Microsystems in Health Care

Microsystems in Health Care:
Part 8. Developing People and Improving Work Life: What Front-Line Staff Told Us

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The articles in the Microsystems in Health Care series have focused on the success characteristics of high-performing clinical microsystems—the small, functional, front-line units that provide the most health care to the most people (Part 1)[1]; creating rich information environments (Part 2)[2]; planning patient-centered services (Part 3)[3] and patient-centered care (Part 4)[4]; leading small systems of care (Part 5)[5]; safety within microsystems (Part 6)[6]; and the strategic use of microsystem concepts and principles (Part 7).[7] This article focuses on the people who staff the clinical microsystems—who provide services that meet or exceed patients' and families' expectations.

There is a growing realization about the fundamental importance of attracting, selecting, developing, and engaging staff in clinical settings. For instance, the Baldrige National Quality Program includes a "staff focus"—that is, "how staff are enabled and motivated to develop and utilize their full potential in alignment with organizational objectives in a work environment that supports performance excellence, safety and personal and organizational growth."[8] It has been observed that "worker shortages, rising turnover, and sinking morale have a demonstrable negative effect on financial performance, quality of care, customer satisfaction, and market position"[9(p. 3)] and that "many [nurses] have been sacrificed before the now widespread realization that there is something wrong with the work environment."[10(p. 10)]

Without motivated and involved multidisciplinary staff, a microsystem cannot achieve the exceptional outcomes of which it is capable. By intentionally designing the

Article-at-a-Glance

Background: The articles in the Microsystems in Health Care series have focused on the success characteristics of high-performing clinical microsystems. Realization is growing about the importance of attracting, selecting, developing, and engaging staff. By optimizing the work of all staff members and by promoting a culture where everyone matters, the microsystem can attain levels of performance not previously experienced.

Case Study: At Massachusetts General Hospital Downtown Associates (Boston), a primary care practice, the human resource processes are specified and predictable, from a candidate's initial contact through each staff member's orientation, performance management, and professional development. Early on, the new employee receives materials about the practice, including a practice overview, his or her typical responsibilities, the performance evaluation program, and continuous quality improvement. Ongoing training and education are supported with skill labs, special education nights, and cross-training. The performance evaluation program, used to evaluate the performance of all employees, is completed during the 90-day orientation and training, quarterly for one year, and annually.

Conclusion: Some health care settings enjoy high morale, high quality, and high productivity, but all too often this is not the case. The case study offers an example of a microsystem that has motivated its staff and created a positive and dynamic workplace.

workplace and paying attention to the workforce—or the people in "know your 4 *P*s"[3]—leaders can "enable all staff to make the most out of their talent, training, and skills"[3(p. 161)] and optimize the clinical microsystem's outcomes.

Our findings are based on a detailed qualitative study of 20 high-performing clinical microsystems and on listening to the people who staff these clinical units.[1] We identify central success characteristics and focus on a case study to provide a real-world context for the guiding principles, useful insights, and practical methods that can help microsystem leaders improve their workforce and cultivate a positive working environment for their coworkers. We also provide staff comments linked to aspects of the human resource value chain—that is, the elements of a detailed process to ensure the quality of the staff members—and to success characteristics. By optimizing the work of each and every staff member and by promoting a culture where everyone matters, the microsystem can attain levels of performance not previously experienced.

Case Study. Massachusetts General Hospital Downtown Associates (MGH Downtown): A Primary Care Practice in Boston

MGH Downtown's activities to develop its staff members and improve its work life are represented by use of a fictional employee case study, "Anne Stirling," medical assistant.

