

Quality Improvement Culture in the Minnesota Department of Health: Results from 2011 Survey



Minnesota Public Health Research to Action Network

November 2011

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, employee empowerment, cultural competency and readiness for accreditation. This brief describes results related to MDH organizational culture, particularly in the context of quality improvement (QI), and employee empowerment.

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 organizational culture and employee empowerment.

Results

Management Team Engagement

Overall, respondents agreed leaders were receptive to new ideas at MDH (69 percent). Close to two-thirds of respondents agreed that the management team worked together for common goals (66 percent). Yet 10 percent responded "I don't know" and almost 10 percent disagreed with that statement. Respondents were asked whether internal or external forces were mainly driving quality and results seem to reflect that both forces are at work to advance the quality agenda. Interestingly, a fairly large percent of respondents indicated "I don't know" to those questions, which may reflect that both forces are working to stimulate change or that respondents are truly unaware of what might be motivating a culture change towards improving quality in a systematic way.

Employee Empowerment

An important aspect of employee empowerment is the authority to participate in decisions that affect one's work. The majority of respondents agreed that they are involved in decisions that affect their work (53 percent), however a sizeable minority of respondents (45 percent)

At A Glance

Most seem to experience a spirit of collegiality within MDH, and many agree that MDH is a respectful organization. Yet this experience is not universal and improvement in this aspect of MDH culture is crucial to the success of quality improvement initiatives.

Eighty-four percent of respondents understood how their work contributed to the agency's overall goals and strategy. Yet respondents also identified barriers to employee empowerment. Lack of time, little encouragement for individual decision-making and lack of needed training were the most commonly identified barriers.

The use of data for improving quality across MDH does not appear to be widespread. Only 40 percent of respondents agreed that agency data was shared with staff for performance improvement purposes.

did not agree they are involved in such decision-making. A high percentage of respondents (84 percent) agreed that they understand how their work contributes to the agency's overall goals and strategies. Respondents were also asked about barriers to empowerment (Figure 1). The most frequently cited barrier was not having enough time (51 percent), followed by a lack of individual decision-making at MDH (30 percent) and a lack of needed training (29 percent).

Figure 1. Barriers to Employee Empowerment

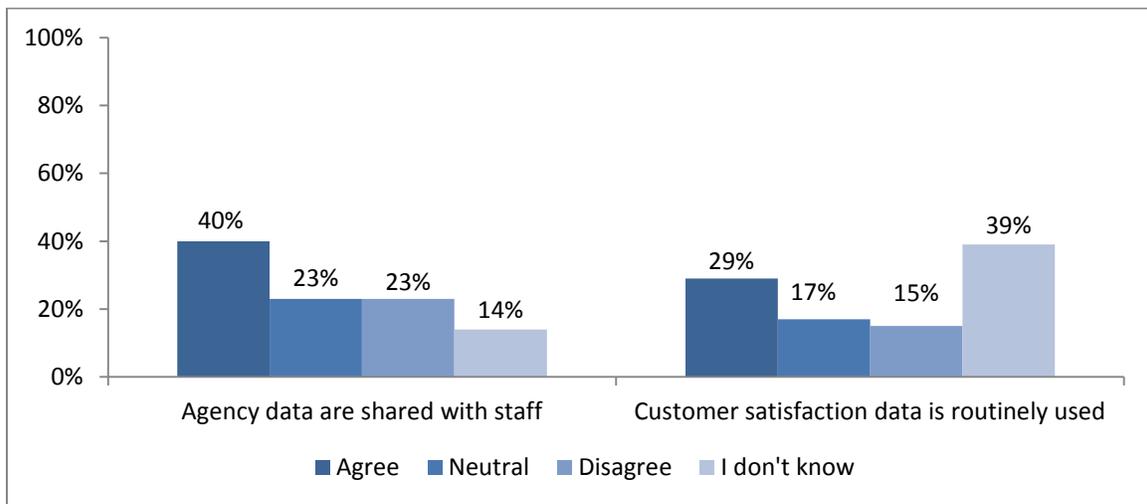


Collaborative Learning Culture and Level of Staff Involvement

Over 50 percent of respondents agreed that MDH has a collaborative learning culture (as opposed to punitive), yet over one-third of respondents were neutral or disagreed and 10 percent responded “I don’t know.” A high percent of respondents indicated they were able to consult with and help one another to solve problems (76 percent). In addition, 57 percent of respondents felt that when things went wrong, MDH looked at matters in a respectful way without blaming others. This appears to reflect a spirit of collegiality among co-workers. Respondents were less likely to agree that staff were routinely asked to contribute to decisions at MDH or that staff members at all levels participate in QI efforts.

Transparency of Performance Data

The use of data for improving quality does not appear to be widespread across MDH. Only 40 percent of respondents agreed that agency data was shared with staff for the purposes of performance improvement (Figure 2). Also, only 30 percent of respondents reported using customer satisfaction data on a routine basis. Most striking was that almost 40 percent of respondents did not know whether MDH routinely uses customer satisfaction data to improve services.

Figure 2. Use of Data to Improve Quality

Conclusions

Overall, the majority of respondents agreed that management works together for common goals, leaders are receptive to new ideas, and that MDH has a collegial and collaborative culture. Yet there was a fair percent of respondents who either disagreed or did not know their response to some of these questions. In addition, respondents did not agree that data is routinely used for performance improvement efforts across the agency. These responses taken together suggest that while the culture at MDH would likely be conducive to supporting QI efforts, a fully-mature QI culture has not yet taken shape within the agency. The current climate within the agency points to an opportunity for the management team to capitalize on the strong culture foundation of the agency and respondents' interest in advancing the quality agenda.

Next Steps for the Office of Performance Improvement

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

To request assistance, please contact Chelsie Huntley at chelsie.huntley@state.mn.us or 651-201-3882.

About the Research to Action Network

For more information on this issue brief or the Minnesota Public Health Research to Action Network, contact Kim Gearin at kim.gearin@state.mn.us or (651) 201-3884 or Beth Gyllstrom at beth.gyllstrom@state.mn.us or 651-201-4072.

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