

COLMR Connections

CENTER FOR ORGANIZATION, LEADERSHIP & MANAGEMENT RESEARCH

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COLMR Connections is a publication of The Center for Organization, Leadership & Management Research, a VA HSR&D Center of Excellence. Each issue will provide summary information about ongoing and recently completed research projects, newly funded studies and other items of interest.

For more information on COLMR activities, including any of the studies described in this newsletter, please visit our website:
www.colmr.research.va.gov

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COLMR is Busy and Growing

Welcome to Volume 2 of *COLMR Connections*. We have been busy growing – developing new projects, publishing, and recruiting new staff. As we describe in this issue, COLMR is pleased to welcome Richard Hermann, MD, MS as our new Associate Director. Dr. Hermann’s work on quality measurement and quality improvement complements our other investigators’ skills in implementing organizational change to improve quality of care.

James Burgess, Jr, PhD, who has been an associate investigator with his primary appointment in the VA Management Sciences Group, moved to VA Boston to join us as an investigator. He brings expertise in health economics and in organizational change and extensive experience in VHA and with VHA data systems. Peter Rivard, PhD, our new post-doctoral fellow, brings his prior training in organizational science and experience in health care administration.

We received notification of approval for funding of “Team Process and Performance in Primary Care” led by David Mohr, PhD. It utilizes organizational data from the All Employee Survey, that COLMR helped develop and administer, and a newly developed technique for associating patient satisfaction scores and primary care teams. This project is part of COLMR’s focus on the effects of organization and management practices on quality of care. Several other proposals are under review in this research area and



in COLMR’s other focus area, the effects of organization and management practices on implementation of evidence-based care.

We were also pleased to be awarded as a center for the AHRQ “Accelerating Change and Transformation in Organizations and Networks” (ACTION) program with Dr. Carol VanDeusen Lukas as Director and Dr. Gary Young as Co-Director. Our network of partners, “Safety Net ACTION Partners” (SNAP), includes VISNs 1, 3, 22 and 23, Boston Medical Center, Boston Healthnet, Hennepin County Health Department, and Montefiore Medical Center in New York. We have one AHRQ-funded ACTION project and positive feedback for a parallel VHA funded project.

One of COLMR’s greatest impacts over the last several years is its contribution to the development of the All Employee Survey (AES). With the assistance of COLMR investigators, VHA has developed a data source to describe how key aspects of each of our VAMCs are functioning. Just as VHA has been a leader in the development of clinical databases that have been critical to health services research, it is a leader in developing ongoing measures of organizational processes. It is unusual for organiza-

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COLMR Impact Seen in VHA All Employee Survey

COLMR investigators Martin Charns, DBA, Mark Meterko, PhD, David Mohr, PhD and Marjorie Nealon Seibert, MBA have served as members of the All Employee Survey (AES) team since its inception in 2003. The AES team developed and administers the national VHA AES. This collaboration among staff at multiple organizations within VHA was recognized in fall 2006 by establishing a permanent subcommittee. The AES team is now the Organizational Assessment Subcommittee (OASC) of the Human Resources Subcommittee of the National Leadership Board. As required by the OASC charter, COLMR Director Martin Charns serves as Vice-Chair of the subcommittee along with the Chair, Sue Dyrenforth, Director, National Center for Organization Development (NCOD).

The role of COLMR in the AES is pivotal in two ways. We were key players in the development of the AES survey instrument; initially by participating in the design of the 2003 pilot which helped to lay the foundation of the current survey as well as by testing the reliability and validity of the 2004 survey and reducing the number of items. In addition, we determined that different modalities for administering the survey – paper, web or telephone voice response, were not associated with differences in responses. We also conducted a pilot study of items relating to employee civility for inclusion in the 2006 AES.

Not only has COLMR involvement in the All Employee Survey affected VHA operationally; it has affected VHA on the research side as well.

VHA is among the leading organizations to survey employees and to use the resulting data for operational and research purposes. The 2006 survey resulted in a 70% response rate, which is very high for an organization-wide employee survey. In comparison, a literature review, going back to 1985, of surveys conducted among physicians

found a range of responses between 50% and 54%.

