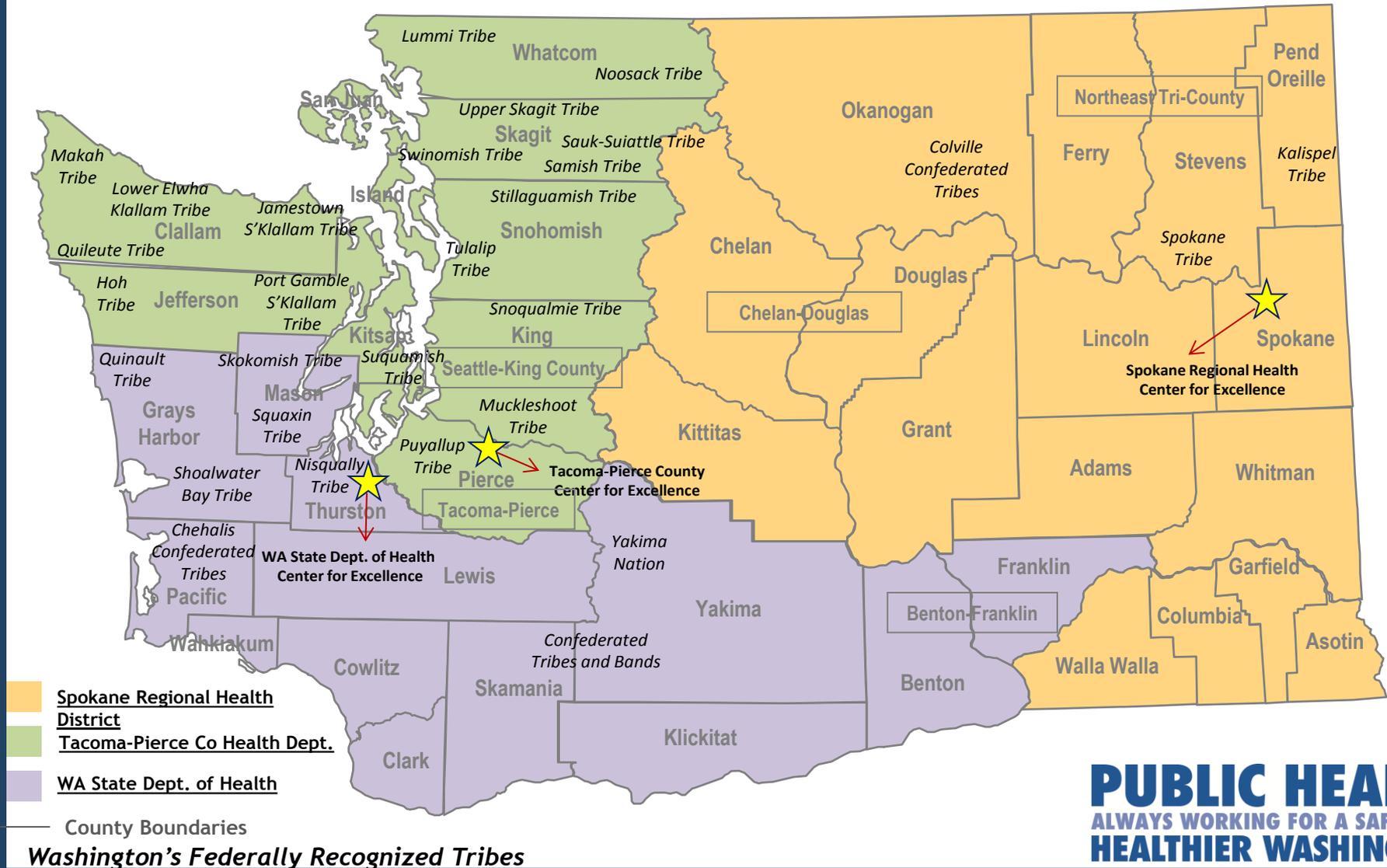


*Public Health Performance Management
Centers for Excellence*



**THE ROLE OF QUALITY
PLANNING IN PUBLIC HEALTH**

Which Center for Excellence Region are you located in?

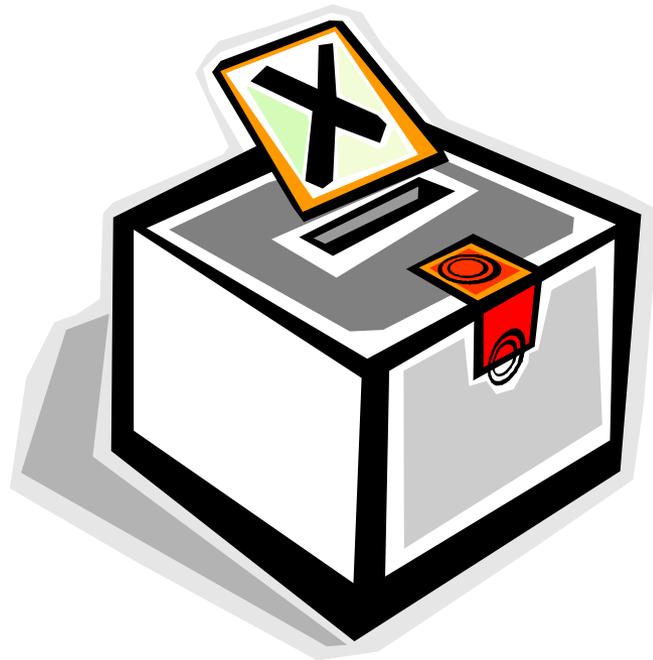


PUBLIC HEALTH
 ALWAYS WORKING FOR A SAFER AND
 HEALTHIER WASHINGTON

Learning Objectives

Upon completion participants should be able to:

- State how quality planning differs from quality improvement.
- Explain the importance of customer input to quality planning.
- Describe the use of *at least* 3 tools useful for quality planning.



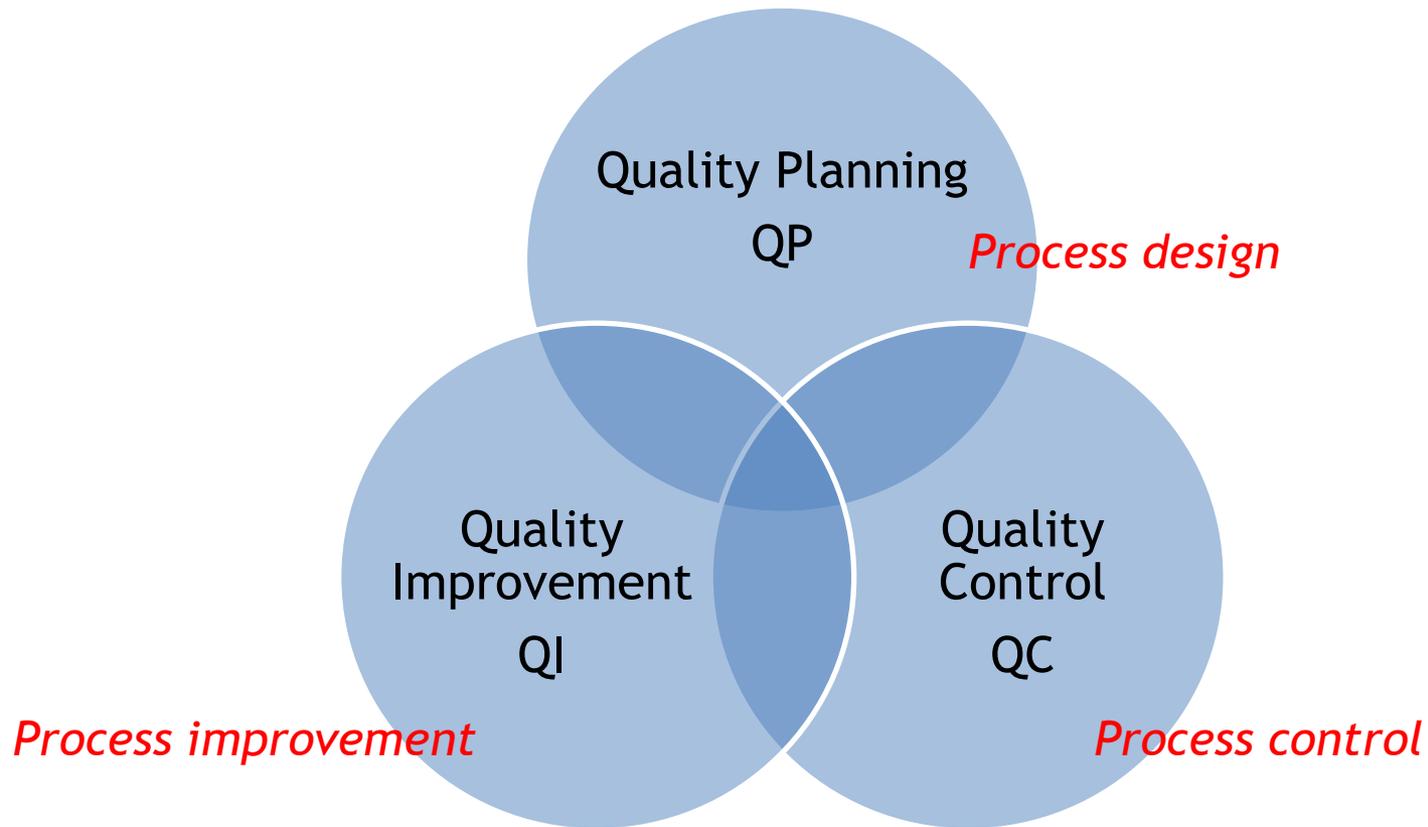
Public Health Performance Management Centers for Excellence

Quality Management (QM) Definition

The act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning and assurance, as well as quality control and quality improvement. It is also referred to as total quality management (TQM).

