Change Your Quality System, Change Your Culture

Joint Forces
Improvement efforts at Joint Commission linked to culture change

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In 50 Words Or Less

- The Joint Commission’s robust process improvement program trains employees in lean Six Sigma and change management, making continuous improvement an intrinsic job function for everyone.
- Using disciplined problem-solving approaches and soft skills, employees cultivated a self-sustaining culture of quality that works from the bottom up and top down.
SOLVING A PROBLEM is not guaranteed even if an organization has a sound technical solution. This was a key finding in a study in 1989-1990 commissioned by former General Electric (GE) CEO Jack Welch.¹

In trying to discover what caused many change initiatives to fail, Welch learned that having the right answers to an organization’s issues was only half the battle. Its culture and staff’s willingness to accept a solution also must be considered.
When the Joint Commission—a not-for-profit organization based in Oakbrook Terrace, IL, which accredits or certifies more than 21,000 U.S. healthcare organizations—developed its “Robust Process Improvement” (RPI) program, its leadership knew lean Six Sigma could arm employees with a systematic approach to improvement. But it also knew change management would be the engine facilitating that improvement.

“At a high level, lean tools and Six Sigma tools produce a better process,” said Joint Commission CEO and president Mark R. Chassin, M.D. “[The process] is more efficient and has better outcomes … But all of that, in order to produce an actual improvement, has to be accepted and implemented by the organization.”

The Joint Commission started its RPI program in 2008 to improve its own internal processes, and GE initially trained staff in GE’s change acceleration process and workout tool—an approach for creating sustainable improvements by bringing together cross-functional teams consisting of leaders and employees who are closest to a process.2

For an organization that works to improve healthcare safety and quality through its various accreditations and certifications, the RPI program was a way for the Joint Commission to practice what it preached. Chassin said there were two goals in developing the RPI program: to improve the organization’s operations and make its staff experts in using quality tools.

Today, the Joint Commission’s in-house curriculum offers employees training in change management and lean Six Sigma. Fifty-nine percent of its workforce has completed some level of RPI training. And 60% of its board members are trained in change management or lean Six Sigma. Even Chassin is a Six Sigma Green Belt (GB).

Eight-year evolution

After RPI was introduced, Chassin said the staff response was similar to most organizations’ experiences. There were early adopters, late adopters and people who continued to resist.

“The adoption of the tools never proceeds in a linear and homogeneous fashion,” Chassin said. “Some parts of an organization just don’t believe they need it because they already know how to do improvement. They don’t believe what works over there will work over here because, ‘We’re different.’”

In the program’s first year, many presentations were created to encourage employee participation. Anne Marie Benedicto, Joint Commission executive vice president, support operations and chief of staff, explained that the organization resisted forcing people to join.

Benedicto said, “Desire is very important.” She explained that if training were mandatory and an employee had to work on a data set for a GB project until 3 a.m. just so she could do her regular work the next day, it would be “a very bitter experience.”

According to Benedicto, there was a “secret list of people” the organization hoped would join, and over time, it achieved a good representation of the individuals on that list.

“Our goal was to find the people in each unit of the organization who their manager couldn’t do without,” Chassin said, adding that asking a manager whom they’d recommend for the training could lead to a response of, “Oh here, take Bill. He’s got plenty of time.”

Some people are asked to apply, but they’re vetted in an interview before being added to the training program. Their managers also had to be consulted.

“How do you convince managers that it’s worth their while to let their most valuable staff person go for six months?” Benedicto asked. The answer: “Because they will come back better and happier.”

It is the Joint Commission’s goal to train every employee, but some of its curriculums can be rigorous and last up to six months, and not everyone’s job function requires that level of commitment. This led to the development of the Yellow Belt (YB) curriculum, which provides enough RPI knowledge for employees to improve their daily work and is offered as online modules.

Employee surveys measure how well RPI spreads through the organization. Each RPI project is tracked

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JOINT COMMISSION LEADER TALKS QUALITY IN HEALTHCARE

Visit asq.org/joint-commission-interviews to watch Mark R. Chassin, Joint Commission CEO and president, discuss how lean and Six Sigma can improve quality efforts in healthcare, which improvement methods and tools organizations must embrace to keep up with healthcare’s changing landscape, ISO 9001’s role in healthcare, and how the robust process improvement program has benefited the Joint Commission.
through an automated tracker, which monitors projects’ returns and expenses, although there is not a set return-on-investment target for the program.

