Submit an Abstract!
Accepting abstracts through January 15, 2017

CHCM.com/symposium
Welcome!

For over 35 years, Creative Health Care Management has been transforming health care cultures across the world through innovative practices that result in sustainable change.

We are honored to partner with people who are dedicated to providing the ultimate patient and family experience! We value the engagement of each team member in the development of a culture focused on the care of patient, colleague, community, and self.

In this issue, you will find information on our relationship-based consultation services, innovative education programs, and some of the most celebrated products in the industry—all designed to equip organizations like yours to carry out your mission and achieve the results you desire.

We’ve organized this catalog to directly address your most immediate concerns:
- Improving the Patient Experience
- Increasing Quality and Safety
- Transforming Your Culture
- Creating Healthy, Engaged Teams
- Developing Leaders
- Engaging Physicians
- Pursuing Magnet Designation or Redesignation**

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Your Partners in Culture Transformation, The Team at Creative Health Care Management
Mississippi Baptist Hospital Addresses the Quality of All Relationships, Resulting in Significant Cost Savings and Improved Scores

Implementing Relationship-Based Care helped Mississippi Baptist save over $4.6 million in one year by increasing retention, decreasing time to fill vacancies, and eliminating agency nurses. How could an outcome that stellar be the result of simply improving the quality of all relationships? Mississippi Baptist Medical Center is a 638-bed community hospital located in Jackson, Mississippi. When Mississippi Baptist began consulting with Creative Health Care Management, their goals were clear: they wanted to improve patient satisfaction and employee engagement. All they needed was a skillful partner committed to helping them learn how to bring their vision fully to life within their organization and to sustain all of their improvements indefinitely. Coming up on the three-year mark, Mississippi Baptist has an inspiring story to tell.

**Issues:**
Specific measureable issues included:

- Baseline data showed patient satisfaction was below CMS average.
- Employee satisfaction and RN satisfaction were low.
- Nurse turnover was high.

**Solution:**
"The goal was to see improvement in every measure, but we were committed to doing it with a staff-driven model."

Bobbie Ware, VP Patient Care Services and CNO

The Relationship-Based Care (RBC) Model offered Mississippi Baptist a framework that addressed the pressing issue of unsatisfactory scores while simultaneously addressing its underlying issue of staff feeling excluded from change processes within the organization.

**Outcomes:**
- 5 of 9 HCAHPS composites are in the 90th percentile ranking of the CMS data base, saving an estimated $251,636.00 for Value Based Purchasing reimbursement for FY 2015.
- Employee satisfaction and RN satisfaction have increased significantly.
- Nurse turnover dropped from 21.5% to 13.5% (or approximately 75 full-time RNs), with a cost savings to the organization of approximately $1.64 million per year.
- Agency staffing dropped from $4.65M a year to $0.
- RN sign on bonuses have been eliminated; prior to RBC, RN sign on bonuses ranged from $500 - $10,000 per position.
- Shift bidding has been eliminated; prior to RBC, shift bidding added an additional $5-10/hour per RN for the total hours of shift coverage.
- Where Culture is Concerned, “Fit” Matters

Relationship-Based Care addressed Mississippi Baptist’s clear objective to include everyone in every role and department in the transformation of their culture while also aligning with their healing ministry as a faith-based organization. They’d begun a Culture of Excellence initiative previously, and its “nurses only” focus inadvertently caused disconnection among the staff. One of the reasons RBC took hold in their organization after other initiatives had lost steam was that it was all-inclusive. The philosophy behind RBC matches the Mississippi Baptist philosophy that truly everyone is part of the patient experience—whether they physically cross paths with patients and families or not. That’s how an interdisciplinary organization-wide implementation of RBC works, and the people at Mississippi Baptist will tell you that that’s a big part of why it works so well for them.

One of the biggest gifts of RBC was the work that was done to refocus and define the culture at the hospital. “Before RBC, we didn’t really hire for culture. We didn’t really know what our culture was. We hadn’t defined it; we didn’t know what we really expected from employees, so we couldn’t hire for it or state clear expectations,” said Bobbie Ware, VP Patient Care Services and CNO.

The principles and philosophy of RBC quickly made their way into the interview process and they thought more about what it meant to be a good “fit” for the organization. They now had a vision and language that allowed them to (continued on page 38)
Meet CHCM’s Consultants

For more than 30 years, the consultants at Creative Health Care Management have provided leadership and staff development world-wide to organizations that are involved in transformational change. Our experts have broad clinical and administrative expertise as well as a deep commitment to improving the health care environment. This experience allows them to inspire, direct, and implement care models that help organizations provide safe, compassionate, world-class care for patients and their families.
The See Me as a Person Workshop
Creative Health Care Management’s ground-breaking See Me as a Person program is one of the fastest, most cost effective, most sustainable interventions for improving the patient experience.

The nature of the therapeutic relationship, conditions under which it can be effective, and the knowledge and skills essential for the relationship to happen are explored and practiced in this interactive workshop. The workshop focuses on the personal awareness, professional knowledge, and practical and repeatable skills required to see each patient as a person with his or her own unique story and response to their need for care.

This workshop is designed for clinicians (physicians, nurses, clinical specialists, social workers, pastoral care professionals, etc.) who have direct or indirect contact with patients and their families. Teams of physician, nurse, and other clinical professionals are strongly encouraged to attend together in order to deepen organizational integration of Relationship-Based Care.