The primary care clinic at MGH Downtown, located in the heart of the financial district of Boston, opened in April 1995. The clinic sees more than 16,000 patients a year and has 5 physicians, 1 nurse, 4 medical assistants (MAs), and 5 patient services representatives (PSRs). MGH Downtown's efficient staff, technological resources, and innovative protocols and procedures allow it to operate at the cutting edge of modern medical care. A few of MGH Downtown's goals and aims are as follows:

■ Treat each patient as a valued customer

■ Provide the highest quality of health care support

■ Improve constantly and forever the system of production and service to improve quality and productivity

■ Provide the patients, physicians, and practice with a professionally trained support team that is empowered to exceed customer and patient service expectations

A recent graduate of a local two-year college program for MAs in Boston, Anne Stirling, who had applied for an MA position at MGH Downtown, was prescreened by an outside agency to determine if her personality, service background, and talents would be a possible match for the organization. The agency discovered that Anne worked at the Ritz-Carlton, Boston, an organization known for its high-quality service delivery, before and during her educational program. On the basis of the prescreening, Anne was scheduled for an interview at MGH Downtown.

During the interview, the manager outlined MGH Downtown's mission, philosophy, and culture and articulated its expectations—cross-functional activities, good teamwork, and patient-focused care. The manager reviewed the 90-day orientation and training period and discussed the tasks and skills Anne would be required to perform. Once Anne's orientation was complete, the manager added, she would have the opportunity to attend additional skill laboratory and educational sessions to learn all aspects of overseeing a primary care practice. Anne was attracted to the MGH Downtown practice because a friend, also an MA, had worked there for five years and gained enough knowledge and experience to be hired as a practice manager at another health care organization.

Anne was hired, and during and at the end of the orientation, all staff participated in evaluating Anne on the basis of MGH Downtown's practice standards and expectations. Anne quickly experienced the importance of working in a team. The cross-training she received during orientation allowed her to provide temporary assistance to the PSR during a busy period of registration. Anne was able to use the electronic database and electronic medical record to assist a patient who was signing in and inquiring about a laboratory test result.

Communication within the practice is facilitated by e-mail and memos, thereby keeping all staff and leaders informed on a timely basis regarding policies and procedures, ideas, and feedback. Anne attended the regular all-staff meetings to hear and discuss the latest updates and to review MGH Downtown's performance, including patient feedback and financial data. Anne believed that she was a valued member of the MGH Downtown team and was often encouraged to offer new ideas.

MGH Downtown encourages continued development and growth through monthly dinner meetings to cover a variety of topics and the ongoing performance evaluation program (PEP). PEP reviews are conducted quarterly for the first 12 months of employment and annually thereafter. The specified categories of performance are well defined, and Anne was able to set goals and target dates to advance her knowledge and skills.

After one year at MGH Downtown, Anne still found the work challenging and enjoyable; she was proud of the fact that she had contributed ideas (that were tested and used) to improve the flow of patients through the practice. Anne found that the variety of roles she played and the opportunity to gain new knowledge and skills in managing a practice were challenging and enriching. She enjoyed caring for patients and experienced the benefit of an efficient, patient-centered, and team-oriented culture.

Comments

MGH Downtown's human resource processes are specified and predictable, from the initial contact of a candidate through each staff member's orientation, performance management, and professional development. Every employee knows his or her role, knows how to accomplish role-specific tasks, and is encouraged to develop in other professional areas. By specifying the desired behavior from day one and defining how everyone in the practice contributes to MGH Downtown's mission, every staff associate knows what is expected and how to function in an environment that focuses on excellence in service and care.

The next section of this case outlines the "links" in the human resource value chain: attraction, recruitment, and selection of staff; orientation; ongoing training and education; performance management; and ongoing support and growth for all staff that can lead to an optimized, motivated, and satisfied workforce.

Recruitment, Attraction, and Selection of Staff

MGH Downtown uses an outside agency to prescreen support-staff applicants on the basis of its established service background and personality-profile attributes. Candidates are selected based on personality, talent, and skills. Intern and work-study programs have been established with local colleges and technical schools to produce

a potential source of candidates for employment. PSRs and medical services representatives are usually young and tend to work at MGH Downtown for two to four years. The relatively short period that support staff work there is not viewed negatively. Rather, MGH Downtown leaders take pride in promising new staff the opportunity to be trained to run a "multimillion-dollar" organization on the basis of their individual interest and initiative. MGH Downtown's reputation attracts young professionals because the organization makes it possible for all employees to obtain the skills and knowledge to achieve this goal.

