Quality Improvement at the Frontline Toolkit

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Introduction

Embedding quality improvement in culture requires a shift from quality departments and experts to quality improvement (QI) in the daily work of all staff (Swenson, Pugh, McMullan & Kabcenell, 2013). Continuing Care employs highly trained professionals that play an essential role in the quality and safety of care delivered to clients. By developing the capability for QI in frontline staff, these professionals can develop, test, and spread effective strategies and processes that transform the care experience for all clients (Brownlee, Minnier, Martin & Greenhouse, 2013).

This toolkit outlines key strategies for designing a framework for including frontline staff members in quality improvement. It also provides tools and examples to help other programs design their own framework.

Background

In 2014/2015, Alberta Health Services (AHS) Integrated Home Care (IHC) in the Calgary Zone completed a project to design and pilot a quality improvement process that enabled frontline Home Care staff to use information generated from data to inform short quality improvement cycles. The project was run with six teams of 5-6 frontline staff members; a total of 31 QI Agents¹ were trained under the project. The QI Agents completed the AHS Improvement Way (AIW)² Fundamentals Course and 5 day AIW Core Courses. The Project Sponsor, Project Lead and three AIW Process Consultants provided input and support for the 6 QI initiatives lead by the QI Agents.

¹ Components of the role for the Quality Improvement Agent include:
- Act as a role model for staff by demonstrating positive adoption and competency with quality improvement
- Provide support and assistance for quality improvement on your team
- Engage fellow staff to identify areas and solutions for quality improvement and bring these items forward based on business processes
- Attend program-level quality improvement meetings as required
- Maintain and develop knowledge to support Quality Improvement in the workplace

² The AHS Improvement Way (AIW) is an organization-wide approach for quality improvement based on LEAN and Six Sigma principles. AIW videos are available here: http://www.albertahealthservices.ca/medstaff/Page9819.aspx
The innovation project was evaluated using quantitative surveys and qualitative focus groups. All six teams were able to successfully identify a problem and test and evaluate a solution(s) during the 4 month period. See Appendix I for a sample project A3. The majority of staff members found the role engaging and were willing to continue in the role if adequate supports could be put in place.

A sustainable framework for IHC frontline involvement in QI was created based on 11 recommendations identified from the results of the project. These recommendations have been generalized in this toolkit to support implementation in other programs.

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**Essential Strategies**

If an organization is to avoid catastrophic failure, staff members need to have a mechanism for identifying and addressing problems as they arise (Olsen, Aisner & McGinnis, 2007). As a result, many organizations have developed standard approaches to frontline involvement in QI. Examples include the IHI Frontline Dyad Approach and Rapid Response Team. These methodologies help frontline staff to identify problems and solve the problems and share solutions with others (Resar, Romanoff, Majka, Kautz, Kashiwagi &Luther , 2012). The project was able to demonstrate that frontline IHC staff members could successfully participate in all aspects of quality improvement and make measurable impacts to the efficiency and effectiveness of care and service delivery. Participants perceived their projects as fulfilling the organizational values. These findings combined with the research that suggests the positive impact frontline staff can have on the care experience through QI (Brownlee,
Minnier, Martin & Greenhouse, 2013), provides a strong impetus to continuing care programs to develop a permanent framework for frontline staff involvement in QI. Importantly, frontline staff members need key supports to be able to participate in QI work. Key supports identified from the project and the literature include training, dedicated time to participate and adequate time to complete projects and support from managers, organizational leadership and colleagues. See Appendix II for the IHC program framework for QI at the frontline which incorporates the strategies listed below.

