOR-MANAGEMENT PROJECT

The **Labor-Management Project** assists labor and management in jointly confronting the challenges of the ever-changing health care industry and adapting to the changes through collaborative efforts. The Labor-Management Project provides consulting, training, facilitation and mediation services as well as funding for such services throughout the full range of health care institutions, including hospitals, nursing homes, and health networks.

The Labor Management Project supports the 1199 SEIU/League Employment, Training, and Job Security Program's mission by:

- Enhancing capacities for joint problem-solving in order to achieve mutual goals;
- Facilitating labor and management in jointly undertaking results-driven projects;
- Improving workers' experience of their work;
- Promoting better healthcare for patients, families, and communities.

Our Services...

Working in collaboration with multiple Funds such as the Training and Upgrading Fund, Job Security Fund and other departments in the ETJSP, the Labor-Management Project works with clients to develop projects aimed at transforming labor relations in specific institutions and the industry in general. Examples of our services include:

Strengthening labor/management relations by:

- Facilitating the development of effective labor-management communication mechanisms, including joint committees;
- Training joint teams in effective listening and problem solving; and
- Enhancing grievance processes leading to reductions in arbitrations.

Managing organizational change projects including:

- Coordination and facilitation of multi-institutional, multi-stakeholder projects;
- Redesign of work processes and job responsibilities for achieving team-based care, faster turnaround, and higher quality services; and
- Creation of operational improvement strategies aimed at improving clinical patient care protocols and reducing workplace injuries.

Training in conflict management systems and processes including dispute mediation, conflict resolution, interest-based problem solving, and the design of innovative conflict management systems;

Managing crises where financial, business, or labor relations crises are analyzed and resolved.

Conducting research and education through:

- Publication and dissemination of research on evolving health-care industry trends;
- Organization of conferences and workshops; and
- Sponsorship of site visits and exchanges with other collaborating healthcare institutions, unions, and labor-management processes across the nation.

Measuring and documenting the variety of joint projects though:

- Worker satisfaction, patient care, and institutional viability surveys;
- Analysis of "best practices"

1199 SEIU / League Health Care Industry
Planning and Placement Fund
330 West 42nd Street, 13th Floor, New York, New York 10036

International Action Research Project

Mutual Interests
For
1199 SEIU, Maimonides, Montefiore, NY Presbyterian

January 2005

Statement of Principle:

In the spirit of partnership, the parties are committed to having dialog on any issue that concerns both parties. While partners may not always be able to identify a common interest, we commit to making all attempts to understand and wherever possible support partners interests.

Mutual Interests:

1. Quality Patient Care
   Measures:
   - Patient Satisfaction Surveys
   - Outcomes (UHC data, Med par, JCHO-orix)
   - Performance improvement indicators

2. Job Satisfaction/Positive Work Environment
   Measures:
   - Employee surveys
   - Vacancy rates/turnover
   - Number of grievances
   - Programs to update skills
   - Absenteeism
   - Hours of training (available and utilized)

3. Union Growth and Development

   Measures:
   - Leadership development – growth in number of activists & delegates
   - Growth in number of unionized jobs
   - Reduction of grievances
   - Union is seen by members as occupying a key leadership role in the hospital partnership
   - Number of promotions
   - Number of employees hired through 1199 League Employment Center

Last revised on 1/3/05 by KOM

- Members able to participate in partnership activities during work time
- Number of members involved in training
- Member participation in union wide activities:
  - Political action check-off & campaigns
  - Delegate assemblies
  - Rallies and demonstrations

4. Cost Effective Care & Increase & More Effective Workforce Engagement (formerly Greater Workforce Participation – subcommittee decided to change the name of the interest).

Measures of Cost Effective Care

- Supply Cost per visit, unit, area, department
- Length of stay
- Room turnover in Operating Room
- Bed Turnover on units
- Sick Hours/Work Hours

Measures of Increase & More Effective Workforce Participation

- Survey tools (Survey tools need to be developed to measure the extent, nature and quality of employee involvement. and how meaningful the process is to the employer and the employee.
- Committee involvement
- Number of members involved
- Types of activities

IARP Core Group

Currently

NEW YORK CORE GROUP

New York
Management
Bruce McIver
Elaine Brennan
Pam Brier
Robert Kelly
Sondra Olendorf
Thomas Ferguson
Thomas Helfrich

New York
Union
George Gresham
John Reid
Joyce Neil
Maria Castaneda
Rhadames Rivera
Yvonne Armstrong

