

**Brethren  
Retirement  
Community**



# **Strategies for Improving Workflow Quality**

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## Background

Brethren Retirement Community is a quality focused continuing care retirement community. The Malcolm Baldrige Criteria for Performance Excellence and the Ohio Award for Excellence are being considered as self-assessment tools to be used as Brethren continues its quality management journey.

In addition, The American Association of Homes and Services for the Aging has developed a bold five-year plan called Quality First: A Covenant to Achieve Healthy, Affordable and Ethical Aging Services (AAHSA Quality First). Quality First is a plan to ensure excellence in aging services and earn public trust. It is a promise to the public that aging services providers are taking responsibility for raising the bar in this field.

The seven principles of Quality First are intended to cultivate and nourish an environment of continuous quality improvement, openness and leadership among aging services providers. These are:

1. Continuous Quality Assurance and Quality Improvement
2. Public Disclosure and Accountability
3. Patient/Resident and Family Rights
4. Workforce Excellence
5. Public Input and Community Involvement
6. Ethical Practices
7. Financial Stewardship

To establish a clear path for organizations to use in their quest to achieve excellence, a 10-Point Plan is in place. Point 5 of this plan is Continuous Quality Improvement (CQI), which is an approach that actively involves staff at all levels of an organization in understanding problems and the processes of work that underlie them. This includes collecting and analyzing data on those processes, generating and testing hypotheses about the causes of problems, and designing, testing, implementing, and evaluating solutions. This approach goes beyond ensuring that minimum standards are met to focus on how an organization can continually do better at meeting and exceeding the needs and expectations of its customers. CQI focuses on systems-level change, rather than finding fault or placing blame on individuals. Systematic improvements in service quality result from identifying and implementing the processes that support the delivery of the highest quality of service by all individuals throughout an organization.

## The Challenge

Leadership has the responsibility to create an opportunity for new models which support continuous learning and as Deming (1986) has noted, “help people do a better job with less effort.”

Making a commitment to continuous process improvement provided an opportunity for Brethren to draw attention to developing an integrated quality management system. This challenge requires new approaches to studying the work, more collaboration between departments, staff, and leadership, and a willingness to learn how to be more effective as an organization.

## Beginning the Journey

Quality is a journey and each organization must find its own path. For those who have been traveling this path, it is clear that a change in perspective is central. Creative re-invention of management and

new ideas about how services are delivered are part of the commitment to quality. To begin, one must understand the current blueprint of how workflow processes are currently occurring, and how the existing structure and procedures are impacting the residents and the core business of caring for the aging.

To pilot this concept, the Groundskeeping and Maintenance Workflow was chosen for a self-assessment quality initiative within the organization in a partnership with Workflow Dynamics, Inc., using Workflow's exclusive **IDEAS...the program for change**® methodology.

### **The Procedure**

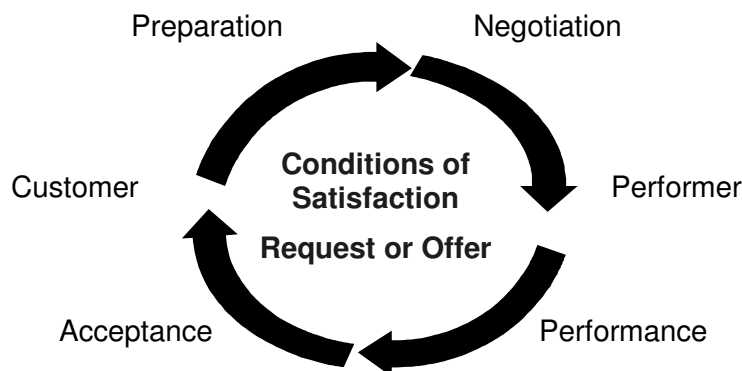
Brethren's workflow study advisory team met with Workflow Dynamics to discuss the phases of the study and provide feedback on achieving organizational participation and buy-in.

The appropriate process participants for the study were invited to participate. Three workflow processes were identified for study. Process participants were asked to identify critical success factors for the study as well as possible barriers or constraints that might impede progress.

In this study the processes were mapped using participatory design, the Human Interaction Model, also known as the Atom of Work and Conversation for Action (Harris & Taylor, 1997) and workflow mapping, also referred to as Coordination Mapping and Action Workflow (Harris & Taylor, 1997), which are methods recommended by the Center for Quality of Management. Combined these methods provide a rigorous, customer-focused framework for the analysis and design of work processes, and are rooted in the idea of design as a social process, rather than a technical process.

