



# Measuring Progress on HCAHPS



## Before we start...

- Reminders:
  - Letters of commitment
  - IHI Open School
- Your feedback is very important for us. So please continue to share it with us. We truly appreciate the time you take to give us your thoughts and input.



## Important notes

### ■ Within3 Community

Withing3 | Your Within3 | Profile | Connections | Inbox | Communities: NAPH Member Community | Mai AISokair | SETTINGS | LOGOUT


Main NAPH Website | Community Guidelines | Help | Contact Site Admin

**National Association of Public Hospitals and Health Systems**  
**Member Community**

Suggest a Member for this Community

HOME | DISCUSSIONS | SPOTLIGHTS | RESOURCES | MEMBERS

**YOU AT A GLANCE**

 Mai AISokair, 2013, MHA Candidate  
Georgetown University

Inbox  
Manage Profile  
Privacy Settings

**YOUR DISCUSSION TOPICS**

Updates on the following topics will appear in your Community Digest:

- Ambulatory/Outpatient Care (1 new)
- Behavioral Health
- Budget Management (1 new)
- Chronic Care Management
- Fellows (5 new)
- Government Relations (1 new)
- Grants/Funding
- HCAHPS
- Health Care Reform (1 new)
- Health Information Technology (1 new)
- Innovations (1 new)
- Leadership Development (1 new)
- Media/PR
- Medicaid/Medicare (1 new)
- NAPH Events (1 new)
- Personnel Management (1 new)
- Quality/Patient Safety (3 new)
- Systems Redesign
- Webinars

Add topics and manage your subscription settings in Subscriptions

**TALK WITH NAPH**

**Member Discussions**

Add your discussion to the topics members are talking about >>

**NAPH Partnership Offers Member Scholarships To Upcoming IHI Event!**  
Posted on Feb 21, 2013 by Brian Roberson, MPA  
Topics: Fellows, HCAHPS, Innovations, Leadership Development, NAPH Events, Personnel Management, Quality/Patient Safety

IHI has worked intensely for over two years with 80 health care organizations to drive out waste, reduce operating expenses, and improve quality. We learned that the key driver to successfully reducing operating expenses while maintaining or improving quali... Read more

Apply Today!

16 views | 0 comments | Add a comment

**Compassion Fatigue**  
Posted on Feb 20, 2013 by Mai AISokair, MHA Candidate, 2013  
Topics: HCAHPS, Quality/Patient Safety, Webinars

Caregivers enter the healthcare industry because they are compassionate; they want to bring a new life into the world, help people become healthier, save a life from ending, and help the terminally ill to have a quality end of life. However, have we consider... Read more

Office Hours: Maintaining Compassionate Care

6 views | 0 comments | Add a comment

**Maya Linson, MS commented on the Spotlight Preventing Gun Violence**


"I encourage you to read the guest blog posts on our website at <http://www.naph.org/blog> - the first two are up from Dr. Sean Palfrey of Boston Medical Center, and another will go up tomorrow from Alameda County Medical Center in California. We also have man..." Read more


24 views | Add a comment


**Compassionate Care**  
Posted on Feb 14, 2013 by Mai AISokair, MHA Candidate, 2013  
Topics: HCAHPS, Quality/Patient Safety, Webinars

Do you know what makes care "compassionate"? Do you think that patients are getting the compassionate care that they deserve? Did you know that compassionate care significantly improves your HACAHPS score? If you missed our successful webinar on compassiona... Read more

**NAPH RESOURCES**

 Presentation: Levers For Cultural Change, Selection and Performance Management

 Presentation: Leading People Through Change by Jan Ground and Dr. Bill Marsh

 Article: "The Necessary Art of Persuasion" by James Conger

See more >

**TAKE THE POLL**

Are you attending our March legislative event in DC this year?

☐ Yes


☐ No

☐ Maybe

**Vote** View Results

PAST POLL: ended on 02/19/13

Did you read President Obama's plan to reduce gun violence?



■ (50%) Yes

■ (50%) No, but I know ab...



## Important notes

### ■ HCAHPS Year 2 Reference List

<http://tc.nphhi.org/Learn/HCAHPS-Beyond-The-Basics.aspx>

LEARN

2013-14 Fellows Program

2012 Fellows Program

HCAHPS: Beyond The Basics

Objectives and Assignments

HCAHPS Learning Network (Year 1)

Massachusetts Delivery System Transformation Initiative (DSTI)

Resources

### HCAHPS: Beyond The Basics


As hospitals continue to improve the experience of care for patients and families, improving scores on the **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** survey remains a challenge. With Value-Based Purchasing taking effect and the implementation of health reform, demonstrating progress on these scores and successfully engaging patients and families is more important than ever before.

After our first successful HCAHPS Learning Network, NAPH has once again partnered with the not-for-profit Health Research and Educational Trust (HRET) in a project funded by the federal Agency for Healthcare Research and Quality (AHRQ) to provide NAPH members with free education and performance improvement support through an interactive, distance learning program. The nine-month webinar series focuses on themes that have broad application throughout the safety net.

Carrie Brady, an expert in patient and family engagement, will again lead the program along with other national experts.

Please contact Jane Hooker, NAPH's assistant vice president for quality, at [jhooker@naph.org](mailto:jhooker@naph.org) for more information.

EDUCATE



**Discussion Group**

LEADERSHIP

**HCAHPS: Beyond the Basics Save the Date flyer**  
Mark your calendar today to join us for this educational 11-part series! Webinars will be held on select Wednesdays from 2 – 3 pm ET, unless otherwise noted.

**Program Overview and Details**  
Learn more about how to participate in year two of the HCAHPS Learning Network. You can also share this with leadership to support your participation in this work.

**Letter of Commitment**  
Please sign and return this letter to Jane Hooker with contact information for the key staff participating in this program.

**Peer-Reviewed Reference List**  
A rich list of peer-reviewed articles on HCAHPS and essential tools and techniques for improved patient experience.

**Office Hours: Maintaining Compassionate Care (2/13 Webinar)**  
Participants uncovered ways that the simplest gesture can make an enormous difference in the lives of patients.

**Compassionate Care Keeping Empathy in Practice**  
Speakers shared how compassion is key to patient and family centered medical care.

**HCAHPS Learning Network Year Two Planning Session**  
NAPH shared proposed plans for year two of the NAPH HCAHPS Learning Network.

**NEW LINKS**

**AHRQ/HRET Patient Safety Learning Network**  
NAPH HCAHPS Learning Network



## Experts From the Field



**Ed  
Mendez**

RN, MPH

**NSN  
Improvement  
Coach**



**Jane  
Hooker**

RN, MN, CPHQ

**AVP for  
Quality &  
Innovation,  
NAPH**



**Carrie  
Brady**

JD, MA

**Principal, CBrady  
Consulting**



**Jerod  
Loeb**

PhD

**Executive VP  
for Healthcare  
Quality  
Evaluation,  
Joint  
Commission**



**Sherri  
Loeb**

BSN, RN

**Personal  
Navigator**



# Polling Question:

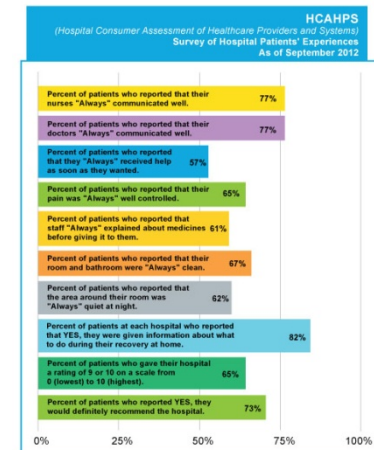
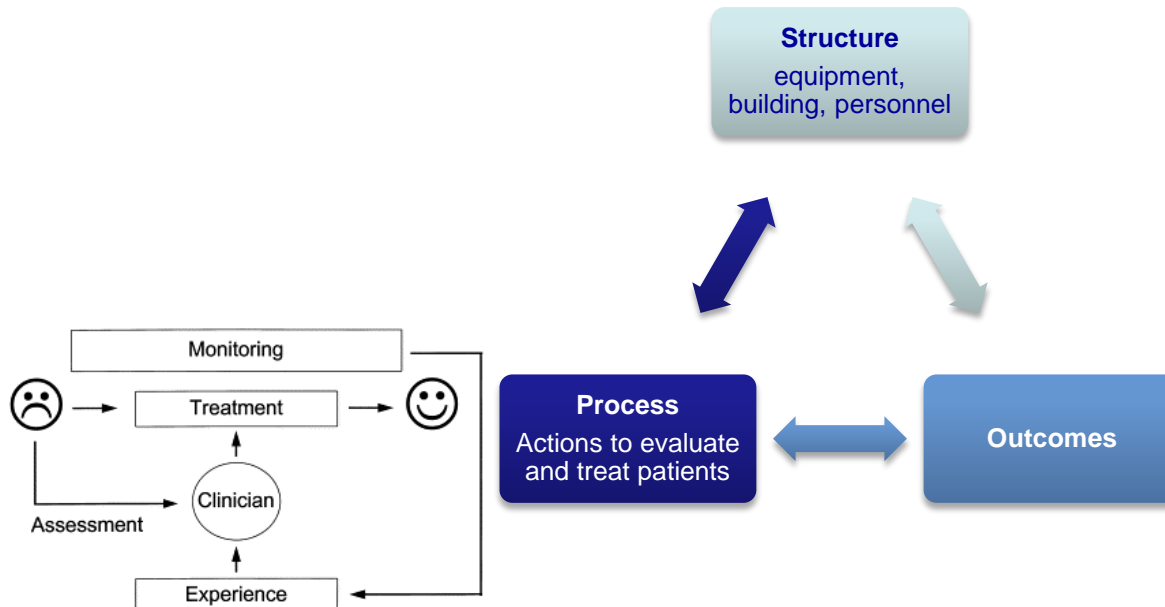
How often do you review your HCAHPS reports' data?

- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months



# How to Assess Quality?

## Donabedian Framework of Quality



These results are from patients who had overnight hospital stays from July 2012 to September 2012.



## How is Donabedian Framework Related to HCAHPS?

### Donabedian Framework

HCAHPS Domains	Structure	Process	Outcomes
	Hospital environment: Ex: cleanliness, quietness	<u>Nursing communication</u>	Overall rating of hospital & willingness to recommend
		Doctor communication	
		Responsiveness of staff	
		Pain management	
		Communication of medication	
		Discharge information	





## Case Study

**Problem:** Low HCAHPS scores on the nursing communication domain.

**Intervention:** Implement a whiteboard within visual range of each patient bed.

**Implementation:** Nurse education, simulation, and scripting to ensure maximum effectiveness.

**Audit:**

1. Ensure the data on the whiteboard was accurate and timely.
2. Evaluate the effectiveness of the use of the whiteboard by staff when discussing care plans with the patient and family.



## Historical (baseline) Data:

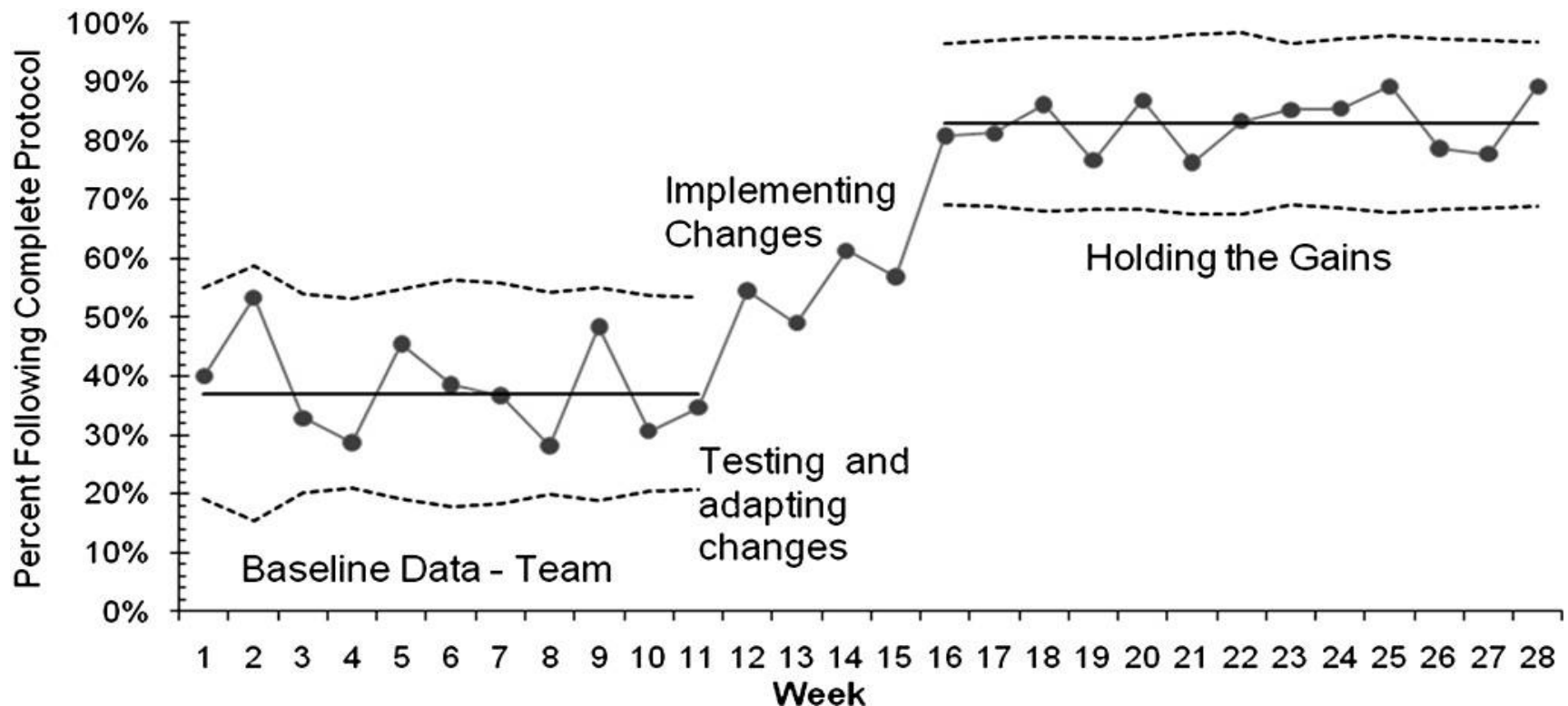
Reviewing data shows low nursing communication scores below the national average of 77%.

Date	Nurse Communication Score
Jan-10	53%
Feb-10	60%
Mar-10	62%
Apr-10	55%
May-10	46%
Jun-10	55%
Jul-10	60%
Aug-10	60%
Sep-10	63%
Oct-10	49%
Nov-10	55%
Dec-10	56%
Jan-11	63%
Feb-11	54%
Mar-11	58%
Apr-11	57%
May-11	61%
Jun-11	63%
Jul-11	66%
Aug-11	60%
Sep-11	61%
Oct-11	62%
Nov-11	63%
Dec-11	60%
Jan-12	59%
Feb-12	58%
Mar-12	65%
Apr-12	59%
May-12	54%
Jun-12	65%
Jul-12	60%
Aug-12	62%
Sep-12	57%



# Why is it Important to Plot Data in Time Order?

- Summary statistics hide information (patterns, outliers)
- In improvement efforts, changes are not fixed, but are adapted over time
- Time series graphs annotated with changes and other events provide evidence of sustained improvement

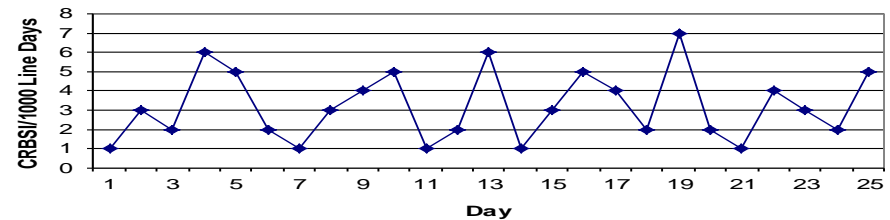




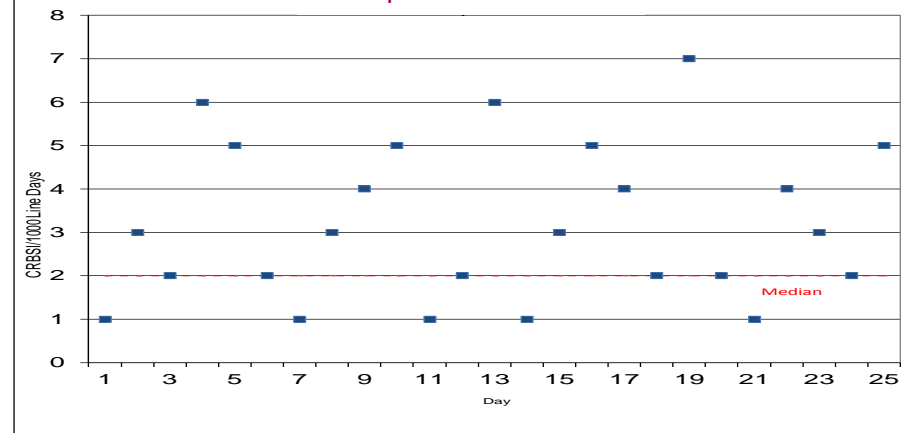
## Three types of visual displays

- Line graph
  - series of data over time connected by lines
- **Run chart**
  - line or points on a graph with a median
  - allows application of rules to detect process change
- Control chart
  - series of data over time with a mean (average) center line
  - upper and lower control limits
  - allows statistical identification of change