Orientation of Staff

Preferred-vendor agreements have resulted in the use of standard equipment in the several formal education programs that mirror the MGH Downtown setting, which results in more efficient training and orientation. Early on, a new employee receives materials about the practice, including a practice overview, the typical responsibilities of a PSR and MA, customer service orientation, fiscal responsibility, the performance evaluation program, and continuous quality improvement.

Key factors for a successful orientation follow:
■ The orientation must be well defined; new employees must know what is expected of them in their role and within MGH Downtown's culture
■ New staff receive extensive training on the tasks and skills needed for their roles
■ All staff evaluate the new employees on the basis of practice standards
■ All staff are encouraged to appreciate the individuality and interdependency of one another and to remain clear on the aim and objectives of the practice, as reflected in the expectation of cross-coverage and of contributing to each staff member's performance evaluation

Ongoing Training and Education

Ongoing training and education are supported with skill labs, special education nights, and a rigorous PEP. Everyone is cross-trained at each workstation within the practice (beyond the individual person's specific role) during orientation to enable staff members to assist or to fill in for one another. After a year, staff are given the opportunity to learn new administrative roles in addition to their daily workstation assignments

Table 1. Workstation Assignments at MGH Downtown	
Patient Services	**Clinical**
In-processing	Phlebotomy
Referrals	Prescriptions
Future appointments	In-processing
Patient advocacy	Laboratory tests
Medical records	Diagnostic tests
Appointment confirmations	Inventory/supply ordering
	Examination room supplies

(Table 1, above), which helps fulfill MGH Downtown's promise that staff will be able to run a practice after five years of employment. One staff member commented:

> We work as a team. We depend on each other. If the medical assistants are tied up, for instance, I can also take the patients back to the room, even though I technically work in patient services, and MAs can help if we're overloaded in the reception area.

Key elements that support cross-functioning include the following:

■ Standardized processes and protocols for each role that clearly define what is expected and how to accomplish various tasks for that role.

■ Staff training at each workstation and continued on-the-job training.

■ Skill labs in core subjects such as marketing, telecommunications, financial management, clinical procedures, customer management techniques, and information systems.

■ Special education nights on topics such as variance reports and for situations that fall outside normal protocol (for example, handling patient complaints).

■ Regularly scheduled meetings to promote clear communication and to build esprit de corps. MAs meet once a month, and PSRs twice a month, and there is also an all-staff meeting once a month. Mutual respect between clinical and administrative staff is viewed as being a critical success element for good staff interactions and relationships.

■ Monthly dinner meetings to discuss any topics staff wish to discuss, such as hiring policies, salary administration, and continuing education and mentoring programs.

■ Memos that are frequently used by all staff members to communicate new ideas to make their work easier and smarter.

Performance Management

The PEP is an ongoing process used to evaluate the performance of all employees. The first PEP is completed during the 90-day orientation and training period and quarterly for the one-year training period, and then it is updated annually. A series of well-defined categories, such as practice knowledge, communication skills, and effective use of time identify performance characteristics desired by MGH Downtown (Table 2, page 516).

The evaluator scores each staff member and provides specific observations and recommendations. When PEPs are started during the 90-day orientation and training period, the clinical leader states expectations and scores baseline performance. At the end of 90 days, MGH Downtown staff evaluate the new employee to see if the fit works from both the staff member's and the organization's perspectives. PEPs are posted and list the evaluator and the person being evaluated, which offers all staff members an ongoing opportunity to offer advice and help one another grow in professional and personal skills, behaviors, and attitudes.

Information Systems and Electronic Support to Optimize Staff Roles

Technology has been carefully designed into the practice and contributes to process flow and the success of the staff. All billing, scheduling, and day-to-day management is done electronically, and all medical records are electronic. The information system includes quick access to pertinent information, process guidelines, and clinical protocols. The information systems were designed to capture all aspects of a patient's contact with the practice, including voice mail, prescription-refill requests, diagnostic-test ordering, and referral and medical record requests.

State-of-the-art software tracks patient messages and responses. A local software company customized an electronic system to support staff work and patient care, facilitating real-time documentation and tracking.