**Strategy 1: Establish a sustainable framework for frontline involvement in QI.**

It is important to identify frontline staff who will be effective change leaders to lead and participate in quality initiatives. These change leaders can effectively lead cultural and behavioral change at macro and micro levels of a health care organization (Rask, Gitomer, Spel, Culler, Blake, Kohler, Hawley & Bornstein (2011). Additionally, change leaders serve to spread expertise and advocate for QI, which reduces the incidence of staff turnover (Varkey, & Antonio, 2010). Key characteristics of change leaders include curiosity, critical thinking, and creativity. Participants in the project reported improved competence and deepening interest in QI as a result of their QI training. QI training has been associated with an improved capability in staff to drive quality improvement at the frontline (Daugherty, Blake, Kohler, Culler, Hawley and Rask, 2013) as well as empowerment for frontline staff members (Rutherford, Lee, & Greiner 2004; Swensen, Pugh, McMullan, Kabcenell 2013). Participants also noted that they and their colleagues that were not included in the project may require additional training to support future QI work. Importantly, participants indicated
a willingness to continue in a QI role if provided with adequate supports. Given the associated benefits of frontline change leaders including improved cultural and behavioural change (Rask, Gitomer, Spel, Culler, Blake, Kohler, Hawley & Bornstein, 2011) and spread of expertise and advocacy for QI (Varkey, & Antonio, 2010) programs should establish a permanent group of frontline QI Agents (see Appendix III for sample Expression of Interest Form). Also, frontline QI agents are not sufficient to take full accountability for QI initiatives; support from dedicated QI positions will be required for project success.

**Strategy 2: Establish an enduring group of QI Agents.**

**Strategy 3: Require all frontline QI Agents to complete QI training.**

**Strategy 4: Engage organizational QI experts or build additional expertise in program.**

Dedicated time to participate in QI work was crucial to the success of participants throughout the project. All participants reported competing priorities as a barrier to their involvement in QI. This was acutely demonstrated by 2 rural staff members who were unable to continue with the project as a result of the demands of their workload. A significant amount of time, approximately one full day a month, would need to be dedicated to QI for a frontline staff member to function in a QI Agent Role. Backfill is not a complete solution; not all the backfill funding made available through the project was used corroborating the finding from focus groups that casual staff is not always available for backfill. Addressing staff workload will support their involvement in QI. Careful consideration must also be made for project timelines; timelines
may need to be extended to account for the limited time available for frontline staff to participate in QI.

**Strategy 5: Provide dedicated time with provision of backfill for frontline staff to participate in QI projects.**

**Strategy 6: Include need for frontline staff participation in QI work in program capacity needs assessments.**

**Strategy 7: Extend QI project timelines to account for frontline staff availability.**

Participants indicated support from both managers and colleagues as important to validating their role in QI. Important strategies for frontline managers that were noted included providing time at team meetings for discussion and management support to implement the changes. Frontline managers were seen as necessary on the QI project team and requiring QI training. Although frontline managers were seen as supporting the projects, senior level leadership was still perceived as lacking insight into the issues facing frontline staff. The ability of frontline staff to voice concerns and for the concerns to be acted on is critical to establishing a QI culture (Jeffs, Lo, Beswick & Campbell, 2013; Luther & Resar 2013; Thomas, Sexton, Neilands, Frankel & Helmreich, 2005). A consistent method for staff members to raise concerns and for management to communicate how these concerns are being addressed is critical to building and sustaining a QI culture. A component of the process for collecting issues from frontline staff must be a method to prioritize projects at the team and program level. See Appendix IV for a template for collecting QI suggestions.
Strategy 8: Require all managers to complete QI training.

Strategy 9: Establish a consistent process for collecting issues identified by frontline staff. (See Appendix IV)

Strategy 10: Identify a method for prioritizing projects at the team and program levels. (See Appendix V)

Strategy 11: Establish a consistent process to communicate QI work to frontline staff.

Other Considerations

Operations

Although the benefits of frontline staff involvement in QI have been demonstrated and the supports necessary clear, the operational realities of individual health programs need to be considered when designing and implementing a framework for QI at the frontline. Endorsement by operational leadership is a critical first step in moving forward a framework. This endorsement may be contingent on adjusting the framework to be in line with operational realities.

Fit With Existing QI Strategies

Most programs have existing quality improvement work occurring. For example, there are a number of processes for initiating QI work in IHC including the Reporting and Learning System, audit action plans from the Continuing Care Health Service Standards and Accreditation Canada, staff surveys and leadership safety rounds. To prevent duplication, confusion and
fatigue from frontline staff it is important to align QI improvement strategies under a central framework. In IHC this is achieved by having a central committee (Home Care Council) to receive, prioritize and track all projects within the program. See the Terms of Reference for this committee in Appendix VI.

