

Alignment and Spread of QI Culture in the Minnesota Department of Health: Results from 2011 Survey



Minnesota Public Health Research to Action Network

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A department-wide survey was fielded to all employees at the Minnesota Department of Health (MDH) in June 2011. This survey asked respondents to provide feedback on a variety of questions related to quality improvement (QI), employee empowerment, cultural competency and readiness for accreditation. This brief describes results related to MDH how much QI is integrated into the work of the agency and employee perspectives on the value of QI.

Methods

All MDH employees received a link to the online survey, which was fielded over three weeks in June 2011. Of 1,537 employees surveyed, 1,111 (73 percent) completed the survey with 1,108 having complete data (92 percent). Division-specific response rates ranged from 64 to 92 percent.

The MDH survey used questions from a modified tool developed by the University of Southern Maine for use in state and local health departments (Multi-State Learning Collaboration Version 3). Respondents were asked to indicate their level of agreement (strongly agree, agree, neutral, disagree, strongly disagree, I don't know) with statements related to QI integration, alignment with MDH priorities and employee buy-in.

Results

Alignment with Agency Priorities and Goals

Survey responses indicated a general lack of awareness about whether QI activities aligned with agency goals, objectives and spending priorities. Only 20 percent of respondents agreed that there were adequate resources to sustain improvements identified through QI activities on an on-going basis. Another 40 percent of respondents responded "I don't know" to that question. Therefore, the vast majority of respondents did not see resources aligned to support the outcomes of QI activities across the agency. With respect to alignment with agency goals and priorities, only 28 percent of respondents agreed that targets were established before initiating QI efforts. These questions suggest there are opportunities within MDH to both examine the relative importance of sustaining QI improvements in the context of agency goals and objectives, as well as to ensure that all QI activities have specific targets identified prior to implementation of activities.

At A Glance

An overwhelming proportion of respondents felt that spending time and resources on QI is important and worth the effort. Additionally, almost 70 percent of respondents felt that QI efforts would lead to improvements in population health. Yet there was a lack of knowledge among respondents as to whether key decision-makers at MDH were supportive of QI activities.

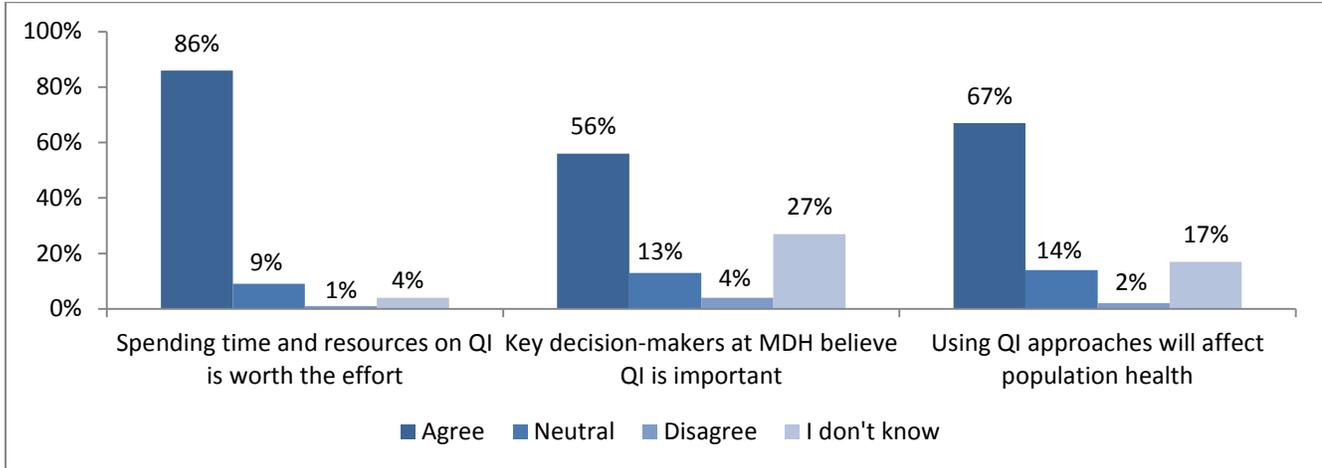
Similarly, responses to questions dealing with how much QI activities are aligned with agency goals and priorities, as well as the extent to which QI activities are integrated into the work of the agency, reflect a general lack of awareness among respondents. "I don't know" was a common survey response to those questions.