Testimonial from a See Me as a Person participant:
“I recently attended a See Me as a Person workshop. IT CHANGED MY LIFE! I feel differently toward, not only my job, but people in general. I hope this stays with me always, and I have been advocating for others in my department to come to the workshop and see if it has the same impact on them as it did on me. It was exactly what I needed and came at the exact right time; I don’t think that was a coincidence.”

For more information about the See Me as a Person workshop, visit chcm.com.

More Solutions for Improving the Patient Experience
Cultures of Excellence, see page 34.
Patient Care Delivery Design with Primary Relationships, see page 14.
Relationship-Based Care Leader Practicum, see page 2.
Relationship-Based Precepting, see page 20.
ESSENTIAL RESOURCES

Relationship-Based Care: A Model for Transforming Practice
Mary Koloroutis, Editor
A national bestseller with more than 70,000 copies in print, this book is the perfect starting point for any health care leader looking to lead a sustainable cultural transformation in which every relationship in your organization is improved. The Relationship-Based Care model is effective in health care organizations with a strong, focused commitment to patient care and service. It is also useful for organizations trying to solve complex problems with patient, staff and/or physician dissatisfaction; difficulty recruiting, developing and/or retaining talented staff; conflicted work relationships, and related quality issues. Softcover, 288 pages. (2004) • Print Book • B510 • $34.95 • Audio Book • A510CD • $34.95 E-book formats: Kindle, iBook, Nook, Google Play, Kobo

See Me as a Person: Creating Therapeutic Relationships with Patients and Their Families
Mary Koloroutis and Michael Trout
How would your practice be transformed if you could put your finger on exactly what it is that happens in your most satisfying patient encounters? This multiple award winning book by nurse leader Mary Koloroutis and psychologist Michael Trout outlines their discovery of the four practices that comprise these extraordinary experiences of care. With its clear principles and practical methodology, this book takes the mystery out of how authentic connections happen. Winner of a 2013 American Journal of Nursing Book of the Year Award Third Place finish in Medical/Surgical Nursing and the 2012 ForeWord Reviews Book of the Year Silver in Psychology! Softcover, 464 pages. (2012) • B650 • $39.95 E-book formats: Kindle, iBook, Nook, Google Play, Kobo

See Me as a Person: Stories for Reflection on the Therapeutic Relationship
Michael Trout with Mary Koloroutis
The See Me as a Person CD provides a diverse mix of patient stories and caregiver reflections on therapeutic relationships. Each track inspires and deepens the experience of what it means to be fully present with those in your care. Great for meetings and huddles. Compact Disc, 63 minutes. (2011) • A520CD • $19.95

See Me as a Person Reflection Cards
The See Me as a Person Reflection Cards provide daily reminders to inspire and reinforce the practices, behaviors, and attitudes necessary to create excellent patient and family experiences every time. Take a new card with you on every shift. 20 durable gloss cards with tip sheet. (2012) • M650 • $14.95

See Me as a Person Package
You can now purchase all three See Me as a Person products together for a reduced price. The book, card deck, and reflection CD are your toolkit for building and sustaining therapeutic relationships with patients and their loved ones. Book + Reflection CD + Card Deck • B650S • $63.50

Click Here to Order
Person and Family Centered Care
Jane Barnsteiner, Joanne Disch, and Mary Walton
This book offers an innovative approach that begins with the person, embraces the family, and encompasses all care delivery locations. Barnsteiner, Disch, and Walton present a surprisingly practical clinical reference covering a vast array of patient-care scenarios along with effective strategies for achieving optimal outcomes. This groundbreaking text is a complete resource that ensures that the needs of patients, families, and caregivers are met.

Softcover, 496 pages. (2014) • B615. • $69.95

Integrative Nursing
Mary Jo Kreitzer and Mary Koithan, Editors
Treating the whole person (body, mind, and spirit) is essential to safe, quality health care. This informative, inspiring volume is a step-by-step guide to assess and clinically treat conditions through a variety of methodologies including wellness, lifestyle enhancement, and nutrition. This text covers both the skills and theoretical frameworks for multidisciplinary leaders to consider and implement integrative health care strategies within institutions. It includes several case studies involving practical nursing-led initiatives.

The academic rigor of this text is balanced by practical and relevant content that can be readily implemented into practice for everyone from established professionals to students enrolled in undergraduate or graduate nursing programs.

Softcover, 608 pages. (2014) • B617 • $54.95

Increase Quality and Safety

Ever wonder what happens to quality and safety measures when staff members take ownership of their own results?

From pre-Relationship-Based Care implementation to post, one CHCM client experienced a 40% reduction in hospital acquired pressure ulcers in its acute care units.

The most effective way to ensure excellent quality and safety results is to empower the only people you expect to deliver them. Quality and safety improvement initiatives that are designed and mandated by anyone other than the people carrying out the work can get you short-term compliance, but they will not inspire long-term commitment.

CHCM mobilizes staff councils to reimagine their systems, practices, and processes in order to improve quality, safety, team relationships, and the patient experience. Staff members learn new skills in communication, collaboration, and leadership, as each person in the organization takes hands-on ownership of quality and safety results.

Solutions for Increasing Quality and Safety
Role Clarity and Work Alignment
A Role Clarity and Work Alignment assessment provides you with all of the data essential for staffing that maximizes continuity of care and improves care team relationships. Using Nursing Interventions Classification (NIC) language, an analysis is made of the complexity and volume of work, what work is appropriate for delegation, the structural relationships that support delegation, and professional practice concepts. Role Clarity and Work Alignment is neither a patient classification nor scheduling system, but it provides data essential to both.