The importance of the data from the bi-annual AES has grown with each survey administration. Organizational improvement, as measured by the AES, has been a component of the Network Directors' performance contracts for several years. The AES results are now a part of a performance scorecard utilized by Deputy Under Secretary for Health for Operations and Management William Feeley to measure the networks and facilities. Due to its increasing use in the performance indicators, the AES will now be administered on an annual basis.

Our collaborating partner, NCOD, has primary responsibility for administering the AES. In addition, NCOD conducts extensive consultations with the medical centers, using the AES data for organizational improvement purposes.

Not only has COLMR involvement in the AES affected VHA operationally; it has affected VHA on the research side as well. Researchers now have access to large sample data that are collected on a regular basis across all VHA facilities. The data can be examined by traditional demographics. The innovation that makes these data so valuable to researchers is that in many cases the results can be identified down to the work group or team level. This is rare in employee surveys and has already resulted in a successful COLMR proposal to study teams in primary care. (See elsewhere in the newsletter to learn more about Dr. David Mohr's proposal "Team Process and Performance in Primary Care.") The work group level data will allow investigation of team processes and culture along with team structures and demographics.

Researchers interested in using AES data sets should contact NCOD at VHANCOD@va.gov or (513) 247-4621 for a data use agreement. The survey instrument is available as a PDF file on the COLMR website: www.colmr.research.va.gov/resources/org_surveys/

Components of the AES: What Is Measured

Job Satisfaction Index (JSI)

- Consists of 13 questions
- Examines all aspects of job satisfaction from the individual employee viewpoint
- Measures include type and amount of work, working conditions, overall satisfaction

Organizational Assessment Inventory (OAI)

- Consists of 31 questions
- Examines organizational functioning from the work group or team viewpoint

- Measures include leadership, employee development, job control, job demands, coworker support, customer service, civility
- 2006 AES added 4 new items measuring engagement and psychological safety

Organizational Culture

- Consists of 14 questions
- Examines organizational culture from the overall facility viewpoint
- Measures include 4 dimensions of culture: Group, Entrepreneurial, Bureaucratic, Rational

A New Model of Organizational Transformation in Healthcare

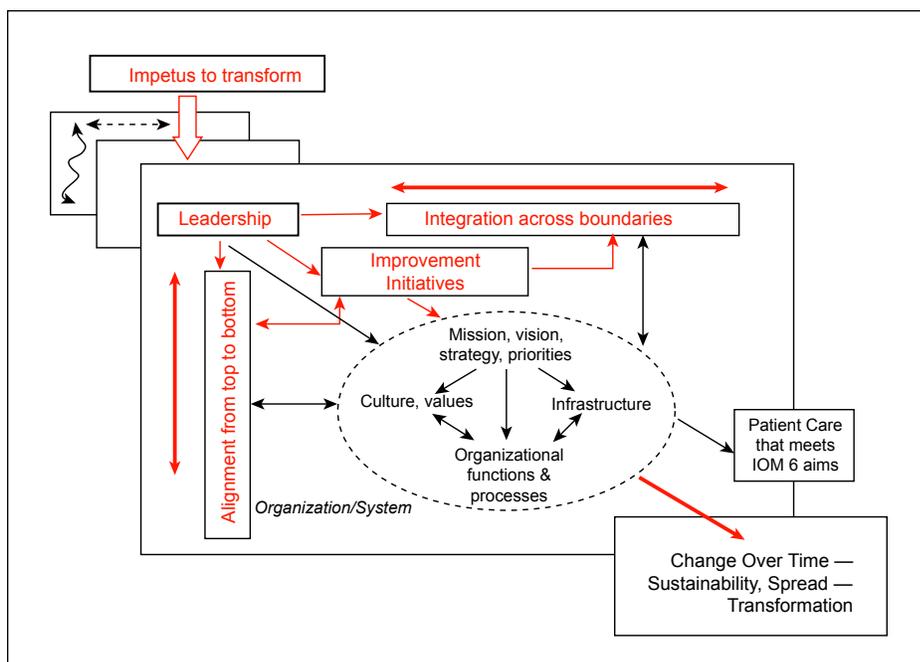
The Institute of Medicine (IOM) argued in its 2001 report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, that our current healthcare systems cannot provide the quality Americans need, want and deserve. Simply trying harder will not work. The question, then, is *how can healthcare systems fundamentally transform to provide consistently safe, high-quality care for patients?*

