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The Personal Development Process of Employees in a Community Hospital

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Running head: EMPLOYEE PERSONAL DEVELOPMENT PROCESS

The Personal Development Process of
Employees in a Community Hospital

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Abstract

The purpose of this action research project was to assess and understand the existing Personal Development Process at CU and identify and mitigate the causes of the confusion and variations in implementation of this tool. A collaborative group utilized questionnaires, focus groups, and a pilot process to diagnose the extent of the problem. The collaborative group with the help of the organization's employees designed and implemented interventions, and evaluated the project. The project results yielded an employee personal development tool which was used organization wide for 4 years.

The Personal Development Process of Employees in a CU

Retaining a qualified and competent workforce in today's health care environment is crucial to ensuring success. Major trends impacting health care delivery include decreasing reimbursement from insurers and increased scrutiny on the part of the consumer. The increased scrutiny is based in part due to healthcare system failures and lack of processes to ensure safety of the patient while in the health care system. Additionally many organizations compete for scarce staff in the face of workforce shortages in many specialty roles. Customers are demanding the provision of high tech and high touch environments with exceptional customer service and in many instances choose their preferred healthcare provider based on the ability to deliver this trio. For organizations to thrive and grow in the face of these trends, the most critical element to ensure success is the human side of the business. It is the employee who drives and delivers every interaction and process that the customer or patient experiences. Employees are also customers of the organization, and the one service every employee must receive is time with their manager during the annual performance review. The annual performance review done well can assist employees in learning how they can contribute to the system, matching their talents with meaningful work; identify barriers to work and methods to reduce or eliminate them; and design learning plans for both professional and personal growth. The purpose of this action research project was to aid CU in its efforts to deliver an annual personal development process in a consistent and meaningful way for both management and employees.

Background of Organization

CU (CU) is a 143 bed acute care, not-for-profit institution. A Board of Directors comprised of community members governs it. The Leadership Council consists of the Chief

Executive Officer (CEO), Chief Financial Officer (CFO), Vice President of Human Resources, and the Vice President of Patient Care Services. Currently over 900 employees comprise the workforce at CU.

In 1952, the town of Longmont had two hospitals providing services to the community. In 1954 the Colorado Department of Public Health declared that both of the health care facilities in town were inadequate. Conditions at Longmont and St. Vrain hospitals were cramped, and equipment problems were every day occurrences. A town meeting had been held two years earlier to discuss the need for a new hospital. In 1956 the boards of the two hospitals came together and agreed to join to create one new hospital. Instead of being owned by physicians, this new hospital would be a non-profit, community owned venture. Construction began on the new hospital in July of 1957, and in March of 1959 the first patient was admitted to the new 50-bed facility named CU (Newby, 1995).

Continuous growth of the community has lead to expanded bed capacity and services over 41 years. In addition to providing medical and surgical care, the organization has a Level II Trauma designated Emergency Department, Maternal Child services in the BirthPlace including a Level II Neonatal Intensive Care Unit, four Operating Suites, a Day Surgery Center, a six bed Intensive Care Unit, a Cardiac Catheterization Lab, an Adult Day Program and Alzheimer's Care, The Center for Integrated Therapies program, and three clinics in outlying service areas. The service area of the hospital reaches north to Berthoud and Mead, south to Niwot, Gunbarrel and north Boulder, east to Firestone, Frederick, Dacono, and Erie, and west to Lyons.

CU has enjoyed a stable financial history in spite of expanding services and reductions in reimbursement by insurers and third party payers. Employee wages and benefits comprise approximately 53% of the operating expense of CU. The remaining 47% of operating expenses

cover items such as utilities, supplies, purchased services, legal, accounting, collection, insurance and depreciation. The annual employee turnover rate at CU in 1997 was 21%, down slightly from 25% in 1996. These turnover rates were consistent within our peer group of Front Range hospitals.

Since 1992, CU has been actively engaged in a process of transforming the organization through the adoption of quality improvement tools and methodologies. This will be a necessity in the future to maintain accreditation by The Joint Commission on Accreditation of Healthcare Organizations. Additionally, a number of other healthcare providers along the Front Range were already exploring the health care application of industry developed and tested quality initiatives.

The Chief Executive Officer of Parkview Hospital in Pueblo, Colorado mentored the CU CEO on quality improvement concepts. Parkview Hospital was highly regarded for its success in implementing quality improvement in a hospital setting. The hospital had recently been recognized as one of six benchmark organizations by the Joint Commission on Accreditation of Healthcare Organizations in the book "Striving Toward Improvement: Six Hospitals in Search of Quality" (1992). Parkview's success in quality improvement was impressive and convinced the CU leadership team that CU should move in the same direction.

In the process of implementing the quality initiative a consultant was hired to provide the needed guidance and advice on this new undertaking. In 1992, CU signed on with Quorum Health Resources based in Nashville, Tennessee to provide expertise and consultation needed to implement quality improvement. Quorum subscribed to the Deming Quality Improvement philosophy and model. With the assistance of Quorum, Leadership Council engaged in a process of learning and adopting this new way of thinking and sought to demonstrate this approach by

“walking the talk” and implementing organizational change consistent with Deming’s theories of leadership and management.

To encourage implementation of Continuous Quality Improvement (CQI), management team members were expected to participate actively in the learning and application process. Nearly all CU employees have attended training on CQI theory, methods, leadership of teams, understanding data, and personal leadership. From 1993 to 1997 Quorum provided consultation services to CU including providing courses about Quality Improvement based upon the theories of W. Edwards Deming, leading and facilitation of teams, and understanding data.

A major event and first step in the organizational transformation of CU was to revisit and revise the existing mission statement, to rewrite it as needed to better reflect our goals as an organization, and to provide the anchor or constancy of purpose that Deming sees as requisite to organizational transformation. Quorum consultants guided CU Leadership Council as they crafted the organizational mission, vision, and values statements. These three documents were the fruit of many hours of labor, learning, unlearning, reflection, inquiry and personal growth for the leadership team over 18 months. These documents were not created in a vacuum. Their development required numerous conversations and meetings with physicians, board members, managers, employees, and members of our community. In September of 1994, the CU Board of Directors approved the mission, vision and values statement for CU.

The newly created organizational values reflected the Deming philosophy. They include “a caring compassionate and respectful relationship with our patients, our community and ourselves; learning and personal growth; teamwork, cooperation, and empowerment; open and direct communication; and an appreciation of the rich backgrounds and abilities of our fellow team members” (CU, 1994). Using the Deming model, the organization began to learn about

customers and suppliers and recognized openly that not only were patients, families, physicians, third party payers and vendors our customers who needed to be listened to and understood, but so were CU employees.

To sustain the efforts of implementing Continuous Quality Improvement over time and to facilitate the transformation of the organization through adopting the theories of W. Edwards Deming, the position of CQI Coach was created in 1992. This role would support the implementation of CQI and assist with the ongoing training needs of the future. Additionally the seven-step meeting process recommended by Quorum was adopted by CU for the operation and documenting of meetings.

History of the Problem

In February of 1992 CU conducted an opinion survey of all employees in the organization. The Wyeth Company, a human resources consulting firm based in Denver, Colorado, facilitated the implementation of the survey process. CU expressed an interest in conducting an employee opinion survey to gather perceptions about the organization, identify organizational strengths and opportunities for improvement, and provide a benchmark for measuring employee perceived progress. Of the approximately 750 employees at Longmont United in 1992, 523, or 70% of the target population responded to the survey. A comparison of the demographic composition of the sample versus the total population revealed that the sample was representative of all CU employees. The four dimensions to which employees responded most favorably were Benefits (77% favorable), Job Content/Satisfaction (73% favorable), Service (72% favorable) & Organizational Image and Change (72% favorable). The three dimensions to which employees responded least favorably were Communications (42%

favorable), Job Performance/Performance Review (46% favorable), and Pay (46% favorable) (Wyeth Corporation, 1992).

Wyeth survey data results were compared to a national database of health care workers. Of the 68 questions that were compared, CU was above the norm on 34 questions (50%), equal to the norm on 9 questions (13%), and below the norm on 25 questions (37%). Questions above the norm included recommending CU as a good place to work, overall satisfaction with employee benefits, the opportunity to learn new skills, and administration treating employees with respect and dignity. Of the 25 items below the norm, 2 were well below the norm. These were having a good understanding of the overall goals of CU, and having a good understanding of the steps being taken to reach the overall goals of CU. Other items below the norm included feeling free to voice opinions openly and physical working conditions. A booklet was prepared by the Wyeth Company and sent to employees from administration. The booklet summarized the survey results and described an action plan to address concerns. In this booklet Wyeth addressed the identified concern from employees about job performance and performance review. The plan stated was “to review the current appraisal process and forms, and determine whether or not it is our objective to create a clear link between performance and pay increases” (Wyeth Corporation, 1992, p.11).

Prior to the spring of 1992 the performance evaluation at Longmont United was a tool purchased from a Human Resources firm with healthcare expertise. This resource included both a selection of Job Descriptions and Performance Evaluation tools. Within the performance reviews were a number of standards linked to job descriptions that were scored as “0-does not meet expectations”, “1-meets expectations”, “2-exceeds expectations” for a numeric ranking process. Results of ranking on the Performance Evaluation would lead to the calculation of a

merit raise. Each evaluation tool averaged 28 pages, considered too long by many in the management team. Managers customized what they received to fit their department needs and personal style. The tool was designed as a one-way communication from the manager to the employee. It had no mechanism to recognize the employee perspectives of job performance or satisfaction, suggestions for improving the work environment, or barriers that the employee might be facing such as lack of resources, training or leadership.

