

# EDUCATING HEALTH CARE LEADERSHIP

### Key recommendations at a glance...

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1. Articulate and define key patient- and family-centered skills, competencies, and attitudes needed by leaders and integrate them into all applicable undergraduate and graduate training programs for health care administrators, managers, and leaders.
2. Develop and disseminate a core curriculum on patient- and family-centered concepts that faculty can teach in health care management and health services master of business administration programs, master of public administration programs, and master of health care administration programs.
3. Integrate patient- and family-centered concepts into the review criteria of organizations that accredit and certify health administration, management, and leadership training programs.
4. Encourage the involvement of patient and family advisors in interviews for candidates seeking admission to graduate programs in health administration/management and in the hiring of administrative, medical, and nursing leaders.
5. Integrate concepts of patient- and family-centered care and partnerships with patient and family advisors into orientation and continuing education programs for health care administrators, trustees, and involve patient and family faculty as presenters in these programs.
6. Assure that organizations promoting best practices in health care management and governance include patient- and family-centered care among their best-practices criteria.
7. Integrate patient- and family-centered concepts into member-education programs of professional organizations that represent health care administrators and executives.
8. Reach out to and involve health care organizations that represent diverse cultural and ethnic constituencies as a means of fostering the development of patient- and family-centered administrative leaders, representative of the diversity of communities served.

Health care leaders set the tone and expectations for institutional and system-wide approaches to care. For this reason, it is critical that they be trained in concepts, applications, and strategies of patient- and family-centered care. Such information should be fully integrated in the curricula and learning environments for health administration graduate education programs, internships, and fellowships. Patient and family advisors should be part of the faculty in these graduate programs, as well as in orientation and in-service education programs for senior staff.

Unfortunately, curricula of graduate education programs, accrediting criteria for

these programs, and continuing education programs for health administrators, currently include little or no information on patient- and family-centered care or on the role of health care administrative leaders in advancing this approach to care and in integrating it into the management and infrastructure of health care organizations. The June Expert Panel Meeting participants thoughtfully identified opportunities to integrate patient- and family-centered concepts in existing leadership organizations.

Providing patient- and family-centered health care requires systemwide transformation, which can happen only when leaders model the way.

*“We need to correct the misperception that patient- and family-centered care is a health care ‘model.’ Instead, we have to help administrators recognize that patient- and family-centered care represents a profound change in organizational culture. It changes the way the work is done and how decisions are made.”*

A Participant at the Expert Panel Meeting on Patient and Family Partnerships, June 2006

**1. Articulate and define key patient- and family-centered skills, competencies, and attitudes needed by leaders and integrate them into all applicable undergraduate and graduate training programs for health care administrators, managers, and leaders. (see pages 77–78 for a checklist for integrating patient- and family-centered concepts within educational programs for health care leaders).**

Leadership is key to transformational change in health care organizations.

Leaders who have been effective in advancing the practice of patient- and family-centered care and in creating change in organizational culture possess skills, competencies, and attitudes such as the following:

- ◆ Realization that leaders cannot delegate patient- and family-centered care—they must own it.
- ◆ Recognition that the perceptions and insights of patients and families are essential to quality improvement and to the redesign of health care, and that the active engagement of the patient and family in clinical encounters will lead to the best outcomes.

- ◆ A thorough understanding of their own values and beliefs regarding the experience of care, the ability to convey these values and beliefs to their leadership team, and the ability to model these values in their actions.
- ◆ A willingness to encourage and support partnerships with patients and families at all levels of the organization.
- ◆ The ability to be a good listener.
- ◆ Openness to new ideas—a “can do” attitude.
- ◆ The ability to remove barriers.
- ◆ The ability to participate in and facilitate groups composed of individuals with diverse perspectives and backgrounds.
- ◆ A commitment to support staff and physicians but also to hold them accountable for their behaviors.

The *NQF Safe Practices for Better Healthcare* published by the **National Quality Forum** in 2006 speak clearly to partnerships with patients and families to ensure safety and the leadership accountability for these partnerships:

Create and sustain a healthcare culture of safety.