The Robert Wood Johnson Foundation (RWJF) took up the challenge with a major initiative called Pursuing Perfection (P2). Seven hospitals and healthcare systems from around the country were selected as demonstration sites along with five others for comparisons. A multidisciplinary research team lead by Dr. Martin Charns was funded in 2003 as the national evaluator. Team members are Drs. Alan Cohen, Irene Cramer, Joseph Restuccia, Michael Shwartz, Carol VanDeusen Lukas and Ms. Sally Holmes, Barbara Lerner and Ledia Tabor.

The P2 team identified five elements, or key drivers, that appear critical to a healthcare organization's success in transforming and sustaining highly reliable, evidence-based improvements.

Based on 3 1/2 years of site visits with more than 750 interviews with individuals at all levels of the organizations, as well as document review, and two waves of a survey of management and staff, the P2 team developed a preliminary model that illustrates the components necessary to implement and, more importantly, sustain improvement initiatives that will result in near perfect patient care.

The five elements critical to success, shown in red in the figure depicting the model, include: 1) **Impetus** to transform; 2) **Leadership** commitment to quality; 3) **Improvement initiatives** that actively engage staff in meaningful



problem solving; 4) **Alignment** to achieve consistency of organizational goals with resource allocation and actions at all levels of the organization; and 5) **Integration** to bridge traditional intra-organizational boundaries between individual components.

The P2 team has also received funding from RWJF to validate the model in ten other hospitals across the country. These hospitals have been categorized into those providing high, medium and lower quality care based on selected measures reported by the Centers for Medicare and Medicaid Services (CMS). During 2007, the team will review documents and conduct a series of interviews with CEOs, quality officers, and providers intended to identify which hospitals demonstrate the elements of the model. It is expected that hospitals whose CMS measures were high will show more of the elements and hospitals with lower scores on those measures will demonstrate fewer model elements.

The model is being used to guide the HSR&D-funded “Strengthening Organization to Implement Evidence-Based Clinical Practice” project directed by Dr. Carol VanDeusen Lukas. Dr. Charns also described the model in an HSR&D Cyber Seminar on Organizational Change in October, 2006.

Rewarding Results Impacts on National Pay-for-Performance Policies

Investigators at COLMR, along with researchers at the Center for Health Quality, Outcomes and Economics Research (CHQOER) recently completed a four year national evaluation of the Rewarding Results program. Jointly funded by the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality, the evaluation examined seven demonstration projects testing the design and implementation of incentive programs to reward physicians for improving quality of care. The evaluation team, led by Gary Young, JD, PhD, principal investigator, includes COLMR investigators James Burgess, PhD, Mark Meterko, PhD, and Bert White, DMin, MBA and CHQOER investigators Dan Berlowitz, MD, and Barbara Bokhour, PhD.

As Pay-for-Performance (P4P) emerges as a major health-care policy initiative for the federal government, the expertise of COLMR staff and collaborators has been

recognized by policy makers and researchers alike. Output of particular interest from the evaluation includes:

- A conceptual framework developed by the team to assist healthcare professionals in designing, implementing and evaluating pay-for-quality programs. The framework appeared in the *American Journal of Medical Quality* (Young et al. 2005; Vol. 20: pp. 144-50).
- An assessment of the reliability and validity of the team's survey instrument, which measured the attitudes and perceptions of participating physicians toward quality incentive programs. The assessment concluded that it is possible to identify and measure the key salient features of P4P programs using a valid and reliable 26-item survey. To learn more about the instrument, please see *Provider Attitudes toward Pay-for-Performance Programs: Development and Validation of a Measurement Instrument in HSR: Health Services Research* (Meterko et al. 2006 Oct; 41(5): 1959-1978).
- An invitation to team members Young, Berlowitz and Burgess to co-edit a special supplement of *Medical Care Research and Review* devoted to P4P. An article by the team describing practice executives' perceptions of incentive programs targeted at physician groups appeared in this issue (Bokhour et al. 2006 Feb;63(1 Suppl):73S-95S).
- An examination of the survey results from the Massachusetts and California demonstration sites. An article detailing the results will appear in a future issue of *Medical Care Research and Review*.