1199 SEIU/League
Labor-Management
Project Facilitators

Deborah King
Karen Mejia
Peter Lazes
Samantha Morales
Susan Wasstrom

Team Title

Employment Training Job Security Programme

(1)

Agenda for Visit from the National Healthcare Partnership of the Republic of Ireland
New York Cit: January 10-12, 2005

Goals for Visit

- to develop a clear agreement about future activities of the International Action Research Project and a timeline for activities
- to share best practices for effective research on union and management interests
- to learn about New York's partnership and training projects

Monday, January 10, 2005	Tuesday, January 11, 2005	Wednesday, January 12, 2005
Time: 9:30 AM Apologies Debbie King **Location:** ETJSP Office 330 West 42nd Street—13th floor conference room **Topic:** Welcome Overall the International Action Research Project and an orientation to the activities for the Delegation ➢ provide details of the goals, process and expected outcomes of the International Action Research project ➢ share current plans for work with Royal Hospital and UNISION ➢ discuss potential activities with the National Healthcare Partnership of the Republic ➢ share current documentation and measurement methods Registered Nurses (all/1)	**Time: 10:00 AM** **Location:** 4th Floor ETJSP Office 330 West 42nd Street—~~31st floor board~~ room **Topic:** ST Vincent's Catholic Medical Center: Empowerment Process St Mary's Hospital Process Improvement Projects:	**Time: Pickup at 8:30 for 9:30 AM meeting** **Location:** ETJSP Bronx Training Center **Topic:** Visit the Bronx Training site and talk with staff and participants about front-line educational programs Meet with Maureen O'Brien & Michael Paull, from City University— to learn about CUNY and the funds approach to adult education activities 2 Group 12 su -4. Front line - create ladder
AFTERNOONS		
Time: 12:30 – 4:40 PM **Location:** Nursing Division Training Center 330 West 42nd Street –13th floor **Topic:** Orientation and discussion about current RN programs Debbie Friedman	**Time 12:30 – 4:30** **Location:** 330 West 42nd Street –31st floor board room **Topic:** Lunch Interest-Based Problem Solving Approaches Work session to plan the next 12 months of collaborative work and discussion about action research approaches (Debbie King)	**Time: 12:30 – 4:30** **Location:** Montefiore Medical Center **Topic:** Lunch Meet with Labor Management Committee Continued discussion about training of front-line workers and additional information about joint Labor-Management Work Attend Montefiore Labor-Management Committee

Thursday 13 8:30 Pm. → 12

Separate T.C.

11/29 Retirement Nurse.

SEPARATE
Concept of Irish
JFK Jnr. Fellow
→ Meeting Arranged
Foreign
- Michael Paul
- Bill Eisenstein
- Sé O'Connor
- Scott Molloy
} Institute for Worker Education. City University of New York.

Presenters & Facilitators

Monday AM:

Labor Management Staff:

- Susan Wasstrom - Co-Director, Labor Management Project (LMP)
- Samantha Morales – Consultant, LMP
- Karen Mejia – Clearing house coordinator, LMP
- Peter Lazes – Consultant, LMP & Cornell University

Monday PM:

- Debbie Friedman – Co-Director, LMP
- Sondra Rosen – Consultant, RNTJSF
- Fran Iacobellis – Associate Director, RNTJSF
- Tom Helfrich – General Counsel, League of Voluntary Hospitals
- Mary Walsh – Chief Nursing Officer, Beth Israel Medical Center
- Delia Dye – RN Contract Administrator, 1199 SEIU
- Pat Obrien – RN Contract Administrator, 1199 SEIU

Tuesday AM:

- Mary Morris – Director of Learning and Development, Saint Vincent's Catholic Medical Center (SVCMC)
- Opal Chung – VP of Nursing, St. Mary's Hospital, SVCMC
- Cynthia Askins – RN Contract Administrator, 1199 SEIU

Tuesday PM:

- LMP Staff
- Debby King – Executive Director, ETJSP (Employment, Training, Job Security Program)

Wednesday AM:

- Maureen Obrien – Director, Bronx Training Site, ETJSP
- Michael Paull – Dean of Adult & Continuing Education, Lehman College, City University of NY
- Tracy Gross – Field Supervisor, Training Fund

Wednesday PM:

- Maria Castenada – Vice President, 1199 SEIU
- Elaine Brennan – Chief Operating Officer, Montefiore Medical Center

Contact numbers:

- Tracey Todd, LMP Administrative Staff - 212-894-4309
- Debby King's office – 212-494-0524 (Valerie or Norah)
- Susan Wasstrom mobile phone – 860-573-9445
- Peter Lazes mobile phone – 917-748-1972