**Practice Element 1:** Leadership structures and systems must be established to ensure that there is organization-wide awareness of patient safety performance gaps, that there is direct accountability of leaders for those gaps, that an adequate investment is made in performance improvement abilities, and that actions are taken to assure the safe care of every patient served...

Structures and systems should be in place to provide a continuous flow of information to leaders from multiple sources regarding the risks, hazards, and performance gaps that contribute to patient safety issues...

**Direct Patient Input:** A structure and system should be established to obtain direct feedback from patients regarding the performance of the organization. Information from satisfaction surveys is not enough—patients and/or patients’ families representing the population served should be included in the design of educational meetings or participate on formal committees that provide input to the leadership regarding the management of safety and quality issues within the organization.

The **Economic and Social Research Institute (ESRI)**, a nonprofit organization that focused on research and policy analysis in health care and in the reform of social services, prepared a report for the **W. K. Kellogg Foundation** in 2006 that outlined best practices for integrating patient-centered care into improving the systems of care for underserved populations. ESRI conducted a literature review and explored five exemplary programs—the Cambridge Health Alliance, Massachusetts General Hospital, G.A. Carmichael Family Health Center, the Senior Health and Wellness Center, and the Health Choice Network. The report suggests that there are leadership and organizational supports and processes that are critical to success. These include:

- ◆ Feedback and measurement of the patient experience and patient- and family-centered care accompanied by accountability for addressing concerns and deficiencies.
- ◆ Encouragement of patients and families as key members of the health care team and involvement at the program and policy level.
- ◆ Development of the workforce through hiring, training, and supporting employees to reflect and value the diversity of the community they serve; and to prepare and support staff to be part of patient-centered teams.
- ◆ Explicit commitment of leadership to patient- and family-centered care and willingness to serve as role models.
- ◆ Involvement in quality improvement and other evaluative projects to explore the applications of patient- and family-centered strategies and processes with underserved populations.
- ◆ Implementation of technology that supports communication among providers, patients, and families.
- ◆ Integration of patient-centered care into key institutional priorities and culture.

## 2. Develop and disseminate a core curriculum on patient- and family-centered concepts that faculty can teach in health care management and health services master of business administration programs, master of public administration programs, and master of health care administration programs.

The development and dissemination of a core curriculum on patient- and family-centered leadership and management would expedite the integration of this content in graduate education programs. The curriculum should include well-defined objectives, teaching strategies, interactive exercises, and support materials such as prepared multi-media presentations. Content should include the following:

- ◆ Guidance on how to develop a shared vision for patient- and family-centered care.
- ◆ The importance of including the experience of care in any definition of health care quality.
- ◆ The evidence base and business metrics for patient- and family-centered care.
- ◆ The benefits of partnering with patient and family advisors in policy and program development, professional education, quality improvement, patient safety, and research.

- ◆ Strategies for building effective partnerships with patient and family advisors.
- ◆ Application of patient- and family-centered concepts and strategies in human resources management.
- ◆ Principles of evidence-based facility design, collaborative design planning, and design that supports the practice of patient- and family-centered care.
- ◆ Integration of patient- and family-centered concepts into the building of all information technology systems (clinical, administrative, and financial as well as patient portals and electronic personal health records).
- ◆ Measurement of patient and family perceptions of care and collaboration with patient and family advisors in responding to these perceptions.

Creating a network of lecturers who would be available to teach in health administration academic programs would further expedite the inclusion of this content in graduate school curricula.

## 3. Integrate patient- and family-centered concepts into the review criteria of organizations that accredit and certify health administration, management, and leadership training programs.

The **Commission on Accreditation of Healthcare Management Education (CAHME)** is an interdisciplinary, nonprofit organization committed to ensuring the quality of education of health care managers and administrators. Through a voluntary peer review process, CAHME accredits these graduate education programs. As part of the accreditation process, CAHME teams make site visits to health care management educational programs. CAHME establishes benchmarks and sets standards for the field.