While RCWA is a consultative package, this is not a case in which a consultant simply observes and makes recommendations. Instead, unit staff members do the analysis, and in so doing, develop a deep appreciation for the complexity of clinical nursing care as well as what is unique about their individual unit. Staffing and work flow decisions become knowledge based and patient/family centered rather than task based, improving quality, safety, and the patient experience. For more information about how Role Clarity and Work Alignment improves quality and safety, visit chcm.com.

More Helpful Resources
Patient Care Delivery Design with Primary Caregivers
Based on the classic work by Marie Manthey on Primary Nursing, and expanded to include caregivers in all professional disciplines, a care delivery system with primary caregivers enables patients to know who within each discipline is responsible for coordinating their care. One caregiver in each setting or service is designated as primary nurse, primary therapist, primary social worker, and so on. The implementation of this care delivery system is designed by front line staff and is therefore fully customized to accommodate the unique needs of patients, families, and caregivers in each unique care setting. Implementation of a care delivery system with primary caregivers is directly responsible for important outcomes, including:

- Improved patient experience
- Emotional safety
- Earlier identification of changes in patient’s condition
- Reduced workload for clinicians as they care for the same patients
- Better communication among disciplines and with physicians

More Solutions for Increasing Quality and Safety

ESSENTIAL RESOURCES

Primary Nursing: Person-Centered Care Delivery System Design
Susan Wessel and Marie Manthey
Primary Nursing describes a model of care delivery that while being nearly 5 decades mature, continues to provide the highest level of person-centered care for thousands of patients and their loved ones. Topics covered in this edition include: how Primary Nursing continues to address persistent issues in the nursing profession and how implementation can succeed in today’s fast paced environment. New to this edition are stories from long-term Primary Nursing practice environments as well as the interdisciplinary approach to professional practice. Primary Nursing is the 2016 winner of the American Journal of Nursing Book of the Year Award in Management & Leadership.

Softcover, 225 pages. (2015) • B670 • $34.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

TOP TIP

The more you know about who your patients are and what they're currently experiencing, the safer your patients will be. When you set the intention to really look, listen, and connect, safety increases and the patient’s perception of the quality of your care does too.
I2E2 is the organizational change formula that helps inspired leaders create sustainable, positive change within organizations which may be experiencing anything from juggling multiple initiatives to recovering from the profound disruption of a merger.

The I2E2 formula (which stands for Inspiration, Infrastructure, Education & Evidence) is a new way of thinking about change. One of the greatest gifts of I2E2 is its ability to help leaders stay on track and not get discouraged during the long process of change.

More Solutions for Transforming Your Culture

Cultures of Excellence, see page 34.
See Me as a Person Workshop, see page 9.
Relationship-Based Precepting, see page 20.
Data Management Package, see page 33

Relationship-Based Care + I2E2

Relationship-Based Care (RBC) is a culture transformation model that improves safety, quality, patient satisfaction, and staff satisfaction by improving every relationship within an organization. In an RBC culture, people at all levels of the organization are invited to step into their full expression of personal and professional leadership, transforming your organization into one in which the mission, vision, and values are embodied by every clinician and staff member in every patient/family/team encounter.

For HCAHPS measure, “Patients who report YES, they would definitely recommend the hospital”:

- Prior to starting with CHCM, 73% of our top Relationship-Based Care clients were below their state averages after having partnered with CHCM for 2 years, 82% are outperforming their state averages.
- Prior to starting with CHCM, 55% of our top Relationship-Based Care clients had results lower than the national average; after having partnered with CHCM for 2 years, 73% are performing above the national average.

Solutions for Transforming Your Culture

I2E2: Leading Lasting Change
Jayne Felgen

I2E2: Leading Lasting Change was created to help inspired leaders understand the fundamental elements of successful, large-scale organizational change. It introduces a formula for change which helps users consider change in terms of four core elements: Inspiration, Infrastructure, Education, Evidence. This book is essential reading for leaders in organizations implementing Relationship-Based Care or pursuing excellence initiatives such as Malcolm Baldridge and Magnet® recognition.

Winner of the American Journal of Nursing Book of the Year Award.
Softcover, 136 pages. (2007) • B560 • $24.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

Click Here to Order

ESSENTIAL RESOURCES
Create Healthy Engaged Teams

What’s your current investment in employee engagement initiatives? (And what is your return on that investment?)

*From pre-Relationship-Based Care Implementation to post, nurse turnover dropped from 16% to 3%, saving one client organization hundreds of thousands of dollars.*

Can you think of even one measure in your organization that wouldn’t improve if staff members were more engaged?

In today’s highly regulated, highly monitored health care environments, “employee compliance” is often the highest level of staff engagement many organizations aspire to. In these environments, employees may comply when they are monitored, but we’ve seen time and time again that surface level interventions do not deliver sustainable results.

Creative Health Care Management (CHCM) understands how important healthy relationships are to sustainable excellence. Real commitment comes from a deep connection with the purpose and meaning of the work of health care.

Solutions for Creating Healthy Engaged Teams

Competency Assessment

Organizations are required by regulatory bodies to implement a system for ongoing assessment of competencies related to staff job functions. Many organizations have made this process far more cumbersome and time consuming than it needs to be, and in the process, they’ve missed an opportunity for competency assessment to be highly developmental and truly inspiring.

