

# McLaughlin and Kaluzny's Continuous Quality Improvement in Health Care

FOURTH EDITION

**William A. Sollecito, DrPH**

Clinical Professor, Public Health Leadership Program  
Director, Online Global Health Certificate Program  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina

**Julie K. Johnson, MSPH, PhD**

Associate Professor and Deputy Director  
Centre for Clinical Governance Research  
Faculty of Medicine  
University of New South Wales  
Sydney, Australia



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Canada

Jones & Bartlett Learning  
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Barb House, Barb Mews  
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United Kingdom

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## Dedication

To Michele, Maria and Rosalinda, for their never-ending patience,  
support, and love, through every new adventure.

WS

To my team at home—Paul, my husband and best friend;  
Harrison, our master-in-charge of juggling; Tore, our  
world traveler; and Elijah, who proves that it takes longer to  
edit a book than to have a baby.

JJ



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William A. Sollecito, Chapel Hill, NC  
Julie K. Johnson, Sydney, Australia

# Contributors

**Paul Barach, MD, MPH**

Department of Anesthesia and Center for Patient Safety  
University of Utrecht, Netherlands  
University of South Florida, Florida

**Pierre M. Barker, MD, MB, ChB**

Senior Vice President  
Institute for Healthcare Improvement  
Cambridge, MA  
Clinical Professor of Pediatrics, School of Medicine  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Paul Batalden, MD**

Professor of Pediatrics, Community and Family Medicine  
The Dartmouth Institute for Health Policy and Clinical Practice  
Dartmouth Medical School  
Hanover, NH

**Shulamit Landau Bernard, PhD, RN**

Director, Clinical Research Program  
Duke University School of Nursing  
Durham, NC

**Jeffrey Braithwaite, PhD**

Foundation Director, Australian Institute of Health Innovation  
Director, Centre for Clinical Governance Research  
Professor, Faculty of Medicine  
University of New South Wales  
Sydney, Australia

**Carol E. Breland, MPH, RRT, RCP-NPS**

Project Manager, Chiltern International Ltd.  
Slough, Berkshire, England, UK  
Local Field Office: Chapel Hill, NC, USA

**William R. Carpenter, PhD, MHA**

Assistant Professor, Department of Health Policy and Management  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Susan I. DesHarnais, PhD, MPH**

Professor, Program Director  
Healthcare Quality and Safety  
Jefferson School of Population Health  
Thomas Jefferson University  
Philadelphia, PA

**Bruce Fried, PhD**

Associate Professor & Director, Residential Masters Programs  
Department of Health Policy & Management  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**David Greenfield, PhD**

Senior Research Fellow, Centre for Clinical Governance Research  
Australian Institute for Health Innovation  
Faculty of Medicine, University of New South Wales  
Sydney, Australia

**Susan Paul Johnson, PhD, MBA**

Consultant  
Decatur, Georgia



**Cheryl B. Jones, PhD, RN, FAAN**

Associate Professor in Health Care Systems, School of Nursing  
Research Fellow, Cecil B. Sheps Center for Health Services Research  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Diane Kelly, DrPH, MBA, RN**

Associate Professor (Clinical)  
Director, Clinical Nurse Leader Program  
University of Utah College of Nursing  
Salt Lake City, Utah  
Adjunct Assistant Professor, Public Health Leadership Program  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**David C. Kibbe, MD, MBA**

Director, Center for Health Information Technology  
American Academy for Family Physicians  
Washington, DC

**Cheryll D. Lesneski, DrPh, MA**

Clinical Assistant Professor  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Sara E. Massie, MPH**

Program Director, Quality Improvement Research Partnership  
UNC Health Care System  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Jill A. McArdle, RN, MSPH**

Director, Federal Programs and Services  
The Carolinas Center for Medical Excellence  
Cary, NC

**Curtis P. McLaughlin, DBA**

Professor Emeritus of Business Administration  
Kenan-Flagler Business School  
Senior Research Fellow Emeritus  
Cecil B. Sheps Center for Health Services Research  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Mike Newton-Ward, MSW, MPH**