Participatory design aims to address organizational issues and create a shared understanding and knowledge among the individuals who do the work: the process participants. Process participants are typically the people that interact in the process and are most familiar with how the work actually is done. There often is a gap between management's understanding of the process and the way the process really happens. Participatory design explicitly creates opportunities for process participants to come together for collaboration and negotiated decision-making as it relates to the current and future state of the process.

The Human Interaction Model illustrates the interactions between a customer and a performer. Customer means the person who makes a request or receives an offer...nothing more. The performer (or supplier or provider) is the person who makes an offer or to whom a request is made. Customers or performers may be inside or outside of the organization. The request or offer needs to articulate the conditions of satisfaction, which often include requirements and deliverables. If the conditions of satisfaction are not clear and, subsequently, expectations are not managed, the wrong work is often performed and the customer will not be satisfied.



In workflow mapping each interaction is visually represented by a loop (see above). Each coordinating interaction between a customer and a performer moves through four phases – (1) preparation which leads to the making of a request or offer, (2) negotiation and agreement about the request or offer (or failure to do so), (3) performance of the work requested or offered and determination that the work is complete; and (4) assessment of the work and a declaration of satisfaction or dissatisfaction. The interdependencies among interactions are represented by links drawn between the interaction loops, with the triggers indicated by where the link is connected to the loop. As the interactions are mapped for a current process, what works well and not so well is identified and categorized in recognized patterns of strengths and weaknesses.

During the **Insight** phase of the study Workflow Dynamics' personnel met with small groups of people and individuals designated as having knowledge about the processes under review – the process participants. Each process was validated in a second meeting of the same group to ensure accuracy in the mapping. Workflow “as-is” blueprints were created and categorized to indicate areas of strength and weakness in each of the processes. Recommendations for critical process improvement opportunities were summarized, along with a list of “low hanging fruit”.

Process participants were then challenged to define new conditions of satisfaction, or how should the customer experience and levels of service be defined. Once these new conditions of satisfaction were agreed upon, the new workflow **Design** began to materialize. New roles, accountabilities and business rules quickly took shape. Concurrently, the “low hanging fruit” opportunities were being implemented to maintain momentum and show progress.

Next, during **Evolution** plans were made to implement the agreed upon solution. These plans included not only the implementation plan but how to communicate the new workflow to all stakeholders. Marketing materials and contracts were reviewed to identify inconsistencies in the promises made to residents about covered services, and a list of service offerings was developed for residents to purchase as needed.

Changing 30-year old workflow processes is not easy. As **Actualization** of the plans occurred, some participants balked at the changes. However, since they had participated in the process it was much easier to steer them back on course. In addition, they began to see the effect on their day-to-day work. Parts were easier to find and obtain. Equipment that was needed was found in closets and carts. Work orders were turned around in 24 hours. Their requests for uniforms and weekends off were fulfilled. And, staff and residents were much happier with the level of service provided.

Finally, during **Sustainability** the workflow design was audited, and implementation and communication plans were reviewed. As a result, job descriptions were developed for new roles identified during the Design phase, and implementation plans were adjusted and reinstated.

## **Findings**

It has been conservatively estimated that this study has saved Brethren at least one full time equivalent a year in decreased work order turnaround time and lost productivity, not to mention the value of happier employees. They also expect that there will be a reduction in Maintenance Supplies inventory as a result of this process which will save additional dollars.

Expectations are that when Brethren finally measures the financial effects of this study that it will probably be able to conservatively realize \$100,000 in savings, or more.

## **System Impact**

Using this method provides the organization with a tool to realize gains in quality by achieving customer focus and increasing participation among the workforce. Hidden benefits include trust-building, accountability and ownership of the process. In addition, this method enables the discovery of

(1) multiple, vague or conflicting goals, (2) commonalities that point to root cause, (3) the discovery of who the customer really is and, (4) identification of unclear conditions of satisfaction.

This workflow study has provided a model for continuing the study of workflow processes and identifying areas of improvement to enhance services to residents and organizational effectiveness. It has also set Brethren on the path to achieving three of the key principles of Quality First – Continuous Quality Assurance and Quality Improvement, Workforce Excellence and Financial Stewardship.

A Quality Council led by the Vice President of Operations guides the integration of quality efforts and ensures alignment with vision and mission. Plans are being put in place to train staff to continue these efforts using the methods and tools contained in **IDEAS**.

## **References**

American Association for Homes and Services for the Aged (2004), *AAHSA Quality First, Creating the Future of Aging Services*, <http://www2.aahsa.org/>

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Harris, Grant and Taylor, Steve (1997). “Escaping From the Box: Using a New Process Model to Support Participation and Improve Coordination.” *CQM Journal*, Volume 6, Number 3, 3-11.

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