CHCM consultant Donna Wright is the country’s foremost authority on competency assessment. Maybe it’s time to learn a better approach to competency assessment that will not only meet the regulatory standards while promoting accountability, but will teach, inspire, and deliver results.
Re-Igniting the Spirit of Caring

Re-Igniting the Spirit of Caring (RSC) is a three-day seminar that engages, grounds, renews, and bonds staff from all disciplines within an organization. This seminar focuses on direct care providers, service support personnel, managers, and leaders on the development of three vital relationships: the clinician’s relationship with self, with colleagues, and with patients and their families.

Enlightened health care organizations across the world have seen huge return on the investments they’ve made in giving their staff members structured time together to build the kind of empathy and mutual appreciation necessary for authentic, commitment-based partnerships to flourish throughout their organizations. One of our client organizations credits its culture of exemplary collegueship and excellent patient care to its widespread use of our Re-Igniting the Spirit of Caring program, now having shared this program with over 3,000 of its employees.

Professional Development Services

Our team of highly skilled and sought after experts can help deepen individual and organizational knowledge and abilities to meet the ever-changing health care environment. We offer services that help you create the structures and processes that will deliver the outcomes your organization is looking for.

The experience and talent of our professional development consultants are unmatched in the industry. Our experts partner with you to develop customized consultation support. We provide professional development in mission, vision, and values; strategic planning; structure and restructuring, resource assessment and evaluation, and precepting and mentoring programs.

Relationship-Based Precepting

A successful preceptor program hinges on utilizing and implementing best practices in program development and organizational change theory. Relationship-Based Precepting is a comprehensive program, based on the science of caring, which expands the preceptor role to embrace and execute critical elements of leadership at the point of care. Expected outcomes from implementing the Relationship-Based Precepting Model in conjunction with a comprehensive preceptor program include improved preceptor satisfaction, improved preceptee satisfaction, improved readiness to practice for orientee/preceptee, decreased orientation time, improved staff engagement, and improved staff satisfaction.

More Solutions for Creating Healthy Engaged Teams

Role Clarity and Work Alignment, see page 13.
Patient Care Delivery Design with Primary Relationships, see page 14.
Relationship-Based Care, see page 8.
See Me as a Person Workshop, see page 9.

ESSENTIAL RESOURCES

Commitment to My Co-Workers®

Commitment to My Co-Workers® is used by more than one million employees worldwide. This handy reference tool reinforces such behaviors as establishing and maintaining healthy interpersonal relationships and responsibility acceptance.

Customization and licensing options available by request.

Nursing Version

For use with all nurses on a team or unit.
3x5 Card • M411 • 75¢ each
8x10 Poster • M412 • $4.00 each
9.5x17 Poster • M413 • $5.00 each

Interdisciplinary Version

Versatile enough for any workplace. Many non–health care businesses have made it their communication practice.
3x5 Card • M421 • 75¢ each
8x10 Poster • M422 • $4.00 each
9.5x17 Poster • M423 • $5.00 each

Health Care Version

Our most popular version used by interdisciplinary health care teams, keeps the focus on the patient while supporting healthy relationships.
3x5 Card • M501 • 75¢ each
8x10 Poster • M502 • $4.00 each
9.5x17 Poster • M503 • $5.00 each
18.5 x 25 Poster • M605 • $25.00 each
24 x 36 Poster • M606 • $40.00 each

Card and Poster Quantity Pricing

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No 3Bs Button

Make your culture one in which Bickering, Back-biting, and Blaming are a thing of the past. Use these buttons with your Commitment to My Co-workers® initiative.

Button, 1.25 inch diameter. M464 • 75¢ each - Qty 25+ • 60¢ each

3Cs Button

Help stimulate the spirit of Commitment, Collaboration and Caring on your team. Especially effective when used with Commitment to My Co-workers® materials.

Button, 1.25 inch diameter. M463 • 75¢ each - Qty 25+ • 60¢ each
Moments of Excellence Video Series

We All Need . . . A Little Bit of Attitude
Whether it is using a positive attitude to get things done, or dealing with the negative attitudes we sometimes get from our co-workers, knowing how to use attitude is essential. Learn the power of attitude and how it can be expressed every day to energize our health care teams!
DVD, 17 minutes. (2002) • V305P-DVD • $59.95

R+A+A: The Secret Formula to Making Communication and Delegation Easier
Have you ever asked someone to do something and gotten a negative response or they gave you that “look”? Learn a quick, easy formula (Responsibility + Authority + Accountability = Results) that will greatly increase collaboration and team cohesion.
DVD, 21 minutes. (2002) • V308-DVD • $59.95

The Ultimate Guide to Precepting DVD Series
Donna Wright
This DVD series provides an entertaining overview of a very practical precepting process for health care leaders, educators, and mentors. This live 6-session collection (plus bonus material) can be used to view the principles of precepting in a wonderful one day workshop or you can view each session independently. Each session has been designed to stand alone so you have the freedom to use this video collection to suit a variety of needs around precepting and orientation.
3 DVDs, 6 hours. (2008) • V310-DVD • $199.00

Supervision: A Key Element to Precepting DVD
Traci Hanlon
This program introduces cutting edge innovation in precepting. Find out how supervision can either support or sabotage patient safety and the development of critical thinking in new graduate nurses during the precepted experience. Includes a reflective preceptor exercise to help identify how to enhance your day-to-day precepting practice.
DVD, 30 minutes. (2014) • V316-DVD • $24.95

