Making Improvement Everyone’s Responsibility

Koby Clements, MBA; Christopher Lau; Eric Franks, MHA, MSH; Kristin Hahn-Cover, MD; Douglas Wakefield, PhD

Introduction

In an effort to instill a culture of continuous quality improvement, University of Missouri Health Care implemented a Fiscal Year (FY) 2014 Quality Improvement (QI) Strategic Goal to engage 90% of MU Health Care employees in two QI initiatives by June 30, 2014. To meet the goal, employees were required to either: 1) Participate in at least one quality improvement project and complete an internally-developed, online training course teaching the Plan-Do-Study-Act (PDSA) methodology or 2) Participate in two quality improvement projects.

Tracking employees’ and departments’ progress toward this goal required two elements:
1. An implementation plan to implement the goal at such a large scale; this included determining what would count, methods of accountability, and how success would be evaluated; and,
2. A data repository to track goal progress and provide knowledge management for organizational learning.

Implementation

Implementation Plan
Given a relatively short timeframe (one month) to implement the supporting structures in order for this goal to be successful, the following implementation elements were undertaken.

Determining What Counts
- Given FY 2014 was the first year for the goal, participation in 2 completed projects or 1 completed project and the PDSA Training Module regardless of the project outcome to allow for learning.
- All 0.5 FTE or greater employees actively employed for six months were included in the measure.

Participation Tracking and Reporting
- See Knowledge Management System to the right.
- Individual manager data was reported monthly alongside other KPIs on MUHC’s Performance Portal.

Creating Accountability for Participating
- The goal was added as a component of each employee’s performance evaluation.
- Each manager was evaluated on the overall success of their team’s performance.

Education and Training Plan
- Online modules were developed internally to teach employees the fundamentals of quality improvement.
- Employees were allowed to count one of these modules outlining the PDSA methodology as one of their projects in the first year.
- Additional QI training resources were developed internally and gathered from around the web; these resources included instructional and informational videos, QI tool templates, and project presentation materials.
- Instruction guides and videos for how to use the MUHC QI Tracker and associated reporting functionality were developed.

Communications Plan
- Once the mechanisms to implement the goal were finalized, many methods of communication were used to organize the goal including:
  - MUHC CEO and CDO Communications
  - Periodic Announcements in a daily MUHC Informational Email and Intranet
  - Management Meetings, Monthly Operating Reviews, and Quarterly Leadership Retreats
  - A central QI site was developed to direct employees to the proper QI tools, reports, instructions, etc.

Knowledge Management System
An intranet site and database were built to enter project data. The following data were captured for each project: Project Title, Associated People and Roles, Aim Statement, Metric(s), PI Tools Used, Status (Active, Complete, or Discontinued), Start and Completion Dates. Various aggregation options were built with the database allowing leaders and managers to view system, departmental, and individual employee progress towards meeting the goal; the aggregate numbers and individual projects entered into the system; and integration into existing manager scorecards.

Screenshots of a few of the reports are presented below:

Outcomes

Employees exceeded the FY 2014 target. Over 99% of qualifying MU Health Care employees completed the basic PDSA training module, and over 95% of remaining employees met the “two project” goal requirement.

Other measures of note:
- 3,553 Eligible Employees
- 1,074 Completed QI Projects entered by Eligible Employees

Lessons Learned

- Additional QI Education and Training at both manager and front-line staff is needed with particular emphasis on using project metrics to measure whether changes made actually worked.
- Use clear and ongoing communications to create attention density around the goal.
- Creating both accountability for and a mechanism of tracking essential for employee participation.
- Focused effort needed to help front-line staff to align QI projects with organizational strategic priorities.
- Need to expand participants’ focus from simple involvement to the potential organizational impact and meaningful change that can arise from projects.
- Tracking system changes needed to facilitate organizational learning.
- A recognition program for QI champions is needed.

Next Steps

MU Health Care Quality Improvement Strategic Goal Trajectory

FY 2014

- 90% of employees participate in 2 completed projects or 1 completed project and PDSA Training Module regardless of the project outcome

FY 2015

FY 2016 and Beyond

- Continue embedding QI as a part of the MU Health Care “Culture of Yes”
- 90% of employees participate in 2 completed projects with favorable project outcomes
- Enhance methods for reporting project outcomes
- Develop a more robust tracking mechanism to improve best practice sharing to increase spread throughout the system as the next step in organizational learning