Instead, the Joint Commission’s board of directors sets targets for the RPI index, which measures staff perception of the program’s effectiveness and whether it’s actually improving how employees do their work.

“It’s evolved from being training for our staff to the way we work,” said Klaus Nether, director for solutions development of the Joint Commission Center for Transforming Healthcare. “It’s part of our DNA—who we are as the Joint Commission enterprise.”

**Change management**

The phrase “culture eats strategy for breakfast” is used often to emphasize the people side of quality—how improvement initiatives don’t take place in vacuums, and how human factors won’t show up on control charts. This was why the Joint Commission developed its change management curriculum known as “Facilitating Change.”

“In looking at programs that have gotten started in healthcare and gotten little traction and then failed, it’s typically because change management has been ignored or not acknowledged as equal to—if not greater than—the other two parts of RPI,” Chassin said.

According to Chassin, the Joint Commission’s change management approach is equally as systematic as lean Six Sigma: As an improvement team develops new processes, change management focuses on how it gets an organization to accept, implement and sustain the change.

In the “Facilitating Change” curriculum, Joint Commission employees are walked through what they should consider in a change initiative, such as understanding an organization’s culture, assessing its openness to change and deciding how to implement the change.

Change agent training is a four-day session that’s spread over two weeks, and covers change management and advanced meeting facilitation. After trainees complete their sessions, they’re paired up and assigned a facilitation project. To become certified, they must complete 16 hours of facilitation within a year of completing their training. A project looks at factors such as building a business case, assessing an organization’s culture, gaining staff buy-in and deciding how to sustain a change.

To better understand an organization’s culture, change agents learn to use a cultural assessment tool that asks: “What’s it like to work here?”

“In answering that question in a vacuum without any focus on the change initiative, you’re understanding what the culture is,” said Jan Kendrick, director of business operations for the Joint Commission. “Then you’re asking the question, ‘OK, how does that impact the change initiative I’m working on?’”

Kendrick explained that if an organization’s culture is identified as “very conservative” and the change initiative is something revolutionary, it’s at odds with the culture from the start. And this prompts the change agent to review additional considerations, such as whether his or her project is right for that organization or whether it’s the right time for the changes. If a decision is made to move forward with the project after this assessment, Kendrick said, “At least I know what battles I might encounter down the road.”

Trainees also learn to identify sources of cultural resistance by understanding the voice of the customer and ensuring key stakeholders are involved during every phase of a project.

“I’ll be the first to say I love surprises on birthdays and anniversaries,” said Dawn Allbee, the Joint Commission’s director of robust process improvement. “But not after I roll something out and someone says, ‘Did you check with so-and-so on this?’ [Change management] is really about getting the people involved who are either going to be affected by the change or are the
ones who are going to have to effect the change.”

There is a great demand for change agents in the Joint Commission, which Chassin said is a reflection of change management tools being needed for more than just large projects. They’re used to run meetings or quickly resolve problems, too.

“I was in academic medicine for about 12 years,” Chassin said. “And I can count probably in the thousands of hours the time that I wasted in meetings that had no agenda, wandered around 15 different topics and ended without any next steps or follow-up—literally a complete waste of time.”

To combat this, the Joint Commission uses something it calls a “pager” for its important meetings. It’s a tool taught in the “Facilitating Change” curriculum that lists a meeting’s purpose, agenda, ground rules, expectations and roles for attendees such as time checker or note taker.

A parking lot concept also is used to record any off-topic ideas so they’re not forgotten but not addressed in that particular meeting. Every meeting ends with a who, what and when plan that describes the next steps and who’s responsible for them. Chassin said the pager has made the organization “enormously efficient.”

The Joint Commission now has 153 trained change agents. Organizational leaders also take part in “Leaders Facilitating Change,” a course that trains them to speak the same language as the change agents. Chassin said that’s a necessity because leaders are often the ones developing change initiatives.