The Wright Model of Competency Assessment - DVD
Donna Wright delivers an informative and surprisingly entertaining overview of Donna Wright’s Competency Assessment Model. You will learn how to create a dynamic competency assessment process that will help you and your staff meet the technical proficiencies to thrive in our ever-changing world, and at the same time help you increase professionalism, hold people accountable, and motivate your entire team to excellence.
DVD, 25 minutes. (2014) • V315-DVD • $24.95

The Ultimate Guide to Competency Assessment in Health Care
Donna Wright
Are you ready to move your competency assessment process beyond just meeting regulatory standards to creating excellence? The Ultimate Guide to Competency Assessment in Health Care is packed with ready-to-use tools designed to help you develop, implement, and evaluate competencies. More importantly, you will find a new way of thinking about competency assessment—a way that is outcome-focused and accountability-based. With over 30,000 copies sold worldwide, this is the most trusted resource on competency assessment on the market today.
Softcover, 232 pages. (2005) • B1051B • $34.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

Competency Assessment Field Guide: A Real World Guide for Implementation and Application
Donna Wright
The perfect complement to The Ultimate Guide to Competency Assessment, this book provides the answers to all of your perplexing competency assessment questions. Case studies help to illuminate the wide variety of ways that Donna Wright’s Competency Model has helped people and organizations across the world curb their unnecessary expenditures of time, money, and frustration!
Softcover, 300 pages. (2015) B655 • $34.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo
The Power of Shared Vision: How to Cultivate Staff Commitment & Accountability

Michael H. Cohen

A shared vision has the power to transcend individual self-interests, personality, and work style differences. When commitment to the shared vision is strong, people simply find ways to effectively communicate and cooperate with one another in order to achieve desired results. The Power of Shared Vision addresses how to:

- Develop goals that unite people around a common cause and secure employee ownership of changes that improve the quality of their work.
- Create a retribution-free communication environment where people can tell the manager what she needs to hear without fear of retribution. In turn, the manager will be able to help her team distinguish problems that can be solved from those work realities that are outside of her control.

E-book formats: Kindle, iBook, Nook, Google Play, Kobo

Should: How Habits of Language Shape Our Lives

Rebecca Smith

Culled from personal experience and keen observation about the effects of habitual self-talk on human experience, SHOULD is the most practical, in-depth study of the language of self-oppression that exists today. SHOULD helps readers reclaim their authenticity through letting go of the external voices that drown out our inner guidance.

Softcover, 160 pages. (2016) B680 • $15.00
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

More Helpful Resources

The Power of Self Management: Pride and Professionalism for a Successful Career

Michael H. Cohen

Learn how to be an outstanding Organizational Citizen by developing effective problem solving and change-agent skills. Develop conflict resolution competence and assertive Fair-Fighting skills to deal with challenging co-workers and managers. Empower yourself to take complete responsibility for your own job success, satisfaction, intrinsic motivation, work, and service ethic regardless of the environment you work in. The Power of Self Management is the perfect companion to What You Accept is What You Teach.

Softcover, 195 pages. (2008) B519 • $15.00
E-book formats: Kindle, iBook, Nook, Google Play, Kobo
Develop Leaders

Are your leaders stressed and unable to deliver outcomes? Or even worse, are they leaving?

Our empowering leadership curriculum has developed leaders across the globe to own their impact and deliver results for over 35 years.

The ability to lead is not one of those things where you’re either born with it or you’re not. Leadership is a knowledge-based discipline.

Leadership development is where Creative Health Care Management has its greatest depth of both experience and talent. Our approach to leadership is comprehensive. We develop everyone in an organization, from the boardroom to the bedside and beyond, to function as empowered leaders. Your organization will learn how to use decentralized decision making to promote employee engagement and increase operational efficiencies.

We also teach leaders best practice for establishing a non-punitive culture, for coaching and counseling their staff, for recognition and rewards, and for creating and working within a culture of high accountability, high commitment, and high trust.

In our long tenure in both cultural transformation and leadership development, we have discovered that developing leadership skills in people at every level and in every discipline has a positive impact on the efficiency of a cultural transformation as well as on its sustainability. Many of our clients attribute their improvements in employee engagement, satisfaction, and retention to our leadership development curriculum.

Visit chcm.com to explore our variety of leadership programs and services!

TOP TIP

We look for leadership at all levels, often finding some of the most inspiring leadership coming from people who have never seen themselves as leaders.

You know leadership when you see it. Try to “catch” somebody being a leader and thank or compliment that person for his or her inspiring actions. Try to make it somebody who may not think of him- or herself as a leader!

Solutions for Developing Leaders

Leading an Empowered Organization

Leading an Empowered Organization (LEO) is the leadership development program to improve both individual and group performance in your organization.

During the three day Leading an Empowered Organization (LEO) course, novice and experienced leaders alike deepen their understanding of leadership. The workshop provides a conceptual framework for leadership, practical skills, and an opportunity to develop those skills. Participants also learn how to help their staff develop problem solving, relationship, and risk taking skills. The practical applications presented in LEO set it apart from other leadership programs.

Coaching

Creative Health Care Management’s consultants provide invaluable coaching support to leaders around the world. We coach individuals and teams on mission, vision, and values; operations; strategic planning; professional practice; effective leadership; and more.

Marie Manthey’s Day of Dialogue for Nurse Managers

Nurse Managers have one of the most stressful jobs in health care, feeling pressure from both administrators and from staff. Bombarded with a constant demand for rapid change, they are expected to continually meet higher and higher goals. HCAHPS score pressures are relentless, and competing time priorities add to the stress level.