In early 1992 a group including representation from staff, supervisors and management met with the Vice President of Human Resources to examine the existing performance review process. They were striving to find a better tool for employee performance review and evaluation, as well as meet the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards for Human Resource compliance. The employee opinion survey conducted in February of 1992 by the Wyeth Company provided data that substantiated the need to examine and improve this process. This group launched a new performance evaluation tool. It included ranking of employees against a set of criteria considered position requirements. The score achieved would then lead to a merit increase, and was a shortened version of the previous tool.

In June of 1992, six months after the implementation of the new job descriptions and performance evaluations, the VP of Human resources attended his first Continuous Quality Improvement training sponsored by Quorum. At this training he learned about Deming's beliefs on numerical ranking, pay for performance and merit pay and how this impacts employee performance and morale. Based upon Deming's philosophy that considers employees to be customers of the organization, and armed with information from the Wyeth survey, the Human Resources Vice President and a team of managers decided to abandon the newly implemented performance review process. This was at least partially due to the traditional format of numeric

ranking and one-way communication, manager to employee. Instead they began to create an annual review tool that would not be evaluative or rank individuals. The new tool was intended to foster positive, interactive two-way communication and forward-looking discussion to enhance individual job satisfaction and performance.

In designing the new performance appraisal process the CU Human Resources Director consulted with a colleague at Parkview Medical Center. At Parkview, performance appraisal was not linked to salary. The tool used in performance appraisals is called an APOP, or “annual piece of paper.” This piece of paper belongs to the employee who brings it to coaching sessions that the employee has with his or her supervisor. At these meetings, the employee and the supervisor discuss the work processes to which the employee contributes, and the training and education needs the employee has related to those work processes. At Parkview they also use criteria based competency testing for performance evaluations. While pay is not connected to performance appraisal, the successes of the organization are shared with the employee. Twenty-five percent of the organization’s net income above budget is divided among all hospital employees each year (McLaughlin & Kaluzny, 1994).

After benchmarking with Parkview and other organizations, the team crafted a new tool called the Personal Development Process. The new process was piloted in the fall of 1993 and implemented hospital wide in January of 1994 after training the management group on the new process. Merit pay ended on December 31, 1993, and was replaced by an across the board increase for all employees on the date of their anniversary. Skills checklists were the means by which managers were to evaluate employee performance. These skills checklists were to be done at a separate time than the annual Personal Development Process (PDP). The team that designed and implemented the new process met three months after the hospital wide

implementation. The overall assessment was that things were going well with the new process. Since implementation of the PDP in January of 1994, however, there has not been any management or employee survey of how the new process is working.

In January of 1997 I conducted a focus group to assess learning needs of management and leadership. Coincidentally, at that time it was identified that there was confusion and variation in the implementation and practice of the Personal Development Process (PDP) at CU. The wide variation of application involved issues around gathering peer input to assess performance, difficulties in assessing and tracking accomplishment of credentials and competencies as required by JCAHO, skill evaluation, and punitive feedback during the PDP.

Problem Statement

The Personal Development Process at CU had been identified as confusing, resulting in variations of its implementation. The purpose of this research project was to identify the causes of the confusion and variations in implementation and ameliorate the situation.

Entering and Contracting

It was understood that examining the existing Personal Development Process (PDP) at CU was intended to achieve both an avenue for management and leadership of CU to apply the theories of W. Edwards Deming and create a process that achieved the aim of the PDP. Secondly it would fulfill requirements of a research project for a student in the Masters of Science in Management (MSM) program at Regis University.

The client group for this project consisted of the Leadership Council of CU. This leadership group was provided with an outline of the project and schedule of events. The Leadership Council was updated on progress at monthly intervals through written and verbal reports. Information and findings of the research were shared with the project advisor,

classmates, and at a final project presentation at which time the leaders and other interested members of the organization were invited to attend.

As researcher, I have been employed at CU since August of 1984 when hired as a nurse in the Intensive Care Unit. I accepted the position of Education Manager in 1990, and added the role of Continuous Quality Improvement (CQI) Coach in 1992. The Education Manager is responsible for a department that coordinates the hospital wide education and training program for employees and physicians, patients and their families/significant others, and the community at large. This role reports to the Vice President of Human Resources. I share the role of CQI Coach with a second manager. This role reports directly to the Chief Executive Officer.

Literature Review

W. Edwards Deming

W. Edwards Deming was a leader in the quality revolution sweeping the United States in the 80's and known for improving competitive position in both manufacturing and service organizations alike. Dr. Deming is perhaps best remembered for his work in Japan after World War II where he taught top managers and engineers methods for management of quality which dramatically altered the economy of Japan (Deming, 1993). Deming maintained management is responsible for looking to the future, predict market changes, and keep the organization or plant in operation (Deming, 1993). He was opposed to a management by objectives model, which he considered to be reactive. His criticisms included: (a) a lack of constancy of purpose, (b) short-term thinking, (c) emphasis on immediate results, and (d) failure to optimize the system over time. A better practice, he proposed, was to adopt and communicate constancy of purpose in the form of mission, vision and values, long range planning activities, and methods by which to achieve the vision (Deming, 1993). Decisions made every day by employees are all based upon

some type of assumption of role or purpose, yet few employees are conscious of this, and many have never seen the organizations mission statement. To get past this barrier- or lack of understanding of the organization's aim or mission, a dialogue must begin, down and across the organization, starting with the holistic aim of the organization. That aim then integrates the efforts of the major business units, then the department. Finally, and most importantly, through communication and dialogue the individual employees themselves begin to determine and understand their inter-related roles, and how they fit into the larger organization (Walton, 1986).

Deming adamantly opposed many popular management behaviors, which he felt stripped the employee of pride in work and intrinsic motivators. High on his list of "faulty practices of management" were the ranking of people, rewarding the top performers and punishment at the bottom, including the annual appraisal of people as a form of ranking (Deming, 1993, p.25). Deming, a statistician and knowledgeable of the concepts of common and special cause, knew that variation and differences would be present in any system. He did not believe that the differences between each employee could be fairly rated due to the inherent variation in the system within which the employee works, and as a result, did not agree with merit raises. Additionally, he believed that ranking creates competition, which in turn divides people, and subsequently demoralizes employees. A better practice, he said, was to "Abolish the merit system in your company. Study the capability of the system. Study the management of people." (Deming, 93, p. 27). In Deming's opinion, management's efforts would be best spent explaining the aim of the system and the employee's role in achieving that aim. Managers should work with the individual employee to create interest and challenge as well as "joy in work" (Deming, 1993, p. 128), optimizing the unique capabilities of each member of the team. Functioning as a coach and counsel, managers would be unceasing learners and encourage the same of the staff

with which he/she works (Deming, 1993). Deming was not alone in his thinking about what motivates. “Employees perform because they want to, or at least feel obliged to, rather than in response to financial incentives or bureaucratic requirements” (Guest, 1994, p. 259).

Deming used the Plan, Do, Study, Act (PDSA) cycle, developed by fellow scientist Walter Shewhart, to learn about and achieve improvement of a product or service. The first step of the model begins with a “Plan” or an idea for improvement. The result of the plan stage is a test, carrying out an idea, experiment, or comparison, preferably on a small scale, the “Do” step of the model. After the test, “Study” the results is the next step, to assess if it met with expectations of the plan. “Act,” the fourth step of the model, leads one to either adopt the change or idea, or abandon the idea, or, repeat the cycle again under different conditions (Deming, 1993). The model is cyclical and is repeated as often as needed until the aim is achieved. As industry embraced Continuous Quality Improvement methods, the PDSA model became a mainstay of improvement methodologies.

Continuous Quality Improvement in the Health Care Setting

In 1987 twenty-one health care organizations came together with industrial quality management experts in Boston to launch the National Demonstration Project on Quality Improvement in Health Care (NDP). Funded by the John A. Hartford Foundation and hosted by the Harvard Community Health Plan, the experiment was intended to answer the question: “Can the tools of modern quality improvement with which other industries have achieved breakthroughs in performance help healthcare as well?” (Berwick, Godfrey, & Roessner, 1990, pp xxxvi).

Teams were formed in each of the twenty-one organizations to address this question locally in their own setting and in June of 1988 they reported back the results. Their findings

suggested that CQI methods implemented in the health care setting have increased employee satisfaction, cost effectiveness, and improved outcomes for patients. At Rush-Presbyterian-St. Luke's Medical Center in Chicago they reported an increase in employee satisfaction two years into an extensive Total Quality Management (TQM) program in 1990. Employee satisfaction data revealed a statistically significant improved intrinsic job satisfaction; improved environment for the patient; and a positive place to work (Berwick, et al, 1990). The University of Michigan at Ann Arbor monitored increased savings and decreased costs from nineteen teams between 1987 and 1991. The University of Utah created protocols, which increased survival rates of patients with Adult Respiratory Distress Syndrome from 12% to 42%. At West Paces Ferry Hospital they reported an empowered employee work team modified processes to implement systems that achieved an \$83,000 reduction in antibiotic waste (Berwick et al, 1990). Nineteen of the twenty one teams showed a positive net cost savings, with the combined two-year savings and additional revenues attributed to these teams at 17.7 million dollars (Gaucher & Coffey, 1993). The conclusion of the NDP was that the systematic approach versus the previous industrial model did indeed provide a useful framework for analysis of causes of variation in healthcare and has lead to improvements and results not yielded by previous investigations (Berwick et al, 1990). Indeed, there was evidence that CQI could make a difference in health care for both the patients served and the employees working in the organization.