Table 2. Categories Evaluated in the PEP*				
Category	Definition	Value	Score	%
Attendance	■ Punctuality ■ Paid time off requests provide coverage	25		
Attitude	■ Self-motivation to accept and perform tasks ■ Willingness to help team members—to learn new tasks and cross-train ■ Being a positive team player (willingness to assist team players wherever needed, with a positive attitude)	25		
Team effort	■ Willingness to assist team members and physicians when needed ■ Consistently observe where help is needed by team members in both PSR and MSR workstations and assist where needed ■ Cross-train	25		
Patient Care/Service	■ Assisting patients in a professional manner ■ Observing any patient problems and offering assistance (requires special needs) ■ Assisting patients in several areas (referrals, acquiring phone numbers, explaining insurance benefits and coverages, providing directions to any sites, etc.)	25		
Effective Use of Time	■ Perform all job responsibilities in a timely fashion ■ Observe where help is needed in all workstations ■ Assist team members where help is needed	20		
Practice Knowledge	■ Macrophilosophy ■ Utilization of systems ■ Cross-training ■ Provider protocols ■ Provider credentials ■ Which insurance plans are accepted at each site ■ Office knowledge (where supplies are kept, how to use all systems)	20		
Communication Skills	■ Proper phone etiquette (eight-ring policy, "How may I assist you?") ■ Written memos ■ Proper chart documentation ■ Knowledge of physician protocols ■ Respond to voice mails in a timely fashion ■ Polite and courteous with patients ■ How constructive criticism is given and received	20		
Organizational Skills	■ Effective use of system organizers ■ Orderliness of office space ■ Ability to multitask	15		
Professional Appearance	■ Proper mannerisms, facial expressions, and communication skills with patients and doctors ■ Respect for patient confidentiality	15		
Total		190		

* PEP, performance evaluation program; PSR, patient services representative; MSR, medical services representative.

Tips from the Case Study

The MGH Downtown case study contains many useful tips or good practices that could be adapted elsewhere. A few are as follows:

■ *Select for talent.* For many positions, it may be more important to hire people on the basis of their values, personality traits, and talents than on their skills and experience.

■ *Previous experience not needed.* It may be beneficial to hire people in support staff roles without health care experience and to educate them using the practice values, goals, and expectations to achieve high-quality, patient-centered care and services.

■ *Cultivate your sources.* Work "upstream" to identify potential sources of people to hire for your organization (for example, colleges and technical schools).

■ *Comprehensive orientation and training.* Develop an extensive orientation and training program to ensure clarification of essential knowledge, skills, work processes, and expectations. Horst Schultz, former CEO and president of Ritz-Carlton, states that the first day of employment is the most critical day to set the expectations, values, and culture firmly into an employee's mind.[11]

■ *360° review.* Involve all staff in the process of evaluating all staff.

■ *Town meetings.* Hold monthly all-staff meetings to foster good communication, relationships, esprit de corps, and continuous improvement.

The clinical microsystem staff we interviewed during the study of 20 high-performing clinical microsystems provide insight into the human resource value chain and the clinical microsystem success characteristics. Table 3 (page 518) shows both the human resource value chain and original quotations from front-line staff. Table 4 (page 519) shows the microsystem success characteristics and related staff quotes from the 20 microsystems. For example, one staff member commented as follows:

> This is the first place that I've ever worked where I could come to work and use my imagination in coming up with how to do something. Other places that I've worked, you have ideas, but . . . there's no point to bring it up because nobody is going to listen.

Principles

A deeper analysis of the MGH Downtown case study and findings from the other 20 high-performing microsystems suggests four basic principles.

Mission, Vision, Principles (MVPs). Start by anchoring MVPs in your practice. Make the MVPs clear to each person; then specify the work role and show how the work of the individual contributes to the mission. Work to create a clear vision of excellence (doing the right things right) that staff members can use to navigate the correct path forward in their own work. Establish and anchor authentic guiding principles that reflect core values and desired behaviors that help form the bedrock for your local microsystem culture. Strive to connect the individual with the mission and the vision and with core values to provide each staff member with a deep sense of meaning that is capable of uniting the head, the hands, and the heart.