### Lean Six Sigma training

Several years ago, the Joint Commission hired a new officer who was told he’d be going through GB training right away. He said it was more important for him to learn his new role first and suggested that he attend the next round of training.

“And [Chassin] said, ‘No, you’re going to be a Green Belt, so you should learn this because it’s how we work, and I need you to understand the tools so you can speak with your staff with the common language,’” Allbee said.

The Joint Commission offers employees YB, GB and Black Belt (BB) certifications. Some positions are filled on the condition the employee attains a GB certification. As of December 2015, the organization has 109 trained GBs.

GB training takes employees through “Facilitating Change” and progresses through the define, measure, analyze, improve and control (DMAIC) phases of the Six Sigma method. Following these sessions, GBs are organized into teams and assigned GB training projects to work on as they go through training. After each phase of training, trainees have six to eight weeks to complete the deliverables that they just learned.

After a project is completed, a GB team hands off its project to a process owner—who will report back six months later to ensure the improvements the project identified are sustained.

Allbee said lean Six Sigma’s disciplined approach and change management help teams:

### Implemented STF improvements

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<th>Education and training</th>
<th>Tools</th>
<th>Date</th>
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| **Risks related to surfaces and weather conditions** | Seasonal email to field staff to raise awareness and to focus on:  
• Footwear  
• Weather conditions | Summer and fall | HR process owner reviews claims data and reviews SPC chart |
| **Risks related to surfaces, carrying something and type of luggage** | Pamphlet highlighting the top three risks associated with STFs (surfaces, carrying something and type of luggage) were distributed using multiple methods:  
• Field staff website (portal)  
• Staff orientation packet  
• AITC (STFs prevention booth) | Portal: post semiannually  
Staff orientation  
AITC: first quarter | HR process owner reviews claims data and reviews SPC chart |

STF = slips, trips and falls  
SPC = statistical process control  
AITC = annual invitational training conference for field staff

CULTURE OF QUALITY

Rate of field staff falls before and after intervention / FIGURE 1

Tests were performed with unequal sample sizes.

UCL = upper control limit  LCL = lower control limit


- Determine what’s in and out of project scope.
- Identify key stakeholders that must be involved.
- Work through resistance.
- Conduct an adequate measurement analysis.
- Analyze root causes.
- Prioritize the best targeted solutions.

Each project also has a finance representative assigned to it. Allbee said this is to ensure reported results are vetted and approved by the finance department.

To become certified, GBs must attend the training sessions, complete their training projects, charter a second project, pass an exam and give a final presentation to the GB council. The council is made up of multidisciplinary, RPI-trained leaders from across the organization.

Slips, trips and falls
The projects GB trainees work on are not simulations. The Joint Commission’s leadership team chooses relevant, live issues. Benedicto said the team does this or else a project misses the point: “You have to take your best and brightest [and have them] work on your toughest problems so their time isn’t wasted.”

One project involved reducing the number of slips, trips and falls (STF) experienced by the Joint Commission’s field staff. About 50% of the organization’s workforce consists of employees who travel to healthcare organizations for activities such as on-site surveys, certifications or evaluations. These employees were frequently reporting STF events, which were resulting in 50% of the organization’s workers’ compensation claims.

“Instead of just saying, ‘Oh, I think it’s because they’re clumsy,’ we wanted to understand what the root causes were for the falls,” Allbee said. They assigned it to a team of GB trainees.

The team used data from claims and online surveys to generate a statistical process control chart to see how the STF rate changed over time. By following the DMAIC process, the root causes were found to be unsafe walking surfaces, weather and field staff charac-
Many staff functions were **driven by control rather than adding value**. Staffs with that focus have to be eliminated. They sap emotional energy in the organization.

Characteristics, such as gender or the accreditation program being surveyed.

After identifying the root causes, the team implemented several educational activities, such as sending emails to field employees and reminding them to wear footwear appropriate to weather conditions (see Table 1, p. 18). The project reduced the rate of STFs from 0.339 per 1,000 surveyed days to 0.116 (see Figure 1, p. 19).

Allbee said using Six Sigma's disciplined approach is how the team achieved its results. It allowed the team to determine what was within normal range, what stakeholders had to be involved and how to conduct an adequate measurement analysis.