In order to improve most processes one must enlist interdisciplinary teams to rigorously analyze processes, apply statistical methods to ongoing activities and reduce unnecessary variance in delivery of activities by application. Modern quality theory emphasizes the interdependencies that determine how well processes function. In order to improve processes, the formation of cross-functional teams must occur "in which internal customers and suppliers

met (meet) each other, often for the first time, and developed a new understanding of each others needs” (Berwick et al, 1990. p. 146). Process Improvement Teams (PIT) using CQI tools and methodologies, are the desired organizational approach to improving multidisciplinary, organizational problems and issues and achieving improved understanding and success in the effective resolution of process problems (McLaughlin & Kaluzny, 1994). As teams come together to address process issues, team learning takes place, which in turn leads to a sense of community, aligning efforts around a common goal or aim. Uniting and aligning a team through learning encourages knowledge sharing, and promotes innovation and collaboration. Team members involved apply both existing knowledge and the creation of new knowledge to address problems and create new opportunities (Hoff, 2005).

Role of Human Resources

The role of Human Resource Management (HRM) is a distinctive approach to employment management that seeks to achieve competitive advantage through the strategic deployment of a highly committed and capable workforce, using an integrated array of cultural, structural and personal techniques (Storey, 1995). Every Human Resources department has three product lines. These include: (a) basic administrative services; (b) business partner services involving the development of effective human resource systems and helping implement business plans, as well as talent management; and (c) a strategic partner role which includes developing human resource practices as strategic differentiators (Lawler, 2005). As strategic business partners, one of the tasks of Human Resources is getting and keeping the right people in an organization and growing them in their role. It’s been said, “employees do not leave bad organizations, they leave bad bosses” (Peterson, 2005, p. 41). Employees in general are seeking long-term relationships and make the decision to stay or not based on believing that their boss

cares about them, that they know what they need to do to get ahead (Peterson, 2005). In order to be a successful business partner HR should serve as the interface between the organization and leadership (Lawler, 2005) and facilitate selecting the right HR practices, developing change management strategies, advising on talent development and deployment and the other human resource and organizational effectiveness issues that come up as line managers try to implement strategy and effectively manage their business units (Pfeffer, 2005).

Performance Reviews and Employee Development

Performance reviews are an opportunity to tie the company's mission and strategic plans to the individual employee's role and daily tasks. They are an opportunity to develop and guide employees toward their career goals (Hurst, 2004). When conducted effectively, performance reviews can strengthen the employee-manager relationship and encourage staff to reach their full potential (Domeyer, 2005), and result in the employee becoming more "engaged" in the success of the business (Hurst, 2004). The performance review process can assist in building employee skills and competencies anticipated for the next possible position that employee might move toward in an overall succession plan (Hurst, 2004). At the conclusion of a performance review, employees should feel their concerns have been heard and that they know what they need to do to succeed in their role (Domeyer, 2005).

Line managers should be held accountable for personnel development since they are closest to their people and are responsible for their business unit (James, 2004). If a company is to make line managers responsible for developing their people they must equip managers with the necessary skills (James, 2004). The manager's role is crucial in cultivating a learning environment, and the single most important thing an organization can do to promote employee development is to acknowledge and support that role (Sparrow, 2004).

Research from the Institute of Employee Studies (IES) shows that a supportive relationship between managers as “developers” or “givers” and employees as “receivers” or “individuals” in a learning environment leads to increased worker knowledge, skills, self confidence, improved motivation, job performance, and job satisfaction. The Human Resources professional can promote the adoption of values around supportive relationships in an organization by providing tools and a framework that lead to a common language about what development means (Sparrow, 2004). In a learning environment, some of the roles of the Human Resource function include providing a wide range of formal training for staff, giving advice to managers on staff development, and training managers on personnel development and coaching skills. In turn, managers must adopt a welcoming climate for people whenever they need help, enjoy developing others, see staff development as a priority, and ensure developmental priorities are pursued (Sparrow, 2004).

Implementation of Change

Change is an inherent part of any organization. Adopting an entire philosophy such as Continuous Quality Improvement or even a subset of the Deming belief system, such as elimination of merit pay requires adopting a change strategy. One change approach, proposed by CEO Geraldine McBride, is to recognize and prepare for the “four truths of change.” The first truth: an executive must be able to articulate a clear and lasting strategy to get people on the same page. It should be kept simple and memorable, remembering that businesses frequently lose their way on the change journey. Second, get the right staff on the right seat of the bus, doing the right things. Organizations that succeed in implementation of change have assessed the inventory of their workforce and position resources where they can be most effective. When resistance exists, it cannot be ignored, but rather brought on board or moved out. The third truth,

“give up if the CEO isn’t on board,” as change starts at the top. Last of all, the fourth truth is to ensure the entire organization is behind the change and create systems and structures in place to back up the change initiatives (Shift It, 2005).

In order to successfully implement change, you should consider three rules of success. First, there must be one individual responsible, the “one to call” person who is responsible for making it work, and there must be clear expectations about what needs to be done and someone responsible for getting it done. Second, follow-up is essential. Collaborative efforts fail because of lack of follow-up, communication, and as a result there is confusion and doubt about what has been accomplished. Last of all, collaboration is the work, not an add-on to the job. If viewed as an add-on instead of the work, it may be perceived as a lower priority (Annison & Wilford, 1998).

Human Resource (HR) departments play a key role in implementation of organizational change and helping people to look at things differently. Mental models affect organizational performance and are a high leverage location for HR to focus interventions. Changing mental models may well be the Human Resource department’s most important task (Pfeffer, 2005). “To get different results you have to do different things” according to Mary Kathryn Clubb, HR thought leader and former senior partner at Accenture Corporation. According to Clubb, “to do different things, at least on a consistent, systematic basis over a sustained time period, companies and their people must begin to think differently.” (Pfeffer, 2005, p.164). Every organizational or management practice relies on an implicit or explicit model of human behaviors and beliefs relevant to the assessment of individual and organizational performance. As such, success or failure of a practice is determined in part by existing mental models or ways of viewing the world. To successfully implement any change in practice, current mind-sets must be a critical

focus of attention (Pfeffer, 2005). If this is the case, human resource efforts would be best spent detecting mind-sets and mental models that exist within an organization and focus strategy, when indicated, to change mental models that impede progress toward organizational goals and objectives. Human nature leads us to not fully understand something new, and staff will hear what they want to hear, so in implementing change, you must clearly, consistently and frequently repeat the message (Wells, 2005).

In implementation of change, it might be tempting to imitate a practice, and indeed in many instances organizations do copy practices and techniques. While this can be done, the philosophy is much more difficult to inoculate. Many projects fail because they fail to recognize that organizations are different, and that results from one setting cannot always be generalized to another. For example, on the surface it may seem that Southwest Airlines is just about putting flight attendants in shorts. In fact, it is Southwest's strong culture built on a value system that puts employees first which has led to employee loyalty and commitment, and subsequently great company performance and outstanding productivity (Pfeffer, 2005).

The interactions between employee and leader influence the response of the employee to the environment in which they work and the perceptions of their role and contribution in that environment. Assessing and understanding the confusion around the existing Personal Development Process at CU, working to reduce variation in implementation of this annual process, should improve employee and leader communication and result in meaningful and ongoing contribution by employees in the organization.

Method

The purpose of action research is to identify areas requiring change through research and to implement solutions, which will create a more desirable state for the organization (Regis

University, 1995). An action research model engages the people in the setting to study their own problems and the results are used to arrive at solutions within an organization (Patton, 1990).

Action research typically has a narrow focus. In this case the focus is on identifying sources of confusion on the existing performance review process at CU and developing strategies to resolve the confusion thereby improving communication and employee contribution. This thesis covers three time intervals beginning with the pre research project timeframe defined as prior to June of 1997. The time period of my research project is defined as occurring between June 1997 and September 1998. Finally, the post research project is defined as occurring after September 1998 and October 2005.

Action Research Methodology

The Six-Step Action Research Model Adapted from Pearce and Robinson (Regis University, 1995) was chosen for this project. This model was selected because it provides a simplistic course of action to involve employees in gathering data to determine employee and manager perceptions on how to best achieve the intended aim of the CU Personal Development Process, form teams to analyze and evaluate the data, plan and implement interventions, and evaluate their effect.