Investopedia explains 'Quality Management'

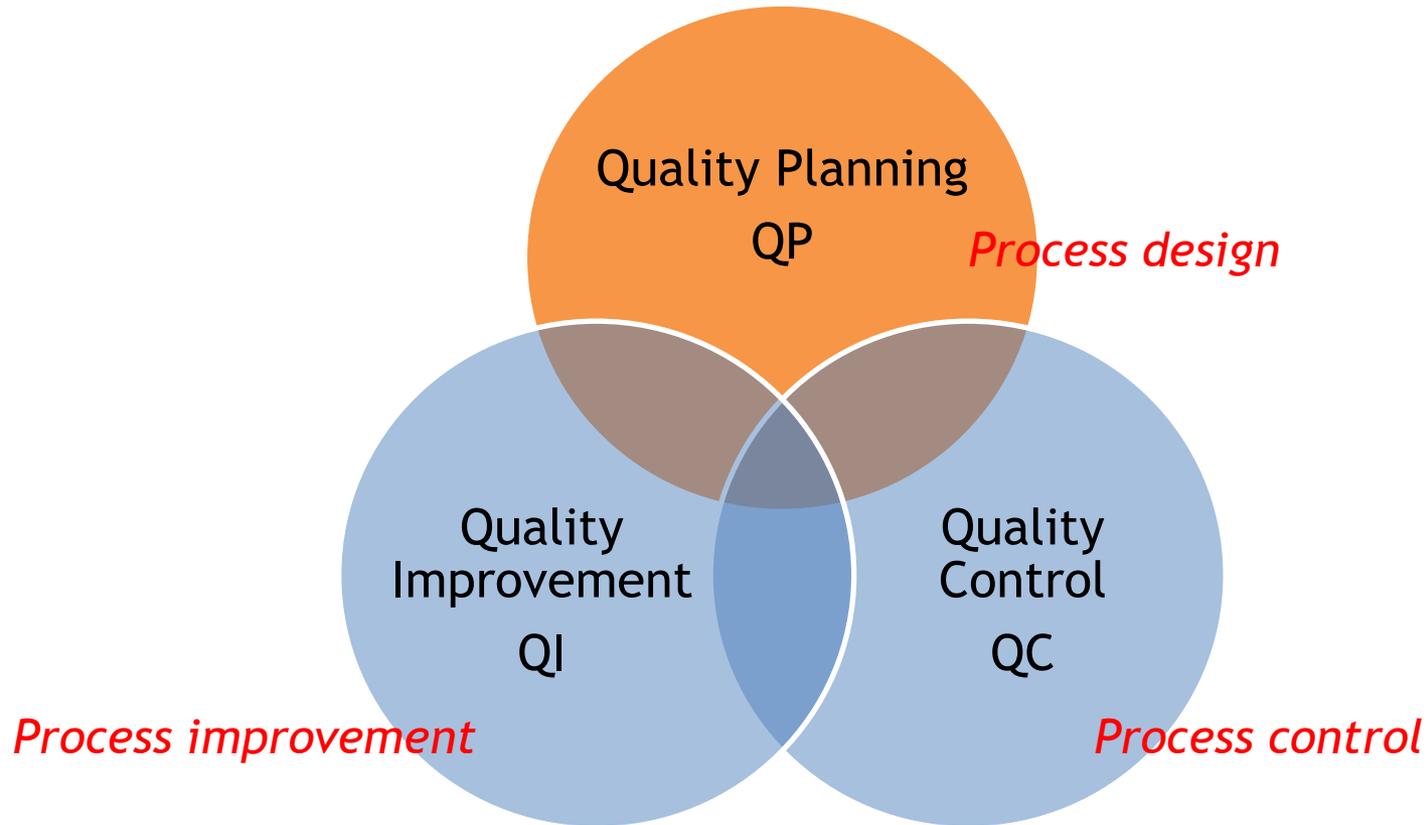
Quality Management Components



Joseph Juran, 1950s

Juran on Leadership for Quality, Free Press, 1989

Quality Management Components



Joseph Juran, 1950s

Juran on Leadership for Quality, Free Press, 1989

QM approaches - different starting places

Quality Control

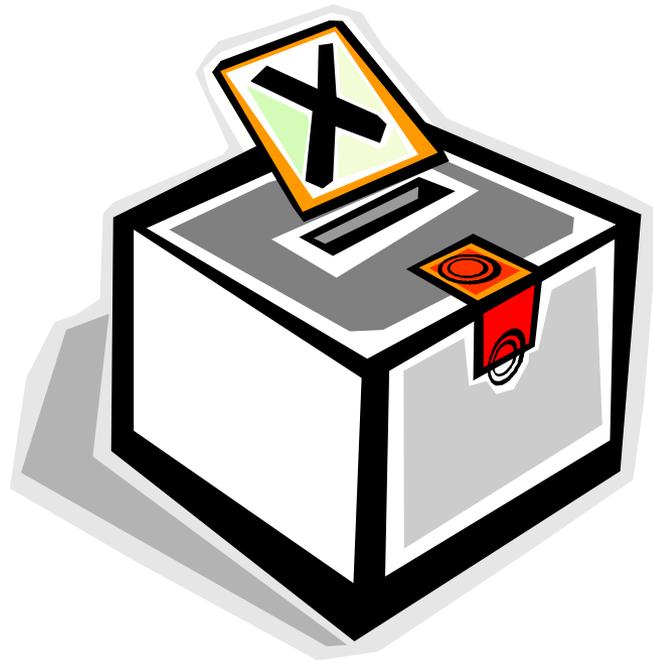
- Problem(s) narrow & easily defined
- Variables understood
- Measures & Controls in place
- Customer needs understood
- Process is stable, predictable results

Quality Improvement

- Problem(s) more complex (though still easily defined)
- Process exists; may have been documented
- Few controls in place
- Data available but unanalyzed
- Customer needs assumed
- Process appears capable of meeting customer needs - at least some of the time
- Process reasonably stable

Quality Planning

- Customer needs are consistently going unmet
- Process/service does not exist, or
- Current performance not capable of meeting customer needs



Quality Planning Cycle

Start with Assessment:

- Assess organizational goals
- Determine most important opportunities

Define Opportunity & Customer Needs

- Problem/Opportunity and Process to Address
- Identify customers/stakeholders
- Discover the customers' needs

Design & Pilot or Diagnose

- Translate customers' needs
- Develop the product or service features
- Develop process features

Evaluate Impact/Results of Service - Verify

- Develop process controls
- If achieving desired results, prepare to transfer to operations

Take Action

- Fully implement - begin Quality Control
- Initiate QI if outcomes not achieved

Quality Planning Cycle

Start with Assessment:

- Assess organizational goals
- Determine most important opportunities



PLAN

- Problem/Opportunity and Process to Address
- Identify customers/stakeholders
- Discover the customers' needs



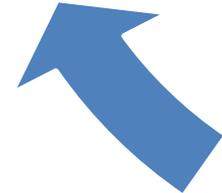
Design & Pilot or Diagnose

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Evaluate Impact/Results of Service - Verify

- Develop process controls
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Take Action

- Fully implement - begin Quality Control cycle
- Initiate QI if outcomes not achieved



Quality Planning Cycle

Start with Assessment:

- Assess organizational goals
- Determine most important opportunities



PLAN

- Problem/Opportunity and Process to Address
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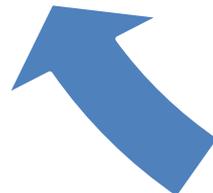


PLAN & DO

- Translate customers' needs
- Develop the product or service features
- Develop process features

Take Action

- Fully implement - begin Quality Control cycle
- Initiate QI if outcomes not achieved



Evaluate Impact/Results of Service - Verify

- Develop process controls
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Quality Planning Cycle

Start with Assessment:

- Assess organizational goals
- Determine most important opportunities



PLAN

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- Discover the customers' needs

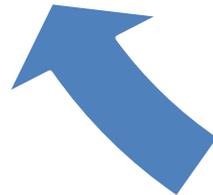


PLAN & DO

- Translate customers' needs
- Develop the product or service features
- Develop process features

Take Action

- Fully implement - begin Quality Control cycle
- Initiate QI if outcomes not achieved



STUDY

- Develop process controls
- If achieving desired results, prepare to transfer to operations



Quality Planning Cycle

Start with Assessment:

- Assess organizational goals
- Determine most important opportunities



PLAN

- Problem/Opportunity and Process to Address
- Identify customers/stakeholders
- Discover the customers' needs

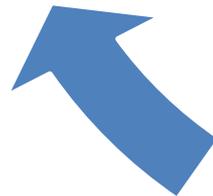


PLAN & DO

- Translate customers' needs
- Develop the product or service features
- Develop process features

ACT

- Fully implement - begin Quality Control cycle
- Initiate QI if outcomes not achieved

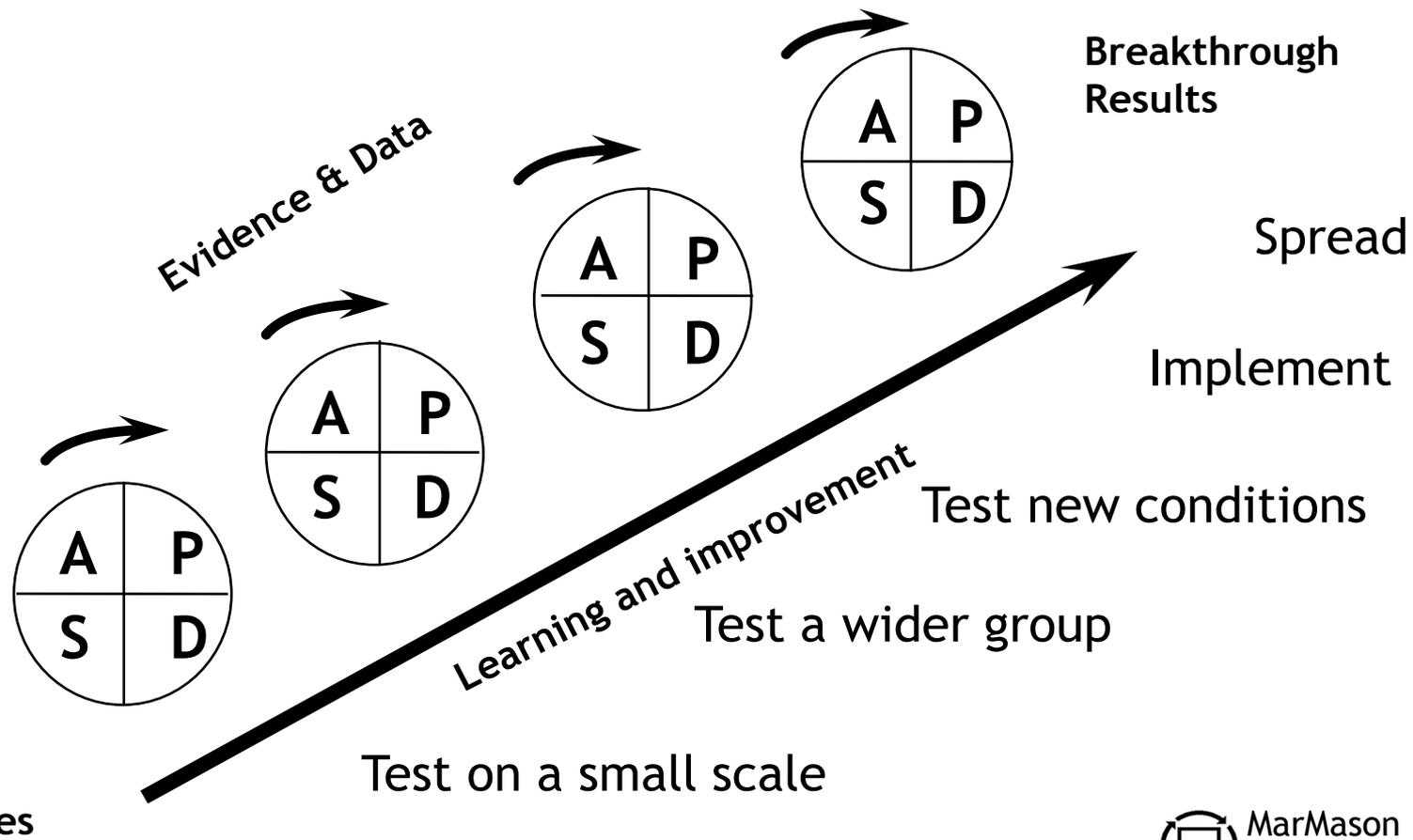


STUDY

- Develop process controls
- If achieving desired results, prepare to transfer to operations



Sequential Building of Knowledge Includes a Wide Range of Conditions in the Sequence of Tests



Theories,
hunches,
& best practices

Applications of QP in Public Health

- Development of the CHIP
- Developing & operationalizing a strategic plan
- Program Development
 - Planning new programs
 - Designing *specific* activities/services
 - Optimizing current programs
 - Re-designing *specific* activities/services

Public Health Performance Management Centers for Excellence

Let's Discuss



What challenges have you had in the application of Quality Planning cycle and steps?

