Quality Improvement Guided by Satisfaction Data

“Quality has no meaning except as defined by the desires and needs of customers”
Deming

Total Quality Management

- A leadership philosophy that promotes continual organizational development and improvement

- An organizational environment that focuses on process and system improvements
Total Quality Management

- A management philosophy that values continual learning and involvement of everyone.

- Results in meeting and exceeding regulatory requirements, professional standards and customer satisfaction

Total Quality Management

Bases organizational leadership on principles and philosophies of Continual Quality Improvement and Organizational Growth and Development

Incorporates the principles and practices of Quality Assurance-Quality Control in the management practices and processes

The Joiner Triangle

Quality

Scientific Approach All One Team
Quality Control/Assurance

A Process that Consists of:

- Evaluation of actual quality performance
- Comparing actual performance to quality standards
- Acting on the differences

J. M. Juran

Quality Leaders

Establish a Culture of Organizational Learning & Evolution
Strive to Meet & Exceed Customer Expectations & Satisfaction
Challenge current Process & Systems
Engage everyone in the process
Focus on Data, Results & Raising the Bar
Enjoy and Celebrate the journey

CQI

- Prevention not inspection
- Improve system or process
- Meet regulations and customer expectations
- Organization-wide (may progress one unit at a time)
CQI IS:

- A process; a way of conducting business
- A belief that the opinions and ideas of each person have great value for the institution
- A way of governing that allows for input from all interested parties

QI/QA Processes

- Integrate satisfaction into agendas and discussions for every QI/QA meeting agenda
- Add satisfaction into agendas for all unit and all staff meetings
- Incorporate satisfaction outcomes in job expectations and evaluations for all managers & supervisors
- Add satisfaction check ins to manager/IDT meetings/"stand-ups"
- Establish places and methods to display and share data and QI efforts – bulletin boards, newsletters, etc.

CQI IS:

- A philosophy that no matter how good we are, there is always room for improvement
- A system that is ONLY successful if people volunteer
Creating A QI Culture

- What Leaders Pay Attention To
- What Leaders Measure and Control
- How Leaders Allocate Resources
- Role Modeling, Teaching and Coaching

Recommendations for Utilizing the Data

- Review, summarize and identify areas for focus by management.

  - Report the overall results and areas for focus as soon as possible. Information shared could include:
    * Identifying and reinforcing the aspects that are currently working well.
    * Identified areas for possible improvement.
    * Management’s ideas and thoughts about ways to improve.

  - Solicit Feedback from employees on how to improve, what improvement will look like and how to measure improvement.
Quality Improvement Plan of Action

Description of Issue/s:

Employee Satisfaction Data

<table>
<thead>
<tr>
<th>Description of Issue/s</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Understand Critical Factors of Job</td>
<td>93%</td>
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<tr>
<td>Social Services</td>
<td>100 (A perfect score for this group)</td>
</tr>
<tr>
<td>Activities</td>
<td>82 (A couple of issues within this group are concern about ongoing training for staff (43%) along with expressed desire for enhanced feedback and communication from the supervisory staff (67%))</td>
</tr>
<tr>
<td>Dietary</td>
<td>95 (A very strong score for this group with 13 surveys completed. The only room for improvement is in the area of communications with the supervisors. This is an outstanding score for this group)</td>
</tr>
<tr>
<td>Environmental</td>
<td>100 (A perfect score for this group)</td>
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<tr>
<td>Medical Records</td>
<td>84 (One issue that could benefit most is ongoing training. The issues benefitting most in this group are staff feedback from the supervisor (30%), general communications from the supervisor (77%) and ongoing training (67%))</td>
</tr>
<tr>
<td>Rehab</td>
<td>70 (This score is significantly below the general facility score with issues identified as supervision (23%), communication (27%), staff feedback from the supervisor (9%) and general communications from the supervisor (19%))</td>
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This score indicates a good basic supervisory program with room for improvement in specific areas. The score is also reflective of the broader facility averages, which is to be expected in a department of this size. The Care Facility Nursing Department scoring was relatively consistent throughout most of this large and multi-faceted department with the notable exceptions being:
- a very high score (96%) for the PM Licensed Staff and relatively low scores for the Days Licensed Staff (79%) and Overnight NAR Staff (72%).
- In both cases, many respondents identified need for enhanced communication and feedback from their supervisors.

There is a lack of communication throughout the facility. Teamwork is ineffective; everyone is only concerned about their department.
- Too many department specific decisions are made by upper management without consulting staff
- There is a lot of miscommunication between departments to much micro managing by administration.
- There is a total lack of respect for employees by management. Employee input is not the norm here.