As a result of the above mentioned efforts, Drs. Young, Berlowitz, and Burgess and Ms. Zöe LeVan, MSc, joined with investigators from Brandeis University and Booz Allen Hamilton to examine additional aspects of P4P on behalf of the Centers for Medicare and Medicaid Services (CMS).

Along with serving as a source of intellectual capital on the P4P issue, COLMR provides resources to researchers. The survey instrument developed for the Rewarding Results evaluation is already in use by researchers outside of COLMR.

COLMR is Busy and Growing

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tions to have a database of this quality and scope. That it has been administered in its current form on a national basis twice already, and is now planned for future annual administrations provides a valuable resource for VHA management and organization development, as well as an asset for longitudinal research on organization and management practices and on implementation of change.

We are also very proud of the awards and recognition of our investigators. Most notable has been the recognition of Dr. Michael Shwartz with an endowed chair, the Richard D. Cohen Professorship in Management, at the Boston University School of Management. Dr. Shwartz is an associate editor of *Medical Care* and is a leading health services researcher. He joined COLMR when we became a Center of Excellence and has made substantial contributions in providing leadership and mentoring young investigators, developing proposals, and contributing to HSR&D through his service on the Scientific Merit Review Board (SMRB).

Martin Charns, DBA
Director, COLMR

Recognizing COLMR Staff

Several members of the COLMR staff have been recognized for achievements in their field. In this past year members have been appointed to chair an academic department, installed as a professor of an endowed chair, won grants, and more. We congratulate each of these individuals who have contributed to the advancement of organization and management research in healthcare.

Appointments

Gary Young, JD, PhD, was named chairman of the Health Policy and Management department in the Boston University School of Public Health. Dr. Young has been on the faculty since 1993 and was a co-founder of the DSc/MSc programs in Health Services Research in which many of the COLMR staff are either professors or students.

Michael Shwartz, PhD, was installed in January as the initial designee of an endowed chair, the Richard D. Cohen Professorship in Management at Boston University. Dr. Shwartz has been a leader in health services research since joining the faculty of BU in 1977. Some highlights of his career include being the chairman of the Operations Management department, and faculty director of the MBA program. He is also the founding director of the Institute for Urban Health Policy and Research. Dr. Shwartz is also very involved in public service and is on the Board of Directors of Project Place, a Boston non-profit which runs programs for the homeless.

Martin Charns, DBA, was appointed Vice-Chair of the newly established Organizational Assessment Subcommittee (OASC) of the HR Committee of the NLB. The subcommittee has responsibility for administration and analysis of the VHA All Employee Survey (AES), as well as oversight of all national surveys in VHA. **Drs. Mark Meterko, David Mohr and Ms. Marjorie Nealon Seibert** are also members of the OASC.

Grants and Contracts

Martin Charns, DBA, received two additional grants from the Robert Wood Johnson Foundation (RWJF) to continue work on the Pursuing Perfection project with the team members **Drs. Alan Cohen, Irene Cramer, Joseph Restuccia, Michael Shwartz, Carol VanDeusen Lukas and Ms. Sally Holmes, Barbara Lerner and Ledia Tabor**. One grant supports the validation study of the model on transformation (see article on page 3). The second grant is for developing print materials and a website to disseminate the model and study findings.

