Changing Culture through Staff Engagement

By Verlon E. Salley, MHA, CRA, Lydia Kleinschnitz, MHA, BSN, RN, and Marlon Johnson, MSOL, BS, RN

The journey of staff engagement and culture change at UPMC Presbyterian/ Shadyside began in 2012 when a new executive director of imaging was hired. UPMC Presbyterian/Shadyside in Pittsburgh, PA is two separate hospital campuses under the same tax ID number. UPMC Presbyterian is a 757 bed level 1 academic medical center with 240 employees in the department of imaging. UPMC Shadyside is Presbyterian’s sister campus with 517 beds and 130 imaging employees. Both campuses have the typical modalities: MRI, CT, ultrasound, nuclear medicine, interventional radiology, general diagnostics, and fluoro.

The imaging departments had previously been led with an autocratic top down approach. In January 2011, the turnover rate in both imaging departments was trending up for front line staff. Managers, supervisors, and the two directors felt a sense of fear and at the same time relief. The sense of fear was that in the year it took to recruit and eventually hire the executive director, it gave each director the opportunity to develop their own management style and become more confident in their own approach. There was concern over being able to buy into any new plans, such as the installation of a service leadership style of management called “Communal Management,” which gives all of the stakeholders in the department authority and accountability. Adding to this sense of fear was whether or not this style would address all the concerns of the last employee survey. According to the last employee survey, the imaging employee engagement score was not up to par with other hospital benchmarks in the UPMC system. Of course, there were the other unknowns. The immediate sense of relief came when everyone recognized that before implementing the new management style, time was taken to understand what was working in both facilities.

A 100 day plan was created. The purpose of this plan was to observe how the management team operated. The executive director attended modality staff meetings, analyzed existing metrics, and rewarded and recognized the imaging management team for their contributions to the department. These little things by no means would be the difference maker or turning point in staff engagement or culture change, but they did prove important before implementing a new management style. After the first 100 days, collaborative work began with the two directors to help establish a new vision called the “New Era of Imaging” to create excellence with a staff that was highly...

EXECUTIVE SUMMARY

- At UPMC Presbyterian/Shadyside in Pittsburgh, PA, a change in executive leadership brought with it a new approach to staff engagement and was the impetus for positive culture change over a five year journey.
- The executive director and two directors led as one through a Steering Committee and managed via four committees: the Operations Committee, Patient Focus Committee, Employee Focus Committee, and the Strategic Focus Committee.
- Since initiating these committee pillars the imaging services employees have had ownership and influence in making the departments great places to work. It is no longer a mystery with rules and processes that "roll down from above."

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engaged. This vision would be the start of an amazing five year journey.

Instead of issuing policy and process changes from individual offices; the executive director and the two directors would lead as one through a Steering Committee and manage via four committees (or focus groups) at each site (Figure 1). The Operations Committee, Patient Focus Committee, Employee Focus Committee, and the Strategic Focus Committee were how the departments would make up the four pillars of the "New Era of Management." The first thing the Steering Committee created was the rules to govern the committees. After each committee meets and decides on their objectives the Steering Committee prioritize the objectives. See Box 1.

Next, the steering committee agreed on five goals for the five year plan:

- Achieve a Press Ganey percentile ranking of 75% vs sister hospitals or greater
- Achieve a Press Ganey overall mean score of 95.0 or better
- Three members of the staff to receive Aces Awards (UPMC system award for commitment and excellence in service—honors staff who exemplify UPMC’s five core values)
- A modality to win top recognition at a quality fair in—quality, infection prevention, safety, and/or regulatory issues
- Published recognition of the “communal” process

The Operations Committee

This was the first committee that was formed and it consists of the imaging leadership team, director, and all of the managers and supervisors. The agenda for this committee centered around hospital policy/process changes, performance measures, new technology rollouts, and other items that the supervisors needed to keep in mind as they conduct day to day operations. This information was also what was needed to be shared at individual staff meetings to keep everyone rowing in the same direction. The overall objective of this committee was to ensure that care and compassion and dignity and respect were upheld so that the department exemplified excellence.

