

# Let's Build a Quality Culture in Washington State Public Health



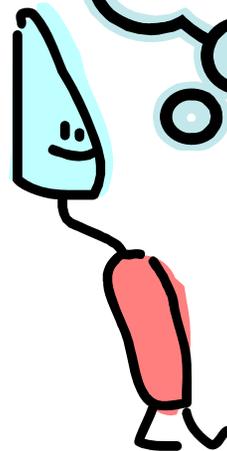
# Agenda

- Discuss the building blocks of a quality culture.
- Describe Tacoma-Pierce's effort to build "big QI".
- Demonstrate how to measure QI culture in your agency.
- Share lessons learned by the builders.



# Building Blocks of a Quality Culture

Quality culture and I  
lay the foundation of  
a solid QI program!



# Culture

- Culture helps define an organization's personality and explain its performance.
- “It is how we do things around here”.
- Difficult to define but you know that culture exists within your team or your organization.
- It determines the overall mood of the workplace.

# Quality Culture

- Attitudes, values and practices that support continuous learning.
- Continuously challenges its own ways of doing things to ensure improvement and the capacity to change.
- Fostered by increased capacity of employees to contribute to decision-making at the work-process and/or policy-making level.
- Works with multiple external stakeholders or other partners.

•Sources: [www.training.com.au](http://www.training.com.au); LG Boomer. *Seven rules for a training/learning culture*; National Centre for Vocational Education Research. *Case studies of organisations with established learning cultures*.

# Benefits of a Quality Culture

- Inspires ordinary people to flourish in an increasingly turbulent world.
- Discovers new ways to satisfy customers' needs, develop services, and deliver those services.
- Improves retaining and attracting Generation X and Y employees.
- Better ability to evolve: find ways to continuously change products/services as environments change.

Source: Conner ML and Clawson JG. *Creating a Learning Culture*; LG Boomer. *Seven rules for a training/learning culture*; Bersin J. *Life or Death: Building a Learning Culture*.

# Building/Sustaining Culture Change

- Critical to make data/reporting meaningful to staff.
- Resource levels decline for some projects after first attempt (health indicators & performance measures).
- Staff need lots of practice/training.
- Celebration of successes is important.



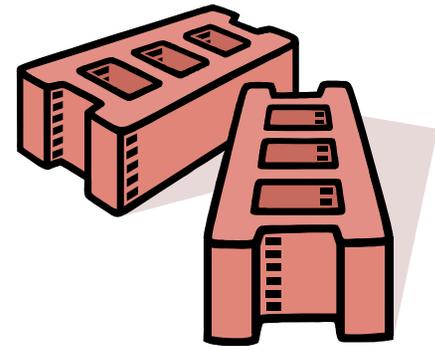


## Lesson

- Culture change is difficult, **REALLY** difficult.
  - Leaders' words and actions will be scrutinized.
  - Very important to create “safe” environment to learn from mistakes.
  - Active listening is key (may seem silly, but it works).

# Building Blocks of a Quality Culture

- Commitment
- Capability
- Understanding of Customer Expectations
- Empowerment
- Process Focus
- Institutionalization



# QI Initiative at the Tacoma-Pierce County Health Dept

OK, team.  
Let's see  
what we  
can build!



# “Big” QI (QI Culture)

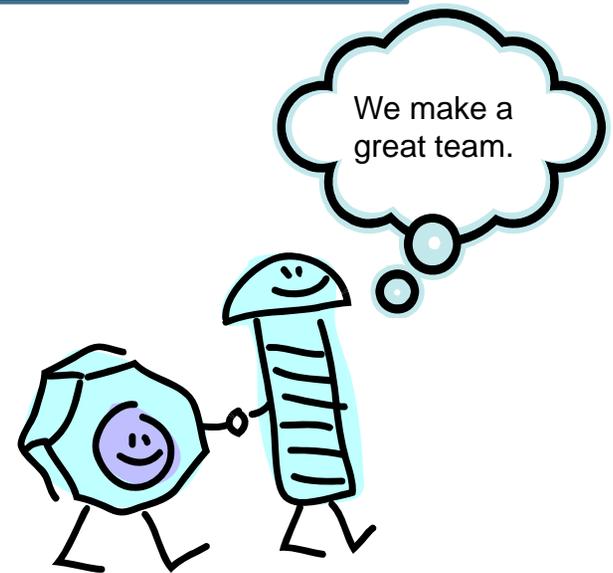
- Infrastructure
  - QI Council
  - QI plan and evaluation
- Performance measurement system
- Integration with other agency-wide initiatives
- Ongoing program-level quality

# Quality Improvement Council

## *Mission*

Improve the health of Pierce County by ensuring efficient, effective, customer-focused processes and programs.