(2)

International Action Research Project

Delegation from the National Healthcare Partnership of the Republic of Ireland

January 10 – 12, 2005

Goals of the upcoming trip to NYC:

- to develop a clear agreement about future activities of the International Action Research Project
- to be share some best practices for action research
- to develop a timeline for future work with the Core Group of NYC

Monday – January 10, 2004	Tuesday – January 11, 2004	Wednesday – January 12, 2004
Debby's conference room Welcome and meeting with Debby, Susan, Peter, Karen, Samantha, Bruce, Maria, and Rhadames (some combination of this group) to: ➢ provide details of the goals, process and expected outcomes of the International Action Research project ➢ share current plans for work with Royal Hospital and UNISION ➢ discuss potential activities with the National Healthcare Partnership of the Republic ➢ share current documentation and measurement methods	Montefiore Hospital: Meet with training staff, employees who have benefited from recent training; employees and union officers involved in developing career ladders; and innovative work of a few labor-management committees	330 W.42nd Work session to develop a joint plan of work for the next 12 months between the National Healthcare Partnership and SEIU/1199 and the League (the Core Group) Possible participants: Given union will not be available, should this just be LMP staff and Debby?
	AFTERNOONS	
Nursing Division's Conference Room Meet with staff and front-line employees doing innovative work with nurses Learn about recent nursing divisions projects and work with NYSNA at Mt. Sinai and Maimonides Medical Center (including developing Magnet hospital status) Participants might include: Clytie, Debbie Freidman, Tom, some nurse managers and RN's involved in initiatives.	Bronx training site visit Lunch and tour of Bronx site Meet with Michael Paull, from City University— To discuss effective educational methods for educating and engaging front-line employees— and sharing effective adult education methods Labor-Management Project Office Meeting with LMP to discuss the use of the IBPS approach	

(3)

International Action Research Project

Meeting with the Delegation from the National Healthcare Partnership of the Republic of Ireland
New York City: January 10 – 12, 2005

Goals of the upcoming trip to NYC:

- to develop a clear agreement about future activities of the International Action Research Project and a timeline for activities
- to learn about how to conduct effective research on union and management interests
- to learn about approaches for training front-level employees and relevant career ladders
- to learn about how nursing issues are being addressed

Monday – January 10, 2004	Tuesday – January 11, 2004	Wednesday – January 12, 2004
Topic: **Overall the International Action Research Project and an orientation to the activities for the Delegation** **Location:** ETJSP Office 330 West 42nd Street—2nd floor conference room Welcome and meeting with Debby, Susan, Peter, Karen, Samantha, and Bruce [illegible] process and expected outcomes of the International Action Research project ➢ share current plans for work with Royal Hospital and UNISION ➢ discuss potential activities with the National Healthcare Partnership of the Republic ➢ share current documentation and measurement methods Lunch provided by the ETJSP	**Topic:** **Work session to plan the next 12 months of collaborative work** **Location:** ETJSP Office 330 West 42nd Street—2nd floor conference room Work session to talk about and then finalize the commitments for future work between the NYC 'Core Group' and the Republic's National Healthcare Partnership In attendance will be: Debby, Susan, Peter, Karen, Samantha, Bruce Lunch provided by ETJSP	**Topic:** **Training of first-line workers – What's working---** **Location:** ETJSP Bronx Training Center Visit the site and talk with staff and participants about front-line educational programs Meet with Michael Paull, from City University-- to learn about CUNY and the [illegible] approach to adult education activities Lunch provided by Montefiore Medical Center?
AFTERNOONS		

Topic: **Innovative work with RNs** **Location:** Nursing Division Training Center 330 West 42nd Street –13th floor Orientation and discussion about current RN programs Participants might include: Clyde, Tom, several nurse managers and LMP staff working with these staff	Topic: **Interest-Based Problem Solving Approaches** **Location:** Labor-Management Project Office Conference Room 330 West 42nd Street – 13th floor Meeting with LMP staff involved in IBPS work	Topic: **Continued discussion about training of front-line workers and additional information about joint Labor-Management Work** **Location:** **Montefiore Hospital:** Attend Montefiore Labor-Management Committee Meet with training staff, employees who have benefited from recent training and employees and union officers involved in career ladders activities
	Evening Activities	
Topic: **Labor at the Crossroad** **Location:** Arrowwood Conference Center Dinner and discussion with staff and officers of 1199/SEIU concerning current issues and concerns of the American Labor movement--- A Challenging Time for Labor Unions George, Steve, Rhadames, Maria and others	Dinner at Gallagher's with Joe Jamison –Director of Research, NYS AFL-CIO **Location:** Gallagher's Restaurant	

1997 · help unions opt with [illegible] in partnership.

