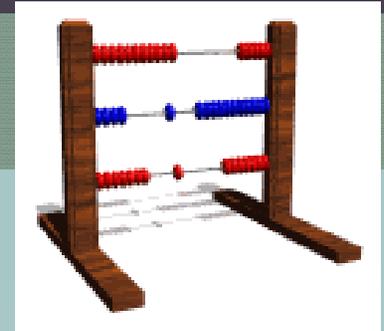


# Selecting Improvement Areas to Address

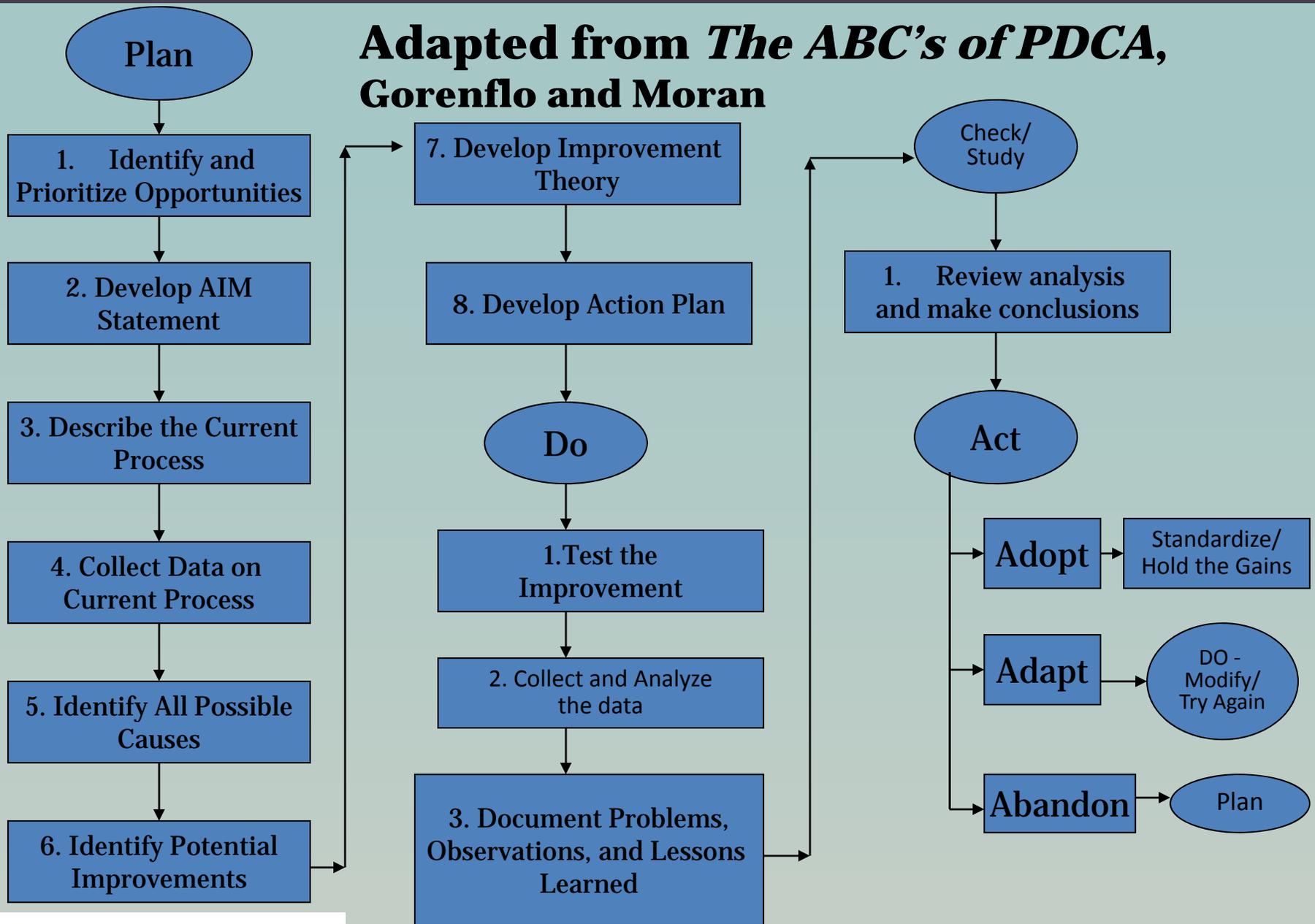
# Today's Learning Objectives

- Review process steps and tools to identify and prioritize opportunities for improvement
- Review Steps in PDCA process for QI teams to conduct QI projects
- Review Key Influential Factors for building a culture of QI



- But First... What “Ah-Ha” moments in Session II?
  - Lillian’s Multnomah County HD
  - Cindan’s Tacoma-Pierce County HD
  - Lyndia’s Spokane Regional HD

# Adapted from *The ABC's of PDCA*, Gorenflo and Moran



# Identify Problem or Area for Improvement

- Use the results of your Standards Self Assessment to identify potential areas for improvement
  - What measures were not fully demonstrated?
  - Are there any themes across the measures?