**Clients**

Alberta Health Services has implemented a model of care, labeled the “Patient First Strategy,” which includes patients and families as partners in the planning, implementation and evaluation of existing and future care and services. Similarly, Accreditation Canada has integrated client and family centred care into all clinical standards and required organizational practices. The IHC program is in the initial stage of developing a framework for including clients and families in program level decision-making. A key component of this framework will need to be how to involve clients and caregivers in program-level QI work.
References


Appendix I

AHS Improvement Way (AIW) A3
Title: Kanban system Implementation for IHC forms
Seniors North Team

Background, Problem Statement, Goal Statement:
Case Managers and Interventionists are estimated to spend two hours per day (on average) doing administrative tasks, which reduces the amount of time available for client care.

The goal was to reduce the amount of time spent by Case Managers and Interventionists on locating forms and educational materials by 40% and to increase Case Managers and Interventionists satisfaction in accessing forms and educational materials in a timely manner by reporting 6 or more out of 10 on the satisfaction scale by July 27, 2015.

Process Assessment, Cause Analysis:
Complete a time study to identify the tasks that take up the most time. Work to streamline/eliminate tasks that are taking the most time.
A team of 6 people mapped out the process of administrative tasks of Case Managers and Interventionists. During this VSM event, there were several suggestions pertaining to reducing the time taken to do administrative tasks. It was decided that a staff satisfaction survey will help to understand the problems while performing the tasks and a Time Study would help us get evidence of how long some of these tasks actually take.

Survey Results on administrative tasks that the IHC staff performs on a regular basis

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Pre Survey</th>
<th>Post Kanban Implementation Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking for educational material</td>
<td>50 %</td>
<td>62 %</td>
</tr>
<tr>
<td>Printing off Team Meeting Agendas and phone lists</td>
<td>57.7%</td>
<td>67.6%</td>
</tr>
<tr>
<td>Tasks upon client discharge i.e. end-dating sections in Paris, removing unused forms from chart etc.</td>
<td>38.5%</td>
<td>52%</td>
</tr>
<tr>
<td>Speed at which paperwork gets to staff mail folders</td>
<td>46.2%</td>
<td>78%</td>
</tr>
<tr>
<td>Time spend searching for forms</td>
<td><strong>11.5%</strong></td>
<td><strong>72.8%</strong></td>
</tr>
<tr>
<td>Finding information on new referrals</td>
<td>46.1%</td>
<td>72.8%</td>
</tr>
</tbody>
</table>
**Stakeholder & Communication Strategies:**
The stakeholders identified within the project were Integrated Home Care (IHC) secretaries, case managers, interventionists, dementia care team, and palliative team and care managers. A *process owner was identified and kept actively involved during all phases of the project.*

Following communication strategies were used:

- Team Meetings to present project and pre-survey findings
- Regular emails to Managers and staff about project and time study results
- KANBAN information poster displayed in Business Centre
- Demonstration/Information sessions offered to staff in Business Centre

Revised Forms Inventory List available to all staff members

<table>
<thead>
<tr>
<th>Improvement Selection &amp; Implementation Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Working with Clinical Documentation Team:</strong> A revised and updated list of IHC forms was generated to help in the implementation of kanban system.</td>
</tr>
<tr>
<td>2. Process owners and the team were given a detailed presentation on Kanban system.</td>
</tr>
<tr>
<td>3. Following steps were followed for implementing Kanban system:</td>
</tr>
<tr>
<td>• Determination of the quantity of hanging files, folders, color papers, clear plastic sleeves and clips by following the forms inventory list</td>
</tr>
<tr>
<td>• Preparation and printing of kanban labels on the sticker/label sheet with the name of form, quantity, source (internal/external), folder color and category mentioned on it.</td>
</tr>
<tr>
<td>• Preparation and printing of file labels following Arial or Times New Roman in capital with 14-size font.</td>
</tr>
<tr>
<td>• Printing first page of the forms on the colored paper according to the categories. Highlighting the forms name.</td>
</tr>
<tr>
<td>• Preparation of drawer labels for easy access and visibility.</td>
</tr>
<tr>
<td>The actual implementation was executed in two days. Staff members were oriented through a poster, email and discussion during the team meeting.</td>
</tr>
</tbody>
</table>
Reinforce Ownership, Measurement & Continuous Improvement:

“This new Kanban card system is awesome. It makes my work of restocking the forms so much easier and faster. Before I had to go through all the drawers one form at a time and fill whatever was low or empty which took a lot of time. Now I only have to check the basket to fill the forms behind the card. What used to take me an hour or two to complete can now be done in about half an hour. Awesome idea!” - Process Owner

Lessons Learned:

- Communication is key for quality improvement!
- Communication methods need to be flexible to connect with all members of the project team
- Adoption of new system takes longer
- The execution of 5S depends on a thorough planning process.
- Guidance of the QI Consultant helps in all phases of the project
- Involve the process owner at all steps. It leads to confidence in the improvement process and an increased sense of achievement.
Process Summary
This document explains the work processes for involving frontline staff members in the identification of QI issues and completion of AIW.