What successes have you had in the application of Quality Planning cycle and steps?

Public Health Performance Management Centers for Excellence



A METHOD FOR QUALITY PLANNING

The quality planning (QP) method



Assess

1. Assess organizational goals and current performance
2. Determine most important problems/biggest opportunities

Define

3. Define problem/opportunity
4. Define process(es)/service to be addressed
5. Identify customers and stakeholders
6. Discover customers' needs (i.e. collect data)

Analyze for Customer Need

7. Translate customer needs into operational characteristics
8. Establish measures of success

Design & Pilot

9. Develop the product/service features
10. Consider service/process design options
11. Develop process features

Verify

12. Develop process controls
13. Transfer to operations
14. Enter Quality Control Cycle

Quality Planning Project Steps

Dish: _____ Recipe Serves: _____

Public Health Performance Management Centers for Excellence



TOOLS FOR QUALITY PLANNING





Prioritization matrix
Criteria matrix





*AIM Statement
Project Definition forms
Affinity diagrams
Sector Maps
SIPOC*





Surveys
Focus groups
Interviews
Voice of the Customer
Table



Work process maps
Flowcharts
Measures
Benchmarking
Pugh Matrix
Pilot
Data collection



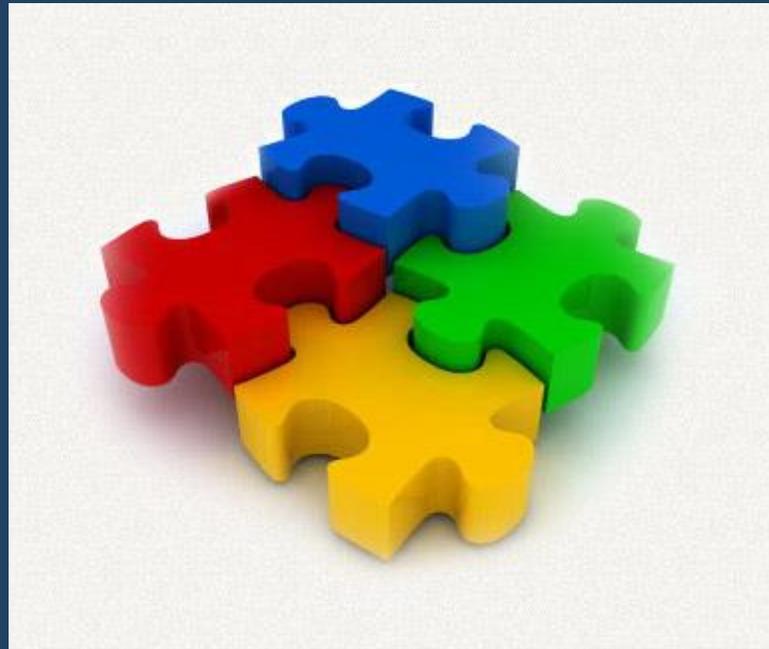
Data analysis
Risk analysis
Detailed flow chart
Training
Communication plans
Control plans



Quality Planning Tools

Assess	Define	Analyze Customer Need	Design & Test	Verify (evaluate & act)
Prioritization matrixes	Project definition	Data analysis	Work process maps	Data analysis
Criteria matrix	AIM statement	Affinity diagram	Flow charts	Finalize process map
Affinity diagram	Line of Sight	Voice of the Customer table	Process & outcome measures	Risk analysis
	SIPOC		Pilot test	Control plan
	Sector maps		Data collection	Training plan
	Surveys		Value analysis spreadsheet	Communication plan
	Interviews & focus groups			Line of Sight

Public Health Performance Management Centers for Excellence



PUTTING IT ALL TOGETHER

EXAMPLES FROM THE FIELD



1. Assess organizational goals and current performance.
2. Determine most important problems/biggest opportunities.



**Criteria
Matrix**

Criteria Matrix Tool

	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)	
Planning Idea										
1. Vaccines	X				X			X		6
2. Engage Community		X			X				X	5
3. CHIP	X				X		X			6
4. Food Safety		X		X			X	X		7
5. Family Planning		X				X	X	X		5

Project Idea	Type of Project	Source of Project Idea	Problem Statement
Ceate online food establishment application tool	Quality Improvement Project	Other	The current food establishment application process is paper based. EPH would like to move it online application data, and it should make it easier to renew.
Decrease Smoking Rates	Quality Improvement Project	Other	Decrease smoking rates among postpartum women in the NFP and WIC programs.
Develop Agency Documentation Standards	Quality Improvement Project	Accreditation/Standards	When pulling documentation for WA State Standards and for PHAB, the team faced challenges with example, reports, fliers, procedures, minutes and other documentation that did not include dates, a demonstrate that we met a measure. Development/implementation of documentation standards with number of documents available to submit for accreditation.
Facilitation and Presentation Skills Training	Quality Improvement Project	Other	According to aggregate agency data from the presentation evaluations, staff could use training on how to create content to meet the level of audience. Interactive exercises and activities were rated the lowest by coalition surveys indicate a need for facilitation skills training. There are techniques that can be taught towards goals, and improved follow-up from members.
HiAP Decision Support Process & Tool	Quality Planning Project	Strategic Planning	Currently, our agency and BOH does not have consistant and standardized processes and tools to follow policies. Additionally, two of our four strategic planning goal groups have begun to explore different processes and BOH. There is an opportunity to bring the goal groups together to develop one process and tool for the agency. This would help further the strategic planning goals related to improving and promoting health and agency health priority areas.
Increase % of surveys and evals run through CHAPE	Quality Improvement Project	Division Report	In 2012, only 18.5% of customer service surveys, 30% of collaborative partnership evaluations were run through CHAPE. These percentages are either the same or less than they were in previous years. This is a challenge in tracking and trending data and does not adhere to agency protocol.
Increase Breastfeeding Rates	Quality Planning Project	Logic Model	To increase the percentage of clients in WIC and NFP who are still breastfeeding at six months.
SRHD.org Website Interface Update	Quality Improvement Project	Other	Our current website site at SRHD.org has been in place for several years. To improve user experience, we need to update the site's interface design. With proper design, the site will be able to better serve our users.
Wellness tool for staff	Quality Planning Project	Other	create a wellness tool for staff on our intranet.
Board	Quality Improvement Project	Other	WIC would like to increase access to healthy nutrition advice through the intranet.

Policy Analysis Example

CRITERIA	1		2		3		4		5		7		
	RISK/IMPACT		FEASIBLE		REPEATABLE		STRATEGIC		PROBLEM PRONE		TOTAL		
EXPLANATION	high risk (QI) or potential high impact (QP). Risk/Impact considerations may include: morbidity, mortality, liability, scope (how many people impacted)		willing lead and team participation; doable within a year timeframe; not too large of scope; not too costly in terms of funding or people power		process turns over frequently (i.e. high volume)		supports the agency "big picture" and based on data/evidence (strategic plan, rolled-up division report, Accreditation, logic model reviews, AAR, aggregate customer service feedback, HIPAA)		issue/idea is complicated, would benefit from team involvement, and needs analysis for root cause (QI) or customer and stakeholder need (QP). It's not a just-do-it or implementation project.				
Criteria Weight (from exercise)	0.42		0.13		0.01		0.24		0.2		1		
QC Member Ranking	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	RANKING	Wt Score	
Quality Management Opportunities													
A	Decrease Smoking Rates	6.13	2.57	2.38	0.31	2.94	0.03	5.69	1.37	5.63	1.13	1	5.41
B	Develop Agency Documentation Standards	3.31	1.39	5	0.65	4.88	0.05	3.75	0.90	3	0.60	5	3.59
H	Facilitation and Presentation Skills Training	3.38	1.42	4.94	0.64	4.5	0.05	2.31	0.55	2.5	0.50	7	3.16
I	HiAP Decision Support Process & Tool	4.81	2.02	3.81	0.50	3.44	0.03	5.44	1.31	4.81	0.96	2	4.82
J	Increase % of surveys and evals run through CHAPE	3.13	1.31	4.69	0.61	5.5	0.06	4.13	0.99	3.94	0.79	4	3.76
K	Increase Breastfeeding Rates	4.31	1.81	2.81	0.37	2.88	0.03	4	0.96	4.63	0.93	3	4.09
L	SRHD.org Website Interface Update	2.94	1.23	4.38	0.57	3.88	0.04	2.69	0.65	3.5	0.70	6	3.19
M			0		0		0		0		0		0
N			0		0		0		0		0		0
O			0		0		0		0		0		0



3. Define problem/opportunity.
4. Define process(es)/service to be addressed.
5. Identify customers and stakeholders
6. Discover customer's needs (i.e. collect data).