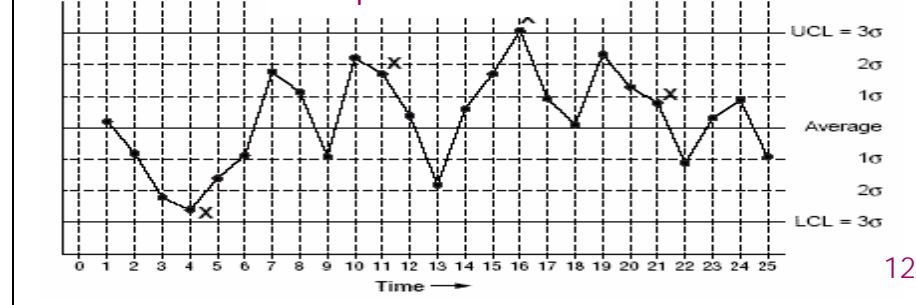
Example: Line graph



Example: Run chart



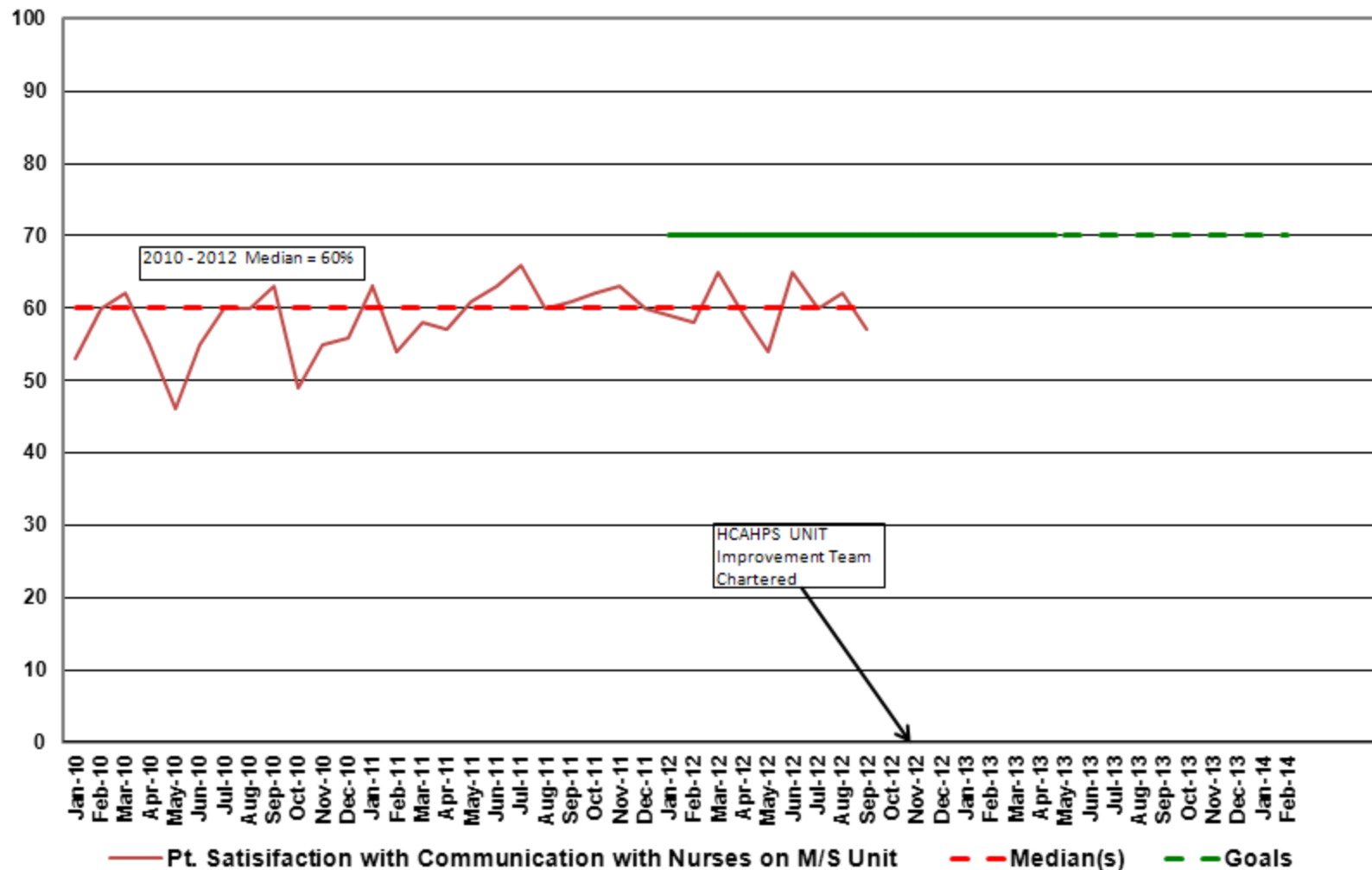
Example: Control chart





## Base-line Data

Patient Satisfaction with Communication with Nurses on M/S Unit





## Whiteboard Implementation

- Process measurement:
  - % compliance to whiteboard completion
  - % of nurses compliant to discussing whiteboard with patients
- Proxy outcome measure:
  - % of patients who understand the plan of care presented on the whiteboard



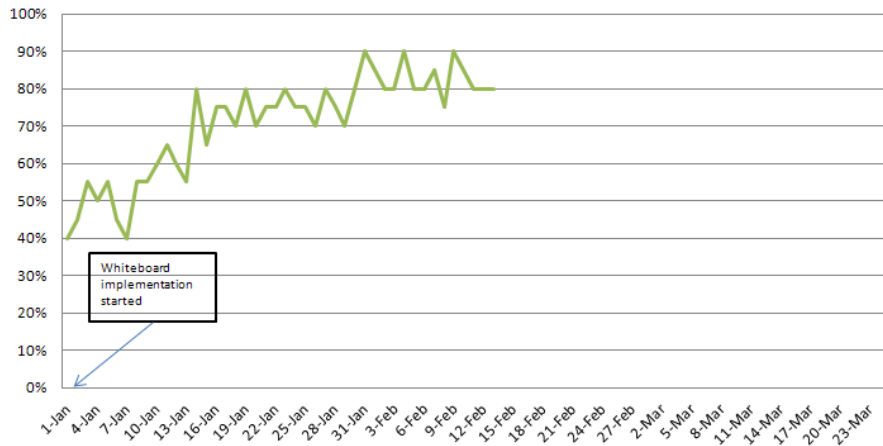
# Process Measures and Proxy Outcome

	Date	Process Measures						Proxy Outcome		
		Completed Whiteboard?			RN Discuss Board?			PT Know Plan?		
		# Yes	Total Boards	% Compliance	# Yes	Total Patients	% Compliance	# Yes	Total Patients	% Compliance
	1-Jan	8	20	40%						
	2-Jan	9	20	45%						
	3-Jan	11	20	55%						
	4-Jan	10	20	50%						
	5-Jan	11	20	55%						
	6-Jan	9	20	45%						
1 Week	7-Jan	8	20	40%						
	8-Jan	11	20	55%						
	9-Jan	11	20	55%						
	10-Jan	12	20	60%						
	11-Jan	13	20	65%						
	12-Jan	12	20	60%						
	13-Jan	11	20	55%						
2 Weeks	14-Jan	16	20	80%						
	15-Jan	13	20	65%						
	16-Jan	15	20	75%						
	17-Jan	15	20	75%						
	18-Jan	14	20	70%						
	19-Jan	16	20	80%						
	20-Jan	14	20	70%						
3 Weeks	21-Jan	15	20	75%						
	22-Jan	15	20	75%	12	20	60%	12	20	60%
	23-Jan	16	20	80%	15	18	83%	13	18	72%
	24-Jan	15	20	75%	17	20	85%	15	20	75%
	25-Jan	15	20	75%	15	20	75%	15	20	75%
	26-Jan	14	20	70%	17	19	89%	17	19	89%
	27-Jan	16	20	80%	17	20	85%	17	20	85%
4 Weeks	28-Jan	15	20	75%	17	20	85%	16	20	80%
	29-Jan	14	20	70%	16	20	80%	15	20	75%