A table of the action research model follows:

Table 1

The Six-Step Action Research Model Adapted from Pearce and Robinson

Steps	Activity
Step 1	Recognize the problem
Step 2	Diagnose the situation, “who” “what”
Step 3	Involve the members, gather data, confirm the problem, gain ownership
Step 4	Involved members select solution
Step 5	Plan intervention & implement
Step 6	Evaluate the change

Note. (Regis, 1995)

Step 1 Recognize the Problem

The first step of the model, recognize the problem, unfolded through both management and employee feedback. The management Focus Group, conducted in January 1997 to identify learning needs of the management team, indicated that the Personal Development Process (PDP) meetings were a source of frustration for managers hired after the initial rollout and who did not receive training regarding implementation of the PDP. It was unclear to everyone, including managers who had received this training, what the aim of the PDP was or how it was to be conducted. Managers reported employees voiced concerns to one another and to them about a lack of feedback from the management team as to their performance. Employees were unhappy with the lack of a merit increase now that all employees were getting the same increase annually and expressed that there was no incentive to do more than the minimum. Some employees voiced that they did not even have a PDP on an annual basis as intended. As a result of the

Focus Group, Leadership Council determined that the PDP process deployed in 1995 was an organizational priority that needed to be revisited and improved.

In June of 1997 a Process Improvement Team (PIT) began to meet to assist me in walking through steps two through six of Pearce and Robinson's Action Research Model (Regis University, 1995). The PIT was called "The PDP-PDSA Team". The name was chosen to reflect that we would use the Shewhart Cycle (Deming, 1993) of Plan, Do, Study, and Act (PDSA), when evaluating this process. The team was composed of representation from all levels of the organization. Three people were recruited from the previous PDP Team (indicated by an * in Table 2).

Table 2

The PDP-PDSA Team Members

Title	Team Role	Conduct PDP?	Receive PDP?	Representing
VP, Human Resources*	Member	Yes	Yes	Administration
Lab Supervisor	Member	Yes	Yes	Supervisors
Pool Supervisor	Member	Yes	Yes	Supervisors
Environmental Services Manager *	Member	Yes	Yes	Managers
Payroll Clerk *	Member	No	Yes	Staff
Secretary	Member	No	Yes	Staff
Director of Critical Care	Facilitator	Yes	Yes	Directors
Education Manager & CQI Coach	Leader	Yes	Yes	Researcher

Initial team meetings consisted of reviewing and adopting the proposed "Opportunity Statement" (see below) and scope of the project, agreeing on team members and groundrules, reviewing history of the existing PDP, reviewing the feedback from the management focus group of

January 1997, and developing a roadmap and timelines for the project. The team agreed to adopt the Pearce and Robinson's Six-Step Action Research Model (Regis University, 1995). It was agreed that, upon gathering and analyzing data, the team would recommend any changes to the existing process be piloted, evaluated and then proposed as a recommended change to implement organization wide at the beginning of the hospital fiscal year, January 1998. This would provide a consistent organizational approach for PDPs in a calendar year.

This team would strive to model effective communication throughout the organization regarding the progress in improving the PDP and survey results. Tools for communication were the Friday Focus (the hospital newsletter published weekly for all employees), the Managers Minute (the manager newsletter published every two weeks), interoffice memorandum, and ongoing presentations to the staff during and at the conclusion of the research project.

The Opportunity Statement that the team agreed upon was:

We will identify the current understanding and uses of the Personal Development Process at CU. This will allow us to redesign the process of Personal Development to more accurately reflect the intended aim of the PDP. This process begins with the hire of the new employee and ends with the annual PDP. For the purposes of this team, the term redesign is defined as changing what we feel we need to change and leave the working components intact.

Step 2 Diagnose the Situation

Step 2 of the Pearce and Robinson Action Research Model involves diagnosing the situation (Regis, 1995). A questionnaire, secondary data, and interviews were used to diagnose the situation. Questionnaires are valuable tools because they can be administered to numerous people at the same time, provide a quick response time, and are relatively inexpensive to

administer (Patton, 1990). Other advantages are that results can be quantified and easily summarized (Nadler, 1977). Disadvantages to the questionnaire process are that it is non-empathetic and non-adaptive, and there is opportunity for bias (Patton, 1990). Mechanisms to mitigate concerns of non-empathy relative to questionnaires are to use specific language of the organization within the questionnaire (Nadler, 1977). Because of the number of employees at CU, and the PDP- PDSA teams desire to ensure that every employee who worked at CU and every manager who conducted PDPs at CU were given an opportunity to comment, this method was chosen. A one-page questionnaire (Appendix A) was distributed via managers to every employee in the organization. Additionally a one-page questionnaire was distributed to every management position that conducts PDPs. (Appendix B). Questionnaires were anonymous and confidential and employees and managers were asked to return the surveys within two weeks.

Eight hundred and fifty-four employees received the questionnaire and 127 were returned for a response rate of 15%. Out of the 48 managers who conducted PDPs, 24 returned the questionnaire for a response rate of 50%. Disappointed by the low response rate from the employees we promoted the survey again in the hospital weekly newspaper, the Friday Focus, but received only three more completed surveys.

The team discussed the reason for the low response rate. One opinion was that the employees possibly had a “why bother” perception. The team discussed that in the past CU employees have been given opportunity for input that was subsequently either not acknowledged or was acknowledged but not dealt with as in the case of the 1995 Wyeth Survey. It seemed possible that they would not take the time to give their opinion if nothing was going to change. A second potential reason for the low response was that perhaps the employees did not understand the terminology used on the survey. The term Personal Development Process was

listed as an acronym, PDP, and some of the responses in the survey indicated that the employees did not understand what the acronym meant. A third potential reason was that the team relied on the managers for distribution. This begs the question that if 50% of the managers did not respond to their survey, did they distribute the employee survey?

Using an affinity diagram method, the team organized the manager and employee questionnaire feedback. The affinity tool gathers large amounts of language data such as ideas, opinions, and issues, and organizes it into groupings. Jiro Kawakita developed affinity in the 1960s as an analytical tool. Kawakita developed the affinity tool so that he could (a) sift through large volumes of data efficiently and (b) let truly new patterns of information rise to the surface for closer examination. This allows the creative forces that are often present but not tapped to be present in the interpretation of the data. Groupings are based on the natural relationship between each item, and define groups of items. All comments and ideas find their way into the process using this tool (Brassard, 1989).

Comments from each survey were transcribed to 3M Post-it™ notes, color coded as to manager respondent or employee respondent. Using the affinity method for organizing comments, themes that emerged are identified and listed on Table 3.

Table 3

Initial Questionnaire Results

Manager comments	Employee comments	Comments by both groups
Don't know how to implement PDPs	Dislike lack of tie-in to pay increase	No consistent approach and unclear aim
Large degree of variation in how the process is conducted	Don't understand the terminology of the PDP	The lack of a rewards and recognition program in the absence of merit pay is a problem that needs to be dealt with
Managers are disinterested in the process	Feel the PDP provides great feedback but there is no follow-up to the process	Like talking 1:1 about goals and the future
	Mediocrity is rewarded with the existing system	Like informal and non-threatening environment

Questionnaire results were communicated in August and September of 1997 to Leadership Council, the management team, and employees through presentations and newsletters. During that same time period the PDP-PDSA team was given direction from Leadership Council to address several related issues in order for our team to proceed: unclear aim of the PDP, timing of performance feedback and tracking of certification requirements and competency both at the end of the new employee probationary period and ongoing, and rewards and recognition.

The first issue, "What is the organizational aim or intent of the existing PDP?" had to be articulated to set the direction or redirection of the future PDP. PDP training documents from 1993 for the PDP implemented in January of 1994 did not articulate any specific explanation of the purpose or aim of the revision from the previous process. Training documents discussed the importance of employee development, looking towards the future, and creating a non-threatening environment while conducting the PDP, but lacked a clear and succinctly stated purpose.

Additionally, documents did not address the roles and responsibilities of the manager and

employee related to the meeting that was to take place, and there was no written policy or procedure.

During the team meeting of August 21, 1997 the Vice President of Human Resources and team members from the original PDP team were interviewed by the remaining PDP-PDSA team members as to the intent of the PDP implemented in 1994. After that interview the team condensed the essence of the aim of the original PDP into one brief paragraph, which was then approved by the Leadership Council on August 24.

The Personal Development Process (PDP) is a growth opportunity for all involved. It builds for the future of the individual, the team, and CU. It develops individuals and their skills to improve the future for all.

This became the framework for the revision and improvement of the future PDP.

The next issue, timing of performance feedback and tracking of certification requirements and competency both at the end of the new employee probationary period and ongoing had previously been linked to a three-month and annual performance review. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements mandate that all accredited hospitals assure and document employee competence and ability to perform assigned tasks (Joint Commission on Accreditation of Healthcare Organizations, 1995). The team that was lead by the Human Resources Director in 1994 had divorced competency validation from the PDP process and had not yet established a new process to assure employee competency documentation. Although not intended to address competency and credentials during the PDP designed in 1994, some managers did so anyway for convenience purposes. Without a new process, some managers were using the old mechanism, the annual supervisor and employee meeting, to achieve this. The problem with this is that addressing competencies

and credentials during an employee's PDP distracted from the primary goal intended, an emphasis on employee development and the future. Using the PDP meeting to assess competency and credential maintenance occasionally led the meeting to a punitive rather than developmental process if lapsed credentials were "discovered" by the manager at the time of the PDP. Leadership Council felt that it was the role of management to continuously address issues of staff competency, credential maintenance and employee job performance. Given the clarified aim of the PDP, competency validation, credential requirements, and any performance feedback needed to be separate from the annual PDP. Additionally, the Leadership Council determined that this issue was outside the scope of the team to resolve.