Climate. Create a positive, even joyful, working climate. Develop a social environment for working and work that exemplifies respect, interdependency, service, learning, growth, and joy in work. Respect one another and what each one contributes individually to meet patients' needs. The working climate should generate patterns of respect—staff for other staff, staff for patients, staff for families—that enables turbulent times and situations to be handled effectively and empathically.

Value Chain. Refine your human resource value chain, which should be capable of attracting, selecting, orienting, and developing staff who see the vision and live the mission in their daily work. Align the work role with the individual's talents, education, and training. The aim is to enable everyone to "play at the top of their game" and make the best use of their knowledge and skills. Learning is an essential part of the value chain and should be part of the work of the microsystem. Also, external learning opportunities—for personal and professional growth—can be used to foster lifelong learning that rebounds to improve people's work and their home microsystem. The goal is to enhance knowledge, skills, and attitudes that contribute to personal growth, professional development, career advancement, and increasing capacity to provide needed services to patients.

Table 3. Staff Comments That Support the Human Resource Value Chain Concept

Recruit and Attract

- We've managed to attract a group of individuals who are very excited and enthused about working here, and they've also kind of worked as a group to make themselves better as individuals and as a group.

- Job security and across the board our employees are on par with the external world in terms of reimbursement, but the quality of life and hours worked here are much better. For nurses we have a waiting list here; in the rest of the region there is a nursing shortage.

Selection

- . . . go with someone who does not have health care experience, someone that is open. It's better to work with them, we prefer to train them ourselves. We are looking for people that are interested, genuine, and enthusiastic; the rest we can train.

- . . . I'd rather have the right fit, a person with the right values and philosophy. We can train them on all the skills later while they are here.

- I think part of it has to do with even the interviewing and recruitment staff because some people just aren't the right ones to hire. And . . . you have to look at it and try to get a sense of what the values are in the hiring and recruitment process. Because I don't think they're going to change just because they come to work at your place.

- I look for an entrepreneur . . . someone who's a health care person, been doing this for a while, but has always wanted to own their own business. Or create that ideal workplace that everybody feels good when they come in.

Orientation of Staff

- Once you educate somebody as to requirements of their position, once you train them to the standards that you expect, once those standards are understood, you leave them alone. . . . By doing that, you show them that you have confidence in them, that you trust them to do the job. We focus a lot on training, so that the people in the practice—so that most of the people—are functioning at a higher level than they would otherwise.

- . . . so that if the tech is busy . . . the charge nurse and the tech can kind of work together—one does one thing the other does the other . . . everyone goes through the same orientation for both jobs and then they have a primary job code and a secondary job code to do those things.

Training and Education

- . . . it's new and exciting here and it feels like you have an opportunity to grow. It feels like there's always something new coming up and boy, if I want to, I can be part of it.

- You can actually come here at entry level and if you're very dedicated to your work and you like doing what you're doing, you can actually grow. And there are so many different departments here as a whole that you would not run out of spaces growing.

- . . . they did the retraining and then most of our health assistants said three weeks down the road, "You know, my job is more interesting now. It's not as boring as it was before, because I can do more things." The job became more interesting—I really didn't work any harder but, boy, it was a lot more interesting. I got bored just doing two or three things all day long with blood pressures and putting the chart here and moving it there. Because we trained all our health assistants to draw blood.

Performance Management

- Goals liberate the potential of people. There is so much potential out there that the quiet employee is as valuable as the extrovert. No one is here doing it for the money. A paycheck is nice, but we're doing it for something bigger than that, and sometimes the public acknowledgement and support of that is very important.

- We try to send people little things—like, if somebody's name gets mentioned in a satisfaction survey, we send them a gift certificate or something that says, you know, you're a star. You got recognized . . . making people feel important.

Support to Optimize Roles

- We're information oriented. We use computers and technology to help us in our work. . . . We try to use it to our advantage and make things more effective.

- I have so many things available; I am going to graduate school, working towards a PhD, doing research. I am in an environment where it is cool to do that and it is okay to do that.

- This is the first time in many, many years that I've worked in an environment where you can see a potential for growth.

