

A Quality Improvement Program Intervention

VERNON GROVE Community Hospital (VGCH) is a 294-bed not-for-profit hospital in a lower middle-class suburban area 14 miles southwest of an urban center. The hospital's service area is characterized by a gradually deteriorating economy. About 62 percent of VGCH's payor mix is Medicare.

The hospital officials include the chairman of the board of trustees, the chief executive officer (CEO), and the support services department head. The chairman of the board is Elizabeth, a bank president with a master's degree in economics. She has served as chairman for 18 months. The CEO for the past four years, Todd, has proven to be a seasoned, capable administrator and is well-respected throughout the hospital. The support services department head is Joe, who has been employed at VGCH for three years and has served in his present position for a little more than a year. He is an exuberant, aggressive, and results-oriented manager. Joe's department has 204 employees.

The hospital's average occupancy is 67.3 percent, up from 66.9 percent the previous year but down 8 percent from six years ago. VGCH has felt the pinch of prospective payment since its inception six years ago, especially because its competitors have since opened two outpatient clinics and several limited-scope joint ventures.

In January, Todd, Joe, and the chief financial officer, along with the personnel manager, the head of purchasing, the medical records supervisor, and the maintenance manager, attended off-site quality improvement process training at the Quality College. Recognizing that implementing a quality improvement program at all levels of the hospital

would give VGCH an edge over the competition, the hospital's administration decided to pursue such a program. Within three months, on-site training for all remaining employees in the support services department was under way.

As early as March, individual quality improvement teams (QITs) were being established and all ten (one for each of the functional areas within the support services department) were in place by mid-April, while on-site training was still ongoing.

In June, Joe was most anxious to speed the quality improvement process. He decided to make a ten-day blitz of his ten functional areas to meet with employees about quality. He was confident that he could motivate his workers, get them to recognize the existing problems in their respective areas, and persuade them to personally identify with the quality improvement process and the new way of thinking at VGCH. Furthermore, Joe was aware of the need to institutionalize any new idea and felt that the time was right because implementation of the process was well under way.

On completion of this ten-day blitz, Joe was satisfied with the progress that had been made in just six short months. Most employees seemed receptive to the idea of improving quality and were quite anxious to begin their on-site training. Several employees specifically voiced an interest in learning more about the quality improvement process, but Joe had noted that many employees did not seem genuine in their personal recognition of the numerous problems he had elaborated in their areas. Joe was pleased that the CEO had made an appearance at eight of the ten meetings to convey top management's commitment to quality improvement.

Joe began looking for some reasonable shortcuts to achieve zero defects a day early. Because only his department (approximately 25 percent of all employees) was involved at this time, Joe felt that it would be sensible to omit the establishment of a steering committee.

Joe decided to let the individual QITs set up their own corrective action teams. He also decided to assist in the quality improvement process by personally determining the major problems and factors to be measured by each QIT and by developing a timetable for each team. This would help to dovetail the activities of individual teams to support an early departmentwide Zero Defects Day.

Joe also recommended to the CEO that the proposed Quality Corner in the hospital newsletter be delayed until the quality improvement process had been implemented throughout the hospital.

By the end of August, just eight months after off-site quality training had started, Joe felt that support services could realistically shoot for an

ahead-of-schedule Zero Defects Day. He had not brought this issue up at any of the QIT meetings, but he felt confident that the one-year mark would be achievable. Todd was both surprised and pleased by Joe's recommendation, indicating that while he hadn't heard of any growing pains with the quality improvement process, he was still amazed that it was going that well. Todd approved a Zero Defects Day celebration for mid-January.

By November, Joe started sensing some difficulties in the quality improvement process. Plant operations and the dietary/food service, for example, had moved their measurement charts (showing the price of nonconformance) to less visible areas and failed to put any real pressure on corrective action teams to resolve identified problems. He scheduled the supervisors from these two areas for an upcoming one-day time management seminar. He felt that they would get the message when they received his memo on the seminar.

Joe again blitzed his employees with a round of visits specifically aimed at revitalizing interest in the quality improvement process. To reiterate management's commitment to quality, Todd attended half the meetings with Joe. Employees were significantly more vocal this time around and described several problems:

1. QIT meetings were routinely interrupted and attendance was down.
2. With a few exceptions, the corrective action teams were not used; rather, the QITs engaged in problem solving and affixing blame.
3. Posted improvement charts (measuring the price of nonconformance) resulted in little improvement, with one or two exceptions. In a couple of cases, the charts indicated mildly adverse changes.
4. Only a dozen error-cause removal forms had been submitted departmentwide; seven of those remained unanswered and were long overdue.
5. Only two recognition ceremonies had been held, and those were for suggestion box items (relating the improved efficiency), a program that had existed long before the quality improvement process started.
6. Employees did not have a feeling for what other QITs were doing. Several employees had just assumed that their QITs were the only ones falling behind.
7. A majority of the employees were not sure where the CEO stood on the quality improvement process.
8. Half of the employees expressed doubt that the department could be ready for Zero Defects Day, now less than two months away.

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