In this empowering Day of Dialogue, Marie shares tips and strategies learned in the field (that may not be in the leadership books) and that have been proven successful time and time again.

More Solutions for Developing Leaders

Relationship-Based Care, see page 8.
Relationship-Based Precepting, see page 20.

Click Here to Order
ESSENTIAL RESOURCES

Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-Based Healthcare
Riane Eisler and Teddie M. Potter
Written from the nursing perspective, this book provides a model for partnership that will change how you work, lead, and live. This volume provides nurses and other health care professionals with tools to reexamine the current state of interdisciplinary partnerships in order to build a more effective, caring, and sustainable health care system.

Riane Eisler, JD, PhD(h), is the President of the Center for Partnership Studies. Dr. Eisler, social theorist, attorney, and author is best known for her internationally acclaimed book, The Chalice and the Blade: Our History, Our Future (1987), and The Real Wealth of Nations: Creating a Caring Economy (2008).

Teddie M. Potter, PhD, RN, is a Clinical Associate Professor, the Coordinator of Doctor of Nursing Practice in Health Innovation and Leadership, and Director of Inclusivity and Diversity at the University of Minnesota, School of Nursing.

Softcover, 384 pages. (2014) • B616 • $54.95

Time to Lead: The Ultimate Guide to Employee Engagement
Michael Henry Cohen
In this back-to-basics approach to employee engagement, author Michael Henry Cohen has created a practical resource on how to address your administrative responsibilities while increasing your presence with employees and customers.

Softcover, 240 pages. (2011) • B605 • $19.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

More Helpful Resources

CREATIVE HEALTH CARE MANAGEMENT
NEW WEBINAR SERIES

FIRST LINE LEADERS
WHAT EVERYONE SHOULD KNOW TO ENGAGE AND INSPIRE A GREAT TEAM
STARTING OCTOBER 14, 2016

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Engage Physicians

At a loss for how to create nurse-physician partnerships that benefit the patient? One CHCM client saw physician satisfaction with overall quality of nursing increase 23.8% to the 98th percentile.

Physicians often feel like outsiders in health care organizations, powerless to effect changes in the cultures of the organizations in which they serve. You depend on your physicians for excellent medical care, but to what extent do you invite their creativity and leadership into creating an organization-wide vision of all-around excellence?

Improving relationships has always been our core business. Creative Health Care Management has an excellent track record of creating trusting, collaborative relationships between medical and other clinical staff members.

Solutions for Engaging Physicians

Physician Services: Leadership, Coaching, and Collaboration for Relationship-Based Care

Successful health care organizations are built on a foundation of strong trust and collaboration with members of their medical staff. Relationship-Based Care provides the inspiration and infrastructure to build an environment where trust and interdisciplinary collaboration thrive.

Strategic Relationship Development

This program targets relationships among the board, the medical staff, and administration. Our experts facilitate an appreciative process for developing a shared vision and common goals, building a solid foundation for ongoing collaboration and effective leadership.

Relationship-Based Care for the Medical Staff

This program deepens the impact of Relationship-Based Care in organizations by involving the medical staff in designing their own plans for RBC implementation. This service provides physicians with a framework to adopt purposeful caring behaviors for their interactions with patients, families, and professional colleagues. The outcome is greater joy and meaning through interdependent practice and improved patient satisfaction.
Care Delivery Design for Medical Home

Implementation of a patient-centered medical home model requires system redesign on a large scale. Relationship-Based Care includes a delivery system in which patients are cared for by a consistent team of primary caregivers along with the infrastructure to implement and sustain a medical home for patients. A consistent team of physicians, nurses, medical assistants, and specialists achieves outcomes that reduce readmissions and provides better preventative and chronic care. The expert physicians and nurses at Creative Health Care Management have experience that will make your patient centered medical home successful.

More Solutions for Engaging Physicians

See Me as a Person Workshop, see page 9.
Re-Igniting the Spirit of Caring, see page 20.
Leading an Empowered Organization, see page 27.

ESSENTIAL RESOURCES

See Me as a Person: Creating Therapeutic Relationships with Patients and Their Families
Mary Koloroutis and Michael Trout

From See Me as a Person:

Pfifferling and Gilley (2000) describe compassion fatigue with this illustration of a family practice physician:

Andy had always been an energetic and dedicated family physician. Now, at 38, he’s tired, cynical and lonely. He’s angry at the health care system for forcing him to see more patients in less time and annoyed with his patients for what he perceives to be their increasingly demanding natures. Although his relationships with his patients once thrived, they no longer seem to give him the same satisfaction. Even talking to his wife, who’s always been a supportive partner, has not relieved his feelings of intense isolation. (p. 39)

... Pfifferling and Gilley note that when family physicians had time to connect with their patients as human beings, they experienced less compassion fatigue because they received “the replenishment they needed to cope with the stressors of practicing medicine” (2000, p. 40). It seems that it isn’t just patients who suffer when we don’t take the time to build connection with them; clinicians may be suffering from repeated encounters with individuals in which only surface-level connections are being established. They lose their connection with people and it cannot help but follow that they lose their connection with the meaning of their work.”

See Me as a Person is the winner of a 2013 American Journal of Nursing Book of the Year Award. Third Place finish in Medical/Surgical Nursing and the winner of a 2012 Foreword Reviews Book of the Year Silver in Psychology.