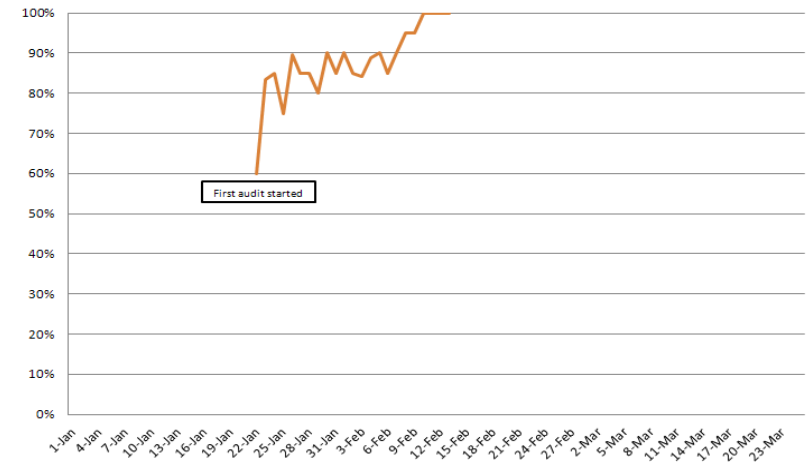


## Process Measures

Compliance to Completed Whiteboard

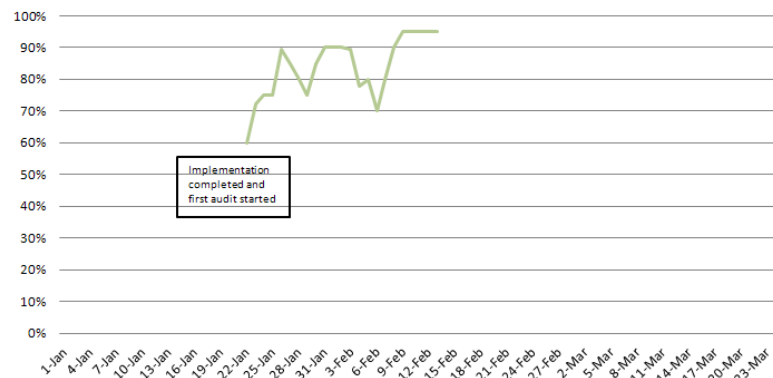


Nurses Compliance to Discussing Whiteboard



## Proxy Outcome Measure

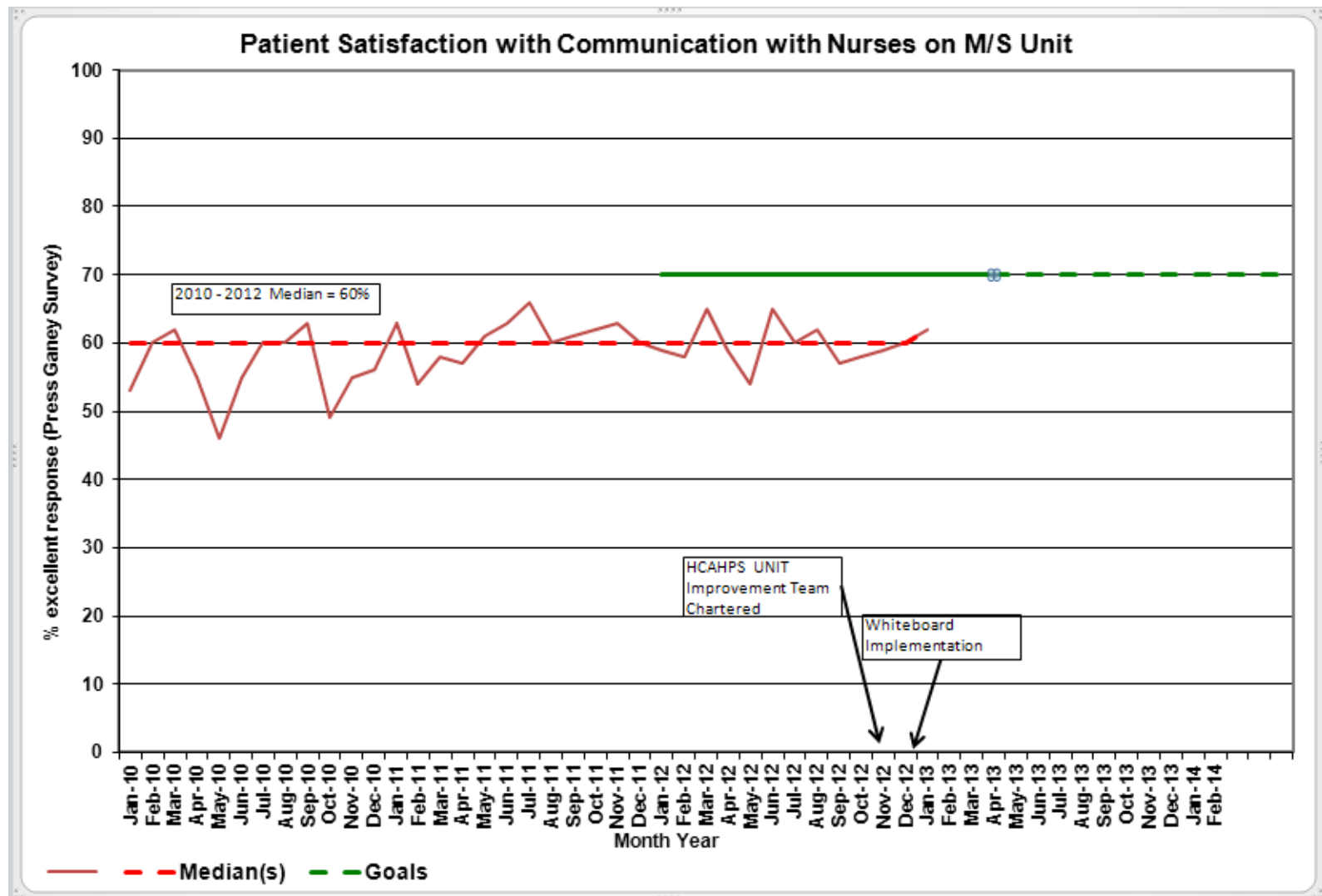
Percent of Patients who Understand the Plan on the Whiteboard







# Whiteboard Implementation





## Making Improvements “The Norm”

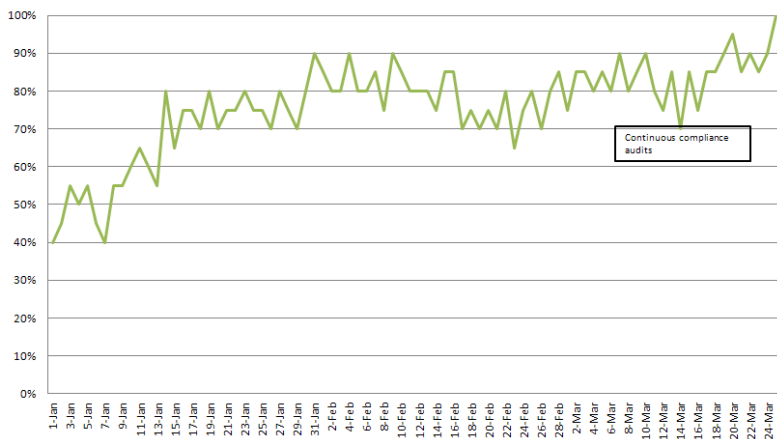
- To ensure that improvements are permanent and steady, the new way of working should become the regular way of working.
- It is important to address sustainability because improved outcomes achieved during the implementation phase of a project do not automatically result in lasting improvements.