The operations metrics that were consistently reported on were:

- Patient satisfaction scores
- Patient safety review (incident reports)
- Actual vs budgeted volumes
- Required worked hours to actual worked hours
- Overtime hours to budget
- Outpatient performed time vs scheduled time reports
- ED turnaround time reports
- Median inpatient stat and routine turnaround time reports
- Top outpatient referring physicians report
- Overview of the other committees’ objectives

The managers on this committee have been driven for excellence through the 20 goals created by the Steering Committee at the beginning of each fiscal year.
The managers are asked to select five goals from the list to achieve and add to their annual evaluations. The directors are asked to choose ten goals from the same list. The goals correlate with objectives of each of the remaining committees and/or are directly related to how they can better manage the staff within the modalities. Two examples are shown in Box 2.

**Box 1. Committee Rules**

1. Each committee has to be chaired by a member of the Steering Committee.
2. Each committee has to have at least one representative from each area/modality.
3. No committee meeting can last longer than 1 hour in duration.
4. Each project must affect a minimum of 2 stakeholders. Only exception—Customer Service & Employee Satisfaction Committees.
5. No committee can have more than 3 pilot projects going on at once.
6. Each project must be piloted for a minimum of one week in one area/modality.
7. Two of the three committee projects must be implemented on both campuses.
8. No one other than the Steering Committee members can be on more than 2 committees.
9. The Executive Director of Imaging Services has to approve every project AFTER it has been piloted, before it goes into production.
10. NONE of the above rules can be changed until after a fiscal year is completed.

**Box 2. Sample Goals from Operations Committee**

**Overtime Management: Maintain Overtime Budget.**

<table>
<thead>
<tr>
<th>Top Performer</th>
<th>Superior Performer</th>
<th>Strong Performer</th>
<th>Marginal Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3% below OT budget for FY16</td>
<td>&gt;2% – &lt;3% below OT budget for FY16</td>
<td>+/-2% below OT budget for FY16</td>
<td>3% Above OT budget for FY16</td>
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**Staff Engagement Initiative: Bi-annual meeting attendance**

<table>
<thead>
<tr>
<th>Top Performer</th>
<th>Superior Performer</th>
<th>Strong Performer</th>
<th>Marginal Performer</th>
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<tbody>
<tr>
<td>&gt;75% of your staff attend bi-annual meetings</td>
<td>%50 of your staff attend bi-annuals meetings</td>
<td>At least 25% of your staff attend</td>
<td>&lt;25% of your staff attend</td>
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**The Patient Focus Committee**

This committee consists of a representative from each modality and the support staff which includes nurses, receptionists, and patient care techs or aides. The front line employee was preferred over supervisors, as they were the ones actually giving the care and providing the service. This committee was set to review satisfaction surveys, particularly patient comments, and work on ways to provide better, more satisfying patient care while in imaging services. An action plan would be created annually and worked on throughout the year. Some of the projects that came from identified patient needs or issues included a “what to expect” pamphlet that provides information about each area and what patients
More smiles are seen on employee faces; and when employees are happy they are better able to provide satisfying care.

would encounter when coming for testing. These pamphlets were distributed to local referring offices and in the UPMC reception areas. Informational posters were also developed and hung in patient waiting areas. The staff members on this committee were very passionate about providing great care; their passion and drive was infectious and spread to their modality teams. (We don't like to use the word “infectious” in our line of work, but it seems to be the one that really works!) The committee members ultimately determined the expectations and preferences for all the stakeholders that utilized imaging services and ensured excellence was pursued by staff. Identifying opportunities to improve customer service would not happen without this focus group.

Committee projects and accomplishments:

- AIDET audit process
- Press Ganey associate of the quarter
- What to expect brochures and posters
- Highlighted patient care (profiling patients’ emotions to improve customer service)

**Employee Focus Committee**

The third pillar, or committee, was the employee focus committee. The terms and conditions of the participants were the same as the patient focus committee, but the committee’s mission was to voice and address the needs of their peers. Initially, issues/concerns voiced through employee surveys were discussed. Concerns from an online anonymous survey box placed on a department wide Share-Point were also reviewed. From these sources, needs were identified and an annual action plan was initiated. Some of the outcomes included recognition of employees that had 5 and 10 years of service at the bi-annual all staff meeting and quarterly recognition of employees who have been mentioned by name on a patient survey. This group was the root of the development of a tech clinical ladder that is now under the approval of a system wide rollout. The committee was also in charge of scheduling activities for radiology tech week and UPMC system’s dignity and respect week. Committee members have self-identified themselves as the go to people for other staff members from their modalities to bring concerns to be discussed at committee meetings. Over time, this group has built a support climate to enable high performance, participation, and personal and departmental growth. The staff have all been motivated to achieve goals and are ensured they will be recognized for it.