It was determined by the PDP- PDSA team that the current process of doing a PDP three months after hire, previously used to assess employee fit and meeting of position requirements, was no longer valid. The Education and Training Committee was assigned by Leadership Council the task of assuring that the new employee meets the position requirements. This would be evidenced by documentation on the newly developed CU Education and Training Plan. Because the Education and Training Plan is linked to initial competencies and required credentials of each position, this would provide an assessment mechanism at three months for each new employee to ensure employee fit and the achievement of meeting basic position requirements.

In 1997 the Human Resources (HR) department was in the process of implementing a computerized system that would track ongoing employee competency and credentials. This would streamline the documentation and reporting necessary to demonstrate compliance with JCAHO requirements for ongoing competency assurance. The "go live" date for this was projected to be late 1998. Computerized tracking of ongoing employee competency and

credential requirements by HR would ease the current tracking burden on managers who must assure competent staff is providing service or patient care, allowing managers to spend time doing other things with their employees.

The CU Leadership Practices Team, whose purpose it is to assess, plan, implement, and evaluate management education and training needs, was assigned the role of educating managers about providing feedback to employees on their performance and documenting such.

Performance documentation skills were identified as a core competency for all management positions. A training and competency workshop, titled “Documenting Performance”, was developed for supervisors and managers. It was delivered by the Leadership Practices Team concurrent to the implementation of the revised Personal Development Process in the spring of 1998.

A final issue brought up is both employee and manager perceptions regarding the absence of reward and recognition processes at CU. Feedback from employees and managers (table 3) pointed out that the lack of mechanisms and opportunities to provide reward and recognition coupled with the elimination of merit pay was problematic. Employees felt there was no incentive to do more than the minimum since there was no recognition for above average work. While rewards and recognition did not fit within the scope of this team’s charge, addressing this issue would be critical to the success of the PDP of the future. The Vice President of Human Resources agreed to champion an effort to assess the existing rewards and recognition program and improve it.

Table 4

Resolution of pending issues outside the scope of the PDP-PDSA team

Pending issue	Committee Assignment	Outcome asked for by Leadership Council
Lack of ongoing and timely employee performance feedback	Leadership Practices Committee	Review ongoing feedback tools and process and implement training for documenting employee performance. Create a competency for managers to validate that this skill is met
Tracking of required credentials and competencies for employees	Human Resources Information System Administrator and Vice President of Human Resources	Using HRIS software, create a system to document and track employee competency validation and credentials
Three Month Probationary period transition	Education and Training Steering Committee	Hardwire the existing process for managers to document the transition from orientation to successful completion of orientation or termination
Rewards and Recognition	VP of Human Resources	Review current Rewards and Recognition processes and improve using employee suggestions

Step 3 Involve members, gather data, confirm the problem, gain ownership

Pending issues that, based upon employee and management perception, were linked to the PDP process and its past strengths and weaknesses, and the relevant qualitative feedback from the first employee and manager survey had now been assigned by Leadership Council to an owner to address. The PDP-PDSA team proceeded with step three of the Pearce and Robinson’s action research model, at which point we involved the members, gathered the data, confirmed the problem and gained ownership (Regis, 1995).

The PDP- PDSA team conducted a second round of data collection with the primary aim of validating the first impression from the written survey. Secondary goals were to: (a) educate management and employees regarding the clarified aim of the PDP and (b) have employees and

supervisors offer suggestions to achieve the intended aim of the PDP so that the PDP-PDSA team could design the most effective approach to achieve that aim.

A focus group methodology was chosen because it would produce qualitative data about attitudes, perceptions, and opinions of participants (Patton, 1990). Patton stated that the group dynamics help to focus on the most important topics. Greenwood and Levin (1998) stated that action research is a participatory process in which all involved parties take some responsibility in the process. Members of an organization are very knowledgeable about the problem and have a vested interest in solving it. Gathering these stakeholders would allow the team to combine the knowledge, skills, and experiences of numerous employees, and synergistic thinking would hopefully occur to solve the PDP process confusion issues.

Two separate focus group audiences, management and employees, were convened. The agendas were designed to achieve the goals of data validation, communication of the PDP aim, and to obtain suggestions on PDP design to meet the aim. The managers' focus group was scheduled after the employee focus group. Both agendas were identical with the exception of communicating to the managers the employee focus group findings. Sharing employee focus group findings with managers would provide a means of intergroup feedback by allowing perceptions of employees to be shared with managers. The employee data would be fed back to the manager focus group as a way of initiating a discussion of the conflicts, tensions, and common interests that exist between the two groups (Nadler, 1977).

Employee participants were selected from a roster generated by the Human Resources department of all employees, listed in order of hire date. The longest tenured employee's hire date was January 1962, and the most recent hired was September 1997. Employees hired after September of 1996 were excluded from participating in the focus groups because they had no

personal experience with the annual PDP process. Every twentieth employee on the roster was invited to a focus group, adjusting the selection if another candidate further up the roster already represented that person's department. In participant selection the goal was to have representation from all different levels of the organization and every department. This was a homogeneous purposeful sample. Sixty-four employees representing every department in the organization were identified for the focus groups and represents 8% of the total employee population. The focus group would bring together employees that had all experienced a version of the existing Personal Development Process at CU. The PDP was a common experience for each of them in their role at CU, and thus an issue that affected them all (Patton, 1990). Managers and supervisors were selected for a separate focus group from a roster generated by Human Resources based, again, by date of hire, pulling every fifth name on the list. Ten management team members representing 20% of the total management team were invited to the focus group. This was again a homogeneous purposeful sample intended to be representative of managers and supervisors with similar backgrounds to interview them about the personal development process, a major issue that affected each of them.

Invitations were sent to all focus group participants explaining that they had been selected, what the aim of the focus group was, and asking them to gather input from their peers. Invitations offered a choice of a small thank you gift as an incentive to attend the meeting and show appreciation for their participation. An RSVP process was utilized so vacant slots could be filled with another employee representative from that department prior to the focus group. Managers were also notified of their employees' selection to enlist their support in encouraging focus group attendance and assuring department coverage while the employee attended the focus group.

Focus groups attendance was 100% of all staff invited. Focus groups were lead by the researcher and a second member of the PDP-PDSA team. It was important to provide focus group participants pertinent information regarding the facilitator's role as employee and researcher as well as why the data was being collected, and what the data collection would involve (Nadler, 1977). Additionally, it was important to ensure honesty and openness in a focus group discussion, and trust between the participants, researcher, and team (Nadler, 1977). At the beginning of the meeting the roles of researcher and team were clarified, and anonymity of comments was assured. Because the Wyeth survey data had told us that employees felt they could not share opinions openly with administration, the second member of the team who assisted the researcher was a non-manager. It was thought that this configuration would be less intimidating and participants would be more inclined to share information freely.

The seven step meeting process was used and employee and manager feedback was captured on flipcharts. Participants interacted freely after the initial introductions. Numerous suggestions and comments were gathered. At the conclusion of each focus group, all participants were invited to attend a presentation in which the results from the focus groups would be presented and comments would be welcomed. Also a revised draft PDP tool would be presented in response to their suggestions, based on the belief that individuals are more likely to support what they have assisted in creating (French & Bell, 1995). Those who were interested signed up at the conclusion of their focus group.

Focus group comments were organized, again, using the affinity diagram to cluster like ideas and identify themes. Results of the focus groups validated the initial survey findings, and provided a number of suggestions for improving the existing PDP process. Suggestions included the need for a written structure and formalized approach for conducting the PDP with

mechanisms for accountability for both the employee and manager, the consideration of environmental issues such as location and tone while conducting a PDP, and consensus as to the use of peer input or not. Additionally, a Learning Plan with a written structure was recommended to be added to the process. Last of all, all managers and employees would need to be trained on the process and the role expectations for each.

In addition, the focus groups validated issues that needed to be addressed by others, including rewards and recognition processes and competency and credential tracking needs. Suggestions from focus group participants to improve these processes and address these concerns were distributed to the other committees and departments assigned to address them.

Step 4 Involved Members Select Solution

The PDP-PDSA Team was now ready to move to step four of the Pearce and Robinson Action Research model, “involved members select solution” (Regis, 1995). The team decided that the existing content in the current PDP was appropriate to use as a template upon which to design the revised PDP. At the end of September 1997, the team brainstormed a list of tasks to accomplish integration of the employee feedback into a revised PDP. Four subgroups within the PDP- PDSA Team were created to tackle the various tasks that needed to be resolved, designed, or developed. This was done to maximize productivity. It required between meeting work on the part of sub-teams that would report back to the larger group. The subgroup assignments were: (a) create an overall structure for the PDP process, (b) develop a learning plan process, (c) investigate peer input methodology, (d) build a training plan for managers and employees, and (e) determine the follow-up mechanisms for accountability.

Defining the process and structure for the PDP was accomplished by creating a flow chart diagram to clearly delineate steps in the process. Based upon focus group feedback, the

PDP- PDSA team brainstormed minimal content of a PDP meeting between a manager and employee. Areas that needed to be addressed during the employee/manager meeting included: (a) satisfaction in current role, (b) barriers to work identified by the employee, (c) solution/idea generation around barriers, (d) review of past Personal (growth) Plan and development of a learning plan for the next year, and (e) open discussion. The PDP- PDSA team took the above topics and developed an agenda to be used at the annual employee/manager PDP meeting. This was to be a formal meeting between the employee and the supervisor. To ensure accountability for follow up, the agenda was modeled around the seven step meeting process and minutes would be documented. Features of this process included an agenda tool which outlined the steps of articulating the aim of the meeting (the aim of the PDP), designating who would be present (the manager and the employee), reviewing the agenda (designed by the PDP- PDSA Team), completing the agenda, reviewing the meeting record (the meeting minutes) and planning next agenda or next steps, and evaluation of the meeting. Minutes reflect the discussion that occurs under each agenda item and action items and next steps with time frames and responsible parties are identified on the minutes form. Using the seven step meeting process during the PDP would foster structure for the meeting, reinforce its application at CU, and re-educate all employees in a hands on approach on this quality tool.