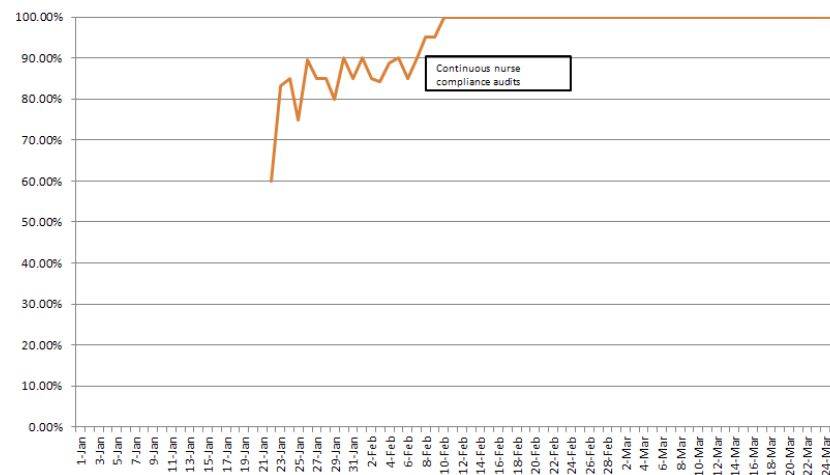
# Continuous Auditing

## Process Measures

Compliance to Completed Whiteboard

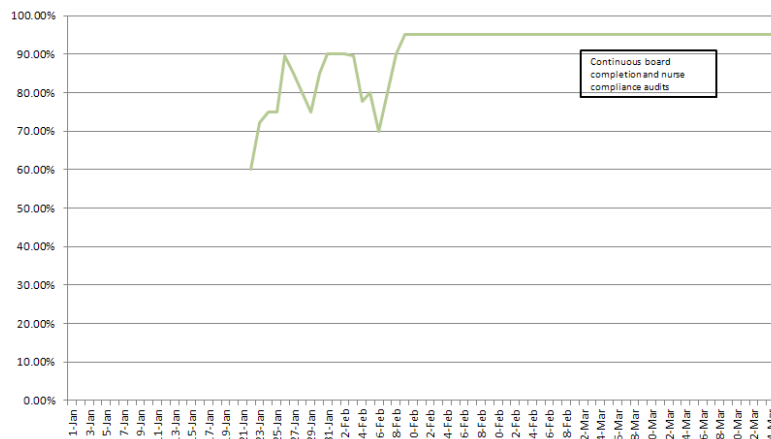


Nurses Compliance to Discussing Whiteboard



## Proxy Outcome Measure

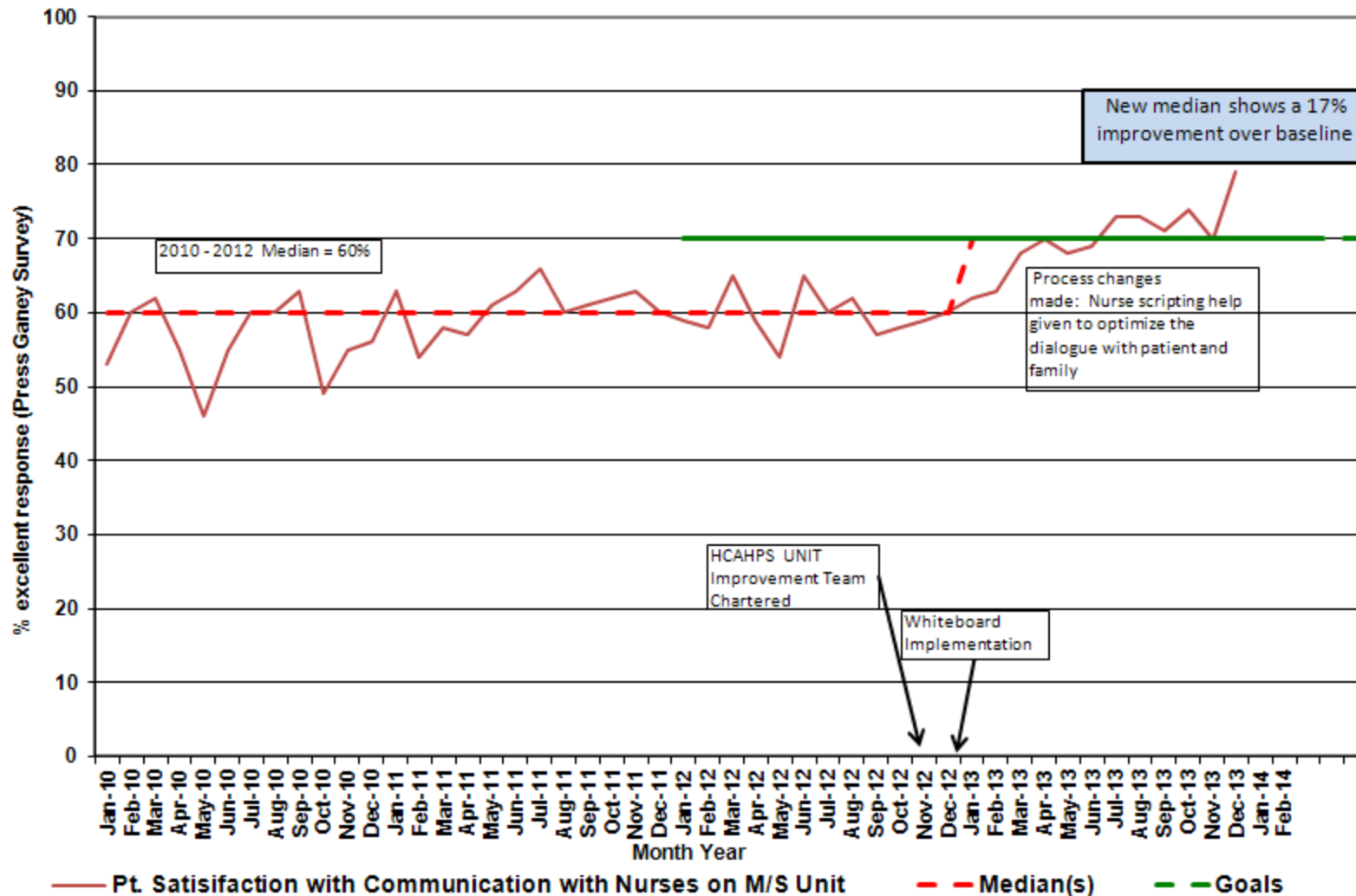
Percent of Patients who Understand the Plan on the Whiteboard





# Improved Outcomes

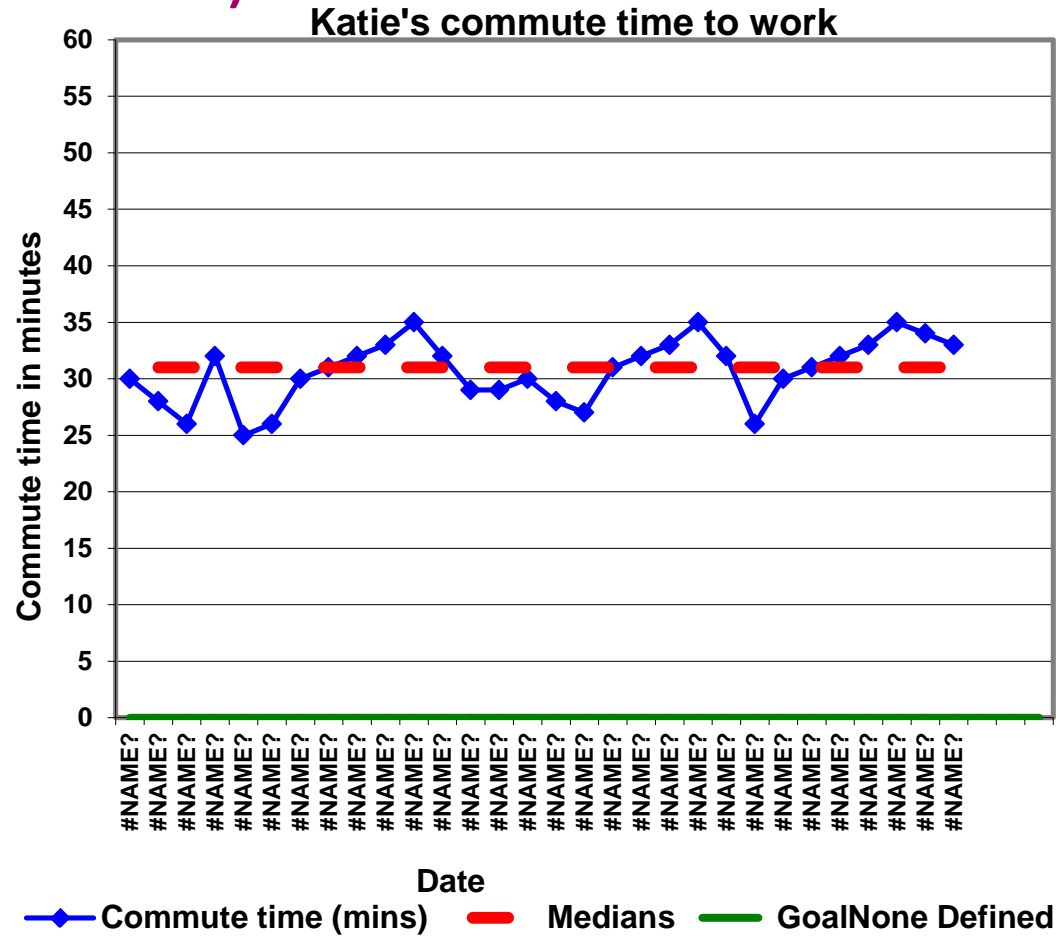
Patient Satisfaction with Communication with Nurses on M/S Unit





## Random (Common Cause) Variation

- “Unassigned” variation
- Is present in all processes – reflects “business as usual”
- Does not judge whether the process is “good” or “bad”
- Is predictable

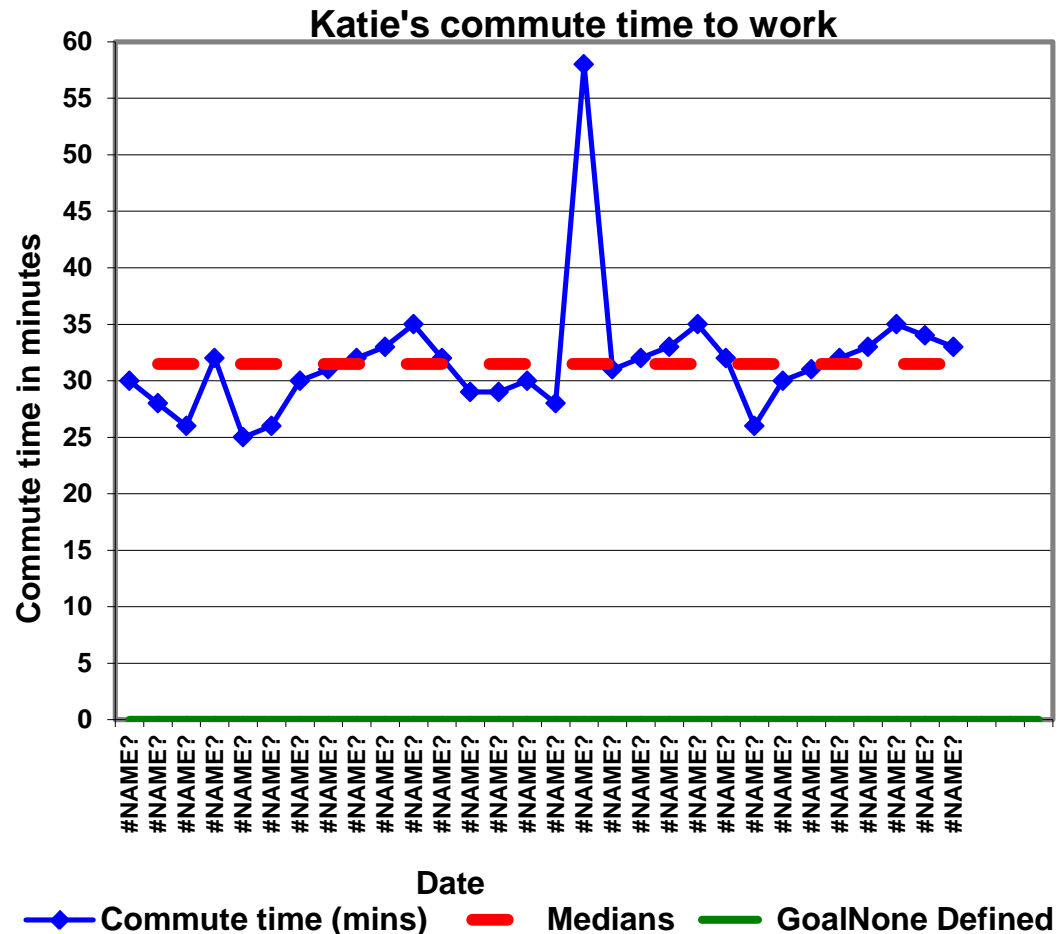


*Example:* Arrival time to work varies when driving due to traffic lights and weather conditions.