Table 4. Success Characteristics: What Staff Told Us

Leadership

- The system has to offer the opportunity from all levels and you have to have the vision that you are building something that will enable those within the system to be successful in any way they want to be.
- The managers . . . are constantly trying to involve themselves with the staff and finding out what they need to better do their job on a daily basis.
- The MD leader has always been supportive in anything I ever wanted to do. He has enabled me and empowered me to be able to do what I wanted to learn how to do and to do it well.

Staff

- I've always found that if people are part of the planning and having input into it and feel like they have ownership of it, they will try to make it succeed.
- . . . let people have input . . . they all feel that their input counts and they can effect change within the organization that needs to occur. We don't want employees sitting around here just punching a time clock, putting in their eight hours and going home. We want employees to point out problems, point out inefficiencies, make suggestions. For the most part, people are pretty good at doing that.
- It just seems like the staff here, from the doctors down to the custodians, everyone is very closely involved, and although this is a very large institution, I often feel like when I come upstairs here to this floor that this is our little sector, our own little part of the world—what I usually refer to as a finely tuned machine. It just seems like everything has its order and everything is very organized and the group as a whole is quite cohesive.

- . . . team support that we have with each other—that's real important. We are able to monitor each other and support each other as a unit; therefore, we can go out and do what we need to do for these families.
- People anticipate what each person is doing and respect each other. You know that people will be there for you when you need them.
- Trust each other and be able to depend on each other when needed. Being a team, a true team, we collaborate and work together every day all the time.

Patients

- . . . connection to the community. . . . Outreach programs into the community are all over the place. And a philosophy to strengthen community, not just make the community dependent upon us.

Performance

- We are constantly trying to improve our performances and we are looking at any small changes in how we do things.
- We have an atmosphere of constantly looking for ways to improve and make ourselves better. We do a lot of tests here where we trial something for awhile. If it works we carry it out.

Information and Information Technology

- There is no way to interact without the computer for us. I can't make an appointment, I can't connect you, we are dependent on the computers, but the power and perks of having them is just tremendous.

Two Jobs. Make sure that everyone knows they have two jobs—first, to do their work and second, to improve their work.[12] Providing high-quality care efficiently requires every person to do his or her work well all the time. But only doing today what was done yesterday will not improve the system. Therefore, it is important to create a community that has the ability to do the work and the ability to improve it.

This list of principles could be expanded or contracted. It may be useful to consider to what extent individual clinical microsystems have patterns of practice, belief, sentiment, and performance that are in accord with these principles.

Helpful Resources and Methods

How does a clinical microsystem develop into a highly productive and satisfying work environment? How does one engage the heads, the hands, and the hearts of those involved in the delivery of exceptional health care? We recommend gaining knowledge of the clinical microsystem workplace and its individual staff and then planning action to improve the state of the workplace and its staff.

Clinical Microsystem Short Staff Survey

Creating a joyful work environment starts with a basic understanding of staff perceptions of the practice. Each staff member should complete this survey. Provide a box for staff to drop completed surveys into.

Clinical Microsystem Staff Survey   Choose only one response for items 1, 2, 3, and 4.

1. How stressful would you say it is to work in this practice?

☐ Very stressful   ☐ A little stressful
☐ Somewhat stressful   ☐ Not stressful

2. How would you rate other people's attitudes about working here, or their morale?

☐ Excellent   ☐ Good   ☐ Poor
☐ Very Good   ☐ Fair

3. I would recommend this office practice as a great place to work.

☐ Strongly agree   ☐ Disagree
☐ Agree   ☐ Strongly Disagree

4. How easy is it to ask anyone a question about the way we care for patients?

☐ Very easy   ☐ Difficult
☐ Easy   ☐ Very difficult

5. What would make this practice much better for patients?

_____

_____

6. What would make this practice much better for those who work here?

_____

_____

© 2003, Trustees of Dartmouth College, Nelson E.C., *Idealized Design of Clinical Office Practice.*

Figure 1. *Using surveys such as the Clinical Microsystem Short Staff Survey, shown here, can be a useful way to generate knowledge about staff perceptions.* Source: Godfrey M.M., Nelson E.C., Batalden P.B.: *Assessing Your Practice Workbook*, rev. ed. Hanover, NH: Trustees of Dartmouth College, 2002.