Carol VanDeusen Lukas, EdD, leads a team at the Boston University School of Public Health and COLMR that competed successfully for a master contract in the Agency for Healthcare Research and Quality's (AHRQ's) initiative Accelerating Change and Transformation in Organizations and Networks (ACTION). ACTION's objective is to develop strategies to translate research into practice quickly to improve health care quality and efficiency. Through ACTION, the BU/COLMR team was awarded a contract, led by **Gary Young, JD, PhD**, to study pay-for-quality performance in private-sector safety net hospitals. **Dr. VanDeusen Lukas** will lead a companion study on pay-for-quality in VHA through the Rapid Response Program, resulting in a promising VHA/AHRQ collaboration.

Victoria Parker, DBA, was awarded two related grants from the Avon Foundation to examine the use of patient navigators in cancer care. She is the PI of the first grant and Co-PI with Dr. Tracy Battaglia from the Boston Medical Center on the second.

David Mohr, PhD, was recently awarded an HSR&D investigator-initiated research grant to examine primary care teams within hospitals and CBOCs for relationships between key team processes and variation in levels of care. Dr. Mohr, along with team members, will examine how primary care team characteristics of team goal orientation, learning, communication and civility are associated with measures of patient care including patient satisfaction; appointment wait times; continuity of care; and team assessment of care. The team members are **Drs. Gary Young, Mark Meterko, Jenny Rudolph, Errol Baker, Richard Lin and Ms. Marjorie Nealon Seibert**, as well as Drs. Sue Dyrenforth and Katerine Osatuke from NCOD, and Drs. Michael Mayo-Smith, from Manchester VHA, and Benjamin Lichtenstein from the University of Massachusetts-Boston. The name of the grant is "Team Process and Performance in Primary Care."

Degrees

Zöe LeVan, MSc, received her Master of Science degree in Health Services Research from Boston University School of Public Health in September 2006. **Jennifer L. Nguyen, MPH and Ledia Tabor, MPH** received their Master of Public Health degrees also from Boston University in January 2007.

Disseminating Our Research Results

Publications

This was another prolific year for the COLMR investigators, who published several papers on their work and have many more in press for the coming year. Recently published articles include:

Stetler CB, Ritchie J, Rycroft-Malone J, Schultz AA, **Charns M**. Improving quality of care through routine, successful implementation of evidence-based practice at the bedside: an organizational case study protocol using the Pettigrew and Whipp model of strategic change. *Implementation Science*. 2007, 2:3. Retrieved February 2007, from <http://www.implementationscience.com/content/2/1/3>.

Young, G, Mohr D, Meterko M, Nealon Seibert M. McGlynn G. Physician self-reported adherence to evidence-based prescribing practices in the treatment of schizophrenia. *Psychiatric Services* 2006; 57:130-132.

Kaysen D, Simpson T, Dillworth T, Larimer ME, Gutner C, **Resick PA**. Alcohol problems and posttraumatic stress disorder in female crime victims. *Journal of Traumatic Stress* 2006; 19:399-403.

Rudolph J, Simon R, Dufresne R, Raemer DB. There's no such thing as 'Nonjudgmental' debriefing: A theory and method of debriefing with good judgment. *Simulation in Health care: The Journal of the Society for Simulation in Healthcare* 2006; 1:49-55.

Bokhour GB, **Burgess JF Jr**, Hook JM, **White B**, Berlowitz D, **Guldin MR, Meterko M, Young GJ**. Incentive implementation in physician practices: A qualitative study of practice executive perspectives on pay for performance. *Medical Care Research and Review* 2006; 63:73S-95S.

Gutner C, Rizvi SL, **Monson CM, Resick PA**. Changes in coping strategies, relationship to the perpetrator, and posttraumatic distress in female crime victims. *Journal of Traumatic Stress* 2006.

Schulz PM, Huber LC, **Resick PA**. Practical adaptations of cognitive processing therapy for treating PTSD with Bosnian refugees: General implications for adapting practice to multicultural clientele. *Cognitive & Behavioral Practice* 2006.

Schulz PM, **Resick PA**, Huber LC, Griffin MG. The effectiveness of cognitive processing therapy for PTSD with

refugees in a community setting. *Cognitive & Behavioral Practice* 2006.

