

A Shared Need and Vision: Changing the Culture at Valley Baptist Health System

by Blake Hubbard and Carolyn Pexton

Although Six Sigma programs are becoming more common in healthcare, new implementations still pose challenges when it comes to the cultural adjustments involved. Staff often need time to adapt to a process-oriented approach toward the care they have traditionally thought of as being highly individualized.

It might seem especially risky, then, for a healthcare organization still in its first wave of Six Sigma improvements to launch a project directly addressing staffing issues. Yet Valley Baptist Health System in Harlingen, Texas, did just that.

When the deployment team saw an opportunity to solve a persistent staffing problem, save a significant amount of money, and raise customer satisfaction scores, they proceeded with the project, regardless of the cultural challenges. To their own surprise and delight, the project also had a positive impact on staff acceptance of Six Sigma.

Implementing at Valley Baptist

Valley Baptist Health System is a full-service, not-for-profit community health network serving the population of south Texas and beyond. The system is composed of multiple organizations, including Valley Baptist Medical Center, which is a 611-bed acute care hospital providing the number-one rated orthopedics service in Texas, a state-of-the-art children's center, and a lead level III trauma facility. The organization also serves as a teaching facility for The University of Texas Health Science Center.

In 2002, Valley Baptist Health System began to implement GE's Six Sigma approach as a rigorous methodology for process improvement and a philosophy for organizational change. The initiative represented a major culture change from previous CQI and TQM approaches to quality improvement. All other efforts had involved hard work and good intentions, but prior to Six Sigma, they lacked the framework and rigor to institute statistically valid long-term results.

In just over a year, the adoption of Six Sigma, however, has begun to foster a revitalized culture that embraces the "voice of the customer," breaks down barriers to change, and raises the bar on performance expectations. Through this initiative, the team at Valley Baptist began to examine the most critical opportunities for improvement and select projects that would align with strategic objectives and produce measurable results.

One of the earliest of those projects—an effort to improve staffing levels while decreasing costs—stands out for its impact on internal acceptance of the overall program. Our full case study presents a step-by-step description of the project, but for the purposes of this discussion we offer a brief summary here:

- **Problem:** Overtime and agency hours did not correlate with changes in patient volume. Patient census fluctuated while staffing levels remained the same, and the higher hourly wage for overtime and agencies had begun to strain the overall labor budget. One nursing unit was chosen to pilot the project.
- **Six Sigma analysis:** Overtime was not always need-based, and the nursing unit lacked appropriate mechanisms for coordinating and transitioning between different shifts.
- **Solution:** With the help of those staff members most affected, new standard operating procedures (SOPS) were developed for shift coordination and handoff, leading to a significant reduction in overtime and agency use.
- **Results:** The project translated to \$460 thousand in potential savings for just one nursing unit. Conservatively, if the project were spread across the health system, savings could exceed \$5 million. It is also important to note that this project started at the 0 sigma level ... and has now been at 6 sigma for nine consecutive pay periods.

Obviously, such positive results are important in winning the confidence of both staff and customers. Yet the culture change should also be attributed to the way Valley Baptist went about achieving those results. The team made a point of involving both leadership and process owners in the improvement effort, emphasizing all along that their interests were the same.

A Shared Vision for Cultural Change

Among the success factors in Valley Baptist's project to improve staffing levels were a number of measures to unite staff and leadership in problem-solving activities:

- **Leadership involvement and support.** The chief nursing officer attended Work-Out™ sessions to underscore the importance of the initiative from a leadership perspective. Similarly, Valley Baptist's most senior levels of management consistently identify the initiative as an organizational priority. "We continually seek opportunities to improve productivity," says Jim Springfield, President and CEO. "This focus is critical for our future success and ability to meet patient needs."

- **CAP and Work-Out.** Stakeholder analysis and other CAP (Change Acceleration Process) and Work-Out tools helped to surface staff concerns and improve communication. The acceptance-building techniques of CAP and Work-Out tools were especially key to project success, since improvements would introduce changes in process and human behavior.
- **Staff involvement in solutions.** Nursing staff, house supervisors, and other stakeholders participated in the search for solutions. The project depended upon staff input to develop new SOPs for better management of overtime and agency usage ... both critical drivers in staffing.
- **A focus on fixing problems, not assigning blame.** Any new change initiative can elicit skepticism, but once the team understood the Six Sigma approach of concentrating on fixing the process rather than assigning blame, much of the skepticism subsided.

Christopher Hansen, MD-Vice President and Chief Medical Officer at Valley Baptist, summarizes the overall effect these measures have had: "Staff has become much more flexible. We initially encountered some resistance, but using the CAP tools and working through the process helped to create a shared need and vision."

Establishing this "shared need and vision" has brought success at both the project and program levels. The health system is currently moving toward autonomy through additional Green Belt and Black Belt training with projects and through participation in a Master Black Belt (MBB) course at GE's Healthcare Institute in Waukesha, Wisconsin. This experience provides instruction and interaction that prepares the MBB to come back and teach within the organization.

A Positive Approach to Staffing

Valley Baptist's experience not only helps to confirm the applicability of Six Sigma to healthcare organizations, but it also demonstrates that the methodology can directly address staffing issues while still meeting the needs of employees. "Coming from the HR side," says Irma Pye, Senior Vice President and Chief Human Resource Officer, "it's important for organizations to know it's possible to change the way you've always done things, and that employees will adapt to a new approach. If you can overcome the stress surrounding change you can realize increased efficiency. This is a positive way to control staffing without employing slash and burn techniques."

Earlier this year, Pye attended a conference in Utah with other healthcare executives. When the issue of performance improvement and staffing came up,

one of the participants mentioned attempting to do a project on this and failing: the organization couldn't afford to alienate and potentially lose good employees.

Pye spoke up and explained that based on her own recent experience, hospitals can indeed address this issue and make it work if they use the right approach and the right techniques: "Usually, when you ask the department manager to trim labor costs they think it can't be done because it will antagonize employees.... They'll either take a job somewhere else, or stay there with negative feelings, which impacts morale. This approach was able to effect change while avoiding issues of layoffs or pay cuts."

About the Authors

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