OR

- Are there performance data or health indicators data that you want to improve:
  - Community Health Assessment, BRFSS
  - Client or customer satisfaction data
  - LHD or SHD operational data, such as CD investigation timeliness or accuracy

# Self-Assessment- Areas to Improve

After the Standards Self-Assessment has provided scoring results for each measure, conduct a prioritization process to identify the higher priority issues to improve:

- *Develop “Short List” of potential areas for improvement; “theme approach” vs “individual standards or measures”*
- *Determine process and criteria for prioritizing issues*
  - *Importance-Capacity Matrix*
  - *High-Risk, High-Volume, Problem-Prone*
- *Select leaders and staff to participate in prioritization process*
- *Select high-priority areas*

# Short List: Theme Approach

“Theme Approach:” Begin with a high level view of weaknesses and cross-cutting themes vs. individual standards or indicators

## Domain 1: Conduct & disseminate assessments [of] population health status & PH issues ...

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

1.1.2 B: Communicate with surveillance sites on at least an annual basis

1.1.4 L/S Provide reports of primary and secondary data to SHA/LHDs

Standard 1.2 B: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic risks that affect the public’s health.

1.2.2 L: At least annually, provide public health data to the community in the form of reports on a variety of public health issues

1.2.2 S: At least annually, provide statewide public health data to various audiences in the form of reports on a variety of public health issues

# Short List: Standards Approach

- “Standards Approach:”
- Focus on specific standards with low capacity...and high importance.

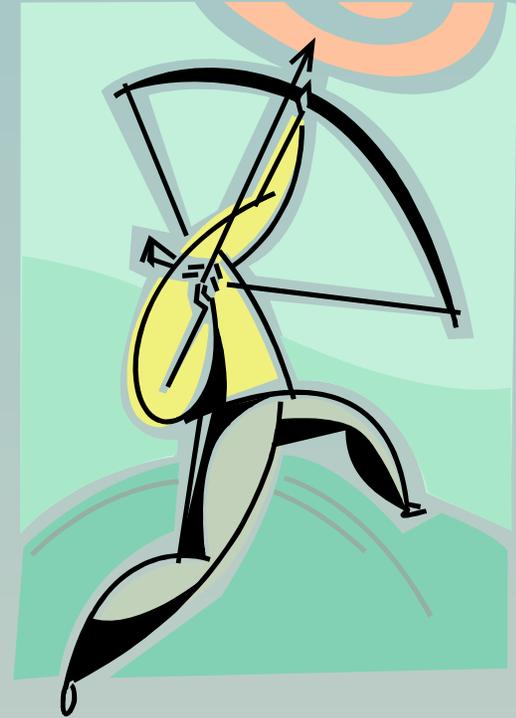
<b>Perceived Priority</b>	High	<b>I</b> High Priority Low Performance	<b>II</b> High Priority High Performance
	Low	<b>IV</b> Low Priority Low Performance	<b>III</b> Low Priority High Performance
		Low	High
		<b>Current Level of Performance</b>	



Adapted from: *NPHPSP User Guide*

# Applying Criteria for Selecting Opportunities for Improvement

- Types of Criteria
  - Strategic Alignment
  - Influence on Other Standards
  - Operational Processes
  - Control vs Influence
- Criteria Matrix



# Criteria #1: Link to strategic priorities

- Think about past experiences and data that make improvement compelling:
  - Has a capacity helped us on health issues?
  - Has a failure in this capacity hurt our priorities?
  - Do we have data to make a connection?
- Has it been identified in our plans or logic models related to priority issues?

## Criteria #2: Influence on other standards

- What if you could find the drivers of your accreditation readiness and improvement goals?
- ...Areas that, if improved, might pull down a mountain of barriers, rather than just one?