- Horizontal representation.
- Senior management.
- Led by Director.
- Assessment staff = coordinator.



# QI Plan and Evaluation

- Annual QI plan.
  - Lists major activities.
  - Includes calendar.
  - Identifies persons responsible & time lines.
- Annual evaluation of QI plan.
  - QI Council meetings.
  - Achievement of performance measure.
  - Completion of QI plan activities.



# Outline of 2010-11 QI Plan

- **Scope and structure**
  - Mission and scope
  - Organizational structure
  - Dedicated resources
  - Roles and responsibilities
  - Approval of QI plan and evaluation
- **Alignment w/ other department initiatives**
  - Employee performance evaluations
  - Strategic planning
- **QI activities**
  - Quality projects
  - Ongoing program QI
  - TPCHD performance measures
  - Program evaluation reports
  - Review of health indicators
  - Review of after action reports
  - Public health standards
  - Training and recognition
- **QI Council calendar**
  - Staff responsible
  - Completion date
  - QI Council review date
  - Additional review dates

# QI Calendar

| 2010-11 Quality Improvement Council Calendar                             |   |  |  |                                    |
|--|---|--|--|------------------------------------|
|  | Staff Responsible   | Completion Date  | QI Council Review Date   | Additional Review Dates            |
| <b>A. Quality Projects</b>   |   |  |  |                                    |
| Title XIX Ad Match   | David Vance   | Oct 2010   | Jul 27 (interim report)<br>Dec 28 (final report)<br>Jun 28, 2011 (f/u report)    | Feb 15, 2011—<br>BOH study session |
| Contracts Management   | Marcy Kulland   | Dec 2010   | Jul 27 (interim report)<br>Dec 28 (final report)<br>Jul 26, 2011 (f/u report)    | Feb 15, 2011—<br>BOH study session |
| <b>B. Ongoing Program QI</b>   | Cindan Gizzi<br>(Vital Records)   | N/A  | Jul 27<br>Oct 26<br>Jul 26, 2011<br>Oct 25, 2011                                 | Feb 15, 2011—<br>BOH study session |
| <b>C. TPCHD Performance Measures</b>                                     | See Section II C  | Jul 31<br>Oct 31<br>Jan 31, 2011<br>Apr 30, 2011<br>Jul 31, 2011<br>Oct 31, 2011 | Aug 24<br>Nov 23<br>Feb 22, 2011<br>May 24, 2011<br>Aug 23, 2011<br>Nov 22, 2011 | Apr 6, 2011—BOH                    |
| <b>E. Review of Health Indicators</b>                                    |   |  |  |                                    |
| Three priority indicators<br>(Review of performance measures in Table 2) | Nigel Turner<br>(Chlamydia)<br>David Vance (LBW)<br>Steve Marek (Adult Obesity) | Jul 31<br>Oct 31<br>Jan 31, 2011<br>Apr 30, 2011<br>Jul 31, 2011<br>Oct 31, 2011 | Aug 24<br>Nov 23<br>Feb 22, 2011<br>May 24, 2011<br>Aug 23, 2011<br>Nov 22, 2011 | Apr 6, 2011—BOH                    |



## Lesson

- Maximize your efforts by starting “big” QI and “little” QI at the same time.
  - Take the time to build the infrastructure; it will save you time later.
  - Take baby steps and be okay with it.
  - Identify what is crucial to measure and only measure that.
  - Build success and change your culture one QI project at a time.

# Quality Projects

- **Administrative Services**
  - Contracts management
  - Purchasing process
  - Maintenance help desk request process
  - Title XIX Administrative Match revenues
- **Programmatic**
  - Chlamydia incidence
  - Missing race/ethnicity data on STD case reports
  - Solid waste code enforcement complaint process
  - Obesity prevention
  - Access to prenatal care
  - Septic system inspection process

# Evaluation of QI Plan

- Seven components
  - Results of performance measures
  - Impact of improvement actions from QI projects
  - Results of program evaluation reports
  - Results from health indicator projects
  - Completion rate of activities in QI Council calendar
  - Evaluation of QI Council meetings by its members
  - Qualitative evaluation of function of and resources allocated to the QI initiative.
- Quantitative and qualitative components

# Evaluation of 2009 Plan

- Improve recognition of staff for their QI work (especially by QI Council members).
- Better align/connect QI plan with major Department initiatives.
- Increase knowledge about the QI Plan by QI teams and other staff.
- Provide additional training for QI team members.