This organization is positioned well to integrate the following in its accreditation criteria and asks that graduate education programs demonstrate how they are preparing students to:

- ◆ Involve patient and family advisors in quality improvement, patient safety, policy and program development, facility planning, information systems development, and human resource functions.
- ◆ Create organizational structures that support and sustain effective participation of patient and family advisors.
- ◆ Demonstrate how to measure the patient- and family-centered competencies of students who will serve as leaders and managers in health care organizations.

4. Encourage the involvement of patient and family advisors in interviews for candidates seeking admission to graduate programs in health administration/management and in the hiring of administrative, medical, and nursing leaders.

At **Dana-Farber Cancer Institute**, patient and family advisors participate in interviewing candidates for the chief operating officer and chief nursing officer positions and are usually involved in the hiring of all patient care-related management staff.

At the **H. Lee Moffitt Cancer Center & Research Institute** in Tampa, Florida, patient and family advisors are interviewing candidates for the chaplain position.

Patient and family advisors at the **University of Washington Medical Center** in Seattle have been appointed to the search committee for the new nurse executive.

5. Integrate concepts of patient- and family-centered care and partnerships with patient and family advisors into orientation and continuing education programs for health care administrators and trustees, and involve patient and family faculty as presenters in these programs.

Change the culture among health care administrative leaders so that patient and family partnerships are viewed as essential to quality, safety, and optimal outcomes.

Address fears some senior leaders may have about “losing control” as a result of the involvement of patient and family advisors in quality improvement and the redesign of health care.

Provide senior staff ongoing opportunities to hear and share patient and family stories and to participate in other experiential learning activities.

*“In more than two decades of collaborating with patients and families, we have found that patients and families are not asking for unreasonable changes.”*

Michele Lloyd, Senior Vice President for Family Services and Health Information Management, The Children’s Hospital of Philadelphia

*“Collaboration means that no one interest group is always right. It means taking what you think, and what I think, and what someone else thinks, and coming up with something that works for everyone.”*

Bev McConnell Crider, Family Leader Manager, Family-Centered Care, Children’s Hospital of Michigan

From: *Essential Allies: Families as Advisors*, 1995.

Stories are a powerful way to change organizational culture. Listening to and talking with patients and families puts a human face on statistical and survey information.

Prior to hiring family members for paid positions and appointing them to positions on major institutional committees and task forces, the chief executive officer of **The Children’s Hospital of Philadelphia** convened a regular executive forum to bring families together with the senior executive team to hear stories and candidly explore opportunities for improvement.

As part of a strategic organizational priority to create the “exceptional patient experience” and advance the practice of patient- and family-centered care, senior executives for the **Spectrum Health System** in Grand Rapids, Michigan, open their meetings with a patient and family story.

Promote patient- and family-centered care as a key concept for health care executives in a variety of continuing education forums.

The **Patient Safety Leadership Fellowship**, sponsored by the **Health Research and Education Trust** of the **American Hospital Association**, serves as an example of a fellowship where health care leaders could learn how to involve patients and families on patient-safety and medication-reconciliation committees and how to partner with patients and families in teaching safe communication practices to staff.

The **American Organization of Nurse Executives’** program for aspiring nurse leaders is another learning opportunity where future executives can develop proficiency in leadership for advancing the practice of patient- and family-centered care.

Encourage the development of mentoring and training programs within hospitals and health systems.

The **MCG Health System** in Augusta, Georgia, offers a two-year fellowship for master’s level students in health care administration. Fellows participate in a variety of patient- and family-centered activities, such as planning for the annual conference on patient- and family-centered care, facility design planning,