A list of questions had been generated in the original PDP that were intended to surface barriers to work and gather suggestions to improve or resolve them. While this was considered a positive part of the previous PDP, the questions were focused negatively. The sub-team reworded the questions with a more positive, mutual problem-solving approach to enhance the discussion. These questions were integrated into the PDP and identified as a “discussion guide” with instructions.

The goal of making the PDP a forward looking effort and growth experience for the employee meant adding a mechanism to set learning goals and steps to achieve these goals. The addition of a table within the PDP documentation tool that included a place to write personal and/or professional employee goals, steps to achieve goals and time frames incorporated this recommendation.

Integrated into the agenda for the PDP meeting was setting a follow-up appointment at three months to assess barrier resolution and progress towards personal learning plan goals. This would begin to address the need to increase joint accountability and responsibility of supervisors and employees, ensuring at least two meetings between the manager and employee would take place each year. The second meeting was intended to be briefer than the annual PDP meeting. It was designed to maintain the focus on future growth and development of the employee in their role.

Since some managers were using peer input as a means to gather input on employee performance the need existed to investigate peer input as well. Two committee members reviewed literature on peer feedback and presented their findings to the committee. While well-designed peer input methods can be useful in providing performance feedback, (Tornow & London, 1998), this did not fit with the clarified aim of the PDP. The PDP-PDSA Team determined that peer feedback would not be appropriate or included in the redesigned PDP.

Training of managers and employees on the redesigned PDP was critical given that there were a number of concerns voiced about the lack of ongoing training and communication in the previous PDP roll out. A training plan for managers on how to conduct a PDP was designed.

A PDP packet was created by the PDP- PDSA Team to incorporate all the components required to make the PDP a successful event for management and employees and accomplish the

intended aim of the PDP. The PDP flowchart was integrated into the packet with the PDP agenda. A Human Resources policy and procedure was written so that roles, responsibilities, and consequences would be clearly stated. This also addressed the consequence for managers who did not complete their employee's PDP in a timely manner. This is an accountability issue identified in step 1 of the Pearce and Robinson research model, when it was discovered that some employees were not getting PDPs on an annual basis as intended.

Step 5 Plan Intervention and Implement

A pilot plan was designed to allow for testing of the revised PDP during the month of January 1998. The pilot plan included a method for (a) soliciting managers to volunteer to test the new PDP, (b) implementing the training plan for the managers who would test the new PDP, and (c) putting on hold all PDPs scheduled for the first quarter of 1998 if a manager was not part of the pilot group.

In December of 1997 the PDP- PDSA Team presented the revised PDP and pilot plan to the organization. The Leadership Council was the first to review the proposed PDP and approve it for pilot in January of 1998. In December the PDP- PDSA team presented the revised PDP to all interested management and employee focus group participants for one last review. The agenda for this presentation was distributed in advance.

After the presentation of the proposed revised process, attendees were separated into two groups, one comprised of managers and another of employees. Participants were encouraged to respond to what they had seen presented and to offer suggestions before the pilot began. Comments were favorable. It was determined that the PDP was ready for pilot.

Action research is a cyclical process. In order to ensure accuracy in meeting PDP process goals, a second cycle of steps three, four, and five of the Pearce and Robinson Six-step

Research Model would allow the team to more accurately devise an intervention that would reflect the needs of the organization.

Step 3 Involve Members, Gather Data, Confirm the Problem, Gain Ownership (second cycle)

Eighteen management staff representing supervisors, managers, directors and Vice Presidents participated in the PDP pilot from January 1 to January 31, 1998. Management participation involved required attendance at a training program, agreement to conduct the PDP according to protocol, and agreement to participate in a debriefing session. The eighteen managers conducted 56 PDPs with employees during the month long pilot.

All participants in the pilot, management and employees, were invited to attend one of two evaluation meetings to assess the success of the pilot. The participants met with the team in February of 1998. Pilot participants were given the opportunity to offer suggestions to improve the PDP process based on their experience in the pilot and suggest training strategies for managers and employees who would participate in the PDP process in the future.

Step 4 Involved Members Select Solution (second cycle)

PDP pilot group members recommendations included: (a) the need for increased communication about expectations of both the employee and manager relative to the PDP process, (b) to change the document layout from portrait to landscape orientation to reduce paper waste, (c) add a 1-10 scale for employees to rank job satisfaction, (d) combine the two sections of discussion of barriers and conclusions into one section, (e) provide a way for employees to anonymously evaluate the process, (f) add to the training of managers a video to demonstrate desirable and undesirable behaviors and styles on the part of the manager conducting a PDP, and (g) define a mechanism to train new managers hired at CU.

As a result of the feedback from the pilot tests the PDP packet was revised. A cover letter was added to increase communication regarding the expectations of the employee and the manager both prior to and at the meeting. The agenda and minutes were combined into one form and put in a landscape orientation to minimize paper waste and still ensure consistency in application of the process. A 1-10 scale was added to the tool to allow employees to rate job satisfaction, a rating of 10 being very satisfied and a rating of 1 being very dissatisfied. The two sections of discussion of barriers and conclusions were combined into one section. The last page of the PDP packet included a one-page questionnaire to be removed from the packet and given to the employee after the meeting. Here the employee could write down what went well about the PDP and what could be improved and then send, anonymously if desired, to Human Resources. This would provide feedback to the team from the employees about how the PDP process was working.

The team created an eleven-minute PDP training video to demonstrate both desirable and undesirable behaviors and actions on the part of the manager conducting the PDP. It also provided a consistent approach and tone to the annual PDP between the employee and manager. First Things First, a Franklin Covey course on time management and life leadership, became a training requirement for all managers who were conducting a PDP. This had been an optional course offered for CU employees in the past. The content on time management, work-life balance, setting of goals and goal achievement strategies, and the interconnectedness of work and personal life in First Things First was considered by the PDP- PDSA team to be an essential foundation for managers who would be conducting a PDP.

Step 5 Plan Intervention and Implement (second cycle)

In April of 1998 the final draft of the PDP was implemented hospital-wide. Members of the PDP- PDSA Team trained all managers who conduct PDPs on the new process. Managers in the pilot group and members of the PDP- PDSA team agreed to be mentors and resources to the newly trained managers. A mechanism was needed to ensure that managers hired after the revised PDP implementation would receive the training necessary to conduct PDPs at CU in the desired and intended manner. First Things First training, and two competencies, “Documenting Performance” and “Conducting a PDP” were added to the Initial Education and Training Plan for all managers who supervise employees and conduct PDPs at CU. The competency modules were distributed upon hire by the Education Department.

Step 6 Evaluate the Change

Evaluation, the last step of the action research model, involves reviewing the effectiveness of the intervention and actions (Regis, 1995; French and Bell, 1995). Methods used to evaluate the change allowed managers who both administer and receive PDPs, as well as well as employees who receive PDPs, to evaluate the change. This sentence seems a bit awkward. Five months after implementation of the new process, management questionnaires were distributed to all with position titles of Supervisor, Manager, Director, Vice President and Chief Executive Officer. The PDP- PDSA Team met again in September 1998 to review employee feedback received in Human Resources that had been gathered from the last page of the PDP packet.

Employees who participated in a PDP during the implementation period of March 1998 to September 1998 had the opportunity to give feedback, anonymously if desired, by completing the last page of the PDP packet and turning it in to HR. It is estimated that 390 PDPs should have been conducted during this time period. Fifty-four employees completed and returned the

last page of the PDP packet for a 14% response rate. This is a very low response rate, and generalizations from this data need to be made cautiously.

The results of the data gathered from employees who received PDPs suggested that the revised PDP was an improvement from the previous PDP. Results were collated and organized around themes using an affinity diagram method.

Forty one respondents said they liked the new process for reasons such as: (a) allowed one-on-one time with their supervisor (16 respondents), (b) goal discussion with ideas and solutions to barriers in role discussed (15 respondents), (c) the process is more organized (6 respondents), (d) appreciation of the personal focus (5 respondents), (e) accountability and follow-up (3 respondents), (f) non-threatening environment (3 respondents), and (g) elimination of peer input (1 respondent).

Employee criticisms and suggestions related to the process included the following: (a) need or want for more objective, specific feedback on their performance i.e. “how am I really doing?” (9 respondents); (b) too time consuming (7 respondents); (c) paperwork volume and complexity (4 respondents); (d) need to have an improved rewards and recognition program (4 respondents); (e) desire for pay for performance (1 respondent); (f) desire to have a PDP more than one time per year (1 respondent); and (g) desire for peer input (1 respondent).

The manager questionnaire feedback demonstrated a 50% response rate, thirty-five returned out of seventy distributed, thirty respondents commented very favorably to the open ended question “what do you like about the PDP?” Of the unfavorable or neutral responses, one respondent left that section blank, one replied that it was “OK”, and three replied “N/A”- they do not conduct PDPs in their management role.

