MaineHealth

MaineHealth Knowledge Connection

Operational Transformation

Spring 5-21-2024

Key Performance Indicator (KPI) Development Pathway

Christopher Lloyd

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Sarah Rines

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Project: Key Performance Indicator (KPI) Development Pathway

Last Updated:10/15/2023

Executive Sponsor: Kenneth Lewis Facilitator: Christopher Lloyd



Due Date

12/1/2023

5/15/2024

Status

Team Members: Amy Giles, David Spaulding, Sarah Rines

Problem/Impact Statement

In Q1 FY24 as more team members started to take Operational Excellence classes and subsequently become more engaged in quality improvement it was observed there was much enthusiasm but also some gaps in the understanding of available tools, resources, data collection strategies, and what elevates something to a KPI, etc. There is a need to create a guide that supported gaps, streamlined tracking process, and aligned teams in this new approach.

Scope

In Scope: Training completed by CTI staff within the MaineHealth Operational

Transformation structure on how to develop KPIs. **Out of Scope:** Maine CDC QI project results template.

Baseline Metrics/Current State



Goal/Objective

Overall Goal (Outcome measure): By December 29, 2023, increase CTI's ability to produce measurable effective KPIs by implementing a process utilizing the tools of Lean Six Sigma to develop KPIs.

Process measure #1: All senior program managers and project managers will complete 5 question survey on effectiveness of current process by 11/10/23

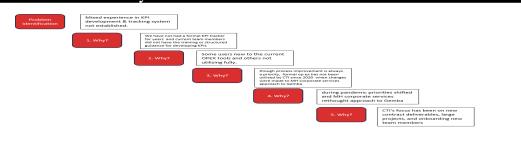
Process measure #2: Create draft of both KPI Development Pathway and draft of checklist to be reviewed by team

Process measure #3: Meetings to finalize and format KPI SOP and checklist and upon completion the start of Beta testing. Beta testing starts 01/10/2023 and ends 02/02/2024

Process measure #4: KPI Development Pathway and checklist will go live for all of CTI on 02/05/2024. Senior Program managers will be brought in on bimonthly meetings to discuss KPIs and levelopment.

Process measure #5: By the end of third quarter, a new 5-question survey will be sent out on KPI development and to review and compare results

Root Cause Analysis



Action Owner All senior program managers and project managers will complete 5 question survey on effectiveness of current process Create draft of both KPI Development Pathway and draft of checklist to be

on effectiveness of current process	Sarah Rines	11/10/2023	Completed
Create draft of both KPI Development Pathway and draft of checklist to be			
reviewed by team	Chris Lloyd	11/20/2023	Completed
	Chris Lloyd, David Spaulding, Amy Giles,		
Meetings to finalize and format KPI SOP and checklist,	Sarah Rines	1/5/2024	Completed
Initiate Beta testing of the KPI SOP and checklist for user comfort and feedback	Allyson Quinn, Matthew Whalen	2/2/2024	Completed
KPI Development Pathway and checklist goes live.	Chris Lloyd	2/5/2024	Completed
Senior Program managers will be brought in on monthly meetings to discuss KPIs	Chris Lloyd, David Spaulding, Amy Giles,		

completed and reviewed to compare results

Outcomes

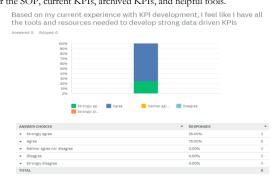
Countermeasures

At the end of Q2 the beta testing of the SOP was well underway, and it was being introduced to CTI teams. There were several KPIs underway and more in the works. A shared space was created for the SOP, current KPIs, archived KPIs, and helpful tools.



and development

By end of guarter three 2nd 5-question survey on KPI development pathway



Sarah Rines

Chris Lloyd, David Spaulding, Amy Giles,

Sarah Rines

Next Steps

CTI's Quality Team will review current KPIs and elicit feedback from team on and ongoing basis to understand effectiveness of SOP and make any needed adjustments, identify training needs, etc.

Problem/Impact Statement

In Q1 FY24 as more team members started to take Operational Excellence classes and subsequently become more engaged in quality improvement it was observed there was much enthusiasm but also some gaps in the understanding of available tools, resources, data collection strategies, and what elevates something to a KPI, etc. There is a need to create a guide that supported gaps, streamlined tracking process, and aligned teams in this new approach.

Scope

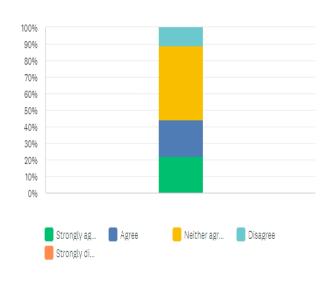
In Scope: All CTI care team members participate in the MaineHealth Introduction to Improvement Science Course and receive orientation to associated MH Operational Excellence (OpEx) documents and tools. Run Beta phase with select team members for user friendly experience and usage.