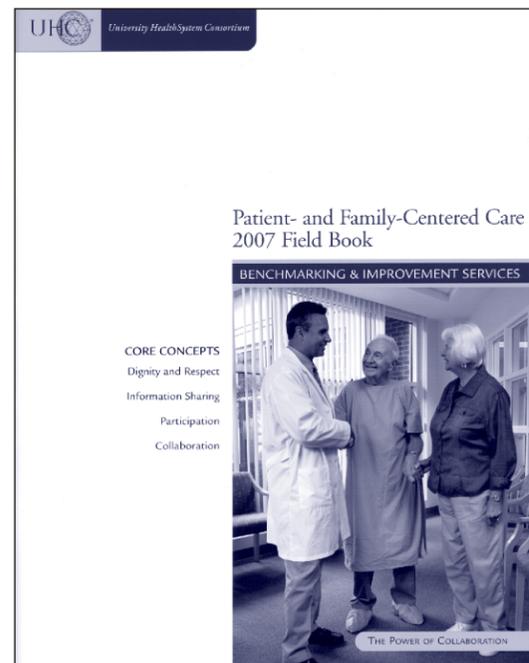
attending patient and family advisory council meetings and other meetings, and participating on task forces that include patient and family advisors.

The **Medical College of Georgia Center for Patient- and Family-Centered Care** has a patient- and family-centered care internship for graduate students in the public health informatics program. In addition to participating in some of the activities described above, interns coordinate projects related to family faculty, education, and organizational change activities. The interns also conduct a research project focused on patient- and family-centered care.

#### 6. Assure that organizations promoting best practices in health care management and governance include patient- and family-centered care among their best-practices criteria.

The **University HealthSystem Consortium (UHC)**, based in Oak Brook, Illinois, is an alliance of the clinical enterprises of 97 U.S. academic health centers (AHCs) and their 153 affiliated hospitals. UHC provides its members with resources aimed at improving performance in clinical, operational, and financial areas. A patient- and family-centered care benchmarking study was recently completed. Its objectives were as follows:

- ◆ To assist UHC members in determining their patient- and family-centered strengths and improvement opportunities.
- ◆ To identify useful metrics for monitoring progress in achieving patient- and family-centered goals.
- ◆ To develop an aggregate database of patient- and family-centered practices in academic health centers.
- ◆ To discover how AHCs are successfully implementing patient- and family-centered core concepts to address the principles of quality care outlined by the Institute of Medicine.



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Twenty-six organizations completed a survey and self-assessment tool. Participants also submitted 70 reports describing patient- and family-centered improvement initiatives that they had implemented. A literature review was conducted, and six organizations were visited or interviewed about their patient- and family-centered practices.

The benchmarking project identified the following seven leadership strategies for implementing patient- and family-centered core concepts within health care organizations:

1. Collaborate with patients and family advisors to incorporate patient- and family-centered concepts into the institution's mission, vision, values, plans, safety initiatives, philosophy, and scope of care.
2. Ensure that senior leaders model patient- and family-centered concepts and hold staff accountable for achieving and maintaining patient- and family-centered goals.
3. Conduct an organizational self-assessment to identify and prioritize patient- and family-centered improvement opportunities; select performance measures, collect baseline data, monitor performance; and collaborate with patient and family advisors to interpret the data, and to design and implement improvements.
4. Create a paid patient and family leader position (supported by appropriate budget and resources) to coordinate patient- and family-centered initiatives across the enterprise.
5. Work with early adopters and share success stories to incrementally implement patient- and family-centered concepts across the organization.
6. Recruit physician champions to incorporate patient- and family-centered concepts into education, and encourage the use of patient/family advisors as faculty.
7. Ask, "Have we gotten patient/family input on this plan?" before moving forward to interpret data and/or design and implement any changes.

UHC recently launched a ***Patient- and Family-Centered Care Implementation Collaborative*** to assist members in addressing improvement opportunities identified through the benchmarking project. Eighteen organizations are networking with AHC colleagues to implement performance improvement strategies related to:

1. Increasing patient and family participation in care;
2. Working effectively with patient and family advisors and councils;
3. Improving scheduling, registration, and billing and payment practices; and
4. Measuring the outcomes of patient- and family-centered care initiatives.