Committee projects and objectives:

- Associate of the quarter and perfect attendance
- Monthly staff recognition (SHY)
- Quarterly staff recognition (PUH)
- Create Rad Tech Week agenda

**Strategic Focus Committee**

The final pillar was the strategic focus committee. This committee, like the others, consists of members who are front line staff from multiple modalities and areas. One purpose of this committee was to annually identify capital needs and requests and to then work with radiologists, supervisors, and directors to prioritize those requests. The front line staff on this committee must work closely with their supervisors and teams to identify what is needed in that modality. It could be a new CT scanner, MRI safe wheelchair, or an ultrasound machine for interventional radiology. Whatever the capital need, that need would be brought to this committee to discuss process through a prioritization report card that this team developed.

In this way, every team member could understand the reason behind every request and could take that information back to their teams for further analysis. It’s at the point now where every employee understands why particular equipment purchases are made and they have influence in each one. The list updates annually and items do not fall off until they are either purchased or the need has dissolved. Over time, this capital planning process has made the radiologists more involved and collaborative with the members of this committee. The most important purpose of this committee is to summarize the key strategic objectives and five year plans for the department. They ensure all action plans are created and measure outcomes against expected performance. This is the group that ensured the current plan was carried out. See the action plan in Figure 2.

Committee projects and objectives:

- Capital report card
- Capital prioritization

**Conclusion**

Since initiating these committee pillars the imaging services employees have had ownership and influence in making the departments great places to work. It is no longer a mystery with rules and processes that “roll down from above.” More smiles are seen on employee faces; and when employees are happy they are better able to provide satisfying care. In four short years, Press Ganey patient satisfaction scores increased—they went from a 25th percentile ranking to a 75th percentile ranking when compared to other hospitals in the UPMC system. Overall, turnover decreased—there is now an engaged staff and an employee base that has high retention. Management teams have a strategic plan that actually works toward providing a positive work environment. They listen to their staff and proactively work towards finding solutions.

Other forms of departmental appreciation have been through recognition from the hospital. At UPMC Shadyside,
# Reinventing Imaging Services Action Plan

**Work Unit or Department:** PUH/SHY Imaging Services  
**Business Unit:** Steering Committee  
**Date:** February 2012

## Action Plan Assignments and Deadlines:

The action planning process is a continuous process. Please provide your associates with regular updates about the progress, improvements, and/or changes that have been made based on results based feedback.

<table>
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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<td><strong>Manager:</strong></td>
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<tr>
<td>Lydia, Marla, Jordan &amp; Verlon</td>
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## GOALS

**Reinventing Imaging Services**

**STEPS**

(How will we achieve the goal?)

**ACCOUNTABILITY**

(Who is responsible for completing each step?)

**DEADLINES**

(When will each step be completed?)

**MONITORING MECHANISMS**

(How will progress be measured?)

1. **Publish/Recognition for our 5 year strategic plan**
   - 1. Implement the New Era of Management Structure.
   - 2. Hold staff accountable to the projects generated from the new structure.
   - 3. Reward and Recognize Staff.
   - 4. Seek out publications that want to document our story.
   - **1. Steering Committee**  
   - **2. Each Committee Chair**  
   - **3. Each Committee Chair**  
   - **4. Steering Committee**  
   - **1. Year 1 (FY13)**  
   - **2. Ongoing**  
   - **3. By Year 3 (FY15)**  
   - **4. By Year 5 (FY17)**  
   - **1. Steering Committee**  
   - **2. Steering Committee**  
   - **3. Steering Committee**  
   - **4. Steering Committee**

2. **Achieve a Press Ganey percentile ranking of 75% compared to UPMC facilities within 5 years**
   - 1. Create and implement initiatives through the Patient Focus Group
   - **1. Steering Committee**  
   - **2. Patient Focus Group Chair**  
   - **1. Before FY18**  
   - **2. Before FY18**  
   - **1. Press Ganey & Staff Surveys**  
   - **2. Steering Committee**  
   - **Completed—FY16**