Favorable comments by supervisors who conduct PDPs included: (a) able to discuss barriers and goals with employees (11 respondents); (b) employee sharing due to the relaxed, non-threatening environment (10 respondents); (c) one-on-one time with each employee (9 respondents); (d) structure that encourages follow-up (6 respondents); (e) sharing of input, ideas, and enthusiasm by staff (3 respondents); (f) easier than before (3 respondents); (g) more comprehensive (2 respondents); (h) consistent, hospital wide approach (1 respondent); (i) HR support with sending out notices(1 respondent); and (j) personal learning plan (1 respondent).

Criticisms of the process from supervisors who conduct PDPs included: (a) desire to want to monetarily reward the employee who gives 100% or have a performance based pay system (9 respondents), (b) sense that the evaluation of performance that employees want and need is not provided by the PDP or any other process at CU (6 respondents), (c) concern that we are not meeting the standard intent from JCAHO for evaluating performance (3 respondents), (d) education plans are not always relevant or primary (2 respondents), (e) process is too long (2 respondents), (f) three month follow-up appointment is difficult to accomplish due to number of employees (2 respondents), (g) minutes difficult to do at same time as meeting (1 respondent), and (h) still have not addressed rewards and recognition needs (1 respondent).

Suggestions and additional comments included: (a) a need for a process to be built to remind managers at the three months probationary period before benefits kick in; (b) that pay for performance is not good unless it is measurable and specific; (c) a need to define the behaviors we expect at CU and then reward those behaviors; (d) a desire to see peer feedback added back to the process; (e) support to continue this process, providing ongoing training for managers regarding time management to allow time for accomplishing the 3 month follow up appointment,

as well as the role of coaching, mentoring, and setting the tone for the PDP, and lastly; (f) willingness to accept ongoing feedback to continue to improve the PDP process.

Results of the surveys were communicated to Leadership Council, management team, and employees through memos, presentations at meetings, and postings at employee time clocks on the CU campus. As a result of the feedback from employees and managers it was determined by the PDP-PDSA team that we would leave the PDP process the same and revisit employee feedback submitted to HR from the last page of the PDP packet in one year, September, 1999. Based on the survey findings, the Human Resources Department was asked to implement a process to confer with managers before benefits began at three months of hire.

Discussion

Valuable lessons were learned from this action research project. First, it is essential that organization wide changes be implemented with great consideration to ensure long term commitment, along with planning and resources to increase chances for success. This team spent countless hours gathering and understanding data, designing a tool, re-validating the tool selected, and final deployment of the new PDP of 1998.

The initial finding of the research questionnaires, validated by focus groups, was that the pre-research annual personal development process was not clearly understood or consistently utilized by staff in the organization. In fact, because of a lack of consistency in process and implementation, the very things it set out to improve- relations between the manager and the employee and the organization, were sub-optimized due to inconsistent approach and lack of understanding about the process. In addition we discovered that there was limited staff buy-in to the 1993 decision to remove merit pay in 1994.

One aspect of this research that is disappointing is the low response rates to the written surveys. Both the initial employee questionnaire and the follow-up opportunity to give feedback after experiencing a revised PDP had low participation with a 15% and 14% response rate respectively. If the initial questionnaire could be repeated, I would choose direct mail or payroll insert to distribute the survey with enclosed self-addressed stamped envelopes rather than have managers distribute them. The low response rate of 15% begs the question “if 50% of managers responded to their survey, did only 50% distribute the employee survey?” Fortunately the focus groups held to validate the questionnaires confirmed the initial questionnaire findings. In addition, in looking back, a focus group might have been a better means to gather feedback from employees rather than a written response at the end of a PDP later sent to Human Resources. I say this because one aspect of the research that is extremely interesting is the 100% attendance at the manager and employee focus groups. This leads me to believe that focus groups would be a preferred method in this organization for gathering employee information. Employees at CU seem to prefer speaking their mind rather than writing it.

Bridges (1991) discussed resistance to change as a natural part of the human condition. Many people are psychologically attached to the current state because they are familiar with it. While Parkview Hospital was able to adopt a process of an annual meeting with employees using A Piece of Paper (APOP) and elimination of merit pay, CU was not. CU leadership pre research project believed that if elimination of merit pay could work for Parkview, it could work at CU. In fact, however, the effect of copying another organization, assuming that results can be counted on, does not always lead to the same result. Companies copy what others do, sometimes without carefully considering whether their circumstances are different and whether the experience of others will generalize to them. The change of behavior to coaching rather than

rating and scoring employees was a shift that put responsibility on both the employees to participate but also the leaders to coach. If an employee was not successful, could it be perceived as a lack of coaching and support on the part of the manager? Elimination of merit pay and manager transition to a coaching role requires shifts in mental models, which may not have been adequately planned and communicated at CU to ensure success.

In January of 1999, a gain-sharing program was initiated at CU in an attempt to address rewards and recognition concerns. Gain sharing would be based on achievement of both financial and customer satisfaction goals set by the organization. This has been the only effort during the time that merit pay did not exist to address the need for an improved rewards and recognition program, identified as a concern during step two of the Pearce and Robinson action research methodology (Regis University, 1995). The gain sharing program, if successful, would have been available to staff employed at CU prior to January 1999. While customer satisfaction goals were met, financial goals were not met, and CU was unable to distribute any gain sharing to employees in 1999, nor were any gain sharing checks distributed in subsequent years.

In January of 1999 a Joint Commission for Accreditation Human Resources Committee led by the Vice President of Human Resources met to prepare for the upcoming Joint Commission on Accreditation of Healthcare Organizations (JCAHO) site visit later that year. With the advice of consultants, they determined that the addition of "Review of Job Description" should be added to the existing PDP meeting agenda. In May of 1999 CU was surveyed by JCAHO as part of the ongoing every three year accreditation process. As there was no other process in place to consistently assess and document the employee/employer relationship, CU provided the PDP process as part of the Human Resource management functions that JCAHO inspects. While complimentary about the aim and scope of the PDP meeting and the process of

learning plans, CU received a non-compliance rating on our ability to demonstrate how job performance was linked to employee performance review and assurance of employee competence. While the PDP was never intended or designed to do that, it was the organization's only consistently documented communication mechanism between managers and employees. JCAHO surveyors perceived that the PDP should accomplish performance review and competency assessment when, in fact, it was never designed to. To date, CU does not have a centralized and computerized employee competency and credential tracking mechanism. This has led to frustration among managers.

The Education and Training Committee processes and documents that were designed to document the successful completion of the probationary period and the first year of employment were never deployed consistently and eventually abandoned by the Human Resources department in the late '90's. Competence involves saying what you are going to do and then doing it is a means to building trust (Annison & Wilford, 1998). Promises were made but not kept by the HR department to provide computerized competency and credential tracking, improved employee rewards and recognition, and timely distribution of orientation documents such as the Education and Training Plan, trust eroded between the HR Department and the staff in the late 1990's.

The Education Department continued to distribute the Education and Training Plan tool to newly hired clinical employees at the request of the Patient Care Services Directors. Due to lack of a lack of adequate education staff to follow up on their usage and no follow up monitoring by Human Resources to confirm and document completion of orientation in the employee file, the tools were not used consistently. Because Education Department staff may not even meet employees until a few weeks into their employment, a tool to document

orientation and competency of newly hired staff should be initiated upon beginning work. It is difficult to persuade a new employee to start documentation of their orientation two weeks into their employment. As of 2005 the HR Department has assumed the responsibility of initiating this documentation with new employees.

Other significant events for the organization include that as of June 1999 the Human Resources Vice President that lead the change to eliminate merit pay and the revised performance review is no longer employed at CU. After the conclusion of this project, Vice President positions were re-titled as Directors and a new HR Director was hired in December 1999. High on the list of priorities given to the new HR Director when he began his position was to establish a process for Performance Evaluation at CU and that assured compliance with JCAHO Human Resource regulations. The new Director reviewed employee feedback forms from PDPs returned to HR and saw value in the existing PDP as a mechanism to reduce barriers and increase communication between employees and managers. The PDP designed by myself and the collaborative team created an opportunity for dialogue between employees and managers that otherwise might not exist without this formalized process. He and the Manager of the Intensive Care Unit designed and implemented a Performance Appraisal Process that re-instituted merit pay, sought to meet JCAHO requirements, and articulated employee skill and behavioral expectations. With the new tool, many of the content areas of the former PDP remained, including discussion of workplace barriers and a personal learning plan. The emphasis did shift from one of future focus to that of a review of the previous year. Additionally, while managers and employees may have agreed with the decision to reinstitute merit pay, I wonder what the management team and employees thought about our commitment to Deming philosophy.

The HR Director hired in December of 1999 has since left the organization and a new HR Director is working to create a tool and process that will meet JCAHO requirements. Merit pay will continue when this new tool is launched in 2007. The hope is for a very objective tool that will clearly articulate the expectations of the employee in their role. The performance review process at CU prior to subscribing to Deming philosophy was a skill and requirement inspection tool which did not address employee learning needs or barrier to work. The subsequent PDP pre research project only addressed barriers to work and employee development needs. The performance evaluation tool of the future needs to include fostering a learning environment, barrier removal, and demonstrate meeting JCAHO requirements for monitoring employee competence.