Quality Improvement Plan of Action

Goals for Improvement:
Facility Score

84%

Pathway Supervisory Index Score

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<th>Score Range</th>
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<td>90 to 100</td>
<td>Approaching high-level supervisory effectiveness.</td>
</tr>
<tr>
<td>80 to 90</td>
<td>Good basic supervisory program with room for improvement.</td>
</tr>
<tr>
<td>80 or below</td>
<td>Improving supervisory effectiveness should receive a strong focus and immediate priority.</td>
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Evidence-based path to quality

- Collect data: ensure validity, organize
- Turn data into information: benchmark, study variation

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**Evidence-based path to quality**

1. **Collect data:** ensure validity, organize
2. **Turn data into information:** benchmark, study variation
3. **Turn information into knowledge:** study current process

**Cause and Effect Diagram**
What Do We Need to Succeed???

- Necessary Skills
- Time
- Support
- Past success

Psychology of Change: 
*Relationship-Based Practices*

- Build on intrinsic motivation
- Build capacity for change
- Climate where truth is heard
- Start where people are
- Experiential learning
- Holistic approach

South - CNA - Days

I have worked here ten years and my supervisors never listen to or respect my input and knowledge on nursing issues on the job. For example, several times I have moved to a new assignment and they have waited until after I left the hall to change things I suggested when someone else suggests them.

For the most part, my supervisor, Sue, doesn’t talk to me unless I am doing something wrong.

When we are short staffed my job duties change and most of the time my supervisor does not inform me of the changes until after my duties are to be carried out (Sue).

My supervisor does not show any concern about my feelings or input on changes in my job duties (Sue).

There are many times our supervisor makes a decision at the last minute for us then when we ask her why, her response is I have my reasons. So if there is an issue and she won’t tell us, how can we address the problem?
## Improvement Plan

<table>
<thead>
<tr>
<th>Improvement Goals for Next 12 Months</th>
<th>Improvement Goals for Next 6 Months</th>
<th>Improvement Goals for Next 3 Months</th>
<th>Improvement Goals for Next Month</th>
</tr>
</thead>
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### Evidence-based path to quality

- Collect data: ensure validity, organize
- Turn data into information: benchmark, study variation
- Turn information into knowledge: study current process
- Turn knowledge into plan: apply new wisdom to process

## Action Steps

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<th>Action Steps</th>
<th>Time Frame</th>
<th>Resources &amp; People that will be involved</th>
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<tbody>
<tr>
<td>1. Share and goals data with staff and ID staff to work on improvement</td>
<td>12/07 1/08</td>
<td>DON, HR Manager</td>
</tr>
<tr>
<td>2. Set time for small group meetings for improvement</td>
<td>12/07 1/08</td>
<td></td>
</tr>
<tr>
<td>3. Meet with DON and finalize interim measurements</td>
<td>1/08</td>
<td></td>
</tr>
<tr>
<td>4. Share plan with manager teams and ID areas</td>
<td>1/08</td>
<td>Mentor/Coach co-worker, DON, HR</td>
</tr>
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Creating Climate Where Truth is Heard

*Four key practices:*

- From data to knowledge to action
- Conduct autopsies without blame
- Engage in dialogue, not coercion
- Lead with questions

Collins, J. 2001
Science of Change: Quality Improvement Practices

- Evidence-based solutions
- Small pilot-tests
- Evaluation and re-evaluation
- Root Cause Analysis
- Mid-course adjustments
- Collaborative learning, spread

Interim Data: Quality Control

- What to measure
- When to measure
- How to measure
- Communication & Feedback
- Accountability

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<th>Measurement Action Steps</th>
<th>Time Frame Start</th>
<th>Finish</th>
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<tr>
<td>1. Have staff 'rate' communication at each monthly staff meeting</td>
<td>1/08</td>
<td>4/08</td>
</tr>
<tr>
<td>2. Post data in break room after every meeting</td>
<td>1/08</td>
<td>4/08</td>
</tr>
<tr>
<td>3. Conduct mini satisfaction survey with all staff</td>
<td>4/08</td>
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Working Together to Continually Improve Satisfaction

QI/QA Processes
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The Flywheel Effect
- People energized
- Steps forward
- Visible results
The Journey is the Goal...
Advise From the Field

- Promotion and Awareness is Continuous
- Stay Focused
- Acknowledge Barriers and Speed Bumps
- Continue to Learn
- The Hardest Work is Just Getting Started & Removing the BUTS!