The **American Hospital Association** (AHA) has developed resources for administrative and governance leaders that would be useful in the curricula for health care leaders and in continuing education programs. For example:

- ◆ AHA’s *Strategies for Leadership Series* includes the *Patient- and Family-Centered Care Toolkit*. The toolkit includes a video that defines patient- and family-centered care and profiles of leaders in two hospitals; a video discussion guide; a hospital self-assessment inventory; and guidance and a bibliography for beginning the process of change.
- ◆ The criteria for the AHA’s McKesson Quest for Quality Prize outlines essential considerations for aligning efforts to enhance quality, safety, and the practice of patient- and family-centered care. These criteria can be used to guide interdisciplinary family/professional learning projects.
- ◆ AHA’s new Quality Center is designed to assist hospitals with resources needed to enhance their quality improvement processes. The Center suggests that hospitals consider and discuss questions such as the following:
  - ▼ How can board members be engaged to advance patient-centered care in our organization?
  - ▼ How do we overcome staff resistance to partnering with patients and families in care planning and delivery?
- ◆ “Engaging Patients & Families: A High-Leverage Tool for Health Care Leaders,” a recent article from the Quality Center that appeared in the print and online editions of *Hospitals and Health Networks*, provides an excellent framework for a team-based case study learning experience for future leaders.

### 7. Integrate patient- and family-centered concepts into member-education programs of professional organizations that represent health care administrators and executives.

The **American College of Healthcare Executives** (ACHE) is the leading professional development organization for health care administrators, providing credentialing and education programs. With grant funding, ACHE has held educational programs titled, *Patient- and Family-Centered Care—Good Values, Good Business*.

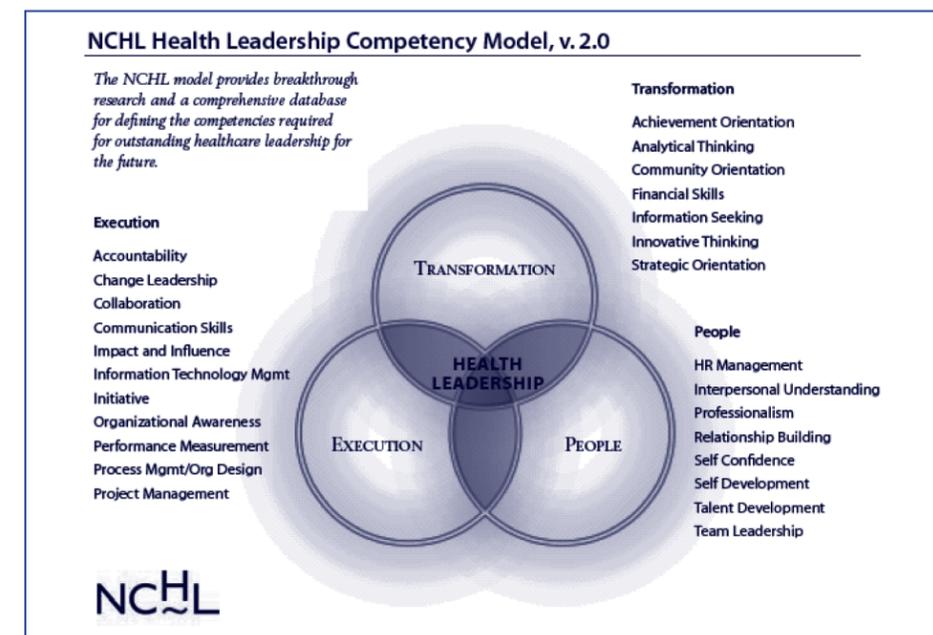
The **Institute for Healthcare Improvement** (IHI) has strengthened the emphasis on and involvement by patients and families across its programs. Components of this effort include extensive content coverage on the IHI website ([www.ihl.org](http://www.ihl.org)) and in the *100,000 Lives Campaign* and the *5 Million Lives Campaign*; as faculty in the *IMPACT* program and the *New Health Partnerships* and

*Transforming Care at the Bedside* strategic initiatives. Specifically, within the Governance Leadership intervention of the 5 Million Lives Campaign (“Getting Boards on Board”), organizations are encouraged to involve patients and families in quality improvement efforts and specifically on trustee committees supporting quality and safety. Within IHI’s own programming, patient- and family-centered care is being more deeply emphasized.

