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THE ART OF FACILITATION

Achieving artistry in any field requires first mastering core skills—and this feat is particularly challenging in the rapidly changing world of healthcare quality and performance and process improvement (PPI). Dr. Nidia Williams, who served as coleader of NAHQ’s work group to develop core PPI competencies, says that to master “the art of facilitation” in PPI, one must possess

- a solid understanding of how to use data to drive decisions and measure the impact of change
- superlative oral and written communication and presentation skills
- the ability to take complex processes and break them down into manageable sub-process steps to evaluate potential points of failure
- competence in project management
- a solid background in the science of performance improvement
- the ability to serve as an agent for change by leading and inspiring others in the organization.

The last point is the most important. “It has become clear to me that to work in PPI, one must possess outstanding communication skills be a natural leader and motivator, and have acquired the core skills in process redesign and improvement,” says Dr. Williams, a 20-year veteran of healthcare quality. “Those who possess the art of facilitation are usually the most successful in this work.”

A Six Sigma Master Black Belt, Dr. Williams is an accomplished leader in what she describes as “the new world order” of healthcare quality. Her organization, Lifespan, a four-hospital system with 15,000 employees, recently adopted an entirely new quality

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“To drive success, I recommend that quality professionals earn their CPHQ and consider earning Six Sigma certification so we adapt and become data driven, results oriented, and use many of the same tools as we strive to facilitate change.”

model. Dr. Williams went from serving solely as the healthcare system’s Master Black Belt to having operational oversight for all of Lifespan’s core quality functions.

As administrative director of OpX, Dr. Williams now leads other system directors of core functions such as patient safety, accreditation and regulatory readiness, service excellence, clinical excellence, PPI, and OpX Informatics (quality data analytics). Overall, “this centralized model is working very well. It’s definitely a progressive and innovative way to manage quality,” she says. “We now have specialists, quality professionals, in each of those core functions who get to be experts at their work.”

TIPS FOR EMBRACING CHANGE

Dr. Williams is ambitious and forward-thinking, and is quick to praise new talent entering the healthcare quality field. “Today’s healthcare quality professionals do not necessarily have a nursing background; many have worked in the lab or in rehab or are pharmacists. Young professionals entering quality healthcare now come into the field with master’s degrees in public health and public administration, providing them with the data analytics skills that are now



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so important for success. People working in healthcare should be excited about healthcare quality. Everything in quality, including an organization's outcomes, is more transparent and often publicly reported. People talk about mistakes and needing to be better. It's a different world.”

Because new worlds bring new challenges, Dr. Williams recommends that healthcare quality professionals entering or already working in PPI to do the following things:

Develop a sense of urgency. Dr. Williams says, “Healthcare quality has never been more important than it is now. We need to think outside the box and realize that some of the work we've traditionally done in quality is now less effective or obsolete. We need to adapt, learn, change, and evolve.”

Always build confidence in PPI. On an individual level, that involves earning certifications within and outside of the healthcare field, such as CPHQ, Six Sigma, and Lean, Dr. Williams says. “We need fresh ways to think about how we work, which may require gaining new skills, going back to school, and getting certified in new approaches and techniques. It's about professional development and self-assessment,” she adds. “The future of healthcare quality lies in standardization, reducing variation, and making sure that we provide the best level of care and service to our patients. To do that, we have to have different tools for monitoring how often we achieve or don't achieve our goals.”

Confidence building in PPI extends to healthcare organizations as well, Dr. Williams says. As organizations move from fee-for-service to value-driven payment structures, “they may face some fallout, including layoffs or closures due to decreased reimbursement. But opportunities exist for organizations that learn how to drive down their costs and improve their overall quality and outcomes.”

Don't forget to look at the big picture. When asked what she likes most about her profession, Dr. Williams says that unlike the satisfaction that clinicians, nurses, and physicians derive from direct patient care, those in PPI focus on macro issues, including measuring shifts in care delivery and outcomes and finding solutions to complex problems that may affect entire patient populations.

“I find that very gratifying,” she says. “There's always something we can do,” so it is imperative that healthcare quality professionals remain optimistic and goal-oriented. “We have to remind ourselves that it really isn't about us as individuals; it's about us as professionals doing the best work we can on behalf of our patients.”

Focus on results. Take the long view of healthcare quality processes rather than getting mired in individual task-driven work. “Our biggest challenge is getting people to think outside the

box—to empower them to think beyond their own subprocess,” Dr. Williams says, “and to step back and look at what we need to deliver, and how we need to deliver it for our patients. Everyone's reluctant to change, but we need to realize that change should be for the greater good, not just for our patients, but also for those providing the care.”

Strive for consensus. “Even when we can't agree, let's make the best decision for our patients and for designing an efficient and effective process. Understand that we're not always going to get everyone to agree. The goal of getting to consensus is making sure that, despite our disagreements, people can live with group decisions and focus on what is best for the organization, its patients, and its staff,” she says. To make timely and effective decisions, “everybody at the table should establish shared goals.”

Above all, embrace change. Dr. Williams was an early adopter of data-driven processes, long before they were commonplace in healthcare quality. She began her career as a speech-language pathologist and rehabilitation professional. After serving as supervisor of a hospital department for speech/language and hearing, she returned to school to pursue her doctorate and, as part of her training, worked as a graduate biostatistician, which involved measuring outcomes using statistical analysis, measuring performance, and evaluating trends in population health.

Later, as a healthcare system's director of quality and performance improvement, she refused to give in to tired and ineffectual quality processes. “I attended lots of meetings where we discussed the same problems and saw the same agenda items month after month. Nobody was doing much between meetings or holding ourselves accountable for making sure that things got done,” she says. “I would evaluate our outcomes and present data to hospital leadership and realized the trend line was always flat or moving at glacial pace toward improved performance. I realized that to move the needle and accelerate the pace of improvement, we had to work differently, and measure the effect of those work changes on our results. Without that, we weren't going to achieve a different level of performance.”

She began to look to approaches that would actually change performance, “That's when I began adopting Lean, Six Sigma, and other process improvement methods into the world of quality.” With the added structure of these approaches, we can target what needs to be improved or managed and better define our goals, she says.



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