Softcover, 464 pages. (2012) • B650 • $39.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

More Helpful Resources

TOP TIP

One thing you can do today to improve physician engagement (whether you are or are not a physician yourself) is to express gratitude to one of your physician colleagues. Simply thank your colleague for his or her work and dedication to the patients they serve. Do so without expectation of any particular response. Just let a colleague know that his or her work means something to you personally.
Pursue Magnet®

Almost 30% of health care organizations fail on their first attempt to achieve Magnet® designation. 100% of the hospitals CHCM has partnered with on their Magnet® journey have obtained initial designation or re-designation.

Pursuit of Magnet®, Baldrige®, or any other designation of excellence requires a huge investment of time and resources—with no guarantee of success.

Pursuing a designation of excellence is about much more than the designation itself: it’s about creating a sustainable culture of excellence as a best practice for providing unsurpassed care to your patients. Wherever you are on your journey, CHCM can customize a plan to achieve your goals. It’s never too early in the journey (and it’s never too late in the journey) to bring in an experienced guide with a stellar record of success to walk with you every step of the way. We take pride in preparing and empowering you to sustain your gains long after we’re gone.

Solutions for Magnet Journey®
Cultures of Excellence

If you are on a Magnet Journey or any Cultures of Excellence journey, your number one predictor of success is an experienced guide. The cultures of excellence team is led by Gen Guanci, MEd, RN-BC, CCRN, a Fundamentals of Magnet™ Certificate holder, and rounded out by rising star, Susan Cline, MBA MSN, RN, NEA-BC.

Whether you are applying for a formal award designation or redesignation such as ANCC Magnet Recognition®, Pathway to Excellence® designation, Malcolm Baldrige Performance Excellence Award, AACN Beacon Award®, ENA Lantern Award, or simply pursuing your own unique culture of excellence, we provide guidance and support for both initial and ongoing award or designation status. Grounded in the principles of shared governance/ shared decision-making, we help you to understand everything you need to know about where you are, and we help you get to where you want to go.

TOP TIP

If you’re thinking of beginning a Magnet Journey®, search your network for colleagues (either in your organization or another) who have been through the Magnet® process. Remember, even people who didn’t work closely on preparing the organization for Magnet® will be connected to people who were active in the process. Start a conversation and learn what you can!

Data Management Package: Using Data to Drive your Practice & Maximize Organizational Effectiveness

Ownership of data at the point of care is the key success factor in data improvement. The challenge in many organizations is that the way they currently report out their data is not easily understood by those at the point of care.

Our Data Management Package is crafted in a manner that is easily understood by all, regardless of current knowledge in reading and understanding data charts. After the creation of your initial data graphs, we give you the template for ongoing data input as well as the education and coaching to ensure your success in the maintenance of your data graphs. No organization on a Cultures of Excellence journey can afford to be without this valuable resource.

More Solutions for Magnet Journey®

Relationship-Based Care, see page 8.
Professional Development Services, see page 20.
Competency Assessment, see page 19.
Care Delivery Design with Primary Relationships, see page 14.
ESSENTIAL RESOURCES

Feel the Pull: Creating a Culture of Nursing Excellence, 3rd Edition
Gen Guanci

Feel the Pull: Creating a Culture of Excellence is for nurse executives and leaders, nursing professional development specialists, managers, Magnet® program coordinators and anyone else who wants to improve patient and nurse satisfaction. More than simply navigating through any one application process, Gen Guanci takes readers on the phenomenal experience of cultural transformation. She uses plain language and clear examples to help readers figure out what it takes to bring a culture of excellence to their organization. No matter where you are on your journey to nursing excellence, Feel the Pull will be an invaluable guide book.

Softcover, 158 pages. (2015) • B675 • $24.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

Relationship-Based Care: A Model for Transforming Practice
Mary Koloroutis, Editor

This national bestseller is the perfect starting point for any health care leader looking to lead a sustainable cultural transformation in which every relationship in your organization is improved. The RBC model is effective in health care organizations with a strong, focused commitment to patient care and service. It is also useful for organizations trying to solve complex problems with patient, staff and/or physician dissatisfaction; difficulty recruiting, developing and/or retaining talented staff; conflicted work relationships, and related quality issues.

Softcover, 288 pages. (2004) - Print Book • B510 • $34.95 - Audio Book • A510CD • $34.95
E-book formats: Kindle, iBook, Nook, Google Play, Kobo

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More Helpful Resources
articulate who they were and how they were committed to showing up for patients and families.

The Importance of Highly Visible, Highly Committed Executive Level Support

In many organizations individuals at the executive level will publicly state their support for an initiative, but if people don’t see it, its effect is limited. At Mississippi Baptist there was always visible support. After several months of kick-off and celebration events, many leaders had already been through numerous presentations and could have just gotten things started at various meetings and then left, but this group said that it was important that they were physically there providing visible leadership. They understood the value of their visible commitment to both the implementation effort itself and to its sustainment. If they looked as though their commitment or even their enthusiasm had waned, they understood that the entire staff and the initiative itself would be adversely affected.