## Non-Random (Special Cause) Variation

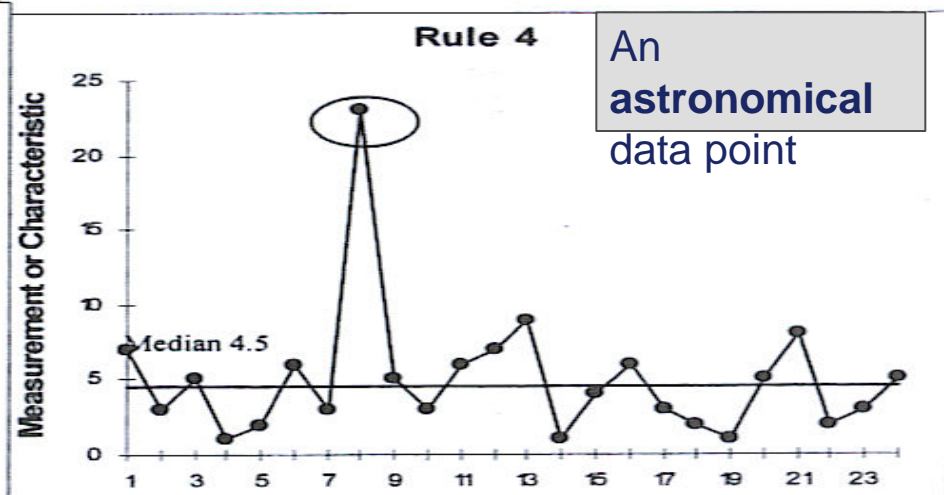
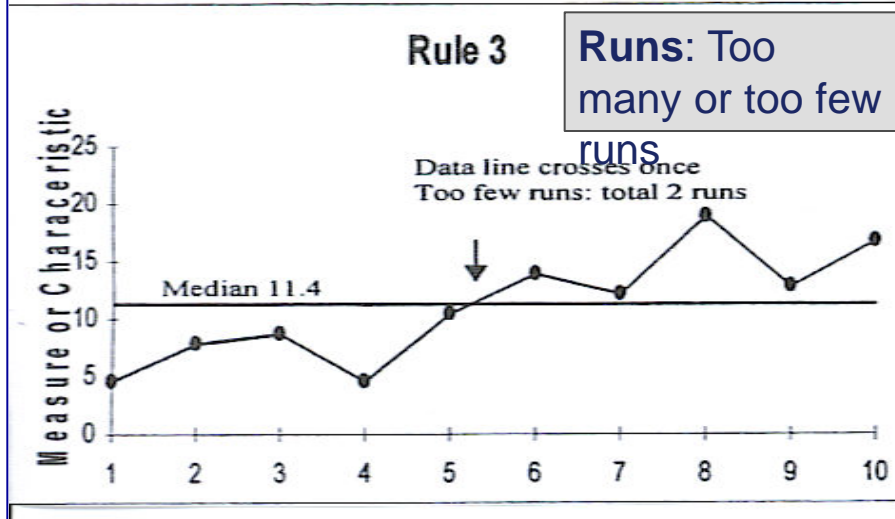
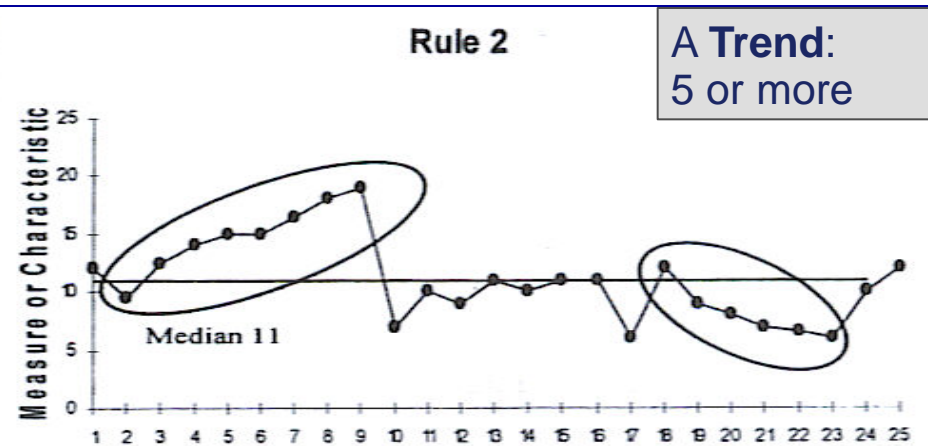
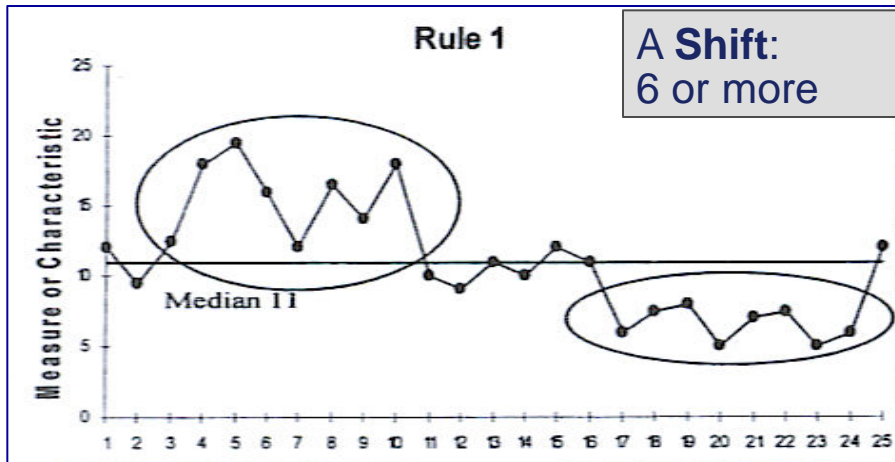
- “Assignable” variation
  - Is assignable to a specific cause
  - Is a special circumstance that is not part of the process – not “business as usual”
- Helps you determine if your change is an improvement



*Example:* Arrival time to work varied one time due to a breakdown of the car or involvement in an accident.



## Rules for Detecting a Process Change in a Run Chart (special cause in the variation of data points displayed)









# Step-by-Step Demonstration: Run Chart Tools (Excel Templates)

See recording found at <http://tc.nphhi.org/Collaborate/Tools/Run-Chart-Templates.aspx>

COLLABORATE

NAPH Safety Network

Hospital-Acquired Infections

Hospital-Acquired Conditions

Obstetrical Adverse Events

30-Day Readmissions

Leadership

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Data Manual

Past Webinars

Run Chart Templates

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Home | COLLABORATE | Tools | Run Chart Templates

RUN CHART TEMPLATES

A run chart is a graph that displays some aspect of the output or performance of a process over time. It is helpful in evaluating variation to determine if performance improvement has occurred.

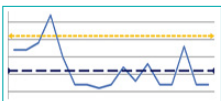
Access various run chart tools that are offered through NAPH's Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Learning Network to help you graphically display relationships between interventions and results.

The HCAHPS Learning Network offers the following run chart tools:

- [Example Rate Per n Days Run Chart](#)
- [Example Percent Compliance With EBP Run Chart](#)
- [Count of Patients Harmed Run Chart Template](#)
- [Rate Metric Run Chart Template](#)
- [Rate Per Days Metric Run Chart Template](#)
- [Percent Compliance Metric Run Chart Template](#)
- [Falls Rate Run Chart Template](#)
- [Falls With Trauma Rate Run Chart Template](#)
- [CLABSI Run Chart With Mock Data](#)

Please note that the NAPH Safety Network (NSN) did not develop these tools. However, if you have questions about how to best display your data, please [contact your NSN improvement coach](#).

RESOURCES



How to Use Run Chart Tools

Need help with run charts? This PowerPoint presentation shows step-by-step instructions on how to input your data and generate your chart.

LINKS

Run Charts: The Basics and Tool Templates (10/2 Webinar)

This session laid out the basics on how to use run charts and how to interpret them. NSN Improvement Coach Ed Mendez introduced a run chart tool that can make inserting data and creating a run chart easy.



## Orientation to Run Chart Tools' Three Tabs

NSN rate per n days TEMPLATE Run\_Chart\_(I-Line).xls [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

MS Sans Serif 10 A

General Conditional Formatting Styles Cells Editing

Template Initially Developed by Division of HPCE at Cincinnati Children's Hospital & Med Ctr

Revision 4 February 11

Light Turquoise Backgrounds Indicate Headers of Data Entry Areas.

HOVER MOUSE OVER *ITALICIZED TITLES* BELOW FOR ADDITIONAL INSTRUCTIONS

IF THESE BUTTONS DON'T WORK... HOVER MOUSE POINTER HERE FOR INSTRUCTIONS

Click Here to Clear Current Data Entries Click Here to Restore Cleared Data

Click Here to Add More Data Lines

Enter DATE or LABEL Use Format Menu as Desired	Specify Numerators or Final Values in menu below	Denominators Ratio Calc Automatic	Enter Ratio Multiplier (e.g., per 100 Patient Days)	Show Denominators in x-axis labels? Select Yes/No in menu below.	Specify points Used to Calculate Median(s)	Median Centerline Value (Auto)	Plot a line for the Goal?
Jan-10	2	300	6.7	Jan-10 (n=300)	1	11.8	
Feb-10	5	320	15.6	Feb-10 (n=320)	1	11.8	
Mar-10	4	280	14.3	Mar-10 (n=280)	1	11.8	
Apr-10	3	250	12.0	Apr-10 (n=250)	1	11.8	
May-10	4	340	11.8	May-10 (n=340)	1	11.8	
Jun-10	2	300	6.7	Jun-10 (n=300)	1	11.8	
Jul-10	2	320	6.3	Jul-10 (n=320)	1	11.8	
Aug-10	2	280	7.1	Aug-10 (n=280)	2	3.2	6
Sep-10	1	250	4.0	Sep-10 (n=250)	2	3.2	
Oct-10	1	340	2.9	Oct-10 (n=340)	2	3.2	
Nov-10	1	300	3.3	Nov-10 (n=300)	2	3.2	
Dec-10	0	320	0.0	Dec-10 (n=320)	2	3.2	
Jan-11	1	280	3.6	Jan-11 (n=280)	2	3.2	1.5
Feb-11	1	300	0.0	Feb-11 (n=300)	2	3.2	

Enter Chart Titles and/or Labels in the Boxes Below  
Use ALT-ENTER to force the start of a second line.