*Project definition form
SIPOC
Customer Needs Assessment*



Quality Improvement/Quality Planning Project Definition Document

Policy Analysis Example

Project Name: Promoting Health and Equity in all Policies (HEiaP) <i>1 – 3 word identifier</i>	Sponsor(s): Dr. Joel McCullough Approved: August 5 th , 2013 (via email to Linda G.) <i>Who is governing and resourcing this project? (Division, Program, Manager or Exec Leader)</i>
Problem/Opportunity: Background: The Local Public Health System (LPHS) Model Standards developed by the CDC recommend that LPHS's work with the community to develop and implement policies, laws, regulations, and ordinances to improve the public's health. To ensure effective public health policy, the Standards require that SRHD: (1) Contributes to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process. (2) Alerts policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies. (3) Review existing policies at least every three to five years. (4) Participates in the modification of existing laws, regulations, and ordinances and/or the formulation of new laws, regulations, and ordinances. The Model Standards also reinforce the role of LPHS's in addressing health equity through advocacy for prevention and protection policies that address those in the community who bear a disproportionate risk for mortality or morbidity. Definitions: Policy is generally defined as a system of laws, regulatory measures, guidelines, courses of action, and funding priorities selected from among alternatives concerning a given issue promulgated by a governmental entity or its representatives (including legislatures, city councils, county commissioners, school officials, park boards, boards of health, etc) or by non-governmental entities possessing the ability to affect the issue. Policy development involves the means by which problem identification, technical knowledge of possible alternative solutions and societal values join to set a course of action. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health. Problem Statement: SRHD does not have a standardized process and tool to facilitate objective decisionmaking for the development, modification, prioritization and implementation of public policies affecting public health, equity and overall quality of life for residents of Spokane County. Recently, two of our four strategic planning goal groups have begun to explore different tools to guide policy decisions for staff and BOH. There is an opportunity to bring the goal groups together to develop a standardized and coordinated process and supportive tools to meet the needs of the agency. This would also bring together the work of all goal groups (social determinants of health, BOH governance, policy and funding, emerging health issues) and institutionalize this new process in preparation for the next strategic planning cycle. There is also the potential of using the tool in conjunction with a Health Impact Assessment methodology by specifically supporting the screening and scoping steps of the HIA process. SRHD could also make the tool available for use by others in the community and BOH could issue a recommendation to community to encourage use of the tool. <i>1-3 sentence description of the problem/opportunity (without assumption of cause or solution) and why it is important (Impact on Program or Division/Agency strategic goals)</i>	
Type of Problem/Opportunity: <input type="checkbox"/> QI (cross-programmatic or larger scope process improvement) <input type="checkbox"/> QI (single program or smaller scope process improvement) <input checked="" type="checkbox"/> QP (new process/service design)	
Overall Objective: Develop a policy screening and impact review tool and supporting process that is compliant with LPHS Model Standards recommendations, informed by identified community/societal values, and is satisfactory to BOH By March 31, 2014. <i>1 sentence declaration as to what the project team is to do without assumption of cause or solution. (A.k.a. mission statement, purpose statement, etc). (r S.M.A.R.T. = direction + measure/what you are improving + target + timeframe).</i>	
Performance Measure(s):	Target(s):

2-5-2014

36

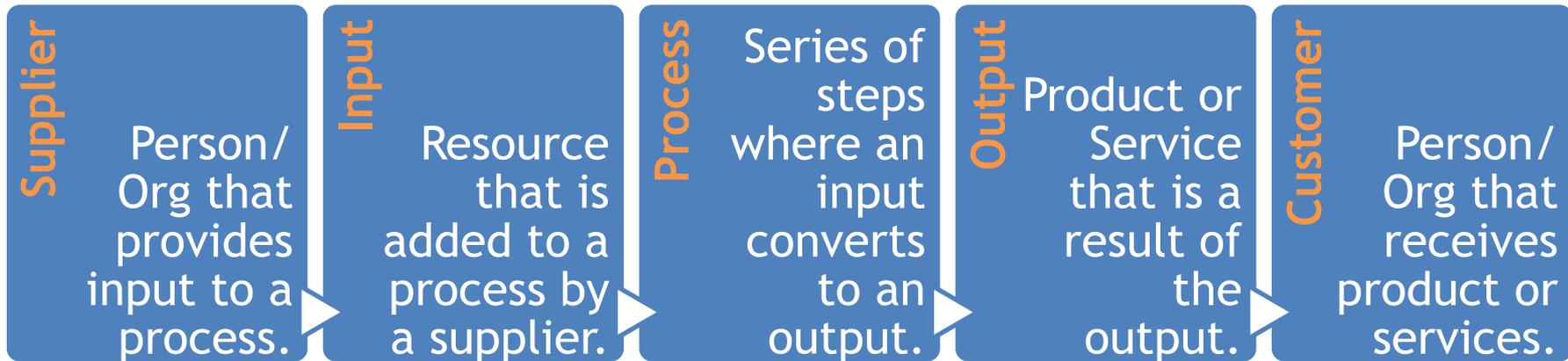
Policy Analysis Project Definition

- **Problem Statement:** SRHD does not have a standardized process and tool to facilitate objective decision making for the development, modification, prioritization and implementation of public policies affecting public health, equity and overall quality of life for residents of Spokane County.
- **Mission/AIM:** Develop a policy screening and impact review tool and supporting process that is compliant with LPHS Model Standards recommendations, informed by identified community/societal values, and is satisfactory to BOH By March 31, 2014.

Public Health Performance Management Centers for Excellence

Suppliers and Customers

Who are they? What are their needs?



SIPOC : A high-level view of a process

stands for suppliers-inputs-process-outputs-customer

Policy Analysis Example

Suppliers

Inputs

Process

Outputs

Customers

Community

Internal Advocate

BOH

ELT

JM

Ms. Linda

a policy option

DO NOT ERASE

Results Analysis

BOH

Comm Stakeholders

sponsor

Pop impact / scope
legality - only legal
geographic

evidence-based
Comm Knowledge / perception
readiness

Science
opponents
advocates
best messengers

health indicators
consultant expertise
how do we address what we don't know?

chronic
environmental

DON'T ERASE

message delivery
has it been done? Results alignment w/- X

research format

rankings / score if mult policies
succinct

Recommendation
with potential mitigation

1-2 pages

error-free
financial ramifications

easily understood
community desire

versatile presentation
(word, ppt, presentation, visual)

data

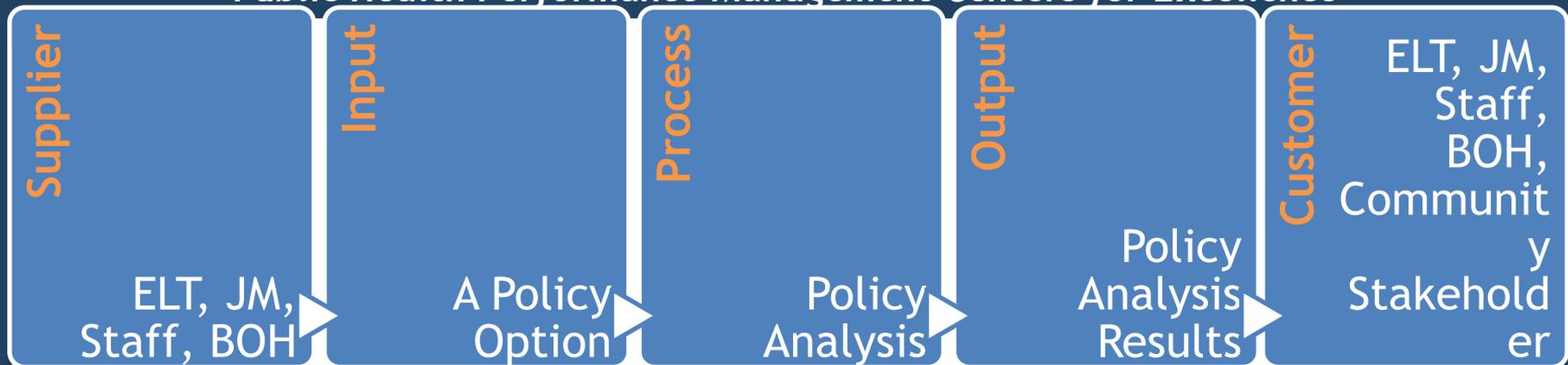
summary of process

ELT

JM
error free
logical
reliable
valid

Staff (?)

COMMUNITY



What information must the supplier convey in the policy option?

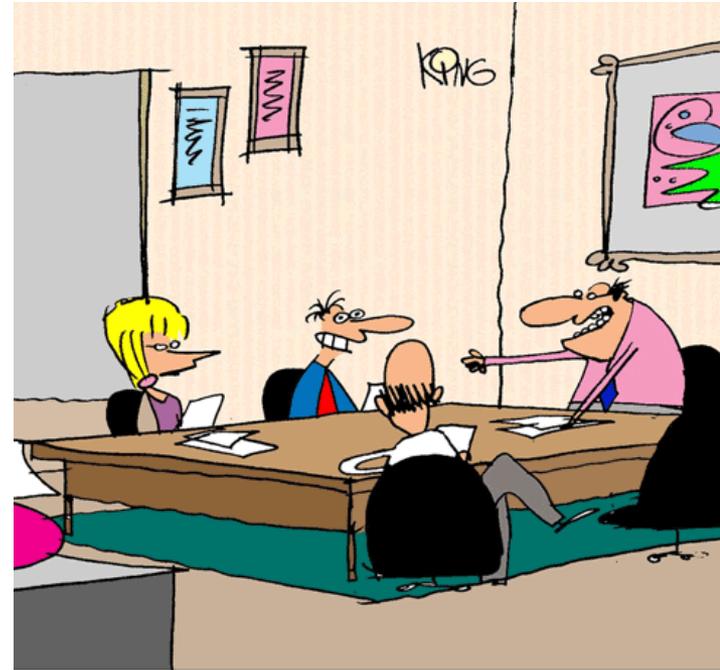
- Sponsor
- Population impact (scope, geography, demographics)
- Health impacts
- Evidence and science base
- Community knowledge/perceptions
- Opponents
- Advocates
- Best messengers
- Message delivery
- Has it been done? Results.

What does the customer need to be able to use the policy analysis results?

- Ranking/score
- Succinct
- Political ramifications
- Recommendation (yes/no and why) w/potential mitigation strategies
- 1-2 pages
- Financial ramifications
- Quality - error free, easily understood, objective
- Versatile presentation

Public Health Performance Management Centers for Excellence

QP = Developing
services and
processes
required to meet
stakeholders'
needs



“Congratulations to Larry here, who actually picked up his phone and spoke with a customer. This might be a breakthrough for our company!”

Public Health Performance Management Centers for Excellence

Focus on customer requirements

Public health services/programs that meet needs.

- Ask me what I need
- Listen to me and remember
- Use words I understand in your programs and services
- Make it easy for me to use them

Good customer service.

- Let me know what to expect
- Don't make me do something twice
- If something does go wrong, explain it to me and fix it when you say you will

Listening to Your Customer

- Focus groups (develop qualitative data)
- Key informant interviews (develop qualitative data)
- Questionnaires
- Voice of the Customer

Public Health Performance Management Centers for Excellence

For much more detail on this topic
join us next time.

March 12, 2014

**“Surveys and Sampling Methods for
Community Engagement”**

Please register in the new Learning Management System.