# Criteria for Operational Processes

- Measure processes that are:
  - High-risk
    - Health Alerts, Drinking Water, CD Investigations
  - High-volume
    - WIC, Food Safety, OSS, Immunizations
  - Problem-prone
    - Emergency Preparedness

# Control and Influence

- This is a conceptual tool to help give a team guidance on what to focus on when trying to pick a topic to improve
- They should focus where they have both control and knowledge
- In Public Health we may work more in the influence part of the circle or quadrant

Control

No Control

Knowledge

Do It

Influence

No Knowledge

Get Help

Stay Away

Knowledge	Do It	Influence
No Knowledge	Get Help	Stay Away

# Control and Influence

- It helps to understand where:
  - we have control
  - we may need assistance
  - we can influence only
  - we should stay away from
- It also points out that we can expand our control area by becoming more knowledgeable, seeking assistance, and trying to be influential in areas beyond our control

# Criteria Matrix Tool

Improvement Area	Importance			Control			High Risk	High Vol.	Problem Prone
	HI	MED	LOW	HI	MED	LOW			
1. Health Data	<b>X</b>				<b>X</b>			<b>X</b>	
2. Engage Community		<b>X</b>							<b>X</b>
3. CHIP	<b>X</b>				<b>X</b>		<b>X</b>		
4. QI Plan		<b>X</b>		<b>X</b>					
5. Research Processes			<b>X</b>				<b>X</b>		

# Criteria Matrix Tool

Improvement Area	Importance			Control			Hi Risk	Hi Vol.	Prob. Prone	Total points
	HI (3)	MED (2)	LOW (1)	HI (3)	MED (2)	LOW (1)	(1)	(1)	(1)	
1. Health Data	<b>X</b>				<b>X</b>			<b>X</b>		<b>6</b>
2. Engage Community		<b>X</b>							<b>X</b>	<b>3</b>
3. CHIP	<b>X</b>				<b>X</b>		<b>X</b>			<b>6</b>
4. QI Plan		<b>X</b>		<b>X</b>						<b>5</b>
5. Research Processes			<b>X</b>				<b>X</b>			<b>2</b>

## Let's Discuss:

- What experience have you had with conducting priority setting processes with PH staff and/or community groups?
- What other tools would you recommend for selecting priorities?

# Building QI into the Agency's Culture

# QI Infrastructure

- Governance (formal/informal)
  - Oversight and accountability
- Program structure
- Who will do what when, with what processes for recommending or deciding
- Staff
  - Support for ongoing monitoring and analysis, for training and facilitating improvement activities
- Data system
  - Collect data and report in a user friendly way

# TPCHD-Quality Improvement Council

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

# SRHD-Quality Council

- Structure

- Plan/Charter
- Membership
- Meetings
- Work plan
- Evaluation

## Reports on:

- Administrative responsibilities
- After Action Reviews
- Customer service
- Division status
- HIPAA compliance
- QI projects
- Standards review
- Strategic plan

# Quality Improvement Plan

- Goals and objectives
- Monitoring activities associated with important aspects of programs/services
- Planned QI efforts (in process, new) and timelines
- Evaluation of current QI efforts
- Annual evaluation of QI work plan and program description, with proposed revisions

# TPCHD-QI Plan and Evaluation

- Annual QI plan
  - Lists major activities
  - Includes calendar
  - Identifies persons responsible & time lines
- Annual evaluation of QI plan
  - Evaluates QI Council meetings
  - Analyzes performance measure data
  - Examines completion rate of QI plan activities

These are the building blocks of a good QI program.