Meterko M, Young GJ, White B, Bokhour BG, **Burgess JF**, Berlowitz D, **Guldin MR, Nealon Seibert, M**. Provider Attitudes toward Pay-for-Performance Programs: Development and Validation of a Measurement Instrument. *HSR Health Services Research* 2006 Oct; 41(5):1959-1978.

Burgess JF, Berlowitz D, **Young GJ** (eds). Special Supplement on Pay-For-Performance. *Medical Care Research and Review*. 2006 Feb;63(1 Suppl).

Presentations

COLMR investigators have traveled to many national meetings this past year to present their work to a wide audience of researchers and clinicians. Many of our team presented their work at the 2006 AcademyHealth Annual Research Conference in Seattle, WA. The Pay-for-Performance project results were presented by **Dr. Bert White**, **Dr. David Mohr** had two posters with results from his study on the dynamics of the workplace, and **Dr. Carol VanDeusen Lukas** presented the Pursuing Perfection Organizational Model of Transformation. At the Health Care Organizations Conference, **Dr. Martin Charns** presented the Pursuing Perfection Model described in the paper, Carol VanDeusen Lukas et al. "An Organizational Model for Transformational Change in Health Care Systems."

Dr. Gary Young gave several talks about his team's findings from their national evaluation of pay-for-performance. His audiences were at the University of Chicago, the American Geriatrics Society, the Annual Meeting of California Orthopaedic Association, the American College of Physician's Annual meeting, the Centers for Medicare and Medicaid Services, and finally on an AcademyHealth webcast.

Dr. Jenny Rudolph presented a poster on her work in sense-making in operating room crises and spoke about it at the 2006 Academy of Management conference in Atlanta, GA. Dr. Rudolph also spoke about debriefing the upset participant at the International Meeting on Medical Simulation.

Dr. Patricia Resick's group gave a number of presentations on their work in the area of Post Traumatic Stress Disorder, attending the VA HSR&D conference, the 21st Annual Meeting of the International Society for Traumatic

Stress Studies in Toronto, Canada, the International Family Violence and Child Victimization Research Conference in Portsmouth, NH., the South Central Mental Illness Research, Education & Clinical Center, and giving trainings at Ft. Drum, NY and Malcolm Grow Medical Center Andrews Air Force Base in MD.

Members of the “Strengthening Organization to Implement Evidence-Based Clinical Practice” team, including **Dr. Carol VanDeusen Lukas, Ms. Sally Holmes,** and **Dr. Peter Rivard** will discuss their experience in an action research effort at the VA Health Services Research & Development National Meeting in Washington, DC. They will be joined by Dr. Robert Petzel, VISN 23 Network Director. The goal is to encourage broader group discussion on implementing action research.

Drs. Martin Charns, Irene Cramer and Joseph Restuccia presented a workshop on organizational transformation, based on the Pursuing Perfection study findings, at the IHI Quality Forum in Orlando, Florida.

Finally, **Dr. Martin Charns** presented an HSR&D Cyber Seminar on Organizational Change, providing an overview of the literature and the conceptual model for organizational transformation developed in COLMR’s Pursuing Perfection project.

Welcoming New COLMR Staff

Richard Hermann, MD, MS, Associate Director of COLMR, joined the center this past fall. Dr. Hermann is an Associate Professor of Psychiatry and Medicine at Tufts University School of Medicine, where he directs the Center for Quality Assessment and Improvement in Mental Health (www.cqaimh.org). He is also Adjunct Associate Professor of Health Policy and Management at Harvard School of Public Health. Dr. Hermann received his medical degree from the University of Michigan Medical School and his MS from the Harvard School of Public Health.



His work encompasses mental health services research as well as methods of quality assessment and determinants of effective quality improvement in health care. He has authored multiple publications that have helped to improve

the quality of care in the mental health setting and is currently the principal investigator on four grants that study the delivery of mental health care with the goal to implement effective quality improvement programs that will provide the foundation for evidence-based medicine.