LABOR-MANAGEMENT PROJECT

Labor-Management Project

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1199 SEIU / League Health Care Industry
Planning and Placement Fund
330 West 42nd Street, 13th Floor, New York, New York 10036

International Action Research Project

Mutual Interests
For
1199 SEIU, Maimonides, Montefiore, NY Presbyterian

January 2005

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   - Growth in number of unionized jobs
   - Reduction of grievances
   - Union is seen by members as occupying a key leadership role in the hospital partnership
   - Number of promotions
   - Number of employees hired through 1199 League Employment Center

Make the business case for Partnership

Last revised on 1/3/05 by KOM

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  - Rallies and demonstrations

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- Committee involvement
- Number of members involved
- Types of activities

International Action Research Project

National Healthcare Partnership of the Republic of Ireland
&
Montefiore Medical Center / 1199 S.E.I.U.

Wednesday, January 12, 2005
Moses Library, Research Building

AGENDA

1. **Lunch**
2. **Introductions and Welcome**
3. **Labor Management Project Highlights**
   - ✓ **a. Health Information Management** Cowline
   - ✓ **b. Dental** Chuck. - Charles.
   - ✓ **c. Environmental** - Tom.

   } Partnership

   2nd PM

4. **BREAK**
5. **A word from our guest – Ireland** ✓
6. **Labor Management Committee Remarks**
7. **Approaches for training entry-level employees**
   - **a. Nurse Attendant to PCT** 96.
   - **b. Service Associate to File Clerk** Tommy "CDCC"
   - **c. O.R. attending to Surgical Technician** Elizabeth
8. **Questions and Answers / Closing Remarks**

Senior Instructional Technical Professional TM

Sponsored by the Division of Education & Organizational Development at Montefiore

MONTEFIORE

Montefiore Medical Center
The University Hospital for the Albert Einstein College of Medicine

What Is The 1199 SEIU ETJSP?

- The 1199 Employment, Training and Job Security Program (ETJSP) is a joint effort of 1199 SEIU, which represents 200,000 workers and more than 500 contributing employers. Our mission is to develop high quality training, placement and labor-management initiatives.