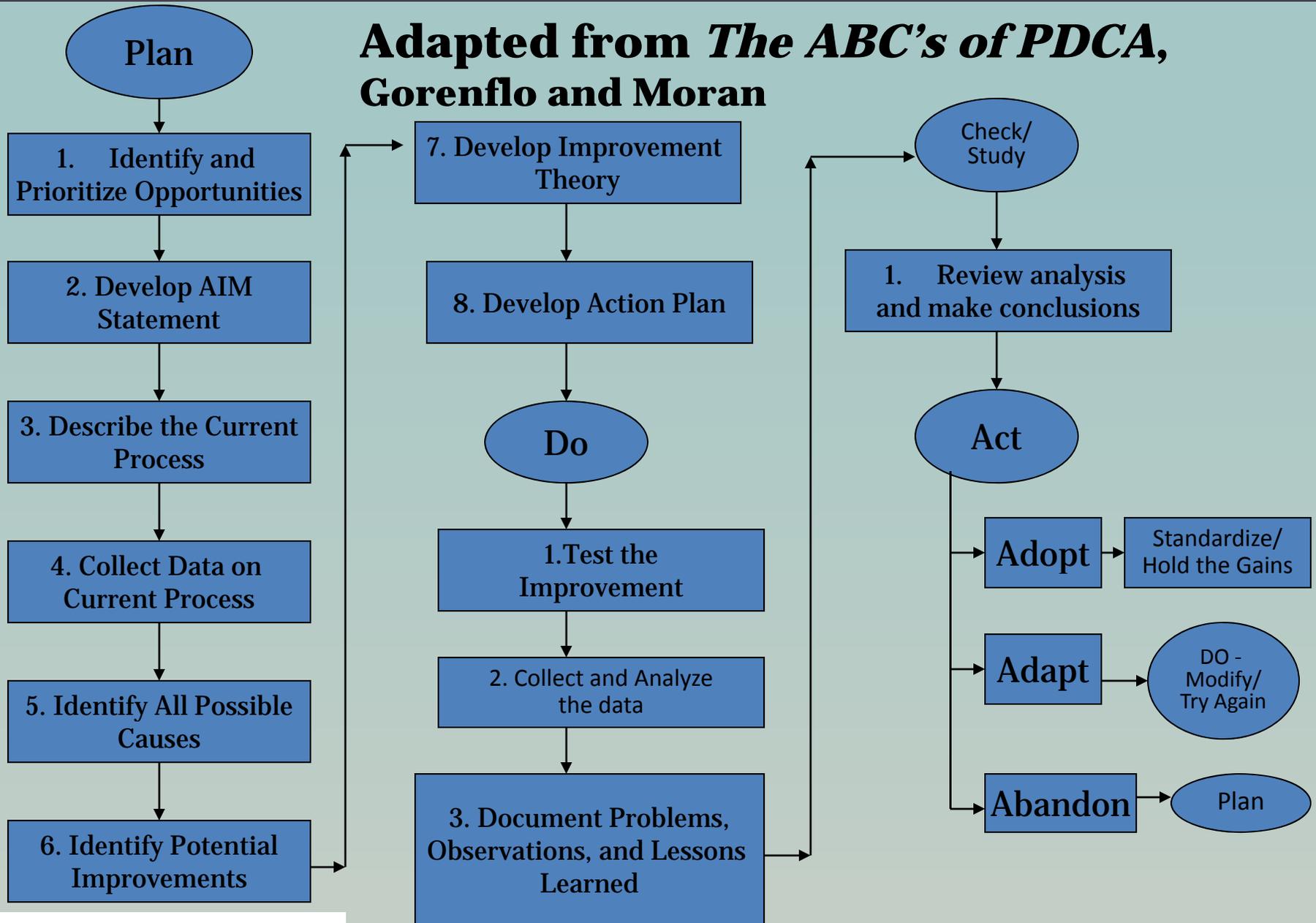
# TPCHD-QI Calendar

<b>III. 2009 Quality Improvement Council Calendar</b>				
	<b>Staff Responsible</b>	<b>Completion Date</b>	<b>QI Council Review Date</b>	<b>Additional Review Dates</b>
<b>A. Rapid Cycle Improvement Projects</b>				
Purchasing	Marcy Kulland	Sep 21	Sep 22 (final report)	TBD (BOH)
Solid waste code enforcement complaint resolution	John Sherman	Nov 23	Sep 22 (interim report) Nov 24 (final report)	TBD (BOH)
<b>B. TPCHD Performance Measures</b>	See Section II B	Jul 31 Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)
<b>C. QI Projects at Request of Director</b>	TBD	TBD	TBD	TBD
<b>D. Program Evaluation Reports</b>				
Menu labeling	Rick Porso	May 25	May 26	
MCH home visiting	David Vance	Oct 26	Oct 27	
<b>E. Review of Health Indicators</b>				
Three priority indicators (Review of performance measures in Table 2)	Nigel Turner (Chlamydia) David Vance (LBW) Rick Porso (Adult Obesity)	Jul 31* Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)

# Conduct QI activities

- Measure performance against standards, health indicators or program outcomes
- Participate in improvement collaborative
- Conduct Rapid Cycle Improvement (agency or program QI teams)
- Just in Time training for managers and staff
- Regular reporting of progress and achievements