Out of Scope: Maine CDC QI project results template.

Baseline Metrics/Current State

In the past 12 months I have seen a benefit with the current KPI development process

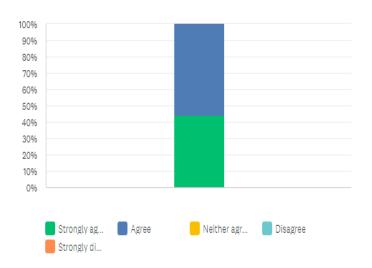
Answered: 9 Skipped: 0



ANSWER CHOICES	•	RESPONSES	•
▼ Strongly agree		22.22%	2
▼ Agree		22.22%	2
▼ Neither agree nor disagree		44.44%	4
▼ Disagree		11.11%	1
▼ Strongly disagree		0.00%	0
TOTAL			9

Based on my current experience with KPI development, I feel that CTI could benefit from an improved KPI development process

Answered: 9 Skipped: 0



ANSWER CHOICES	▼ RESPONSES	•
▼ Strongly agree	44.44%	4
▼ Agree	55.56%	5
▼ Neither agree nor disagree	0.00%	0
▼ Disagree	0.00%	0
▼ Strongly disagree	0.00%	0
TOTAL		9

Goal/Objective

Overall Goal (Outcome measure): By December 29, 2023, increase CTI's ability to produce measurable effective KPIs by implementing a process utilizing the tools of Lean Six Sigma to develop KPIs. Simultaneously develop a tracking system.

Process measure #1: All senior program managers and project managers will complete 5 question survey on effectiveness of current process by 11/10/23

Process measure #2: Create draft of both KPI Development Pathway and draft of checklist to be reviewed by team

Process measure #3: Meetings to finalize and format KPI SOP and checklist and upon completion the start of Beta testing, Beta testing starts 01/10/2023 and ends 02/02/2024

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Process measure #5: By the end of third quarter, a new 5-question survey will be sent out on KPI development and to review and compare results

Root Cause Analysis

Problem Identification Mixed experience in KPI development & tracking system not established.

1. Why?

We have not had a formal KPI tracker for years and current team members did not have the training or structured guidance for developing KPIs

2. Why?

Some users new to the current OPEX tools and others not utilizing fully.

3. Why?

though process improvement is always a priority, formal op ex has not been utilized by CTI since 2020 when changes were made to MH Corporate services approach to Gemba

4. Why?

during pandemic priorities shifted and MH corporate services rethought approach to Gemba

5. Why?

CTI's focus has been on new contract deliverables, large projects, and onboarding new team members

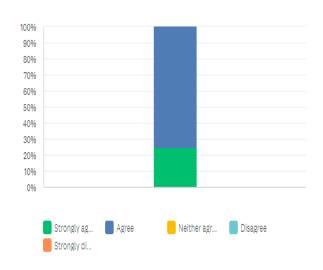
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Action	Owner	Due Date	Status
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completed and reviewed to compare results	Sarah Rines	5/15/2024	Completed

Outcomes

At the end of Q2 the beta testing of the SOP was introduced to CTI teams. There were several KPIs underway and more in the works. A shared space was created for the SOP, current KPIs, archived KPIs, and helpful tools. The SOP gave helpful user-friendly links to the MaineHealth Operations Transformation SharePoint.

In the past 12 months I have seen a benefit with the current KPI development process

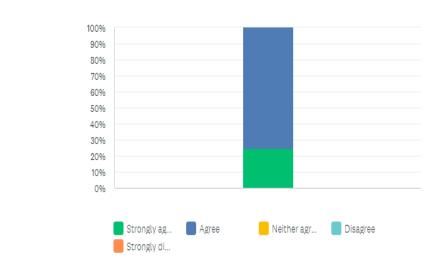
Answered: 8 Skipped: 0



ANSWER CHOICES	▼ F	RESPONSES	•
▼ Strongly agree	2	25.00%	2
▼ Agree	7	75.00%	6
▼ Neither agree nor disagree	0	0.00%	0
▼ Disagree	0	0.00%	0
▼ Strongly disagree	0	0.00%	0
TOTAL			8

Based on my current experience with KPI development, I feel like I have all the tools and resources needed to develop strong data driven KPIs

Answered: 8 Skipped: 0



ANSWER CHOICES	▼ F	RESPONSES	•
▼ Strongly agree	2	25.00%	2
▼ Agree	7	75.00%	6
▼ Neither agree nor disagree	0	0.00%	0
▼ Disagree	0	0.00%	0
▼ Strongly disagree	0	0.00%	0
TOTAL			8

Next Steps

CTI's Quality Team will review current KPIs and elicit feedback from team on an ongoing basis to understand effectiveness of SOP and make any needed adjustments, identify training needs, etc. The current tracker that has been developed will put an emphasis on next steps with completed KPIs and results towards continuous quality improvement.