Dr. Hermann’s skills and interests complement and extend COLMR’s capacity for cutting-edge research. He has a long standing commitment to organizational change and quality improvement in health care. He is already a co-investigator on an HSR&D proposal submitted on December 15 and is working with other investigators to develop a portfolio of HSR&D research on quality of care.

James F. Burgess, Jr, PhD is the center’s first economist on staff and although he has worked with the COLMR staff for years, he is now one of our Senior Investigators. Dr. Burgess has 20 years of experience as a health economist in a variety of settings, including many years of work in VHA where he established strong interests in leadership and management research. In addition, he has been involved in developing and running organizational learning programs for the VHA and was part of the VHA leadership team that developed and implemented the VHA High Performance Development Model. He also is a founding member of the VHA Learning Xchange, which is an organizational learning group in VHA that motivates deep learning and lasting organizational change.



Dr. Burgess’ diverse research interests include quality assessment, pay for performance, and productive efficiency in health care. He already is involved in several COLMR projects, including research relating VHA employee attitudes obtained from the VHA All Employee Survey to staff turnover. Dr. Burgess is currently a co-investigator on two funded HSR&D grants. His immediate plans at COLMR include developing a portfolio of research related to incentives for quality health care and assessing the correlations and contrasts between cost and quality outcomes.

In addition to his work at VHA, Dr. Burgess is an Associate Professor of Health Policy and Management at the Boston University School of Public Health where he directs the Health Economics Program and is the director of the masters and doctoral programs in Health Services Research. He is a founding Co-Editor of the electronic

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Welcoming New COLMR Staff

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Health Economics Letters, the first fully electronic peer reviewed journal in health economics, and has just been appointed an Associate Editor of its parent journal, Health Economics.

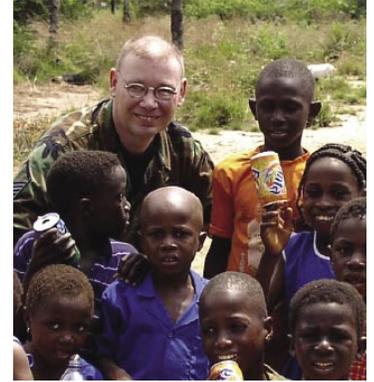
Peter Rivard, PhD is COLMR's latest post-doctoral fellow, having joined COLMR this past October. Prior to joining COLMR, Dr. Rivard completed his PhD in Management, with a concentration in Organization Studies, at Boston College's Carroll School of Management. His dissertation, "Change Agency and a Culture of Patient Safety at Veterans Affairs Hospitals," examined relationships among organizational culture and patient safety and explored efforts on the part of VA hospital managers and others to build safety culture.



Dr. Rivard is no stranger to VA research: while doing his dissertation research, he was a research associate at the VA Center for Health Quality, Outcomes and Economics Research (CHQOER), in Bedford, MA. Dr. Rivard's work as a researcher benefits from his many years' experience as a healthcare manager. Prior to his return to academia, he served as administrator of two ambulatory care practices and a teaching hospital division of general medicine. Dr. Rivard's research at COLMR is focused on organiza-

tional learning, patient safety, and how middle managers help change organizational culture and climate.

Thomas Allen, BS joined COLMR in April 2006 as a Program Assistant in the Administrative Unit. Mr. Allen has over 20 years experience within the federal government and is a retired USAF Master Sergeant. He served in Desert Storm and in Kuwait and Saudi Arabia following the Gulf War, and saw many of the ravages of that war. The deployment Mr. Allen enjoyed the most was as the Operations Coordinator for the US Defense Attaché Office in the Republic of Sierra Leone. He has been decorated for his service in the Air Force, receiving the Meritorious Service Medal, Joint Service Commendation Medal, Air Force Commendation Medal, Armed Forces Expeditionary Medal, Southwest Asia Service Medal, and Global War on Terrorism Expeditionary Medal. He even has five Good Conduct Medals, among others. At COLMR Mr. Allen handles multiple duties including travel, time tracking, procurement, and proposal preparation. It is clear that he brings his experience, discipline and positive can-do attitude to everything he does.



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