The **American College of Healthcare Executives** (ACHE) collaborated with the **Institute for Healthcare Improvement** in the publication of the article, “Patients and Families: Powerful New Partners for Healthcare and for Caregivers,” in the *Health Executive* journal. The article describes some of the “drivers” for the development of patient and family partnerships. The article profiles a variety of ways that trustees and executive and clinical leaders are demonstrating their commitment to partnering with patients and families and learning from them about the experience of care and how to make change and improvement in systems of care.

The purpose of the **National Center for Healthcare Leadership** (NCHL) is to develop, educate, and support effective health care management leadership to meet the current and future health care needs in the United States.

NCHL has developed leadership competencies based on the **Institute of Medicine’s** (IOM’s) *Crossing the Quality Chasm* report. NCHL acknowledges achievement of the quality aims set forth in that document as a measure of success in leadership development. Like the IOM, it recognizes a patient-centered approach as an integral component of quality health care. Each of these competencies can be examined from a patient- and family-centered perspective, and educational activities can be developed that prepare individuals to be leaders for advancing the practice of patient- and family-centered care.



8. Reach out to and involve health care organizations that represent diverse cultural and ethnic constituencies as a means of fostering the development of patient- and family-centered administrative leaders representative of the diversity of communities served.

Seek candidates for graduate education programs, scholarships, and fellowships from health care organizations that represent diverse cultural and ethnic constituencies as one way to develop patient- and family-centered health care executives representative of diverse communities.

The following organizations represent diverse constituencies. Participation by members of these groups could have a beneficial effect on efforts to develop leaders with the knowledge and skills to advance the practice of patient- and family-centered care across all health care settings.

- ◆ Asian & Pacific Islander American Health Forum
- ◆ Diversity, Inc.
- ◆ Institute for Diversity in Healthcare Management
- ◆ Medicaid Health Plans of America
- ◆ National Association of African Americans in Human Resources
- ◆ National Association of Black Nurses
- ◆ National Association of Health Services Executives
- ◆ National Black MBA Association
- ◆ National Center for Cultural Competence
- ◆ National Forum for Latino Healthcare Executives
- ◆ National Indian Health Board
- ◆ National Medical Association
- ◆ National Society of Hispanic MBAs
- ◆ Society for Human Resource Management
- ◆ The Conference Board —Diversity and Inclusion Program
- ◆ The Society of Hispanic Diversity Professionals
- ◆ Women in Healthcare

## EDUCATING HEALTH CARE EXECUTIVES: APPROACHES FOR DEVELOPING PATIENT- AND FAMILY-CENTERED KNOWLEDGE, SKILLS, AND ATTITUDES

Graduate education programs preparing future health care executives:

- Involve patient and family advisors in interviews for candidates seeking admission to these graduate programs.
- Define key patient- and family-centered skills, competencies, and attitudes in the program of studies.
- Provide coursework and other learning opportunities intended specifically to enable students to acquire these skills, competencies, and attitudes.
- Include the following content in the curriculum:
  - △ Guidance on how to develop a shared vision for patient- and family-centered care.
  - △ The importance of including the experience of care in any definition of quality.
  - △ The evidence base and business metrics for patient- and family-centered care.
  - △ The benefits of partnering with patient and family advisors in program development, professional education, quality improvement, patient safety, and research.
  - △ Strategies for building effective partnerships with patient and family advisors.
  - △ Application of patient- and family-centered concepts and strategies in human resources management.
  - △ Principles of evidence-based facility design, collaborative design planning, and design that support the practice of patient- and family-centered care.
  - △ Integration of patient- and family-centered concepts into the building of all information technology systems (clinical, administrative, and financial).
  - △ Measurement of patient and family perceptions of care and collaboration with patient and family advisors in responding to these perceptions.
- Include experiential learning opportunities such as the following:
  - △ Shadow patients and families through both inpatient and outpatient experiences.
  - △ Spend time with patients and families in non-clinical settings:
    - Visit in the home of a woman who has experienced a complicated pregnancy and/or delivery; or, visit in the home or other community setting with a family caring for a child with special needs or an adult family member with a chronic condition (physical or mental).
  - △ Attend meetings of a hospital's or an ambulatory practice's patient and family advisory committee.
  - △ Serve on a multidisciplinary design planning committee that has consumers as members.
  - △ Participate on a quality improvement team with patients, families, and staff.