Public Health Performance Management Centers for Excellence

Focus Group Resources

- Utah Dept. of Human Services, Guidelines for Conducting a Focus Group:
http://dsamh.utah.gov/spf/pdf/how_to_conduct_a_focus_group.pdf
- Businessweek Magazine, How to conduct a focus group:
<http://www.businessweek.com/stories/2009-10-08/how-to-conduct-a-focus-group>
- Rowan University, Toolkit for Conducting Focus Groups:
<http://www.rowan.edu/colleges/chss/facultystaff/focusgroupuptoolkit.pdf>
- CDC, General guide to focus groups:
<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf>

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Key Informant Resources

- Robert Wood Johnson Foundation's The Access Project, A Guide for Using Interviews to Gather Information:
<http://www.accessproject.org/downloads/final%20document.pdf>
- SAMHSA, Tips for Conducting Key Informant Interviews:
<http://captus.samhsa.gov/access-resources/tips-conducting-key-informant-interviews>
- UC Davis Tobacco Control Evaluation Center, Conducting Key Informant Interviews (narrated training):
<https://breeze.ucdavis.edu/keyinterviews/>
- UW "Eat Better, Feel Better" project, Key Informant Interview Handbook:
<http://courses.washington.edu/nutr531/HEBD/KIInterviews/ConductingKeyInformantInterviewsGuide.doc>

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Questionnaire Resources

- Purdue Online Writing Lab, Creating good survey and interview questions:
<https://owl.english.purdue.edu/owl/resource/559/06/>
- Mass Communication Theory blog, How to Write a Good Questionnaire:
<http://masscommtheory.com/2011/11/22/how-to-write-a-good-survey-questionnaire/>
- Inc., How to Write a Customer Survey:
<http://www.inc.com/guides/2010/08/how-to-write-a-customer-survey.html>
- Science Buddies, Designing a Survey:
http://www.sciencebuddies.org/science-fair-projects/project_ideas/Soc_survey.shtml

Key Informant Interviews: Consultation for City Planners

- **Original concept:** Hire a temporary, part-time health educator to provide consultation services to city planners to include built environment concepts into next round of plans.
- **QP tools used:** Customer interviews
- **Results:**
 - Customers didn't need the services.
 - Program not implemented.

Policy Analysis Project Example

Customer needs were identified by

- Board of Health survey and interviews
- Focus groups of joint management staff

Please think of an example of a policy, system, or other change that you worked on.

- How were problems/needs identified? Who?*
- How and who researched options?*
- What kind of analysis was done on the options? Any specific criteria used?*
- How was one chosen?*
- What went well? What didn't?*

Public Health Performance Management Centers for Excellence

Let's Discuss



What other advice do you have for designing and implementing focus groups, key informant interviews, and survey questionnaires?

Public Health Performance Management Centers for Excellence

Short Break!

Back in 5 minutes, please!





7. Translate client needs into operational characteristics
8. Establish measures of success.



*Voice of the
Customer
SIPOC*

Voice of the Customer

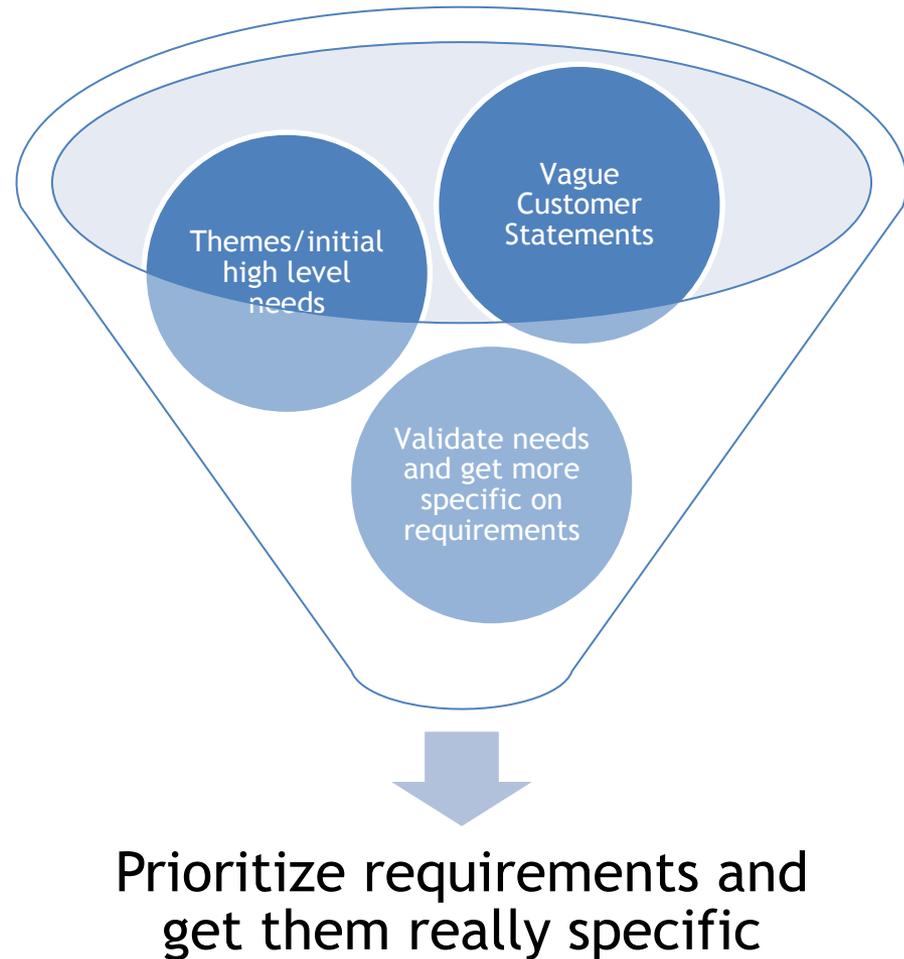
- What are the driving values/needs of your customer?
- Data can be captured by focus groups, interviews, surveys, etc.
- Key is to listen thoroughly to customers
- Ongoing reassessment to identify changes in customer needs

Translating Customer Need

Transition from vague statements made by stakeholders/customers to precise functional requirements that enable evaluation of the process/service that is designed.

Public Health Performance Management Centers for Excellence

Conceptual Analogy



HIV Link to Care Example

Customer needs

- Continuous supported viral load is the goal
- Goal: no HIV+ but of care in Florida
- SPEED IS IMPORTANT
- GETTING PEOPLE OUT OF CARE INTO CARE IS IMPORTANT
- ACCURACY IS IMPORTANT
- People lives are impacted
- Help out of care want to be in care
- Once people are in care, they will take treatment

Documentation

- documentation must be accurate
- We will have accurate data for this process
- Supplier has info gaps
- documentation of linkage is important
- All documentation happens in LSC
- Everyone doing LSC does it the same way

Access Resources

- assumption we have enough care resources in Florida for all HIV
- We have all the resources we need
- Funding is unstable

Reporting

- improved surveillance
- Why? Current LACS Don't report to CDC?
- Don't know the "system"
- GHC reporting
- 3 month reporting gap

Relationships

- Relationships are key
- need via relationship
- interagency cooperation
- provide outreach visit outreach team outreach
- Public good by agenda
- Data leadership is distributed
- we need "app" to help us share data in care sites
- Care links are not limited by jurisdiction boundaries
- Let's get in the same space to know individuals who are impacted
- State leaders agree on national level CDC work
- Let's establish quality system work in our needs

Definition

- DEFINE IN CARE
- GOOD LABS
- MARGINAL CARE
- DEFINE OUT OF CARE
- REFUSAL
- LOCATED
- NOT LOCATED

Additional notes on the wall:

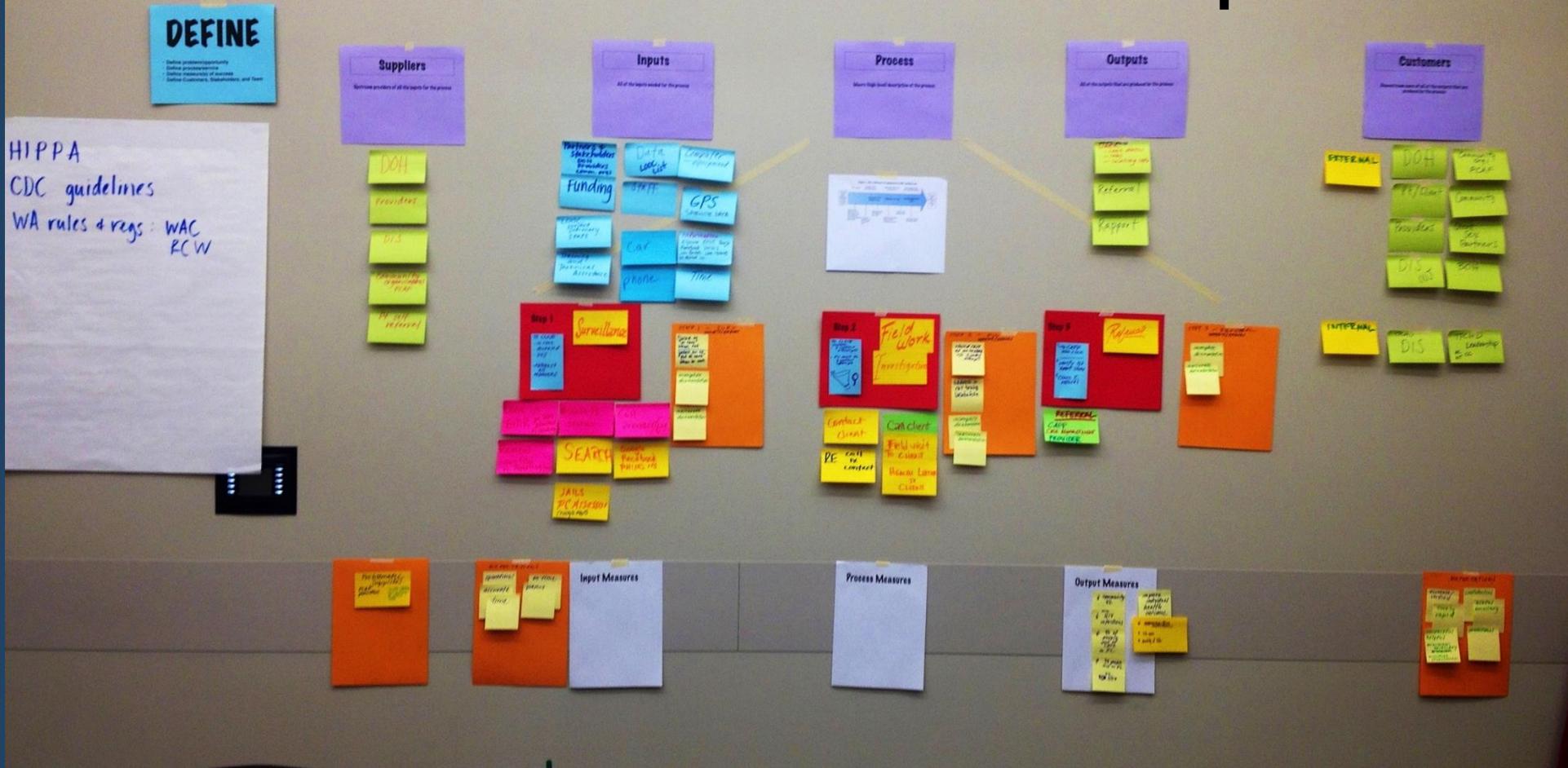
- doctor practices and/or
- viral load
- Setting viral
- NO VIS & N
- KNOW - HD has - REFUS
- PT care
- 3 fail
- What is DEFER - con

FOG exercise

2-5-2014

56

HIV Link to Care Example



SIPOC

2-5-2014

57

ANALYZE

- Determine customer needs/requirements
- Translate customer needs into service features
- "Benchmark" other service providers

DOH requirements

work thru backlog:
fast:
accurate: VERIFIED info

WHAT Claudio WANTS

1. Within 90 DAYS
move from PUSH
to PULL

2. 2ND 90 DAYS:
complete the backlog.