Gaining Knowledge

Understanding the workplace's current state and the staff is important before initiating efforts to improve them. Organizations frequently use staff satisfaction or morale surveys that can elucidate the current state of what it "feels like" to work in a particular clinical microsystem. For example, a revealing item in one tool, the Clinical Microsystem Staff Survey (Figure 1, above),[13] reads, "How easy is it to ask anyone a question about the way we care for patients?" This taps an important aspect of relationships in the microsystem—revealing whether the hierarchy that exists between physicians, associate providers, nurses, and secretaries inhibits inquiry among staff. The Personal Skills Needs Assessment tool is used to help to identify specific knowledge and skills an individual may need to be a better performer in the clinical microsystem.[13]

Some examples of the personal skills included in the tool are shown in Table 5 (page 521). The tool also helps identify people who excel at certain skills and to whom others might turn for assistance. Managers can use this tool to facilitate discussion with individuals as they work to build their personal development plans.

Planning Action

Buckingham and Coffman have summarized extensive research on what things managers do to create outstanding workplaces that achieve high levels of customer satisfaction, job satisfaction, productivity, and profitability.[14] They contend that great managers create the conditions needed to generate superior performance and suggest that managers focus on these basic tasks:

Table 5. Categories of Personal Skills and Examples*

Personal skills	Examples
■ Technical skills	E-mail, dictation, handheld computer, fax, copier, phone system, and voice mail
■ Clinical information system	Scheduling, test results, problem lists, direct entry, and template use
■ Group dynamics	Meetings using agendas with clear aim, timed agenda items, roles to lead to productive meetings, brainstorming, and multivoting
■ Improvement skills and knowledge, process mapping	Plan, Do, Study, Act (PDSA) worksheet, fishbone (cause-and-effect) diagrams, and trend and control charts

* Source: Godfrey M.M., Nelson E.C., Batalden P.B.: *Assessing Your Practice Workbook*, rev. ed. Hanover, NH: Trustees of Dartmouth College, 2002.

■ Select for talent

■ Define the right outcomes

■ Focus on the strengths of individuals rather than the weaknesses

■ Find the right fit for individuals based on their talent

A staff member of a large multispecialty health system recently said: "I used to love to come to work; I now come to pay my bills." This is a sad commentary: It suggests a rupture between one's personal values and one's work. There are many other resources that can be used to involve staff and brighten the workplace.[15–18]

Observations of high-performing clinical microsystems lead to these suggestions for local leaders:

■ Know every individual in the clinical microsystem and spend time to develop their potential.

■ Set expectations and develop staff to encourage them to "be the best they can be" on the basis of education, training, talent, and licensure.

■ Identify and design roles to meet patient and family needs based on a study of the "four *P*s."[3]

■ Hold regular all-staff meetings and invite everyone's participation. Using timed agendas with clear aims and creating a meeting environment to learn and improve together, rather than just holding informational meetings, can lead to productive actions.

■ Actively develop your supervisors and managers. Frequently the best and brightest physicians, nurses, and staff are promoted to leadership positions without leadership education. Consider studying "great" managers.[14]

■ Try to develop coleaders in microsystems. Virtually all the best microsystems that we have studied enjoyed "shared leadership," such as a physician leader who partnered with an administrative leader or a nursing leader to work together to set expectations and hold staff accountable.

Conclusion

Some health care settings enjoy high morale, high quality, and high productivity, but all too often this is not the case. Many clinical microsystems suffer from high voluntary staff turnover, high absenteeism, and poor morale. The case study from MGH Downtown offers a good example of a place that has successfully activated the staff and created a positive and dynamic workplace. The human resource value chain concept can be used to transform hiring practices into selection processes that match an organization's vision, goals, and values. Gaining insight into the current state of the staff and their work life is essential to developing a more engaging workplace that is characterized by high-performing, creative, and fully activated staff. **J**

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