- △ Develop patient and family educational materials collaboratively with patient and family advisors.
- △ Attend a peer support or family-to-family support group meeting that is facilitated or co-facilitated by a patient or family leader.
- △ Serve on a hospital-wide patient- and family-centered care steering committee.

#### Accreditation criteria for graduate education programs:

- Require the programs to demonstrate how they are preparing students to:
  - △ Involve patient and family advisors in quality improvement, patient safety, policy and program development, facility planning, information systems development, and human resource functions.
  - △ Create organizational structures that support and sustain effective participation of patient and family advisors.
- Require the programs to demonstrate how they are measuring the patient- and family-centered competencies of students who will serve as leaders of health care organizations.

#### Credentialing programs for health care executives include the following:

- Patient- and family-centered content in all educational programs to better prepare health care administrators for their roles as leaders for improving quality, safety, and the experience of care.
- Patient and family faculty present and co-present at educational offerings.
- Patient- and family-centered content is included in tests for membership and for advancement to fellow status. For example, test questions might explore the role of patients and families in patient safety or how evidence-based design supports the presence and participation of families in hospital settings.

#### Continuing education for health care executives provides:

- Patient safety fellowships with opportunities to learn how to involve patients and families on patient safety and medication reconciliation committees and how to partner with patients and families in teaching safe communication practices.
- Fellowships for quality improvement, cultural competence, and health literacy with opportunities to learn how to partner with patients and families. For example, for cultural competence leadership training, patients and families from diverse backgrounds participate as faculty, sharing stories about their care experiences. To build knowledge and skills for partnerships, with these same patient and family faculty, a class assignment could be to form a quality improvement team to make changes in a clinic or hospital.

#### Resources for health care executives:

- The organizations promoting best practices in health care management and governance include patient- and family-centered care among their best practices criteria, resources, and bibliographies.
- A resource library for health care executives includes materials on creating partnerships with patients and families and leading change in organizational culture that supports the practice of patient- and family-centered care.

Source: Institute for Family-Centered Care, 2007.

## FOR FURTHER INFORMATION...

- For the most recent references on this topic, please see the Institute's *Compendium of Bibliographies* at <http://www.familycenteredcare.org/advance/supporting.html>
- A comprehensive report on the National Quality Forum's Safe Practices for Better Healthcare 2006 Update, with current evidence, updated approaches for implementation, and measures can be ordered from [http://www.qualityforum.org/publications/reports/safe\\_practices\\_2006.asp](http://www.qualityforum.org/publications/reports/safe_practices_2006.asp).
- The report, *Patient-Centered Care for Underserved Populations*, can be downloaded from the W. K. Kellogg Foundation at <http://www.esresearch.org/documents%5F06/Overview.pdf>.
- The Commission on Accreditation of Healthcare Management Education can be found at <http://cahme.org>.
- For more on the Dana-Farber Cancer Institute and patient- and family-centered care and their advisory councils, see <http://www.dana-farber.org/pat/support/default.html>.
- The H. Lee Moffitt Cancer Center and Research Institute patient and family advisory program is described at <http://www.moffitt.org/site.aspx?spid=80181D9FB4A840E7BA758742545908A1&ForwardFrom=9291AA1A21A6449582889B247D93F6E2>.
- Information about patient and family advisors at the University of Washington Medical Center can be found at <http://www.uwmedicine.org/Facilities/UWMedicalCenter/ClinicsAndServices/FamilyAdvisors/index.htm>.
- A description of the Family Faculty program at The Children's Hospital of Philadelphia can be found at [http://www.chop.edu/pat\\_care\\_fam\\_serv/fam\\_lead\\_action.shtml/#2](http://www.chop.edu/pat_care_fam_serv/fam_lead_action.shtml/#2).
- For more on Spectrum Health System in Grand Rapids, MI, see [www.spectrum-health.org](http://www.spectrum-health.org).
- Find out about the Patient Safety Leadership Fellowship sponsored by the Health Research and Education Trust of the American Hospital Association by visiting <http://www.hret.org/hret/about/pslf.html>.
- Information about the American Organization of Nurse Executives is available at [http://www.aone.org/aone\\_app/index.jsp](http://www.aone.org/aone_app/index.jsp).
- Information about the Center for Patient- and Family-Centered Care and its Leadership Program at the Medical College of Georgia in Augusta can be found at <http://www.mcg.edu/centers/cpfcc/index.html>.
- Contact Kathy Vermoch at [Vermoch@uhc.edu](mailto:Vermoch@uhc.edu) or 630-954-1030 with questions about University HealthSystem Consortium's (UHC) patient- and family-centered initiatives. An executive summary is available through UHC.
- For information on AHA's Strategies for Leadership Series, "Toolkit on Patient- and Family-Centered Care," go to <http://www.aha.org/aha/issues/Quality-and-Patient-Safety/strategies-patientcentered.html>.

