The Impact of Team Member Engagement on Quality Metrics, Process Improvements and Patient Safety

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Background

The primary goal of a rare disease pharmacy is to ensure that patients receive safe and high-quality care through accurate dispensing, counseling, and medication management.[1] Yet, patient safety is not the responsibility of a single profession or department; it is a shared obligation across the entire team.[2] Effective safety practices require interdisciplinary collaboration, continuous process improvement, and a culture of engagement where every team member is empowered to identify risks, report concerns and contribute to solutions.[3]

Documenting and reporting workflow defects through Quality Improvement Opportunities (QIO) provides the essential data a quality program needs to pinpoint root causes and implement long-term preventative measures.[4, 5] The number of QIO reports submitted may reflect how active team members are in the quality process. However, documenting these issues may be perceived as an additional task, rather than a natural part of their work. Employees may hesitate to report due to fear of retribution, limited understanding of the reporting process, or they simply do not have the time. Ultimately, the implementation of quality improvement initiatives succeeds when reporting and engagement shift from perceived burden and risk to meaningful contributions.[6] When employees see that their input leads to a tangible change, reporting becomes not just a task, but a valued part of professional practice.

Objective

To assess how varying interventions impact pharmacy team member engagement in quality defect reporting.

Methods

This analysis utilized an anonymous survey to assess staff perceptions on their understanding of the QIO reporting process, recommendations to encourage reporting, attitudes toward the reporting process, and effectiveness of changes resulting from QIO communication. The study population included Operations and Fulfillment Center team members employed at a national rare disease pharmacy. These two departments were chosen because they are primarily responsible for submitting QIOs. The baseline survey was conducted in December 2025, and interventions were implemented into workflow based on the survey findings. These interventions included but were not limited to providing additional training and ensuring timely follow-up reports after QIO submissions. After the changes were implemented, a follow-up survey that assessed the impact of the implemented actions was distributed in February 2026. The primary focus of this research is to examine how various interventions influence team member engagement in reporting quality defects, while secondary outcomes will evaluate attitudes towards QIO reporting.

Results

Figure 1. Baseline and Follow Up Survey Participant Job Roles

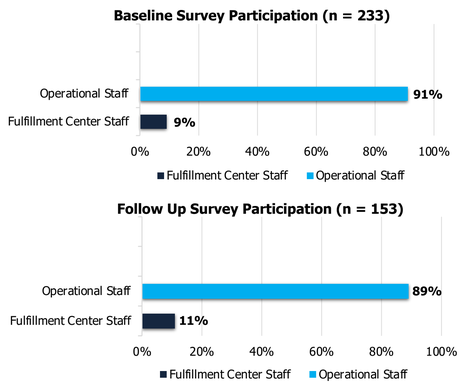


Figure 2. Survey Participant Opinions on the Value of Reporting QIOs

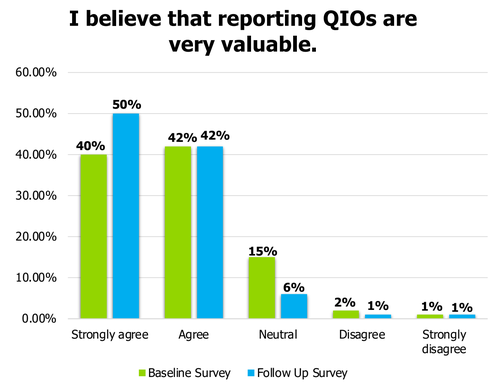


Figure 3. Perceived Effectiveness of Manager Communication Regarding QIO-Derived Process Changes

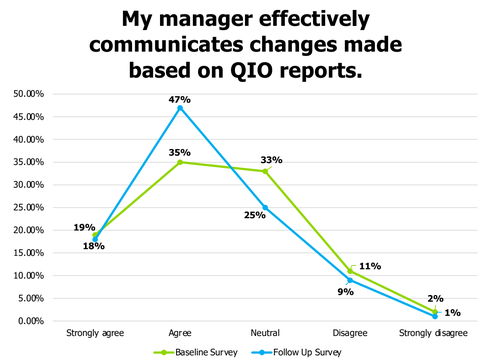


Table 1. Total QIO Reports and Percentage of First-Time Reporters from December 2025 to February 2026