X cerst systems

St Vincents Catholic

Site	Proj.	Project Name	Launch Date	Improvement Focus	Benefits	Co-Sponsors	Breakthrough Goal	Proj. Date	Mid-Point Review	Highlights
33rd Street	1	Address Corrections	7/27	Billing Accuracy and Efficiency	*Revenue, Staff Morale*	Ben Soumahoro Patient Fin Srvs 1199 Susan Keller Billing Manager	Reduce patient and guarantor return mail by 50% at St. Vincent Manhattan in 3 months	10/19	8-Sep	• Achieved goal of 50% in last 2 wks. for St. Vin Manhattan hospital • Used HDX address verification function to correct return mail from St. Vin Manhattan and trained staff
33rd Street	2	Secondary Billing	7/27	Billing Accuracy and Efficiency	*Revenue, Staff Morale*	Cynthia Roberts Patient Fin Srvs 1199 Robert Ren Director Claims	Get 75% of accurate hardcopy secondary bills and Medicaid secondary bills out in 48 hours from bill drop in 3 months	10/19	8-Sep	• Achieved goal for accurate hard copy secondary bills 3 wks out of 4 in August, and for Medicaid secondary bills in last two weeks • Separated secondary bills from primary bills on daily basis • Streamlined and standardized secondary billing process and trained billers
33rd Street	3	Correspon-dence Backlog	7/27	Operating Efficiencies	*Pat Sat, Staff Morale*	Phil Walsh Patient Fin Srvs 1199 Angel Vergez Acting Director, Finance	Reduce correspondence backlog in return U892 by keeping the bin empty and reduce denials by 40% within 3 months	10/19	8-Sep	• Analyzed causes of denials and developed corrective action procedures for most common denials • Re-allocated staff to accelerate reduction of correspondence backlog in last two weeks
Manhattan	1	10 W	7/13	Patient Throughput	*Revenue, Pat SAT*	Doreen Germino, RN NYSNA Grace Ann Welck Adm Dir of Cardiology	Discharge 60% of cath patients within 24 hours of procedure completion within three months	10/5	26-Aug	• 75% of cath patients D/C within 24 hrs from 8/20 to date • Implemented D/C protocol for Cath patients for Attendings, House Staff, etc. • MDs order form transformed into check list
Manhattan	2	Radiology	7/28	Registration Accuracy and Efficiency	*Revenue and Pat Sat*	Gloria Jaworski, Bed Sched, 1199 Mike Messina Admin Dir of Radiology and Urology	Have 75% of MRI/CT patients arrive in radiology with completed paperwork at scheduled time within 3 months	10/5	26-Aug	• 82% of scheduled CT/MRI patients now arriving on-time for scheduled appointments, vs. fewer than 50% in July • Private RI patients now bypassing Admitting to register directly in Radiology • Radiology, PA and MDs working together to improve on-schedule appt's
Manhattan	3	Patient and Family Experience	7/13	Patient/Visitor Satisfaction	*Revenue, Pat Sat and Staff Morale*	Juliet West, Lab Tech, 1199 Annette Zilka Roth Admin Dir of Neurology, Neurosurg, Orthopedic Surg & Rehab Med	Achieve an average score of 95% or higher on the patient and family satisfaction survey	10/5	26-Aug	• Averaged 90% on 5 question patient/visitor survey during August • Revised cleaning schedule for front lobby • Revised and standardized new visiting hours
MIH	1	OR	7/15	Patient Throughput	*Revenue, Pat Sat, Staff Morale, Priv MD Sat*	Marie John, RN NYSNA Rose Britt VP Operations	Achieve 75% or higher on-time starts in the OR by October 15	10/7	9-Sep	• On time starts for first cases averaged above 55% in August, up from about 20% in July • Clarified and installed time standards for on time starts • Coaching tardy MD's to arrive early for first cases
MIH	2	ED	7/15	Faster Disposition	*Revenue, Patient Sat, Staff Morale*	Loretta McManus VP Nursing/Queens Emily McMahon, RN NYSNA Alma Zapata Local 803, Organizer	Reduce number of adult level 1 and 2 Fast Track patient walkouts by 50% in three months	10/7	9-Sep	• Walkouts down from 7% in July to average of 4% in August • Utilizing ED X-Ray rooms more consistently, and using Radiology for busy times • Reinforced policies for categorizing and moving FMEx patients
St. John's	1	ER	8/11	Decrease Turnaround Time	*Revenue, Pat Sat, Staff Morale*	Rena Cherry, Reg Clerk, 1199 Dr. Kindschuh, Dir, ER	Decrease turn around time by 50% in three months	11/3	TBD	• Just underway • Identified factors affecting turnaround time • Implemented lab order sheet to decrease confusion with labeling • Staffing of nurses represents major obstacle to team's success
St. John's	2	Medical Unit	8/11	Decrease LOS	*$1 Million/year Patient Sat, Staff Morale*	Linda Lans, Unit Clerk, 1199 Loretta McManus VP Nursing/Queens	Decrease LOS on 3E by 1/2 day in three months	11/3	TBD	• Trying to bring back 24 hour discharge notice • Created procedure status check list to ensure timely follow up for all patient procedures pending (procedures/tests which have not been administered within 24 hours)
St. Mary's	1	Ambul	7/8* (6/23)	Faster Disposition	*Revenue, Pat Sat, Staff Morale*	Cynthia Askins, RN Dr. Amin, Dir of Ambul Care, Pres of Med Brd	Reduce the turn around time to 1.5 hours for 90% of the patients in clinics 2 and 3 in three months	9/7	19-Aug	• Eliminated patients from having to re-register in Radiology dept. during clinic visit • Medical records now taken directly to nurses in clinics instead of to the registration area • Created strategy to prioritize patient records