# Evaluation of 2009 Plan

- Apply QI methods/tools in other areas of TPCHD or in daily work.
- Focus on methods/activities to ensure improvements are sustained after initial implementation.
- Add regular consultation and support during QI team efforts.
- Educate staff re: the contribution of performance measures data collection to QI goals or overall performance.

# Performance Measures

- Twelve department-level measures.
  - Modeled after Healthy People 2010 Leading Health Indicators . . . plus two more.



- Approx. 10-20 performance measures per division.
  1. Percent of solid waste complaints responded to within 20 days.
  2. Reduce the rate of positivity at Infertility Prevention Project (IPP) sites.

# Departmental Performance Measures

| Objective                                   | Measure  | Person Responsible for Reporting Data |
|---|--|---------------------------------------|
| Improve immunization rates                  | The percentage of kindergarten enrollees that are up to date on their immunizations upon school entry will increase from 86% to 92% by 2014. | Nigel Turner                          |
| Reduce tobacco use                          | Decrease the percentage of adult smokers from 18% to 16% by 2014.  | Steve Marek                           |
| Reduce overweight & obese populations       | Reduce the rate of increase for adult obesity to 0% by 2014.   | Steve Marek                           |
| Increase access to care                     | Increase the number of children enrolled annually in health insurance programs by 42% by 2014.   | David Vance                           |
| Improve mental health                       | Decrease adult mental health problems in 20% of families provided TPCHD evidenced-based program services by 2014.                            | David Vance                           |
| Improve environmental quality               | Increase the percent of water systems that meet drinking water standards from 80% to 90% by 2014.  | Steve Marek                           |
| Decrease rates of key communicable diseases | Increase the percent of ten key communicable diseases for which the trend in incidence rate is flat or decreasing from 38% to 50% by 2014.   | Nigel Turner                          |

| Goal/Objective  | Performance Measure  | Benchmark | 2008           | % goal      |
|---|--|-----------|----------------|-------------|
| <b>Communicable Disease Control</b>   |  |           |                |             |
| Increase number of valid doses of vaccine administered to children under the vaccine for children program by 4%.                          | Number of doses administered by private and public Vaccine For Children providers.                               | 384,494   | <b>404,640</b> | <b>105%</b> |
| Increase the percentage of Chlamydia cases interviewed by 20%.  | 1. Percent of Chlamydia cases that are interviewed.  | 30%       |                |             |
|   | 2. Number of Chlamydia cases that are interviewed.   | 849       | <b>1706</b>    | <b>201%</b> |
| <b>Food &amp; Community Safety</b>  |  |           |                |             |
| Increase food establishment assessments, education, and consultation services by 5% (inspections).  | 1. Number of completed food establishment inspections and Western Washington Fair inspections.                   | 7765      | <b>8843</b>    | <b>114%</b> |
|   | 2. Number of temporary event applications.   | 1374      | <b>1496</b>    | <b>109%</b> |
| Provide facility inspections to 50% of Pierce County schools.   | Number of school safety inspections.   | 112       | <b>114</b>     | <b>102%</b> |
| <b>Environmental Health</b>   |  |           |                |             |
| Respond to more than 90% Solid Waste Code Enforcement complaints within 20 days.  | Percent of response to Solid Waste Code Enforcement complaints within 20 days.                                   | 90%       | <b>76.8%</b>   | <b>85%</b>  |
| Increase the number of small public water systems that meet the requirements of the Safe Drinking Water Act by 5%.                        | Percent of small public water systems that meet the bacteria requirements of the Safe Drinking Water Act.        | 80%       | <b>70.3%</b>   | <b>88%</b>  |
|   | Percent of small public water systems that meet the nitrate requirements of the Safe Drinking Water Act.         | 90%       | <b>85.5%</b>   | <b>93%</b>  |
| <b>Prevention Priorities</b>  |  |           |                |             |
| Increase the adoption of coordinated health promotion programs in schools, workplaces and community settings.                             | 1. Number of schools participating in Coordinated School Health activities.                                      | 6         | <b>7</b>       | <b>117%</b> |
|   | 2. Number of culturally competent health promotion services to ethnic seniors.                                   | 2500      | <b>2179</b>    | <b>87%</b>  |
|   | 3. Number of units of group health education delivered through wellness programs.                                | 3715      | <b>3584</b>    | <b>96%</b>  |
| Increase by 3,500 per year, the number of Medicaid eligible children ages 0-6 who are connected to 'dental homes' from trained providers. | Number of Medicaid eligible children ages 0-6 enrolled in Access to Baby and Childhood Dentistry (ABCD) program. | 3,500     | <b>4276</b>    | <b>122%</b> |

# Program-Level Quality

- The “C” in CQI
- A part of how we do our work
- Example: Vital Records
  - Delays with point-of-sale system
  - Redesign of “call back” process

# Integrating QI

- Strategic planning
  - Performance measures
  - Health indicators
- Employee performance reviews
  - Annual deliverables for using QI methods/  
principles



## Lesson

- Use your assessment staff.
  - Coordinator of QI Council.
  - Technical assistance/data analysis for QI projects.
  - Team leader for QI projects.
  - Champions of QI.