Business Rules
- Area Managers, Care Managers, and QI Agents must attend the AIW fundamentals course and complete their AIW Yellow Belt.
- The Designated QI suggestion box must be placed in the forms room or a similar spot with high traffic.
- Team Designates will retrieve suggestions from the box and fax to the Program Manager on a quarterly basis. The submission deadlines are as follows: April 1, July 1, Oct. 1, Jan. 1.
- Team Designates must wait to begin project selection on their teams until the Program Manager has logged and reviewed all QI issues submitted. This is to prevent duplication in project selection. The Program Manager will triage all QI issues submitted within 5 business days of the submission deadline.
- Team issues will be prioritized at the team level according to a priority matrix.
- Program issues will be prioritized at Home Care Council based on consensus.
- Issues not meeting the criteria to be added to HOC will be communicated back to the submitting team using a standardized template.

Assumptions
- Area or Care Managers will assume the role of “Team Designate.”
- The AIW working group can include QI Agents, other frontline staff, administrative staff, managers, AIW staff and clients as applicable.
- The appropriate group listed in action Q10 could include an existing program, department or provincial level working group or committee.
- Analytic support is provided by the Business Intelligence Team.

Definitions
- Priority Matrix: Quadrant grid where projects are sorted based on impact on clients and effort on the part of the staff. Items with high impact and low effort are selected to be worked on first.
- QI Agent: Frontline staff with intermediate knowledge of QI that engage their colleagues in identifying quality problems and testing solutions.
- Team Designate: Manager designated by the team as the Lead for QI work on the team.

Acronyms
- Alberta Health Services Improvement Way (AIW)
- Home Care Council (HCC)
- Integrated Home Care (IHC)
- Quality Improvement (QI)
- Quality, Accountability and Program Support (QAPS)
# Appendix III

**EXPRESSION OF INTEREST – Quality Improvement Agent Integrated Home Care**

*If you are interested in this opportunity, please complete this document electronically and send to Name, Title*

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Team:</td>
<td></td>
</tr>
<tr>
<td>Current Position:</td>
<td></td>
</tr>
<tr>
<td>Skills/Interest/Background brought to this position</td>
<td>(Please use additional sheet if required)</td>
</tr>
<tr>
<td>Comments/Feedback</td>
<td>(Please use additional sheet if required)</td>
</tr>
</tbody>
</table>

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Appendix IV: Suggestion Form Template

Suggestion Form for Quality Improvement Projects

QUALITY IMPROVEMENT- SUGGESTION FORM

<table>
<thead>
<tr>
<th>NAME (optional):</th>
<th>Team:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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1. Please provide a brief summary of your quality improvement idea or the issue, which you would like to address?

________________________________________________________________________________________
____________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. **It is a** ☐ Program Level Issue ☐ Team Level Issue

3. **I believe this suggestion will:** (check all that apply)
   - ☐ Improve Productivity/Quality
   - ☐ Improve Methods/Procedures
   - ☐ Increase Revenue
   - ☐ Save Costs
   - ☐ Improve Home Care Client Service
   - ☐ other: ______________________________

EMPLOYEE NAME & SIGNATURE: ______________________________ DATE: ___/___/___
Appendix V: Prioritization Matrix

- High Resources, Low Impact: Quick Wins
- High Resources, High Impact: Major Projects
- Low Resources, Low Impact: Don’t Do
- Low Resources, High Impact: Gems
Appendix VI: Home Care Council Terms of Reference

**Integrated Home Care Council**

**Purpose** Integrated Home Care (IHC) Council is appointed by the Director to ensure issues identified in IHC are prioritized, worked on, monitored and resolved.