These results suggest that respondents are enthusiastic about increasing QI activities within MDH. Thus, an opportunity exists to publicize QI successes and work to build on those across the agency.

Employee Buy-In

An overwhelming percent of respondents felt that spending time and resources on QI is worth the effort (85 percent) and that using these approaches will affect population health (67 percent) (Figure 1). Yet a relatively high percent of respondents answered “I don’t know” when asked whether key decision makers within the agency felt that QI is important (27 percent). Over 50 percent of respondents agreed that QI approaches are compatible with MDH activities, yet a relatively high percentage responded “I don’t know.” There is an opportunity to publicize QI successes more broadly across MDH to increase awareness of QI activities.

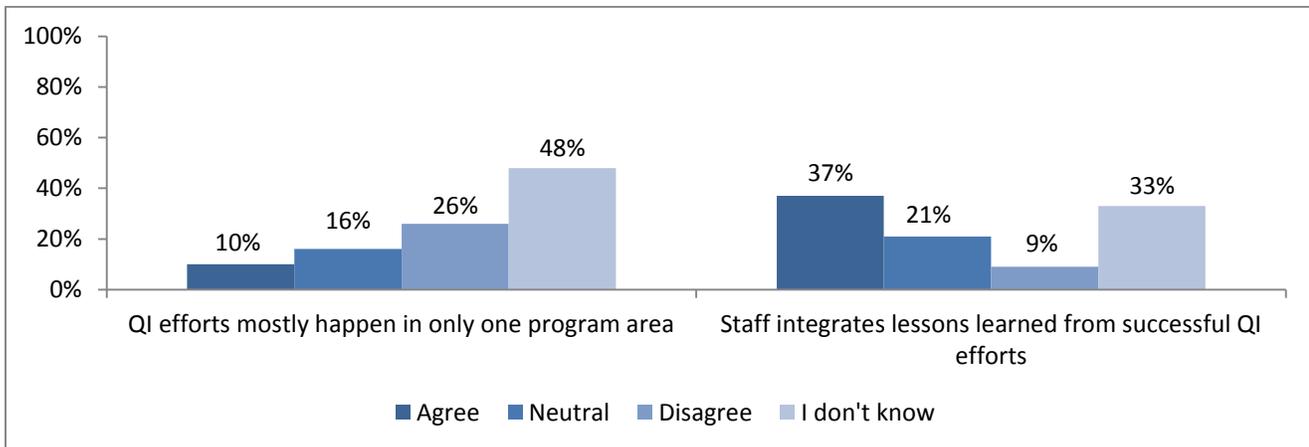
Figure 1. Employee Buy-In



QI Integration and Spread

Overall, most respondents were not sure to what extent QI activities were integrated into and spread across MDH on an agency-wide basis. Almost 50 percent of respondents were not sure if QI efforts mostly happen in only one program area and only 37 percent of respondents agreed that staff integrates lessons learned from successful QI efforts. It appears that respondents within specific areas that have worked on QI agree that those efforts have resulted in changes in program or service delivery. There is a much lower level of awareness with respect to how QI has been incorporated across the agency and to what degree.

Figure 2. Integration and Spread of QI Across MDH



Conclusions

The vast majority of respondents agreed that spending time and resources on QI was important. Also interesting was the high percentage of respondents who agreed that such efforts would result in improvements in population health. MDH respondents show enthusiasm and support for increasing QI activities across the agency, but there is still a general lack of awareness about how QI is integrated into agency activities and how much it has spread from within specific program areas.

Next Steps

1. Convene a MDH Quality Council
2. Create a MDH QI Plan
3. Implement the 2012-2015 QI Training Plan
4. Share results with divisions and offices
5. Facilitate Lean/Kaizen events
6. Provide technical assistance

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About the Research to Action Network

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