Social Marketing Consultant  
North Carolina Division of Public Health  
Raleigh, NC

**Marjorie Pawsey, AM, MBBS, FAAQHC**

Senior Visiting Fellow, Centre for Clinical Governance Research  
Australian Institute of Health Innovation  
Faculty of Medicine, University of New South Wales  
Sydney, Australia

**Rohit Ramaswamy, PhD, MPH**

President  
Service Design Solutions, Inc.  
Des Moines, IA  
Gillings Visiting Clinical Associate Professor  
Public Health Leadership Program  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Greg Randolph, MD, MPH**

Director  
NC Center for Public Health Quality  
Raleigh, NC  
Adjunct Associate Professor, Public Health Leadership Program  
UNC Gillings School of Global Public Health  
Co-Director, NC Children's Center For Clinical Excellence  
Associate Professor, Department of Pediatrics

University of North Carolina School of Medicine  
Chapel Hill, NC

**Hamish Robertson**

Ageing Research Centre, Neuroscience Research Australia  
University of New South Wales  
Sydney, Australia

**Lucy A. Savitz, PhD, MBA**

Director of Research and Education  
Institute for Health Care Delivery Research  
Intermountain Healthcare  
Associate Professor, Clinical Epidemiology  
Director, CCTS Community Engagement Core  
University of Utah  
Salt Lake City, UT

**Anna P. Schenck, PhD, MSPH**

Associate Dean for Practice  
Professor of the Practice  
Director of the Public Health Leadership Program and the  
North Carolina Institute for Public Health  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Gwen Sherwood, PhD, RN, FAAN**

Professor and Associate Dean for Academic Affairs  
Co-Investigator, Quality and Safety Education for Nursing (QSEN)  
School of Nursing  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Donna Slovensky, PhD**

Professor, Department of Health Service Administration  
School of Health Related Professions  
University of Alabama at Birmingham  
Birmingham, AL

**Leif I. Solberg, MD**

Director for Care Improvement Research  
Health Partners Research Foundation  
Minneapolis, MN

**David P. Steffen, DrPH, MSN**

Clinical Assistant Professor and  
Leadership Master's Concentration Director  
Public Health Leadership Program  
UNC Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Joanne F. Travaglia, PhD**

Acting Director, Health Management Program  
Senior Lecturer, School of Public Health and Community Medicine  
Senior Research Fellow, Australian Institute of Health Innovation  
Faculty of Medicine  
University of New South Wales  
Sydney, Australia

**Vaughn Mamlin Upshaw, EdD, DrPH**

Lecturer in Public Administration and Government  
School of Government  
University of North Carolina at Chapel Hill  
Chapel Hill, NC

**Joseph G. Van Matre, PhD**

Professor, School of Business  
University of Alabama at Birmingham  
Birmingham, AL

**Robert Weiser**

Chief Operations Officer  
The Carolinas Center for Medical Excellence  
Cary, NC

# Preface

Through 15 years and three editions we have presented an interdisciplinary perspective on continuous quality improvement in health care, taking into account a number of disciplines including operations management, organizational behavior, and health services research. Special attention was given to the tools and approaches fundamental to quality improvement within a variety of health care settings. That approach has been well received and we hope that it has provided insight and useful practices for students, practicing clinicians, health service managers, and those involved with policy decisions.

The passage of health care reform legislation in the United States and the global reach of quality improvement bring a new set of challenges and opportunities. It seems now is the appropriate time to examine the topic with a fresh perspective. With this edition, we handed over the editorial reins to Bill Sollecito and Julie Johnson. Under their very able leadership, the contributing authors have again provided a thoughtful examination of the major contemporary issues affecting the implementation, management, and institutionalization of quality improvement's concepts and methods.

While maintaining the framework of previous editions, the fourth edition includes several new chapters and a number of significant revisions. With the present edition the cases are presented in a companion text, *Implementing Continuous Quality Improvement in Health Care: A Global Casebook* (McLaughlin, Johnson, and Sollecito, 2012) to better describe the varied situations where quality improvement has been implemented and to give the reader an opportunity to apply the principles and concepts in depth to a wider variety of operational settings.