As of Sep 3, 2004

Site	Priority	Project Name	Launch Date	Improvement Focus	Benefit		Co-Sponsors	Breakthrough Goal	End Date	Mid-Point Review	Highlights
St. Mary's	2	Med Surg	7/8* (6/23)	Patient Throughput	Revenue	Pat Sat	Cherrial Muschette, RN Dr. Wilfred Herard, Dir of Med Opal Chung, RN, Sr Nur Exec	Decrease average length of stay on 6N by 30% in three months	9/7	19-Aug	• Notifying physicians of consults by phone and fax (on weekends also) to at least set up consults for Monday morning • Purchased a vault to access patient property on the weekends • Sending blood work for those patients scheduled for next day discharge at 4 A
St. Mary's	3	Registration	7/8* (6/23)	Registration Accuracy and Efficiency	Revenue	Pat Sat	Jonelle Stephens, Bus Assoc, 1199 Vincent DiSanti, Admin Dir for Emer Med and Ambul Care	Increase pre-approval/ pre-registration of private ambulatory procedures by 60% in 3 months	9/7	19-Aug	• A new mind set is being developed--staff members outside of the typical finance positions, are starting to take accountability for creating solutions for saving the hospital money • Developed an appointment registration screening script for all self paid/pc
Stat Island	1	Clinic Team	7/1	Registration Accuracy and Efficiency	Revenue	Pat Sat	Sister Sheila Brosnan, VP Mission Katherine Lewis 1199	Reduce total patient registration time (wait and processing time) in clinics by 50% in three months	9/23	12-Aug	• Monitoring current times and adjusting goal given change in Medicare HIPAA information access
Stat Island	2	ED Team	7/1	Faster Disposition	Revenue	Pat Sat	Dawn Gideon , Exec Dir Maureen Sheehy, RN, NYSNA	Achieve 15 minutes to RN evaluation and 30 minutes to MD evaluation for 60% of patients within three months	9/23	12-Aug	• Focusing on bringing patients into patient care areas from waiting room is yielding results
Stat Island	3	Clean Team	7/1	Patient and Family Perception	Revenue	Pat Sat	Simon Rabinowitz, MD, Chair of Pediatrics Michael Olivo 1199	Improve cleanliness scores in ED and SLB5 to 85% or higher in three months	9/23	12-Aug	• Improvements in 1199/contract working relationships • Demonstrable cleanliness improvement in targeted areas
Westchster	1	E&R	6/28	Faster Disposition	Revenue	Pat Sat, Staff Morale	Bill O'Connell, RN, NYSNA Steven Shainmark, MD, Clin Dir, OMHS and E&R	Reduce time from patient in to patient on floor by 50% in three months	9/20	10-Aug	• Implementation of transfer forms has begun, allowing evaluations to be completed more quickly
Westchster	2	Staff Vacancies	6/28	Operating Efficiencies	Revenue	Pat Sat, Staff Morale	Chris LaPerche, Nur Rep, NYSNA Joe Scozzafava HR Manager	Fill 4 of 8 3N/3S nurse positions by Oct 2004 orientation	9/20	10-Aug	• August Job fair has yielded 3 more applicants, one that is being pursued. • 2 per diem (not full time) nurses have been added for 3 South in September
Westchster	3	Tardiness	6/28	Operating Efficiencies	Pat Sat, Staff Morale		Tina Stevens, Psych Tech, 1199 Barbara Halla, Program Coordinator	Reduce tardiness to 10% or less in all in-patient units by Sept 28	9/20	10-Aug	• Anti-tardiness communication campaign launched early August • Tardiness book (sign-in) implemented 8/13 • In the first 3 days, only one person was tardy; previously, average lateness was over 50% in this staff population

• Performance Mgt
• Key Performance Indicators

IARP Core Group

Currently

NEW YORK CORE GROUP

New York
Management
Bruce McIver
Elaine Brennan
Pam Brier
Robert Kelly
Sondra Olendorf
Thomas Ferguson
Thomas Helfrich

New York
Union
George Gresham
John Reid
Joyce Neil
Maria Castaneda
Rhadames Rivera
Yvonne Armstrong

1199 SEIU/League
Labor-Management
Project Facilitators

Deborah King
Karen Mejia
Peter Lazes
Samantha Morales
Susan Wasstrom

4 Major Hsp 'Bronx'

Great mutual benefit. Institution

- Needs assessment TNA
- Cross (T)

Cross Training the Workforce

Radiological Technologist Specialty Training

(2yr prog.) registered rad. tech.

Exp.

- 90 hrs
- 6 month pr.
- 125 cases

Res. using Training Job security fund.

JANUARY 10, 2005

INTERNATIONAL
IRISH
RESEARCH
PROJECT

Tom Helfrich - LVH.

Union works it as a
- Recruitment tool
- Education

9/2 proposal

The Bronx Healthcare Training Center

A Collaborative Project of

- 1199 SEIU ETJSP and 1199 SEIU Child Care Fund
- City University of New York

2501 Grand Concourse
Bronx, NY 10468
Telephone: 718-562-3667

Charles. Admin
Maria } satellite Representat
Keith
Cindy HR.