- The AHA McKesson Quest for Quality Prize is outlined at <http://www.aha.org/aha/news-center/awards/quest-for-quality/overview.html>.
- Read about AHA's new Quality Center in an article by its director at [http://www.hhnmag.com/hhnmag\\_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006May/060509HHN\\_Online\\_Mayfield&domain=HHNMAG](http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006May/060509HHN_Online_Mayfield&domain=HHNMAG) or go to its website at <http://www.ahaqualitycenter.org/ahaqualitycenter/home.do>.
- Visit <http://www.ache.org> for the American College of Healthcare Executives (ACHE).
- The article, "Patients and Families: Powerful New Partners for Healthcare and for Caregivers," published in the January 2008 issue of the *Health Executive* journal is included in the guidance resource, *Advancing the Practice of Practice of Patient and Family-Centered Care: How to Get Started*. This document can be downloaded at <http://www.familycenteredcare.org/tools/downloads.html>.
- The website for the National Center for Healthcare Leadership (NCHL) is <http://www.nchl.org/ns/index.asp>. A summary of the NCHL Health Leadership Competency Model is found at <http://www.nchl.org/ns/documents/CompetencyModel-short.pdf>.
- The following are websites for the diverse constituencies that could be included in the movement to expand the practice for patient- and family-centered care:
  - ◆ Asian and Pacific Islander American Health Forum: <http://www.apiahf.org>.
  - ◆ Diversity Inc.: <http://www.diversityinc.com>.
  - ◆ Institute for Diversity in Healthcare Management: [http://www.ache.org/policy/diversity\\_resources.cfm](http://www.ache.org/policy/diversity_resources.cfm).
  - ◆ Medicaid Health Plans of America: <http://216.250.255.79/home/index.cfm>.
  - ◆ National Association of African Americans in Human Resources: <http://www.naaahr.org>.
  - ◆ National Association of Black Nurses: <http://www.nbna.org>.
  - ◆ National Association of Health Services Executives: <http://www.nahse.org/eweb/StartPage.aspx>.
  - ◆ National Black MBA Association: <http://www.nbmbaa.org>.
  - ◆ National Center for Cultural Competence: <http://www11.georgetown.edu/research/gucchd/nccc/about.html>.
  - ◆ National Forum for Latino Health Executives: <http://www.nflhe.org>.
  - ◆ National Indian Health Board: <http://www.nihb.org>.
  - ◆ National Medical Association: <http://www.nmanet.org>.
  - ◆ National Society of Hispanic MBAs: <http://www.nshmba.org>.
  - ◆ Society for Human Resource Management: <http://www.shrm.org>.
  - ◆ The Conference Board – Diversity and Inclusion Program: <http://www.conference-board.org>.
  - ◆ The Society of Hispanic Diversity Professionals: <http://www.nshp.org>.
- An annotated bibliography for a resource library for health care executives is available at <http://www.familycenteredcare.org/advance/supporting.html>.