**Lessons from healthcare**

Klaus Nether, a Master BB who trains the Joint Commission’s BBs, said lean Six Sigma forces a staff to dig deeper into its analysis of problems, but he recognized the method’s systematic approach can be daunting for beginners.

“It’s a different way of thinking of problem solving,” Nether said. “I mean, we’re all human, and when we’re faced with a problem, we just want to solve it. So now you have to take a step back, and that step back is now going through this robust approach that really drills down to what’s causing the problems.”

Bringing lean Six Sigma into the Joint Commission’s RPI program was partly influenced by lessons it learned from working with healthcare organizations. Chassin, for example, witnessed the method’s benefits in trying to address the industry’s wrong-site surgery problem—when an operation is performed on the wrong area of a patient. “[Wrong-site surgery] is a poster child for how these tools reveal aspects of problems that you’ve been looking at for decades and had no idea were part of the problem.”

To address wrong-site surgeries, the Joint Commission worked with about 50 healthcare organizations and developed a best practice known as the universal protocol. It involved using a preoperative verification process, visibly marking the site of surgery and doing a final verification immediately before the operation.

After revisiting the problem and seeing it through the lens of DMAIC, a significant upstream source of the problem was uncovered. According to Chassin, the “aha” moment arrived in the define phase after the team asked, “What’s the process we’re trying to improve?”

“The process isn’t just what happens in the operating room, the process starts when the procedure is scheduled,” Chassin said. “We did this project [that found] 39% of cases had risks for wrong-site surgery introduced when the procedure was scheduled. And then as you walk through the rest of the process, there were more risks.”

According to Chassin, lean Six Sigma is slowly gaining popularity in healthcare, but not linearly. An issue that plagues organizations in many industries is that fully developed programs are not put in place to support and sustain the improvements.

“They try it out by hiring a few Belts here and there,” Benedicto said. “And then get very frustrated when those people—working in isolation with absolutely no support in an organization that doesn’t understand what they can do—fail.”

Benedicto says a common misconception is that lean Six Sigma programs are considered expensive. People don’t take into account the long-term returns or improvements in quality that are becoming more quantifiable. They’re also not considering the cultural effects.

**Staff engagement and results**

The Joint Commission uses several tactics to engage its staff in RPI. For example, the training programs
have different themes, such as "There’s No Place Like RPI" and "Follow the Yellow Belt Road," spin-offs of "The Wizard of Oz" movie. An RPI website helps provide continuous improvement information, and the organization hosts all-day retreats for Belts to refresh their skills and network with one another.

Chassin also holds an annual president’s challenge that asks employees to find a way to improve a process in their everyday work. Projects must be chartered, use RPI tools and methods, and have quantifiable outcomes. A panel of reviewers from across the organization determines the finalists, and winners receive cash awards. From 2013 through 2015, the challenge’s projects have saved the organization 16,650 hours and more than $1.6 million, removed 1,392 process steps and reduced turnaround time for accounts that are 60 days past due by more than 40 work days.

While the challenge’s cash prize gives employees a monetary incentive, it’s the sense of pride that affects them the most, according to Allbee. It helps perpetuate a culture of continuous improvement. Allbee said when she sees a past president’s challenge winner in the hallway and mentions that Chassin was talking about that person’s winning project, she can see the effect it has.

“That makes her feel tremendous,” Allbee said. “You can bet she’s sitting at her desk thinking, ‘Gosh, what else can I do?’”

Culture eats strategy
In describing a philosophical underpinning of GE’s work-out tool, Welch said, “People are not lousy, period. Leaders have to find a better fit between their organization’s needs and their people’s capabilities … In the past, many staff functions were driven by control sources to bear to improve her daily work using these tools. … Now multiply that by 1,500 people, and you’ve got a really powerful improvement engine that carries itself forward because of the training and the tools and the commitment.”

REFERENCES
5. Ibid.

EDITOR’S NOTE
Anne Marie Benedicto was the Joint Commission’s executive vice president, support operations and chief of staff from 2008 to 2015. She is currently the assistant vice president of operations at Montefiore Medical Center in New York.