3. Trickle!
TOUCH CASES DAILY

Tool for Translation: Voice of the Customer Table

- Organizes customer information
- Helps translate customer's voice into criteria and action items

Tool Example: Voice of the Customer Table

Voice of Customer	Why	Critical Customer Requirement	Critical to Quality
<p>“I hate dealing with your organization.”</p>	<p>“I always have to wait 20 - 30 minutes to get served, though I’m always on time or within 5 minutes.”</p>	<p>Customer needs to be served sooner.</p>	<p>Customer’s must be served within 10 minutes of appointment time. Target: 5 minutes Tolerance: 10 minutes</p>

Policy Analysis Example

Voice of Customer	Why	Critical Customer Requirement (i.e. our interpretation of what customer is saying)	Critical to Quality Factor (i.e. our interpretation validated by further analysis and made more specific)	Measure (i.e. how we'll measure the quality of our process)	Target	Spec. Limit (i.e. the limits of what our customer will tolerate or be satisfied with)
Example "We can't afford to wait a long time to get results from a policy analysis."	Some decisions must be made quickly in response to changing circumstances and constituent demand.	Must provide summary of analysis within a reasonable timeframe.	Analysis must be provided within 3 weeks of request.	Ave # days from submission or request to delivery of results.	14 days	21 days

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Let's Discuss



What experiences have you had in operationalizing what you hear from your customers into specific process features?



9. Develop the product/service features.
10. Consider service/process design options
11. Develop process features.



*Flow chart
Measures*

HIV SCREENING: STD LINKAGE TO HIV SCREENING & OVERALL

Disease Focus	Activity Focus	Brief Statement of Measure	Trend					2013 Goal
			08	09	10	11	12	
STD DIS Work Linking to HIV Testing	CT Link to HIV Screening	% (#) of MSM w/ CT screened	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
		% (#) of MSM CT exposed screened	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
	GC Link to HIV Screening	% (#) of MSM w/GC screened	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
		% (#) of MSM exposed to GC	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
		% (#) of MSW w/ GC screened	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
		% (#) of MSW exposed to GC	--	--	--	--	--	
		# newly identified with HIV	--	--	--	--	--	
	Syphilis Link to HIV Screening	% (#) of w/Syphilis screened	--	--	--	--	--	
# newly identified with HIV		--	--	--	--	--		
% (#) of exposed to Syphilis		--	--	--	--	--		
# newly identified with HIV		--	--	--	--	--		

Policy Analysis Example

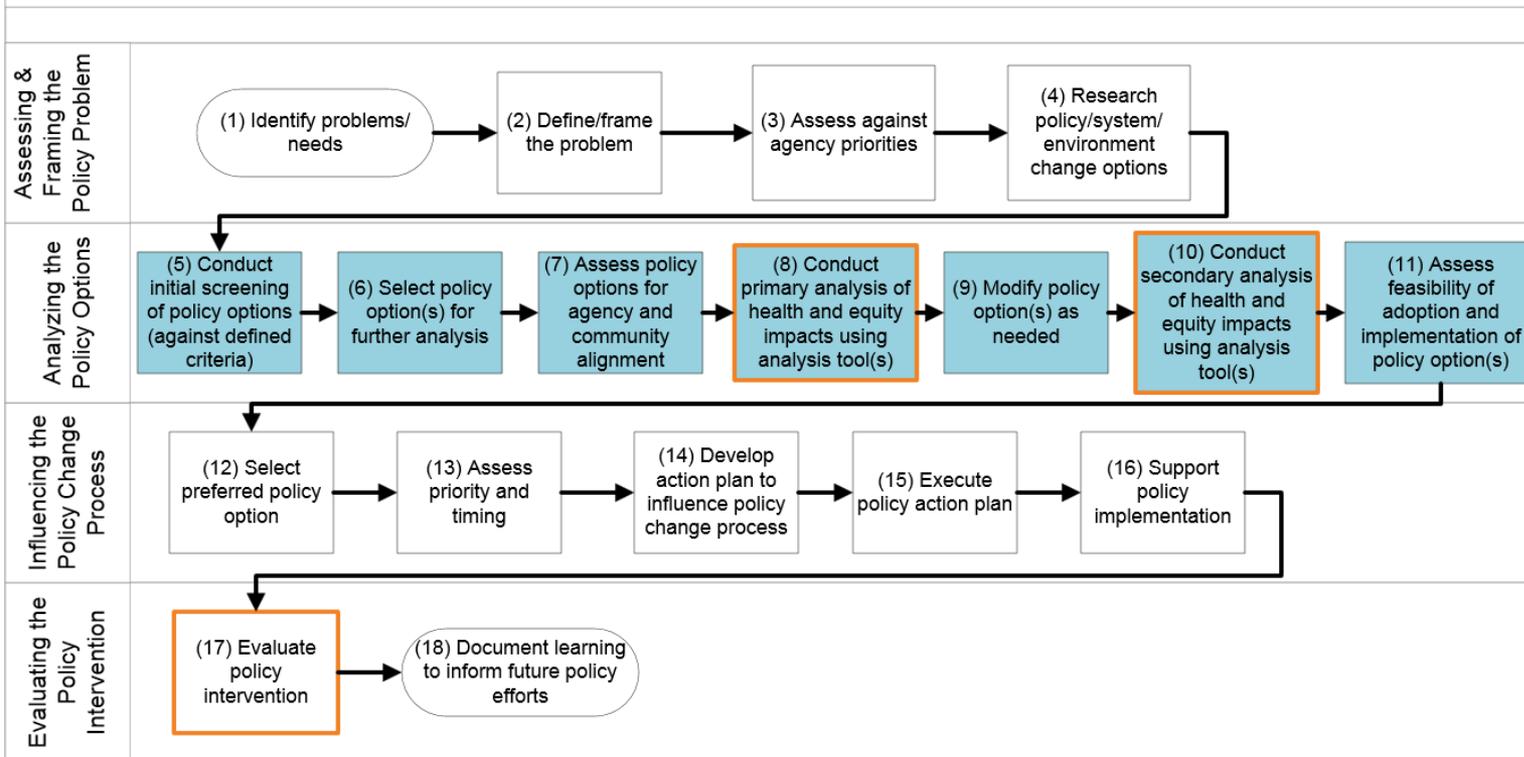
SRHD Policy Process: High-Level Conceptual Flow

Health and Equity Policy Analysis (HEPA) Tool Quality Management Project

Version 2.0

09-18-2013

Legend: Blue boxes define the boundaries/scope of the HEPA project. Orange outline identifies where the policy screening tool could be used.



Policy Analysis Example

ES Jx screening tool that includes points on partner contact (gather initial reaction: are you involved with or should be? Any relevance to your work? ever seen this done before?)

A	B	C	D	E	F	G	H	I	J
	Voice of Customer	Why	Critical Customer Requirement/Need (i.e. our interpretation of what customer is saying)	(5) Conduct initial screening of policy options (against defined criteria)	(6) Select policy option(s) for further analysis	(7) Assess policy options for agency and community alignment	(8) Conduct primary analysis of health and equity impacts using analysis tool(s)	(9) Modify policy option(s) as needed	(10) Assess feasibility of adoption and implementation of policy option(s)
Community Acceptance	I'm curious about partner and community reaction to this – SRHD taking on more of a policy role.	· People are not used to having policy analyzed and evaluated.	Need to have community acceptance of SRHD taking on more of a policy role.	screening tool that includes points on partner contact (gather initial reaction: are you involved with or should be? Any relevance to your work? ever seen this done before?)	Define a policy analysis team and use this team for policy selection and further analysis. Team could consist in a core team (familiar with process/instrument) with flexibility to bring in other relevant stakeholders. Does this happen here or earlier?	Need to have established agency priorities/strategic planning goals built into process that are aligned with community.	policy "filter" that asks specific question about health and equity. Use core team so not done in isolation.	na	engagement of partners with feasibility discussion. Already engaged in policy team at this point, or we seek them out.
		· PH policy needs to be implemented by others – we will be playing in their sandbox		critical to stakeholder acceptance is going to be simplicity in an initial screen. For instance, if HE is considered, how do we do that easily.		1. a policy team could be used to look for external (to agency) alignment. 2. also vet against public health (state) partners (i.e. wsalpho; wspha).	demonstrate success and "robustness" of tool with community. Train up core team. But needs to be simple. Needs be multi-level.		feasibility criteria built into tool; vetted by partners.
Application of Process and Tool	I don't think every policy needs to use this process/tool.	· Don't see policy as having a health or equity impact.	Needs to be simple. Needs to be shown useful vs. threatening to autonomy. Need to provide clear definition or process to determine which policies go through this process.	screening filter looks at impact to total population (high goes through, minimal does not); initial screening tool could be used stand alone with partners for simplicity.	develop threshold or go/no go for option. But, does threshold vary or remain the same. Scoring mechanism?	na	na	na	na
		· Don't want to bog things down with too much process.		decision tree(s)/prompts does tree get used independently or within a review					

Sheet1 Sheet2 Sheet3

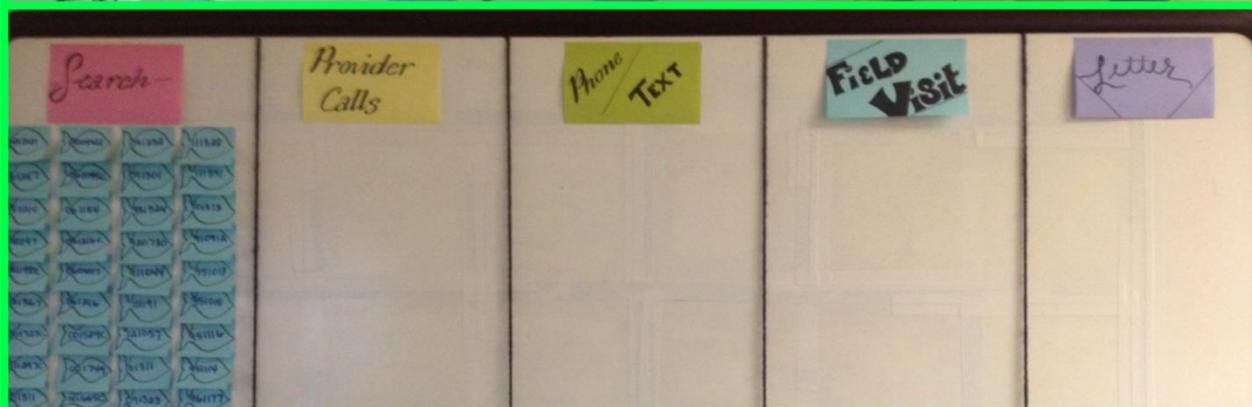
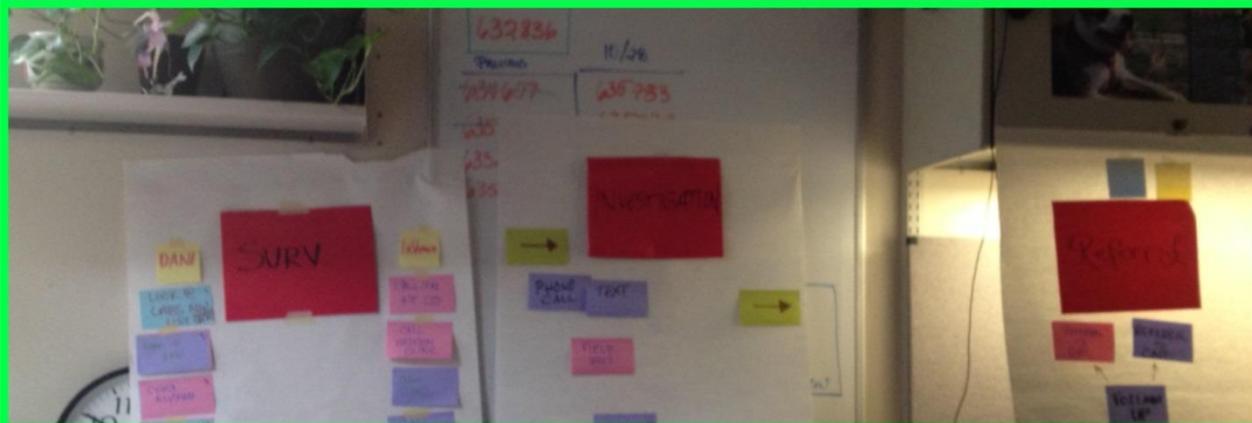