Right from the start, Mississippi Baptist implemented the Re-Igniting the Spirit of Caring (RSC) workshop as part of their RBC implementation as a way to re-inspire staff and help them reconnect with themselves and with others as a team. Executive sponsors Bobbie Ware, RN FACHE, CNO, and Kempf Poole, RN, RACHE, Vice President of Clinical and Ambulatory Services, were happy to see the RSC workshop take off so quickly: “We had two facilitators trained as quickly as we could, and we started holding workshops right away. We were doing them bi-monthly at first, then monthly. The program really helped the buy-in when the councils first went up. There is no push back. Now there are four RSC facilitators. It helps with sustainment, and it really helps with our effort to be inclusive of people in all disciplines and service areas. There is a lot of interdisciplinary team-building in RSC.” Ware and Poole strongly advocated for everyone on the executive team to participate in an employee engagement workshop as early in the process as possible, and that was critical in helping things to move forward.

Several executive team leaders went in with “What?—three days?!” There was one executive in particular who was very skeptical beforehand. After he went through the program, he was the one who put in place that lunch would always be provided at RSC trainings, and he became a great advocate.

A Carefully Targeted Investment Yielded a Stellar ROI

Mississippi Baptist was looking for improvements in patient satisfaction and employee satisfaction, and they were committed to investing in developing their people in order to make that happen. They got the improvements they were looking for, but something unexpected also happened. As Relationship-Based Care became the culture at this organization, there was an intensification of the staff’s commitment not only to patients and families but also to each other, which decreased their turnover rate. Because of this decrease, they were able to do away with costly agency staffing completely.

Bobbie Ware shared another improved outcome that correlates with reducing turnover: “We do an RN survey thru NDNQI and an organization level survey once a year. Two of our surgical units improved on the measurement ‘job enjoyment’ due to the RBC model. In June 2012, after RBC implementation went live there, one unit went from 49.8 to 58.16; another went from 52.43 to 54.61 in one-year period. The surgical units had eight months of exposure to RBC when the second measure was taken in August 2012 and had already realized an increase in satisfaction.”

Along with the high nurse turnover costs they bore previous to RBC implementation, Mississippi Baptist had been spending an average of $4.65 million a year on agency staffing. This was necessary because of shortages and a culture in which commitment to the team was lacking. Once Relationship-Based Care became the culture at this organization, there was an intensification of the staff’s commitment not only to patients and families but also to each other, which decreased their turnover rate. Because of this decrease, they were able to do away with costly agency staffing completely.
“It’s a steady incline,” Ware continued. “For our non-clinical units, at an organizational level, in June of 2012, our transportation services overall satisfaction with their job started at 64%; one year after RBC implementation they were at 80%! Scores in our Environmental Services department were even more impressive, moving from 62% to 76% in one year; and then six months after that, a ‘pulse check’ in January 2014 showed that they were at 80%. They had a really big pop initially and have just kept improving.”

Additionally, Environmental Services realized that the “Room Cleanliness” question on the patient survey was trending above CMS average for the first time ever, three months after implementing RBC. The scores have continued to improve in 2013 and 2014 (illustrated in graph below).

Along with its increase in staff satisfaction and its decrease in turnover, Mississippi Baptist’s Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores have also been steadily increasing. In fact, nine out of nine HCAHPS indicators exceed CMS average in 2014 and five out of nine indicators exceed the 90th percentile in 2014.
Mary Reedy, BSN, RN, Director of Service Excellence, stated that, “without the implementation and refocus on patients and families that the RBC model and RSC provided, I feel strongly that we would not have made such great improvements in a short amount of time. Our patients telling us they have had an excellent experience at Baptist is most important to us! Also, without these improvements our organization would have lost approximately $173,570 for FY 2015 Value Based Purchasing reimbursement. Because we improved, we earned our VBP dollars back and then were rewarded for even higher scores in the amount of approximately $78,066! Both accomplishments are something we are proud of and will continue to stay focused on.”

RBC Supports Magnet® Journey

In addition to using RBC to improve patient experience and staff satisfaction, Mississippi Baptist utilized their RBC implementation to support their Magnet® journey. Organizations on a Magnet® designation journey are required to develop a professional practice model (PPM) as well as a care delivery system (CDS). Mississippi Baptist used RBC to meet both of these requirements. The consultative support they received not only addressed the implementation of RBC but also how RBC integrated with their Magnet® journey.

CHCM consultant Gen Guanci, MEd, RN-BC, CCRN, wore a dual hat throughout this organization’s care model implementation. Because she also had extensive Magnet® journey expertise, she was able to ensure that all aspects of their RBC implementation also supported their Magnet® journey.

Advice for Others Implementing RBC

“If I had it to do again,” says Bobbie Ware, “I’m not sure I would do anything differently, but I would have a better understanding about how much time it takes to change a culture. It is a constant evolution, and it takes a lot of focus to stay on track. There’s excitement in initial roll out and with initial changes, but then the challenge was putting things in place to sustain that.” According to Ware, the key was creating structures and processes to ensure staff accountability. “Keep measuring and keep sharing the data, and then let them go back and restructure when they have a decline,” she says. “Let the people closest to the work decide how to get back on track. Initially, we did not understand the importance of having the people design and then sometimes redesign their work to maximize results and drive home how devoted we were (and are) to empowering our staff. That’s a real ‘aha’ for people. RBC isn’t an initiative that you put in place and then move on to the next initiative. It’s real cultural transformation. We in leadership are ‘get it done’ people. You have to trust the process, appreciate and celebrate every positive change, and keep at it.”

Bobbie Ware, MHSA, BSN, RN, FACHE, Vice President Patient Care Services, CNO

Mary Reedy, BSN, RN, Director of Service Excellence

Gen Guanci, MEd, RN-BC, CCRN-K, CHCM Consultant, and Fundamentals of Magnet™ Certificate Holder