**Functions**

The IHC Council is a standing committee within IHC which functions to:

- Review and evaluate issues submitted by briefing note for feasibility and priority using the appropriate matrix
- Select go-forward strategies considering the potential solutions identified in the briefing note in conjunction with other possible strategies including AIW methods, Project Management strategies, and Practice Support Document development
- Bring prioritized issues to Ops for the assignment of a Sponsor and identification of a Lead
- Establish timelines and track and monitor issue statuses
- Review issue tracker on a bi-monthly basis and reprioritize, remove or develop additional strategies for issues as appropriate
- Provide final approval once issues are resolved or have a final outcome
- Communicate issues on the tracker to the Home Care program

**Membership**

**Standing members: [voting]**

- Director, Integrated Home Care
- Manager Quality Education and Practice, Integrated Home Care
- Program Manager, Integrated Home Care
- Frontline Quality Agent, Integrated Home Care
- Care Manager, Integrated Home Care
- Area Manager Urban, Integrated Home Care
- Area Manager Rural, Integrated Home Care
- Business Support Manager, Integrated Home Care

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3 Issue means any project, proposal, initiative, pilot, new or revised process, policy or documentation for, and capital request.

4 Sponsor means an IHC Manager, as assigned to an issue by IHC Council, who oversees the issue resolution process, determines lead person, gives advice, direction and informational support, ensures timelines are met, and provides a link to Operations Committee e.g. when costs are involved. The Sponsor does not need to sit on the working group. The Sponsor/delegate provides monthly updates to the IHC Council.
1. Members are selected on the basis of their staff position or by appointment of their Manager.
2. The Chair sits with the Program Management role.
3. Terms of office, per calendar year:
   - Members by staff position: ongoing
   - Members by representation: 1 year, with option to renew

**Members Roles & Responsibilities**
1. Members are expected to attend meetings, review relevant materials, provide input, and facilitate the work of the committee in accordance with the committee’s purpose and functions.
2. Members are expected to follow established processes to represent their role.
3. Members are expected to communicate and liaise with those whom they represent and to identify and collaborate with stakeholders and other IHC committees in relation to the work of Home Care Council.
4. The chair(s) will set the agenda, convene meetings, and ensure the meetings are properly conducted.

**Meetings**
- Meetings are held every 2 months or as called by the Chair.
- Quorum consists of 1 Chair (or designate) and 50% of voting members.
- The Tracker Tool will be updated each meeting with a summary circulated to Management for communication to the staff.
- Decision-making will be by consensus with a majority vote process if consensus is not achievable. The Chair is responsible for casting a tie-breaking vote, if necessary.

**Reporting Structure**
IHC Council is accountable to the:
- IHC Operations Committee
- The Chair will report monthly and as needed to IHC Operations Committee

**Endorsed** by the IHC Operations Committee

Date: ___________________     Signed: _____________________________________

**Approved** by the Director of Home Care:

Date: ___________________     Signed: _____________________________________
**Definitions:**

**Committee:** A body of persons delegated to consider, investigate, take action, or report on some matter. <promotion of common object>

**Standing Committee:** Role is to coordinate/ manage something, establish standards, and/or recommend improvements in something.

**Standing:** A permanent committee of an organization.

**Advisory Committee/Group:** Role is to facilitate/ champion/ guide a project or process and its implementation.

**Steering Committee/Group:** Role is to provide leadership, direction & support for strategies, initiatives, policies, problem solving, and decision making. May participate in working groups.

**Stakeholder Group/Committee:** Role is to review and prioritize and provide input/ response to initiatives/ policies/ strategies. Also, to ensure process is followed, and/or to act as advisory to other groups. May participate in working groups.

**Stakeholder:** Person who is involved in or affected by a course of action; someone who has a stake in an enterprise or project.

**Council/Review Committee:** Role is to review & prioritize issues and ensure alignment with Business Plan and Strategic Directions. Also, to support implementation of solutions to issues.

**Secretariat:** The administrative department of a governmental organization.

**Ad hoc Committee/ Group/ Member:** A temporary group/member with a defined mandate and usually a specified timeline. Role is to carry out the work/task assigned by other groups/ committees/councils, follow due process, and report back with outcome or product.

**Ad hoc:** Concerned with a particular purpose involving an end or case at hand without consideration of wider application; formed for specific or immediate problem/ need.

**Ex officio:** By virtue or because of an office/position

**Project Charter:** Written contract or instrument that provides a preliminary delineation of roles and responsibilities, outlines the project objective, identifies the main stakeholders and defines the authority of the project manager. It serves as a reference of authority for the future of the project. The Terms of Reference are usually part of the project charter.