Enter Chart Title Below  
Enter Name of Hospital: Enter Rate per days Metric name  
Run Chart (ie. CAUTI rate)

Enter x-Axis (Horizontal Axis) Title Below  
Month Year (Denominator)

Enter y-Axis (Vertical Axis) Title Below  
Monthly Average Performance (events / 1000 days) edit if  
there is a different ratio multiplier in cell E8

Enter Legend Label for Plotted Values Below  
Monthly Average (events / 1000 catheter days) edit if

Instructions 1st Line Run Chart

Ready

8:30 AM 9/25/2012



Step 1: Clear data entries in sample template. Save with new name on your own computer.

NSN rate per n days TEMPLATE Run\_Chart\_(1-Line).xls [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

MS Sans Serif 10 B I U Font Alignment Number Conditional Formatting Styles Cells Editing

Template Initially Developed by Division of HPCE at Cincinnati Children's Hospital & Med Ctr

Revision 4 February 11

Light Turquoise Backgrounds Indicate Headers of Data Entry Areas.

HOVER MOUSE OVER *ITALICIZED TITLES* BELOW FOR ADDITIONAL INSTRUCTIONS

IF THESE BUTTONS DON'T WORK... HOVER MOUSE POINTER HERE FOR INSTRUCTIONS

Click Here to Clear Current Data Entries Click Here to Restore Cleared Data

Click Here to Add More Data Lines

Enter DATE or LABEL Use Format Menu as Desired

Specify Numerators or Final Values in menu below

Denominators Ratio Calc Automatic

Enter Ratio Multiplier (e.g., per 100 Patient Days)

Show Denominators in x-axis labels? Select Yes/No in menu below.

Specify points Used to Calculate Median(s)

Median Centerline Value (Auto)

Plot a line for the Goal?

Enter Chart Titles and/or Labels in the Boxes Below Use ALT-ENTER to force the start of a second line.

Enter Chart Title Below

Enter Name of Hospital: Enter Rate per days Metric name Run Chart (ie. CAUTI rate)

Enter x-Axis (Horizontal Axis) Title Below

Month Year (Denominator)

Enter y-Axis (Vertical Axis) Title Below

Monthly Average Performance (events / 1000 days) edit if there is a different ratio multiplier in cell E8

Enter Legend Label for Plotted Values Below

Monthly Averages (events / 1000 catheterdays) edit if

1st Line Run Chart

Ready

8:30 AM 9/25/2012

27



## Step 2: Edit the titles and legends fields as suggested in sample template.

NSN rate per n days TEMPLATE Run\_Chart\_(1-Line).xls [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Developer

Clipboard Font Alignment Number Styles Cells Editing

MS Sans Serif 10 A A Wrap Text

General \$ % , .00 .00

Conditional Formatting Format as Table Cell Styles

Insert Delete Format

AutoSum Fill Clear Sort & Filter Find & Select

M10 Enter Name of Hospital: Enter Rate per days Metric name Run Chart (ie. CAUTI rate)

A B C D E G H I J K L M N O P Q R S AI AJ

IF THESE BUTTONS DON'T WORK... HOVER MOUSE POINTER HERE FOR INSTRUCTIONS

Click Here to Clear Current Data Entries Click Here to Restore Cleared Data Click Here to Add More Data Lines

Enter DATE or LABEL Use Format Menu as Desired

Specify Numerators or Final Values in menu below Final Values

Sample Sizes

Values Same as Column C ----- No Ratio Calculated

Show Sample Sizes in x-axis labels? Select Yes/No in menu below.

Specify points to Calculate Median

Median Centerline Value

Plot a line for the Goal? No

Enter Chart Titles and/or Labels in the Boxes Below Use ALT-ENTER to force the start of a second line.

Enter Chart Title Below

Enter Name of Hospital: Enter Rate per days Metric name Run Chart (ie. CAUTI rate)

Enter x-Axis (Horizontal Axis) Title Below

Month Year (Denominator)

Enter y-Axis (Vertical Axis) Title Below

Monthly Average Performance (events / 1000 days) edit if there is a different ratio multiplier in cell E8

Enter Legend Label for Plotted Values Below

Monthly Averages (events / 1000 catheterdays) edit if there is a different ratio multiplier in cell E8

Enter Legend Label for Median Centerline

Medians

Type in your edits to best reflect the metric specifics for your improvement project (note ratio multiplier in cell E8).

Instructions 1st Line Run Chart

Ready

9:01 AM 9/25/2012



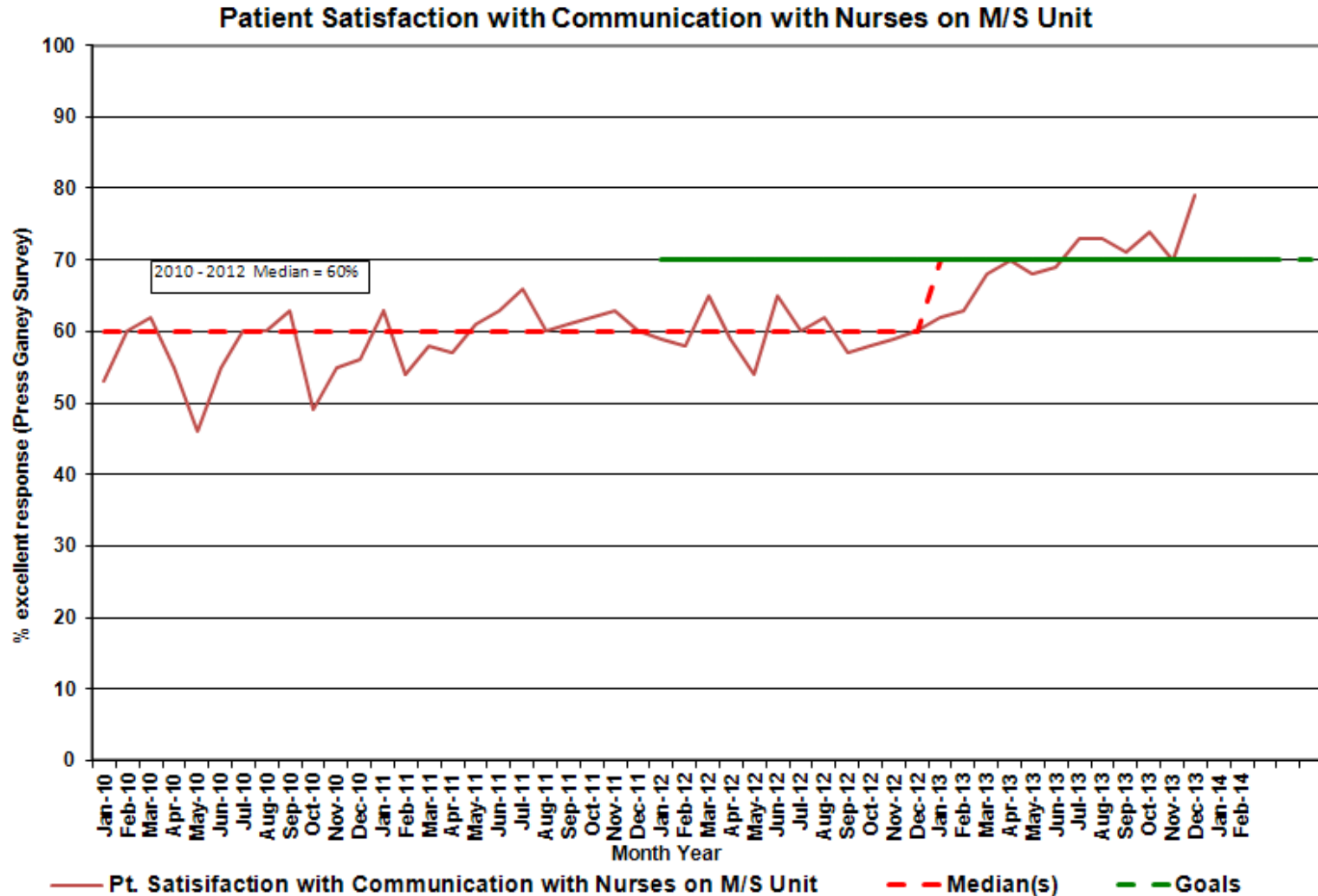
Step 3: Enter numerators and denominators (or just rates if using final values in column C).