- 12. Develop process controls.
- 13. Transfer to operations.
- 14. Enter Quality Control cycle.



*Kanban
Line of Sight
Communication Plan
Risk Analysis*

HIV Link to Care Example



2-5-2014

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Line of Sight Logic

- How do our day to day job-related activities impact the longer-term health indicators or impact goals of our health department?
- Example: “My job is to process food stamp applications so that no child goes hungry in my county”



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Health Issue/
Goal

Improve
Childhood
immunization
rates of 2
year olds

1. Short term

**“Process
Outcome”**

Percent of planned
materials
distributed to
increase provider
awareness (Goal
100%)

Percent of children
with records kept
in **Child Profile**
(Goal to increase
from year to year)

2. Mid-range

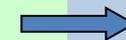
**“Results
Outcome”**

Percent of children
0 to 24 mo.
completing the
recommended
series on time
(Goal -increase)

3. Long term

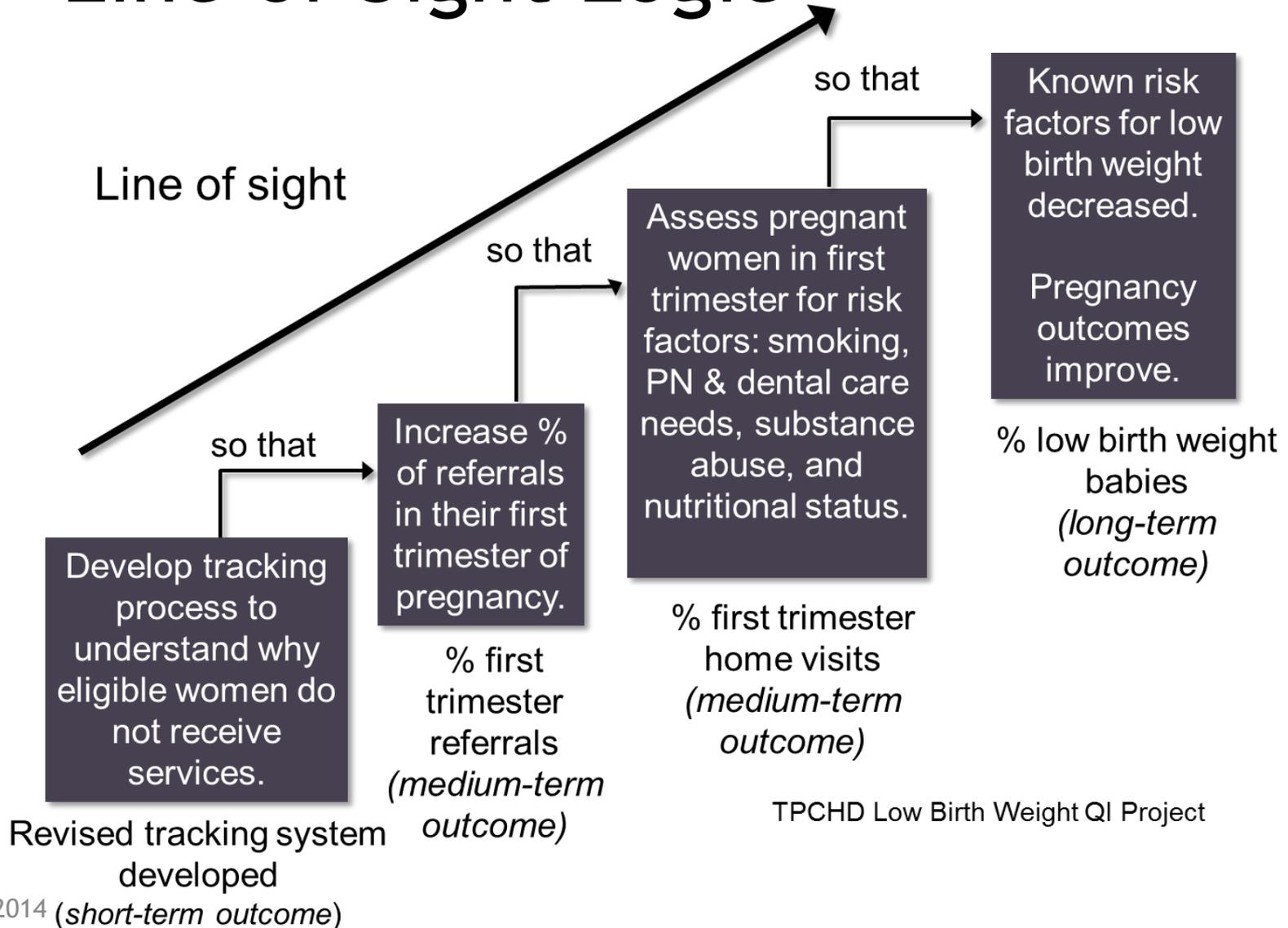
**“Health Status or
Risk Indicator”**

Disease rates related
to the series are very
low or approaching
none (such as
Pertussis, measles)

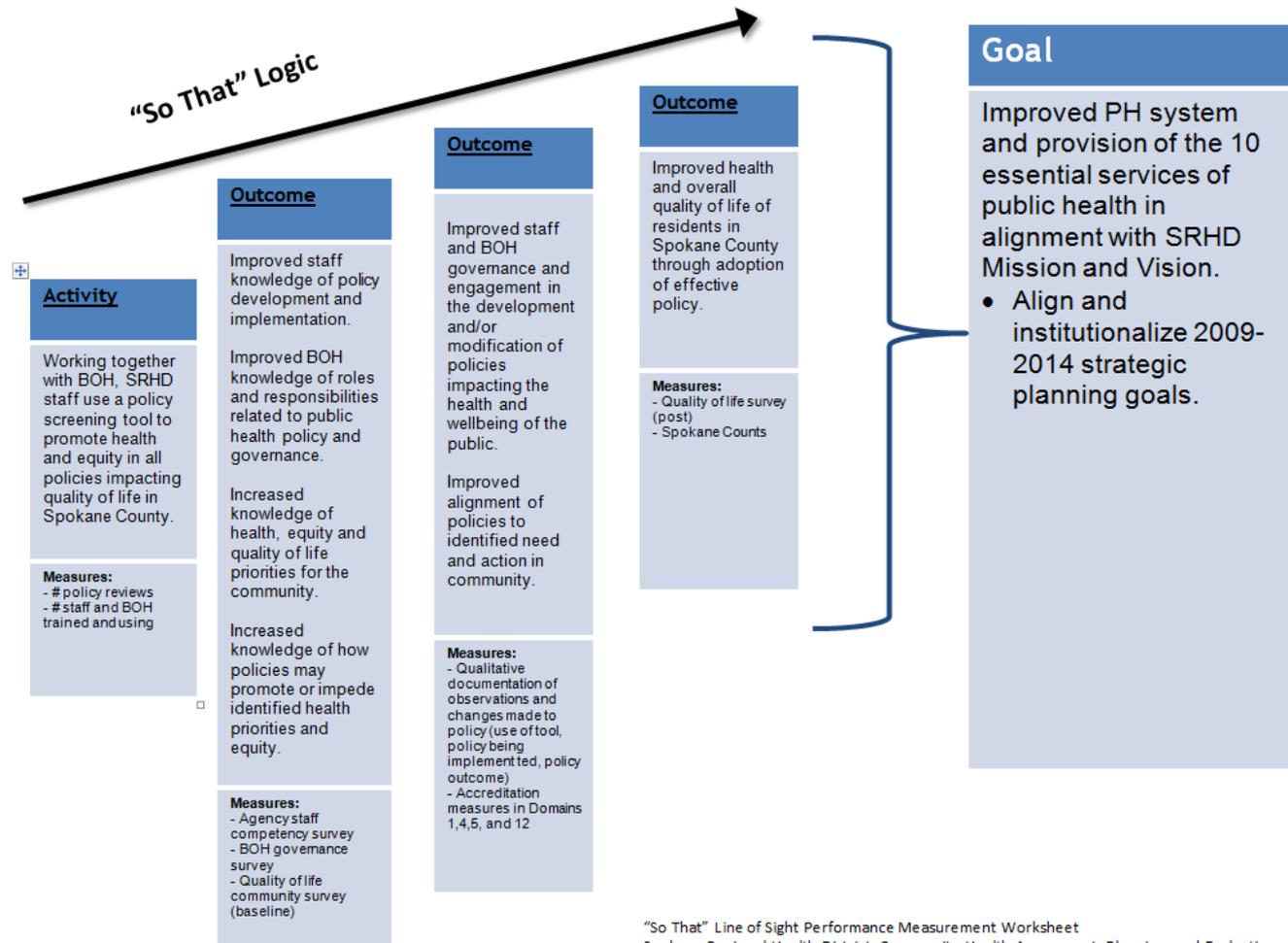


Success can be Measured in Stages

Line of Sight Logic



Policy Analysis Example



“So That” Line of Sight Performance Measurement Worksheet
Spokane Regional Health District, Community Health Assessment, Planning, and Evaluation

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Basic Communication plan

Audience/ stakeholder group	Key message	How you will deliver message	Who will deliver message	When will message be delivered

Policy Analysis Example

Health and Equity in All Policies Quality Improvement Project Communications Plan