The process implemented by the PDP- PDSA Team in January of 1998 and the PDP implemented prior to this research project demonstrated a commitment by CU to include employees in process change. The content of the PDP designed by this collaborative team was not much different than that in the original PDP. Main differences were related to the rollout of the process, and an increased structure to ensure the process occurred as it was intended and done so consistently. Implementation of the research team's PDP thus included manager training, new manager orientation and employee education, instructions on the form, and a policy and procedure to refer to, all with the hope of sustaining change over time. The PDP process rolled out pre research project gave managers the opportunity to move into a more mature leadership role, but there was minimal to zero training in that role. Leadership training and development pre research project had been a topic of conversation over the years at CU. It is just in the post research time period and specifically the past 8 months that leadership training with an overall strategy in mind have been held and offered to the CU management team. Post

research project CU has identified leadership development as part of the CU strategic plan and in place is an HR Director who built a reliable department along with enlisted the trust of his peers. I feel the leadership development strategies will be acted upon, providing managers with training and support to maximize success in their role.

Due to the previous two Human Resources leaders not following through, not meeting management and employee expectations, and not keeping promises, there was a lack of confidence in the Human Resources department on the part of management and employees. In the mid 90's when this project began, the HR department was attempting to function as a strategic business partner when it did not consistently deliver basic administrative services. As the second HR Director also failed to meet organizational expectations, he is no longer at the organization. The third HR Director has now been in his role since September 2003. He has gradually won the respect and trust of the leadership team and managers, and after building administrative services is moving the department into the role of strategic partner. With this transition he has maximized HR successes, enlisted trust, and instilled confidence in stakeholders. I feel that the PDP transition could be more easily adopted in the year 2005 as we have the resources of HR generalists, described as necessary to be a successful business partner, (Pfeffer, 2005) and useful as an interface between the HR organization and business unit to help with picking the right HR practices, developing change management strategies, advising on talent development and deployment and the other HR issues and organizational effectiveness issues that come up as line managers try to implement strategy and effectively manage their business units. In this situation the generalists' role can be that of re-enforcers of culture and supporting change over time.

In conclusion, in 1997 the performance review process called the Personal Development Process that was in use at CU was causing confusion for managers and employees. My collaborative team and I set out to understand the source of the confusion and create a process that would achieve the aim of the annual personal development process. My research suggested that two major issues were the source of the confusion. First the performance review process had been revised twice in the two years prior to implementation of the PDP that was identified as confusing by managers. This problem was expressed in a manager focus group held in 1997. This confusion was due to inadequate communication to stakeholders and limited structure in place to sustain the process change. Secondly, the elimination of merit pay in January 1994 was problematic and not embraced by many employees and managers.

Through this research processes and structures were identified that needed to be redesigned or built to support the transition to a PDP that lasted over time. Some of these were the responsibility of the team and some were delegated to others within the organization using the Six-Step Action Research Model Adapted from Pearce and Robinson (Regis, 1995) I and the collaborative team created a process that we felt met the articulated aim of the PDP. This was verified with focus groups and tested through a pilot study before organization wide implementation. Through this process we created a tool that was used by the organization between 1998 and 2001. I believe the PDP team followed through on their assignment. Unfortunately some tasks assigned to members or teams outside the PDP-PDSA team were not followed through. This led to a redesign of the tool we implemented and a new tool was implemented in 2001 along with the return of ranking employees and merit pay.

References

- Annison, M.H. & Wilford, D. S. (1998). *Trust matters: New directions in health care leadership*. San Francisco: Jossey-Bass.
- Berwick, D. M., Godfrey, A. B., & Roessner, J. (1990). *Curing healthcare: New strategies for quality improvement*. San Francisco: Jossey-Bass.
- Brassard, M. (1989). *The memory jogger plus+™: Featuring the seven management and planning tools*. Methuen, MA. GOAL/QPC.
- Bridges, W. (1991) *Managing transitions: Making the most of change*. Reading, MA. Addison-Wesley Publishing Company.
- Deming, W. E. (1993). *The new economics for industry, government, education*. Cambridge, MA: Massachusetts Institute of Technology.
- Domeyer, D. (2005). Planning for performance reviews. (Electronic version) *Women in Business*, 57 (1), 34-34. Retrieved July 9, 2005 from Business Source Premier database.
- French, W. L., & Bell, C.H., Jr. (1995). *Organizational development: Behavioral science interventions for organizational improvement*. (5th ed.). Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Gaucher, E.J. & Coffey, R.J. (1993) *Total quality in healthcare: From theory to practice*. San Francisco: Jossey-Bass.
- Greenwood, D.J., & Levin, M. (1998). *Introduction to action research: Social research for social change*. Thousand Oaks, CA: SAGE Publications.
- Guest, D.E. (1994). *Organizational psychology and human resource management: Towards a European approach*. (Electronic version) European Work and Organizational

- Psychologist, 4 (3), 251-270. Retrieved July 9, 2005, from Business Source Premier database.
- Hoff, T. (2005). *Learning excellence: It's what drives business success*. (Electronic version). Leadership Excellence, 22 (5), 6-6. Retrieved July 9 from Business Source Premier database.
- Hurst, J. (2004). *Performance reviews: benchmarking growth!* (Electronic version). Supply House Times, 47 (5), 158-158. Retrieved July 9, 2005, from Business Source Premier database.
- James, R. (2004). *Building buy-in to people development at TNT*. (Electronic version). Strategic HR Review, 4 (1), 10-11. Retrieved July 9 from Business Source Premier database.
- Joint Commission on Accreditation of Healthcare Organizations. (1995). *Manual on accreditation of healthcare organizations*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations.
- Joint Commission on Accreditation of Healthcare Organizations. (1992). *Striving toward improvement: Six hospitals in search of quality*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations.
- Lawler, E. E. (2005). From human resource management to organizational effectiveness. In M. Losey, S. Meisinger, & D. Ulrich (Eds.) *The future of human resource management: 64 thought leaders explore the critical HR issues of today and tomorrow*. (pp. 144-152). Hoboken, NJ.: John Wiley & Sons.
- McLaughlin, C.P. & Kaluzny, A. D. (1994). *Continuous quality improvement in health care: Theory, implementation, and applications*. Gaithersburg, MD: Aspen

- Nadler, D.A., (1977). *Feedback and organizational development: Using data based methods*.
Reading, MA: Addison-Wesley.
- Newby, B.A. (1995). *The Longmont Album: History and folklore of the St. Vrain valley*.
Virginia Beach, VA: The Donning Company Publishers.
- Patton, M.Q. (1990). *Qualitative evaluation and research methods*. (2nd ed.) Newberry Park,
CA: SAGE Publications.
- Peterson, C. (2005). Get, keep, grow. In M. Losey, S. Meisinger, & D. Ulrich (Eds.) *The future of human resource management: 64 thought leaders explore the critical HR issues of today and tomorrow*. (pp. 38-43). Hoboken, NJ: John Wiley & Sons.
- Pfeffer, J. (2005). Changing mental models: HR's most important task. In M. Losey, S. Meisinger, & D. Ulrich (Eds.) *The future of human resource management: 64 thought leaders explore the critical HR issues of today and tomorrow*. (pp. 163-171). Hoboken, NJ: John Wiley & Sons.
- Regis University, Master of Science in Management (1995). *Professional leadership project*.
MSM 692. Denver, CO: Author.
- Shift it. (2005, May). *Management*, 52 (4). Retrieved July 9, 2005, from Business Source Premier database.
- Sparrow, S. (2004) The home-grown philosophy. (Electronic version). *Personnel Today*, April, 24-28. Retrieved July 9, 2005, from Business Source Premier database.
- Storey, J. (1995) Human resource management: A critical test. *Group and Organization Management*, 24 (3), 300-399.
- Tornow, W.W. & London, M. (1998) 360-Degree feedback: The leadership challenges. *Leadership in Action*. 18(1), 1-12.

Walton, M. (1986). *The Deming management method*. New York: Putnam Publishing Company.

Wells, S.J. (2005). No results, no raise. (Electronic version). *HR Magazine*, 50 (5), 76-80.

Retrieved July 9, 2005, from Business Source Premier database.

Wyeth Corporation. (1992) *Your opinion counts: CU employee survey results 1992*. [Brochure]. Denver, CO: Author.

Appendix A

TO: All CU employees

FR: The PDP-PDSA team Members: Gail Sundberg, Education, Leader; Cindy Fobes. Lab; Rosalie Hill, Critical Care Services, Thelma Saunders, Payroll; Lou Grieme, EVS; Harry Nevling, HR. Troy Sea, Physical Medicine

The PDP- PDSA (review and improvement) Team needs your input

1. What do you like about the current PDP?

2. What do you think should be improved and how?

Name _____(optional)

PLEASE RETURN TO EDUCATION NO LATER THAT AUGUST 15, 1997

Appendix B

TO: CEO, VPs, Directors, Managers, and Supervisors

FR: The PDP-PDSA team Members: Gail Sundberg, Education, Leader; Cindy Fobes. Lab; Rosalie Hill, Critical Care Services, Thelma Saunders, Payroll; Lou Grieme, EVS; Harry Nevling, HR. Troy Sea, Physical Medicine

The PDP-PDSA Team needs your input.

1. What is your understanding of the aim of the PDP?

Name _____(optional)

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