## Lesson

- Implementing a quality culture takes top-down and bottom-up efforts (but top-down is more important).
  - Must have the Director actively leading the initiative.
  - Find high level champions and praise their efforts.
  - Make QI the easy choice for managers and staff.

# How to Measure QI Culture in Your Agency



# Rating Your Quality Culture

- Using the six building blocks of a quality culture, rate where your organization is today.
- Where do you think you started from – baseline?
- Indicate where you think the organization will be at this time next year.



# Rating Scale

- 0 – Nothing in place
- 1 – Just getting started
- 2 – Moving in the right direction
- 3 – Adequate – have made good progress over the last year
- 4 – Very good performance and have plans in place to expand the QI program throughout the organization
- 5 – We have institutionalized QI

# Rate Your Quality Culture

Circle:

- Commitment: 0--1--2--3--4--5
- Capability: 0--1--2--3--4--5
- Customer Focus: 0--1--2--3--4--5
- Empowerment: 0--1--2--3--4--5
- Process Focus: 0--1--2--3--4--5
- Institutionalization: 0--1--2--3--4--5

# Identifying Barriers to Building a Quality Culture

- List the top three barriers that are preventing you from having a culture of quality.
- What tools do you need to overcome them?



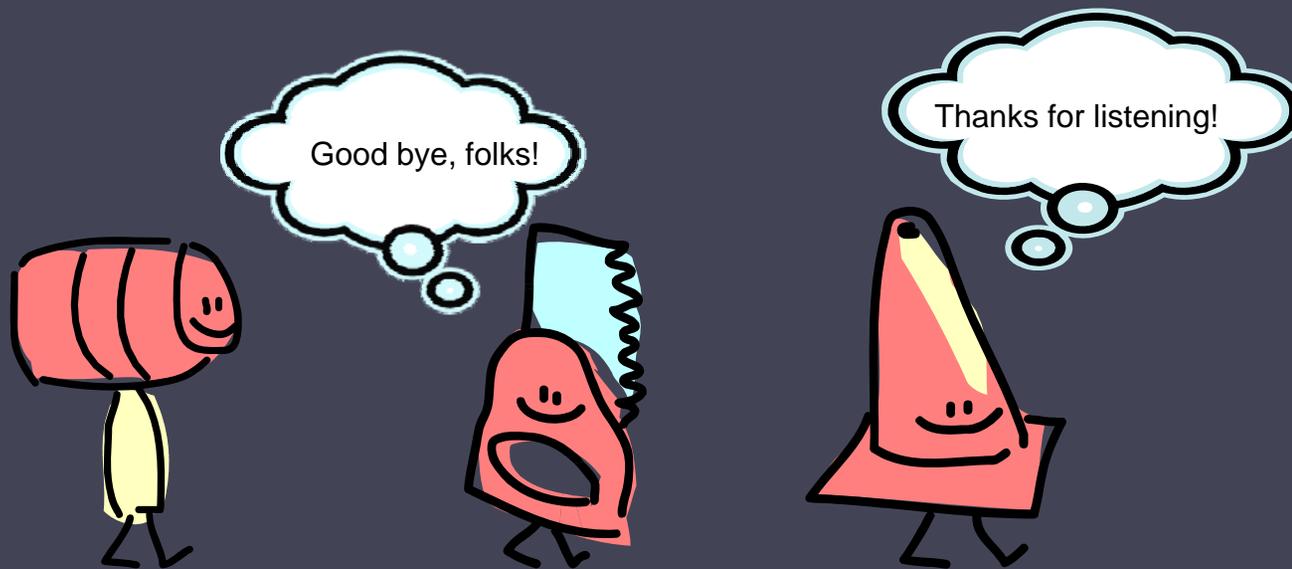
## Lesson

- Celebrate your successes, no matter how small.
  - Recognize your staff who participate in QI or start using QI on their own.
- Don't get defensive if things don't go as planned—remember, we learn from our mistakes.



# Lesson

- Borrow, copy and plagiarize.
  - From today's presenters.
  - Public health exemplary practices.
  - Other health care sectors.
  - Wildly different industries.



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