Dental Department Forced Transition

MONTEFIORE DENTAL DEPARTMENT

Montefiore Medical Center
NY City

National HealthCare Partnership

@

Montefiore Medical Center, New York City

January 12, 2005

International
Action
Research
Project

IARP Objectives
• To identify best practices of union-management, partnerships in healthcare
• To develop appropriate measurement & documentation tools for measuring the impact of partnership efforts
• To validate the appropriate use of specific Union-Management Strategic activities as both a viable business strategy and a union building strategy

Establishment of
Project
Various exchanges during 2001-2004 – between Royal and Beaumont hospital and their respective unions – SIPTU, IMPACT, INO, UNISON and NYC Learning Partners

Establishment of Project Continued

- International Union & management Core group representing participating learning partners established
- NYC learning partners include: Maimonides Medical Center, Montefiore Medical Center and NewYork-Presbyterian Hospital

IARP Core Group

IARP Joint Conference -

- Improving Our Healthcare and Working Lives Conference – July 2003
  - Attended by NYC delegation, UNISON & the Royal Hospital, partners from the Republic joined us for one day
  - Conference Themes:
    - What is in it for me?
    - Can I trust you?
    - Is everyone on the same page?
    - How is it working?

Identification of Mutual Interests

- For the first time, labor and management have agreed to jointly assess joint work thru the following interests:
  - Quality Patient Care
  - Job Satisfaction/Positive Work Environment
  - Union Growth & Development
  - Cost effective care & increase effective workforce participation

Metrics being used

- Quality Patient Care
  - Patient satisfaction surveys
  - Performance improvement indicators
  - Outcomes (UHC data, Med par, JCHO-orix)

Metrics being used

- Job Satisfaction/Positive Work Environment
  - Employee surveys
  - Vacancy rates/turnover
  - Number of grievances reduced
  - Programs to update skills
  - Absenteeism
  - Hours of training (available and utilized)

Metrics being used

- Union Growth & Development (examples)
  - Leadership development
  - Growth in number of unionized jobs
  - Reduction of grievances
  - Increased involvement in political action
  - Increased attendance at delegate meetings
  - Union is seen by members as occupying a key leadership role in the hospital partnership
  - Number of promotions
  - Number of employees hired through 1199 League Employment Center

Metrics being used

- Cost Effective Care
  - Supply cost per visit, unit, area, department
  - Length of stay
  - Room turnover in operating room
  - Bed turnover on units
  - Sick Hours/Work Hours

Metrics being used

- Increase effective workforce participation
  - Survey tools (tools need to be developed to measure the extent, nature and quality of employee involvement and how meaningful the process is to the employer and the employee
  - Committee involvement
  - Number of members involved
  - Types of activities

Measurement efforts

- In an effort to move the measurement effort forward, a measurement subcommittee chaired by Bruce McIver and Maria Castañeda was established
- Presently all learning partners are documenting their joint activities through the mutual interests
- Efforts are underway to develop consistent approach for tracking progress across institutions conducting joint work

Future Activities

- Representatives from the Republic of Ireland to visit NYC in January 2005 -- to learn more about measurement and documentation activities and project work involving nursing units as well as other activities impacting on the quality of care
- Continuing to share best practices of joint work with these new learning partners

Future Activities continued

- Leadership Conference –2005
  - What kind of leadership does it take to lead in partnership-Leadership development tailored for rank & file leaders and line managers
- Continuing to use measurement tools to monitor and assess activities
- Increase sharing of project among learning partners in the states

Fin

What is an "interest-based problem solving" approach?

- Structured problem-solving process leading to creative solutions which meets the interest of all parties.
- Creates an environment that encourages exploration of new and creative approaches to solve a problem.
- Finds a solution that meets the interests and needs of all parties rather than on arguing about who is right.
- All parties openly discuss their interests, needs, concerns and share data surrounding an issue, rather than stake out a rigid position, defend that position and only give ground grudgingly.
- Decisions are reached by consensus, and as a result, everyone has an interest in and commitment to the successful implementation of the solution.
- An additional tool to approaching labor management disputes (or any issue)

Important Skills: listening, brainstorming, consensus, collecting and analyzing data

Behavioral Groundrules:

- Willing to be open and honest
- Willing to forgive the past
- Willing to look to the future
- Willing to use data to drive decisions
- Willing to participate fully
- Willing to be creative

6 Step Process:

Step 1: Define the problem
Step 2: Identify interests
Step 3: Reframe the problem
Step 4: Generate options
Step 5: Craft a solution
Step 6: Develop implementation & monitoring plan

How this process differs from traditional negotiations:

- No proposals and counter proposals
- Problem-solving instead of positional bargaining
- Sitting together looking at the problem instead of taking opposite sides
- Parties are concerned about *all* interests not just their own
- Focus on data
- Commitment to listening to each others' concerns
- Opportunity to explore ideas before committing
- Use of jointly-agreed to criteria and consensus to arrive at decision

* Breakthrough.
* Quick and Dirty

The Breakthrough Strategy

Introduction to the Breakthrough Strategy

The Breakthrough Strategy is a method for organizing major performance improvement programs. It uses rapid cycle "breakthrough projects" to create momentum toward major performance objectives. The idea is that teams rapidly achieve some real, measurable improvements—improvements that are stepping stones toward the organization's large-scale objectives.