# Adapted from *The ABC's of PDCA*, Gorenflo and Moran



# Rapid Cycle Improvement (RCI)

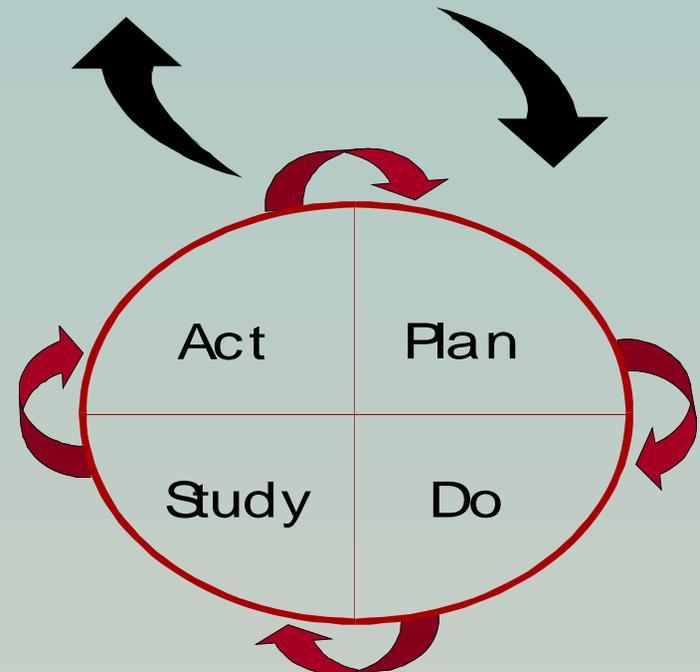
28 The idea behind rapid cycle improvement is to first try a change idea on a small scale to see how it works, and then modify it and try it again until it works very well for staff and customers. Then, and only then, does a change become a permanent improvement.

## Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



# TPCHD-QI Training & Tools

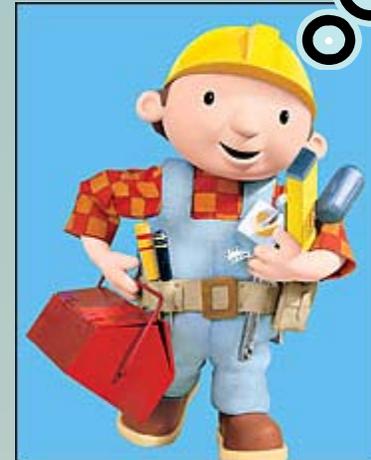
Just-in-time training for QI project teams

Performance measures training

QI Council training on QI concepts

QI concepts staff can use in daily work

I have what I need for the work I need to do.



# A Review of Evaluation Findings Used to Identifying Agency Characteristics Known to Influence Quality Improvement

Preliminary Results Based on the MLC Evaluation

September, 2010

## Contributors:

Brenda Joly PhD, MPH  
Maureen Booth, MRP  
Prashant Mittal, MSC, MS  
George Shaler, MPH  
Ann Conway, PhD



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# Organizational Culture

- **What are we measuring?**
  - Leaders receptive to new ideas to improve services
  - Agency has a strong desire to improve services
  - Leaders work together toward common goals
  - Agency data are shared for improvement purposes
  - Agency doesn't place blame when things go wrong
  - Staff work together to solve problems
  - Staff routinely contribute to decisions



# Capacity and Competency

- **What are we measuring?**
  - Agency has objective measures for assessing quality
  - Leaders and staff have QI skills
  - Leaders and staff have had basic QI training
  - Agency has process for determining QI priorities
  - Quality of programs is routinely monitored
  - Staff use systematic methods to address root causes
  - Agency has a QI Officer



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# Alignment and Spread

- **What are we measuring?**
  - Job descriptions include QI responsibilities
  - Good ideas for improving quality are adopted
  - All staff participate in QI
  - Customer satisfaction information is used
  - Agency allocates sufficient time for QI
  - QI efforts extend beyond one program area
  - QI is part of daily practice and operations



# Key Influential Factors



N=593

Strong QI Orientation



Limited QI Orientation

Item	Cluster #1 (n=86)	Cluster #2 (n=158)	Cluster #3 (n=168)	Cluster #4 (n=145)	Cluster #5 (n=36)
LHD has QI Committee *	49%	10%	7%	4%	6%
LHD has QI plan *	47%	11%	3%	2%	3%
Staff has authority to facilitate change*	51%	25%	12%	10%	23%
Managers are accountable for improving services*	68%	26%	11%	7%	6%
Key decision makers believe QI is important*	77%	52%	38%	29%	16%
QI approaches are compatible with agency*	56%	18%	9%	8%	10%
Staff have support and time to learn QI approaches*	35%	2%	1%	0%	0%

\* Percents based on those who reported "strongly agree"

## Let's Discuss:

- What challenges have you or your agency faced in building QI into your agency culture?
- What other questions or comments do you have?

# Some QI References

- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook, 2008, [www.accreditation.localhealth.net](http://www.accreditation.localhealth.net)
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- Joly B, Booth M, Mittal P, Shaler G, Conway A, *A Review of Evaluation Findings Used to Identifying Agency Characteristics Known to Influence Quality Improvement*, Muskie School of Public Health, presented at MLC-3 Open Forum, Chicago, IL; September 2010

THANK  
YOU