“A learning organization has the capability to improve, and it develops structures and processes that facilitate the acquisition and sharing of knowledge.”
—Schilling et al. (p. 542)

Becoming a Learning Organization

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Building Fundamental Performance Improvement Capabilities: The Kaiser Permanente Experience

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During the last several years, Kaiser Permanente has completed a major transformational initiative to enhance its performance improvement (PI) capability throughout its operations and culture. This issue of the Journal includes the fourth and final article in a series detailing the change process and resulting capabilities across the largest integrated delivery system in the United States. The reader could dismiss the articles in this series as “not relevant to my organization” in light of Kaiser’s integrated delivery structure or its vast size. That would be a mistake. Each of these four articles provides a distinctive lens on effective approaches to overcoming challenges that face every health care organization. The authors provide fundamental lessons and identify common themes about building high-performing improvement capabilities into an organization’s culture and operations. With ever-increasing value-based purchasing incentives and public reporting on performance, every health care delivery organization of any structure and size is looking for approaches to building and enhancing such capabilities.

Lisa Schilling and her colleagues begin with a basic truth—a systems view of PI capability is required. Proficiency in improving all key leadership, management, and staff’s daily work processes is essential to survival. In Part 1, they described how they benchmarked five organizations reputed to be high performers and distilled six core competencies “required to achieve consistent best-in-class performance”: Leadership Priority Setting, Systems Approach to Improvement, Measurement Capability, Learning Organization, Improvement Capability, and Culture. In that article (as in Table 3, page 488, for example) and throughout the series, the authors describe how they operationalized these competencies and integrated them into their PI system. Readers can use and benefit from a benchmarking methodology by analyzing how Kaiser’s system for PI is designed and then adapting elements to their own culture and setting. I invite the reader to “ignore” Kaiser’s size and scale and translate their learnings to your own enterprise. Successful benchmarking rarely results in “implanting” identical approaches but rather involves emulating and customizing processes and methods to suit the receiving organization.

The articles in this series provide details and illustrations of how Kaiser has constructed its current capabilities to improve performance, with examples to demonstrate how and where they are improving clinical results and realizing cost savings for improved efficiencies. Key features of the six critical capabilities that Kaiser Permanente has built are as follows:

1. Leadership Priority Setting: Leaders defined an overall organizational vision, created a framework for execution to organize around and communicate direction and performance goals and targets, and created communication processes to ensure that clear expectations are communicated throughout the workforce.

2. Systems Approach to Improvement: Leaders identified the enterprise’s key work systems and processes to focus systemwide measurement and improvement efforts. This created a management framework for allocating resources and focusing and aligning PI activity to optimize return on investment.

3. Measurement Capability: Leaders and managers continue to develop measures to monitor improvement in alignment with organizational goals that cascade from the senior leadership to unit-based teams. They also improve capability for using measures in daily work to ensure that key work processes are optimized as top-down goals are deployed.

4. Learning Organization: Training and education are designed for “just in time” rather than “just in case” needs and advance standardization of PI terminology and methods across departments and disciplines. Technical strategies are developed to manage and share knowledge, best practices, and methods that expand PI capacity.

5. Improvement Capability: Kaiser has been developing a cadre of dedicated personnel—Improvement Advisors and mentors—to support improvement work on an expanding basis. The value of this investment is tracked closely to allow for impact assessment.

6. Culture: Leaders focus on creating a culture that requires attention to improvement in priority areas and corresponding goals and key processes. This capability supports moving beyond projects and project management to leadership for routine, disciplined PI as part of the organization’s culture.

These six capabilities are required of all organizations—whether a single clinic or a multifacility integrated delivery system striving to achieve its own goals for quality, safety, service, and efficiency.

References