QIO Reports 2025-2026		
Month	**Number of Reports**	**Percentage of First Time Reporters**
December 2025	694 reports	14%
January 2026	848 reports	16%
February 2026	872 reports	18%

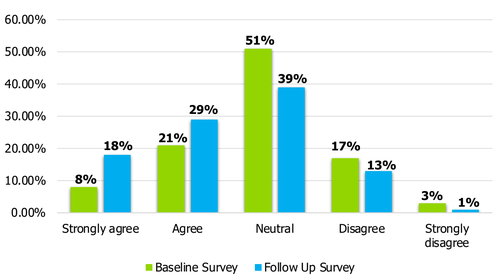
Figure 4. QIO-Related Concerns Received from Baseline Survey Participants

"I'm not sure what a QIO is or how to report it."

"I know they present opportunities for improvement. I believe in blame-free reporting, but I am concerned about negatively impacting another person."

"There have been instances in the past that I did not report a QIO because I was not completely sure if I did my portion of the process correctly as well."

Figure 5. Perceived Awareness of Changes Resulting from QIO Submissions



Discussion

A 16-question baseline survey was distributed via email to 522 Operations and Fulfillment team members in December 2025. A total of 233 responses were received, corresponding to a 45% response rate. The survey collected information on participants' roles and tenure at the company, assessed attitudes towards QIO reporting, and solicited feedback on potential interventions to improve awareness and knowledge of the QIO reporting process. The most frequently selected intervention was additional training on how and when to report QIOs, which was chosen by 160 individ uals. This was followed closely by the intervention of providing an overview of implemented process improvements derived from QIO submissions, which was selected by 152 respondents.

To address the training need, two virtual QIO seminars were held in January 2026. These sessions were created to strengthen team members' understanding of QIO reporting and to highlight the broader organizational impact of reporting. A total of 135 team members attended the training sessions. These seminars also addressed concerns raised in the survey including the anonymity of reporting, lack of follow-up and potential negative impacts of reporting on coworkers. The second intervention of providing timely feedback and updates on process improvements made based on QIO submissions will be implemented through monthly Quality team attendance at department meetings. This intervention promotes cross-functional collaboration, provides dedicated time for team members to ask questions and to discuss recent or upcoming improvements. Because this was implemented after the follow-up survey closed, its impact could not yet be evaluated.

Following survey distribution and implementation of the interventions, the total number of QIO reports and percentage of first-time reporters increased steadily. In December 2025, 694 QIOs were submitted, with 14% of reports coming from first-time reporters. This rose to 848 reports and 16% first-time reporters in January 2026 and slightly increased to 872 reports and 18% first-time reporters in February 2026. The proportion of participants who strongly agreed with survey statements related to QIO training and understanding, perceived value of reporting, and communication and visibility of QIO-driven changes increased overall in the follow-up survey. A slight decrease was observed in the group of participants who strongly agreed that their manager effectively communicates changes made based on QIO reports (19% to 18%). Overall, these findings suggest improvements in communication and visibility of QIO-driven changes after implementation of the interventions.

Conclusion

Findings suggest that targeted, engagement-focused interventions may promote quality defect reporting within a rare disease pharmacy. Following the implementation of the interventions, respondents reported an increased understanding of the purpose and value of QIOs. These findings highlight the importance of providing education along with transparent feedback to reinforce the idea that QIO reporting is a shared responsibility and a mechanism for meaningful workflow improvements, rather than an added burden. Although not all interventions could be fully evaluated within the study timeframe, continued efforts to encourage reporting, close the feedback loop and link staff input to tangible process changes may further strengthen engagement in quality defect reporting and support long-term patient outcomes.

References

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