This book, like the prior editions, is divided into four sections. The first section provides an overview of the underlying issues of quality improvement, its evolution, adaptation, and implementation within health care organizations. The second section—Basics of Quality and Safety—details

and updates the concepts and tools fundamental to quality improvement initiatives, providing an understanding of variation and process improvement, managing teams, assessing outcomes, measuring consumer satisfaction, and a new approach using social marketing. It also addresses the growing role of patients in continuous quality improvement.

The third section—Implementation—focuses on the unique challenge of translating concepts and tools into operations. Here attention is given to designing the learning organization, the reality of medical error, and the role of information technology.

The final section—Applications—presents the workings of quality improvement in a variety of health care settings, including primary care, public health, nursing, quality improvement organizations, as well as emerging initiatives in resource poor countries. The book concludes with a forward look at the future of quality improvement in a changing health care system with global implications. Quality improvement as we know it faces new challenges with the focus on “value added,” which includes consideration of the ratio of quality to cost. While there are few certainties in the road ahead, Sollecito and Johnson clearly identify the issues and provide insights into how to navigate the changing landscape where quality improvement must be managed within the context of available resources as well as the context of the local setting.

Quality improvement, with its underlying concepts and methods, has become an integral part of contemporary thinking in health care, perhaps verging on becoming a cliché. Its potential remains great and the engines for disseminating experiences and training professionals is ever expanding. Its effective use still remains the issue of the day and is the responsibility of individuals at all levels of the delivery system. More than ever quality improvement requires a working partnership between clinicians, managers, economists, and financial experts. We truly hope the fourth edition again contributes to this ongoing interdisciplinary dialogue and to society’s ability to sustain and expand the concepts and methods of quality improvement in an ever changing, complex, and global health care world. It is a worthy cause and we wish you well.

Curtis P. McLaughlin  
Arnold D. Kaluzny

# Foreword

Francis Bacon observed, “Some books are to be tasted, others to be swallowed, and some few to be chewed and digested.” Serious students of quality improvement owe it to themselves to make *Continuous Quality Improvement in Health Care* a main course in their intellectual diet. At its heart, quality improvement theory argues that all health delivery activities—structure, data systems, planning, accountability, etc.—should build up from value-adding work. Value-adding work occurs through defined (and, hopefully, designed) work processes. On that foundation, improvement is prediction about transformation. It starts with a vision of what could be. Iterative experimentation, informed by quantitative and qualitative measurement and integrated learning, builds a better reality over time. It is a race without a finish line. No process is ever perfect; so it is always possible to conceive and test changes that could make it better.

You hold in your hands an example of continuous improvement principles applied to the explication of the principles themselves. Now in its fourth edition, *Continuous Quality Improvement in Health Care* adds new insights and findings to a core resource. When it first appeared in 1994, under the editorship of Curtis McLaughlin and Arnold Kaluzny, this book was well before its time but it essentially got the entire structure right. It first appeared before a health care world where clinical quality improvement was, at best, skeptically questioned. Ideas that today are widely accepted could then still provoke impassioned debate. They laid out the core principles of process management and improvement and they correctly anticipated much of the fine detail—the elegant subtleties—that later years would validate. Now, almost two decades later, the fourth edition of *Continuous Quality Improvement in Health Care*, with new editors Bill Sollecito and Julie Johnson, once again brings together the core principles of quality improvement, but this time with new ideas, and new contributing authors to help create a new vision of health care delivery.

Russell Ackoff wrote about “power over” versus “power to.” “Power over” is the exercise of authority, to punish or reward. “Power to” is the force of ideas to inspire, coordinate, and transform. As a workforce increases in education, the success of organizations shifts from “power over” to “power to,” from management to leadership. While there is little question that quality improvement lies at the heart of a major shift in how people think about and execute health care delivery, it is a massive transformation that could well span a full generation. The ideas in this book could not be more timely. It presents a road map and a “how to” guide for the leadership of a health care transformation that is the core work of this generation of caring professionals.

Brent James  
IHC Institute for Health Care Delivery Research