By achieving tangible breakthrough progress, teams develop new confidence, new skills and new work methods.

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Breakthrough projects draw on the "hidden reserve"

Everyone has seen examples of organizations responding to crises, emergencies or "must do" situations. For example: There is an opportunity to get a new customer signed up if a proposal can be done in one week instead of the usual four. A fire or snowstorm damages a facility, but production is made up.

Often in such cases, as if by magic, the organization rises to the challenge and reaches a level of performance much higher than normal. And the extra performance is usually achieved with resources already in place in the company! This extra capability, which is usually not contributing to the organization's results, is called the "hidden reserve."

The hidden reserve exists in every organization—and can be used to accomplish better results in *regular* performance. It includes resources and capabilities which are already being paid for, but are not fully used by the organization.

What factors are at work in a crisis situation to bring out the hidden reserve? We asked hundreds of people all over the world to name them. Almost every group gives the same list. We call them the "zest factors."

The Zest Factors

- Sense of urgency—quick results needed
- A personal challenge
- Success is clear to recognize
- People collaborate—a new "esprit"
- Pride of accomplishment
- Fear of failure
- Exciting, novel, like a game
- People experiment and ignore "red tape"

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What is a Breakthrough Project?

A breakthrough project is a **planned project** that uses the zest factors to achieve a tangible, bottom-line **result** in a **short period of time**. A breakthrough project is carried out in a way that generates the new work processes and management skills needed for further progress.

The Breakthrough Project

- Generates progress on an urgent and compelling performance goal
- Is achievable in 6 to 8 weeks or less
- Aims for a real, measurable, bottom-line result—not just a study or set of recommendations for someone else to implement
- Is challenging, but achievable, to ensure a real learning experience

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Teams sometimes mistake means for ends and define goals such as: complete an analysis of a problem area; install a new system; train staff; develop and present recommendations. These are not measurable performance results.

A breakthrough goal must be defined in terms of **results** on some measurable aspect of performance that is important to the organization. A breakthrough goal must have four important criteria. It must be measurable, short-term, challenging and achievable.

A breakthrough goal ideally follows a particular structure:

"Reduce incidents of violence in two wards by 30% in 2 months."

Action Verb	What Will Be Changed	Measurement of Success	Time Frame

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Steps in a Breakthrough Project

The breakthrough project begins by taking aim at a significant improvement that must be achieved. This is the **"Improvement Opportunity."** For the Worker Safety effort, this opportunity—to reduce injuries in nursing homes—has been determined by the Directors of the Fund. A Steering Committee is formed, usually comprising two management and two union workers. The Steering Committee sponsors the project in the nursing home. It does this by carving off a specific Breakthrough goal for improvement in the facility, based on data available to the Steering Committee and subsequently to the team.

A **Project Team** is then organized, with a team leader and team members who will be responsible for the project. Sometimes the team members come from different units. Sometimes they are all members of a natural working group. A facilitator may also be assigned to help the team get started and stay on track.

The team launches a breakthrough project by confirming or revising a specific **Breakthrough Goal** from the overall improvement that is needed. The important thing is that the breakthrough goal is very specific and relates to important results for the organization.

Once the team has defined the goal, team members develop a **Work Plan**. In doing this, they use problem-solving and analytical tools to understand the situation and to plan the steps required to achieve their goal. Then they move into action, during which they **manage implementation** using team meetings, a measurement and tracking process and progress reviews.

When the goal has been achieved, in a few weeks or months, the team formally completes the project by **summarizing** their results and the lessons they have learned in the course of the project. They also **recommend future opportunities** for expanding and sustaining the improvement.

Those ideas for further improvement can then be considered by the Steering Committee and possibly selected for new Breakthrough Projects. The organization's capability to make rapid changes and deliver improved results grows with each project. The more people who get involved, the more able the organization is to set ambitious goals and work efficiently to achieve them. In this way, breakthrough projects form part of an ongoing cycle of improvement.

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Steps in a Breakthrough Project

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Key Roles in Performance Improvement

There are four key roles in any Breakthrough Project: Steering Committee, Facilitator, Team Leader and Team Member. Each has a distinct job to do in the successful management of the project.

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