	A	B	C	D	E	G	H	I	J
1		Template Initially Developed by Division of HPCE at Cincinnati Children's Hospital & Med Ctr							
3		Light Turquoise Backgrounds Indicate Headers of Data Entry Areas.							
4		HOVER MOUSE OVER <i>ITALICIZED TITLES</i> BELOW FOR ADDITIONAL INSTRUCTIONS							
		IF THESE BUTTONS DON'T WORK... HOVER MOUSE POINTER HERE FOR INSTRUCTIONS							
5		Click Here to Clear Current Data Entries				Click Here to Restore Cleared Data			
6		<i>Enter DATE or LABEL Use Format Menu as Desired</i>	<i>Specify Numerators or Final Values in menu below</i>	Denominators ----- Ratio Calc Automatic	<i>Enter Ratio Multiplier (e.g., per 100 Patient Days)</i>	<i>Show Denominators in x-axis labels? Select Yes/No in menu below.</i>	<i>Specify points Used to Calculate Median(s)</i>	Median Centerline Value (Auto)	<i>Plot a line for the Goal?</i>
7									
8			Numerators	Denom	1	No			No
9		Jan-10				Jan-10	1		
10		Feb-10				Feb-10			
11		Mar-10				Mar-10			
12		Apr-10				Apr-10			
13		May-10				May-10			
14		Jun-10				Jun-10			
15		Jul-10				Jul-10			
16									
17									
18									
19									
20									
21									
22									

Instructions 1st Line Run Chart

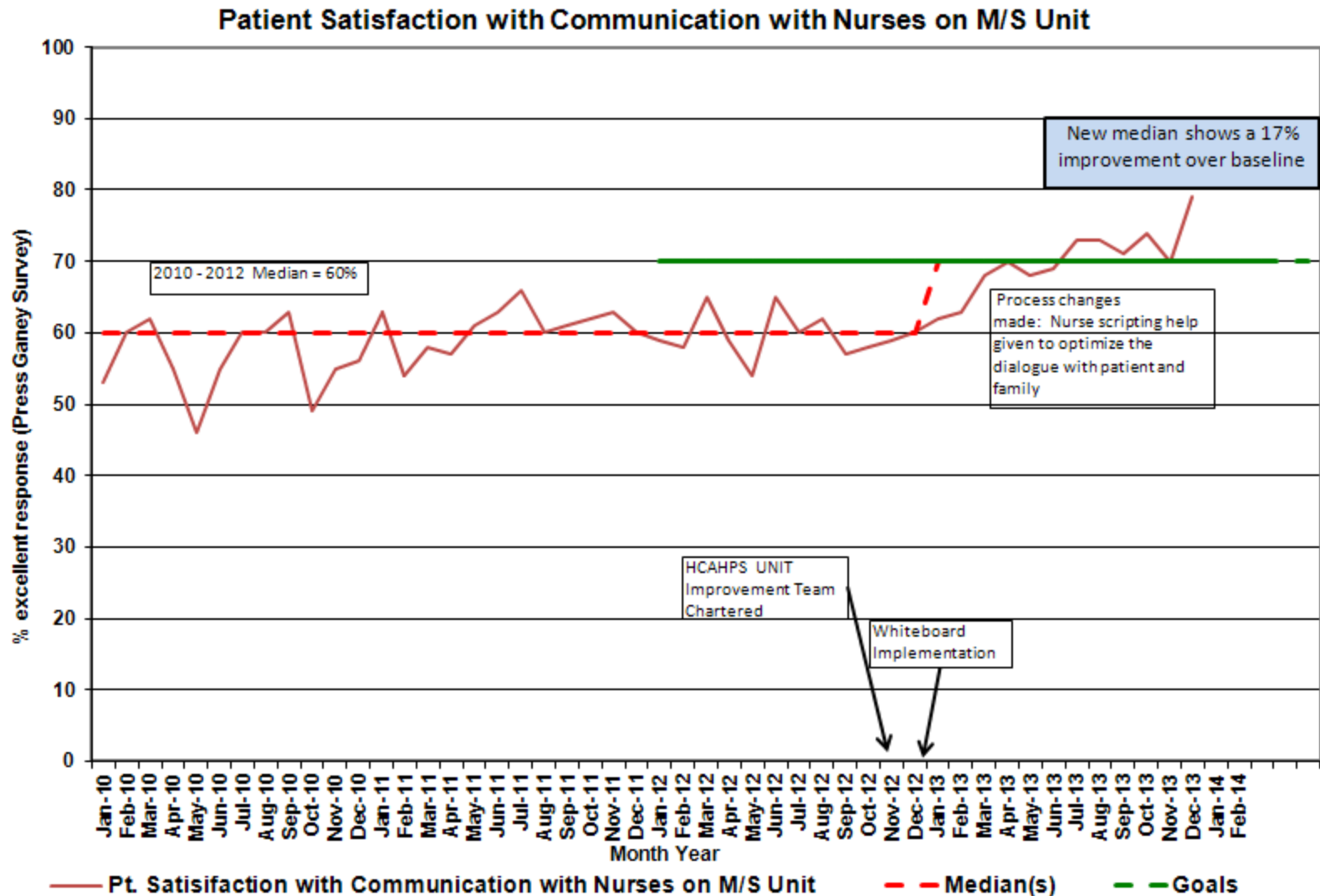


Step 4: Click on the “Run Chart” tab to see if the display makes sense. Edit font sizes as needed -OR- return to “1st line” tab to edit title / axis / legend fields.



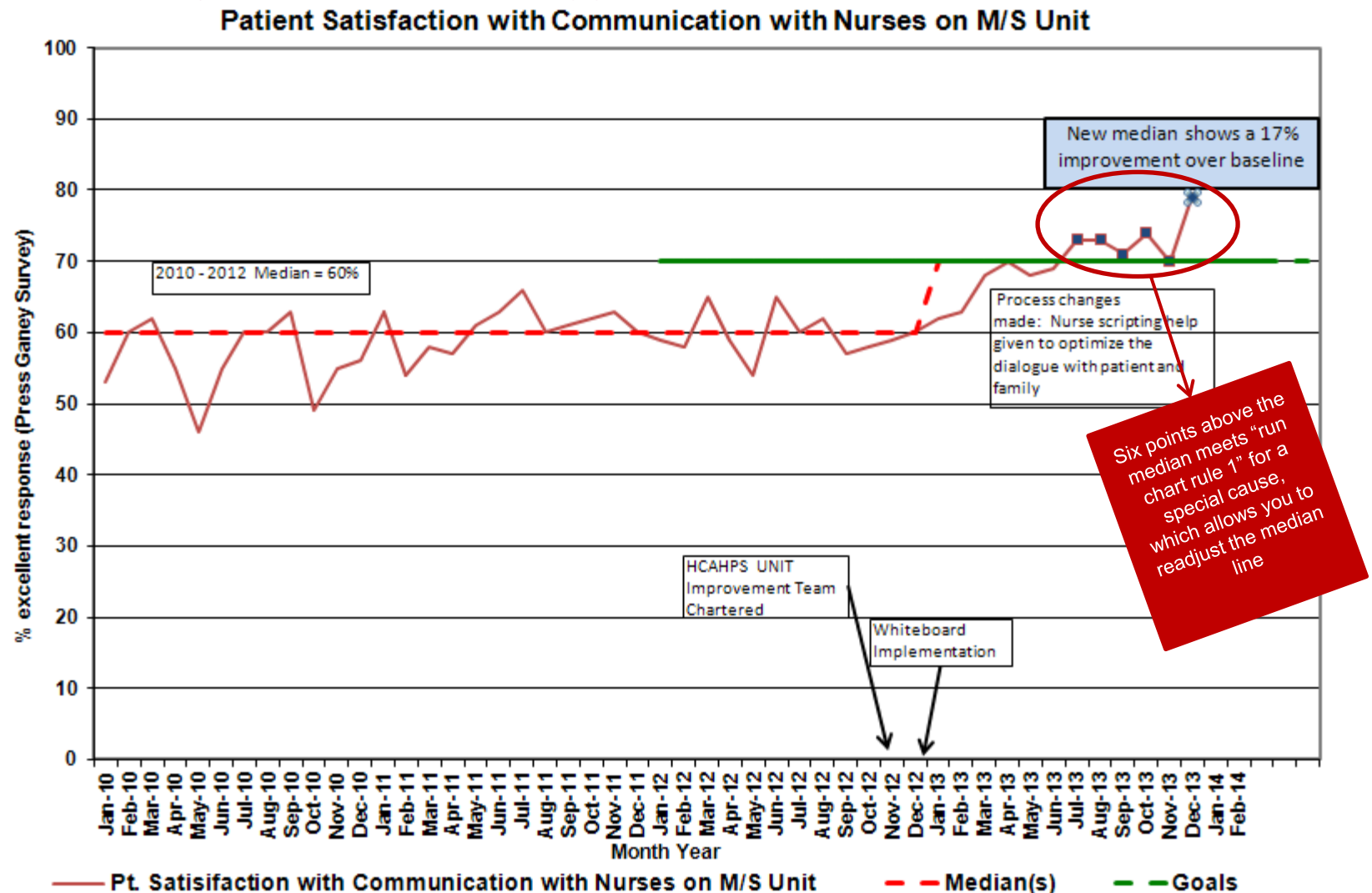


## Step 5: Edit / add annotations to run chart.





Step 6: Return to “Run Chart” tab. Use run chart rules to identify special cause variation. Readjust median line as applicable.







## Next Steps

- For more information on run charts, please read [The run chart: a simple analytical tool for learning from variation in healthcare processes](#) , also found on our reference list.
- The case study and tools will be posted on our website soon. Please make sure you download the tools and practice using them.
- Please take advantage of your valuable IHI Open School access.



## Next Steps

- Please look forward to our next Webinar on March 27<sup>th</sup>:  
***Ensuring Leadership Engagement***
- Pre-work:
  - Take complimentary IHI Open School Course\* on “The Human Side of Quality Improvement” (*Contact your Team Leader for registration information regarding complimentary IHI Open School registration*)
    1. Overcoming Resistance to Change
    2. What Motivates People to Change
    3. Culture Change vs. Process Change



## Next Steps

- What topics would you like to read about on our community? Help us provide you with what you want.
- Should you have any further questions, please contact:
  - Mai AlSokair
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    - Phone: (202) 495-3350
  - Jane Hooker
    - Email: [jhooker@naph.org](mailto:jhooker@naph.org)
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