3. **Achieve a Press Ganey overall mean score of 95% or better within five years**
   - 1. Create and implement initiatives through the Patient Focus Group
   - 2. Work collaboratively with any hospital patient satisfaction focus group.
   - **1. Steering Committee**  
   - **2. Patient Focus Group Chair**  
   - **1. Before FY18**  
   - **2. By Year 5 (FY17)**  
   - **1. Press Ganey & Staff Surveys**  
   - **2. Steering Committee**

4. **Three Members of the Staff to receive Aces Awards**
   - 1. Implement the New Era of Management Structure.
   - 2. Reward and Recognize Staff.
   - 3. Encourage Ace Award submittals
   - **1. Steering Committee**  
   - **2. Employee Focus Group**  
   - **3. Operations Committee**  
   - **1. Before FY18**  
   - **1. Steering Committee**  
   - **2. Aces Award Winners**  
   - **3. Operations Committee**  
   - **Completed—FY15**

5. **A modality win top recognition at a quality fair in—Quality, Infection Prevention, Safety &/or Regulatory Issues.**
   - 1. Create Operations Committee
   - 2. Create participation criteria
   - **1. Steering Committee**  
   - **2. Operations Committee**  
   - **1. Before FY18**  
   - **1. Quality Fair Projects and Results**  
   - **Completed—FY14**

*Figure 2 - Action Plan*
the ED and CT departments collaborated and won top honors for their project ‘Decreasing door to CT scan time for acute stroke patients’ in the 2014 hospital quality fair. UPMC Shadyside has a CT scanner strategically placed close to the ambulance entrance of the ED. The ED and the CT team worked to develop processes and criteria that would allow stroke patients to go straight to the CT scanner upon arrival to the ED.

Intra-departmental recognition of staff has also enabled UPMC to achieve the goal of having at least three ACES Award winners within five years. One CT technologist won due to his diversity in CT protocols and exams as well as the empathy and sincerity he displayed in all that he did. This tech is well respected by his peers, nursing, radiologists, and others. He leads by example, exemplifying UPMC core values at all times. Another hospital award winner was a general diagnostic radiology manager. She won the award for being the shining example of what a top performing manager should be. This manager’s leadership, work ethic, and cognitive abilities were key for her winning this award. She piloted the customer service initiative developed by Studer called AIDET in her area. It dramatically increased the patient satisfaction scores for the department. The hospital recognized the last winner from the department because of his dedication and work on several construction projects. Because of the radiology facilities personnel, all construction, technology, and even housekeeping concerns are addressed timely with the correct planning and documentation. What is even more impressive is that this individual juggles all of these opportunities with a smile on his face and a high standard of customer service. Although these three are only half of the total winners in five years, they all have one thing in common. They all were recognized by the employee focus committee as employee of the quarter before winning the hospital’s ACES Award.

In summary, a culture of excellence has been created for the UPMC imaging departments. It is nearing the end of the five year strategic plan and four of the five goals have been achieved. All that is left is to achieve a Press Ganey annual mean score of 95.0. Currently, the UPMC Imaging Department at Shadyside is averaging a mean score of 94.7 with six months left in this fiscal year. And, as you finish reading this article, another goal has been achieved: the process to change our culture is now published!

Verlon Salley, MHA, CRA is the executive director of radiology for UAB Medicine in Birmingham, AL. He takes the lead role in the development, orchestration, and implementation of all enterprise-wide imaging services initiatives for the two hospital campuses and satellites sites. He was with UPMC for five years and has worked in imaging administration for the last 15 years. He holds a MHA from Virginia Commonwealth University and is a Certified Radiology Administrator (CRA). Verlon can be contacted at vsalley@uabmc.edu.

Lydia Kleinschnitz, MHA, BSN, RN is the director of imaging services at UPMC Shadyside Hospital and Hillman Cancer Center. She administers the daily operations and develops processes and programs for a multi-modality imaging department for a UPMC system hospital in Pittsburgh, PA. Lydia is a registered nurse with over 25 years of experience. She has been with UPMC for 15 years, 5 years with UPMC Health Plan and the most recent 10 years with imaging services. She received her MHA from Grantham University in 2012.

Marlon Johnson, MSOL, BS, RN is the director of imaging services at UPMC Presbyterian Hospital in Pittsburgh, PA. Her scope of responsibilities includes daily operations and fiscal accountability for various imaging departments. Marlon is a registered nurse with 35 years of experience and 12 year tenure with imaging services. She accomplished a master’s in organizational leadership in 2005 from Geneva College.