Audience/ Stakeholder Group	Key Messages	How	Who	When	Completed
Potential Project Team members	Opportunity for involvement; Overview of project, timeline and commitment involved	One-on-one and email	Linda and Stacy	July and early August	August
Project Team	Project goals, roles and timeline	Meeting	QI Team	Late August	August 30
BOH Exec <u>Comm</u>	Overview of Goal 1: Focus on education and BOH impact – need input via survey; tie to policy analysis tool	Attend meeting; get at least one BOH member on board first (do we need to brief Todd specifically as chair?)	Linda, Stacy and Bob/Ben	September	Sept 19
QC	Update on project	Meeting presentation	Linda	September	Sept 12
BOH	Overview of Goal 1: Focus on education and enhancing BOH impact – need input via survey concerning learning needs	BOH meeting; introduce and hand out survey	Linda/Stacy/BOH member	September 26	Sept 26, Oct 24
SRHD staff	Inform of project	Monday Mail Team members discuss at staff meetings, etc.	Project Team	Sept - ongoing	Monday Mail
BOH	Focus on education and enhancing BOH impact – need additional input	Interviews with each BOH	Linda and Stacy	Oct/Nov	In progress
JMT	Inform of project / seek input on quality of life survey and tool	JMT Meeting; present and hand out relevant materials	Linda and Stacy	Oct - Dec	Oct 9, Nov 13
BOH	Review/discuss survey results and qualitative data from interviews	BOH meeting; present and hand out survey results, facilitated discussion	Linda/Stacy/Bob/Ben	Jan 2014	Jan 31
ELT	Progress updates, input as needed	Regular ELT meeting	Kyle	Ongoing	
Goal groups	Brief St. Plan goal groups on progress	Attend regularly scheduled meetings	Team reps for each goal: Stacy/Linda – Goal 1 Steve/Linda – Goal 2 Kyle – Goal 3 Rowena – Goal 4	Ongoing	
Community Partners	Need input on community quality of life survey and tool – values/indicators to	One-on-one meetings	Linda and Stacy	Oct - Dec	
Potential Funders	Purpose of survey and tool; utility to them	Research options; one-on-one meetings and phone calls	Linda	Aug - Dec	
BOH	Availability of tool	Attend meeting	Linda and Stacy/Dr. Joel	April 24	

Risk Analysis: Why?

- Quality Planning projects face a number of risks.
- We must mitigate risk.



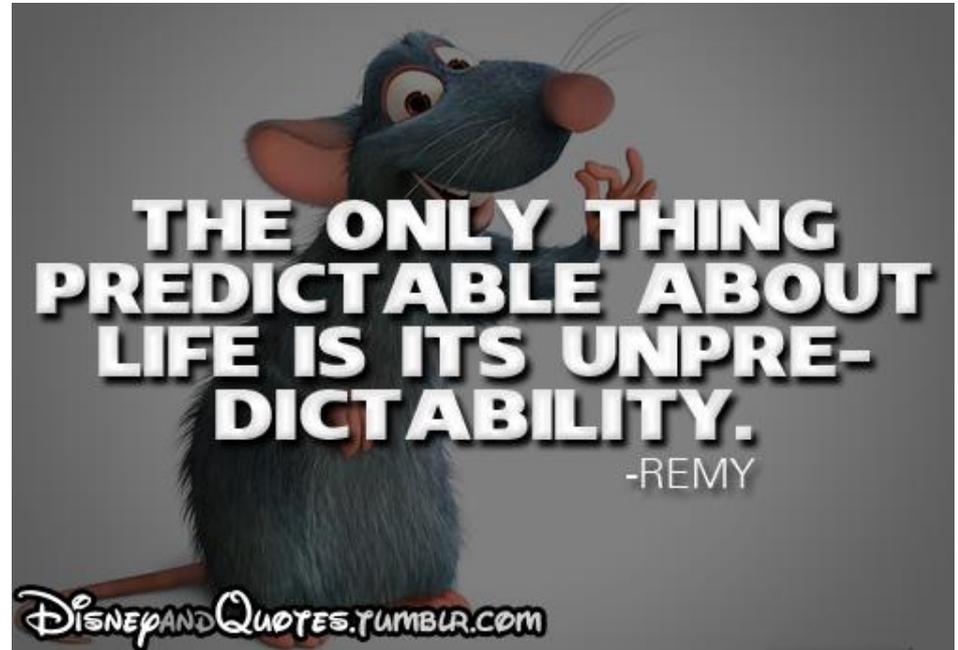
Risk Analysis: Why?

- Common risks include:
 - Inadequate customer or business information
 - Inadequate measures
 - Rapidly changing environment
 - Tendency for scope creep
 - Changing resource availability
 - Complexity
 - Unproven technologies and other solutions



Risk Management Plan: Steps

1. Brainstorm a list of all known and potential risks with project team.
2. Categorize the risks by their probability of occurrence and their impact on the project.
 - Different methods to do this
 - Green light, red light is one way



-Remy (Ratatouille)

Assessing Probability and Impact of Risks

Probability of Occurrence

High

Yellow Light:
Proceed w/
Caution 

Red Light:
Address Before
Proceeding 

Red Light:
Do Not
Proceed 

Med.

Yellow Light:
Proceed w/
Caution 

Yellow Light:
Proceed w/
Caution 

Red Light:
Reassess
Project 

Low

Green Light:
Proceed 

Yellow Light:
Proceed w/
Caution 

Red Light:
Address Before
Proceeding 

Low

Med.

High

Impact on Project

Risk Management Plan: Steps

3. For each risk in the yellow or red category, determine when and how you will address the risk in the design process.
 - Dependent upon perception
 - Yellow risks can be addressed further downstream
 - Must address red risks before preceding further
 - Convert all red risks to yellow or green before proceeding

Policy Analysis Example

HEPA PROJECT RISKS BRAINSTORM

- ✓ take too long to use
- policy makers won't use tool
- ✓ tool/process too cumbersome no one uses
- ✓ Staff won't have time to use it (policy makers)
- ✓ policy makers not familiar w/ use of tools
- ✓ user might not perceive the rec. is quality
- ✓ not important
- ✓ ideological viewpoints (health ^{equity} not imp or priority for pol. - just outcomes)
- ✓ don't understand health implications
- ✓ results too squishy/subjective → perceived as too subjective
- ✓ too directive
- ✓ might not have staff resources to use

RISK MITIGATION

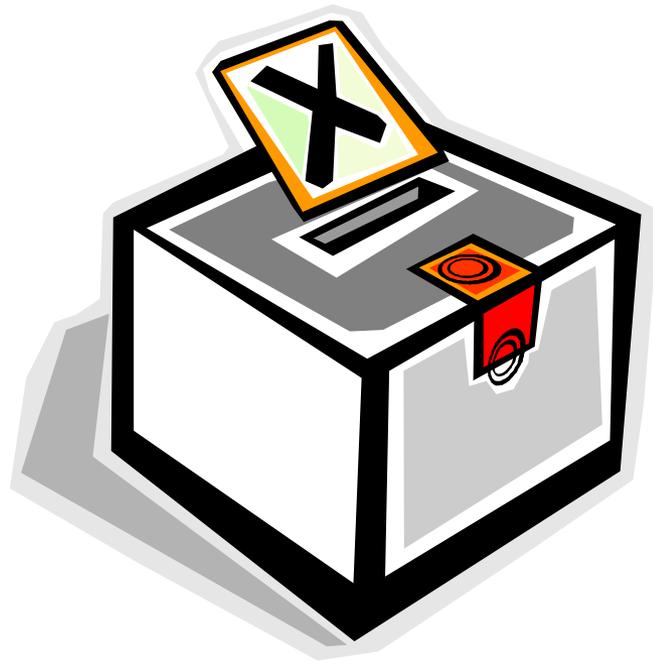
RISK

- not enough staff resource
- too cumbersome
- no one uses tool/process
- no one uses results

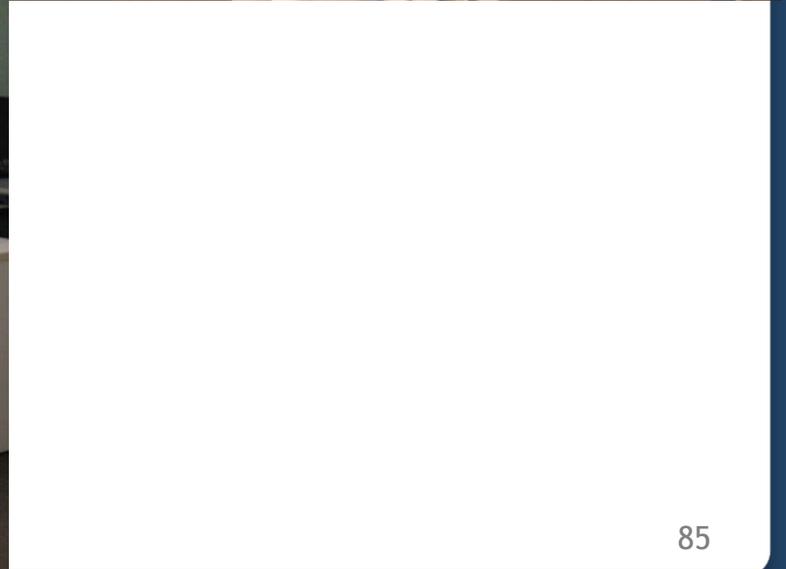
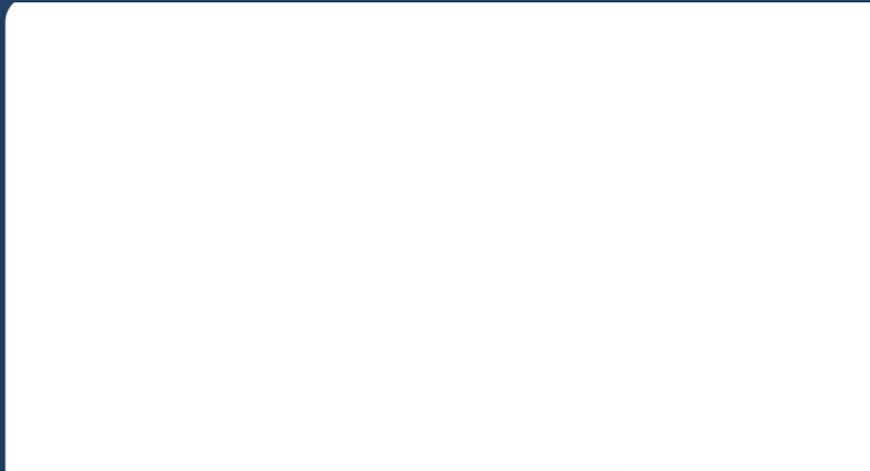
HEPA PROJECT RISK MATRIX

Likelihood of Occurrence	HIGH	Policy makers not use to using tools perceived as too subjective		
	MED	Staff won't have time to use	Insufficient staff resources process too long to use process too squishy ideology too cumbersome	
	LOW		too objective no trust in quality	
		LOW	MED	HIGH
		Impact On Project Success		

SRHD
or
Both
Staffers

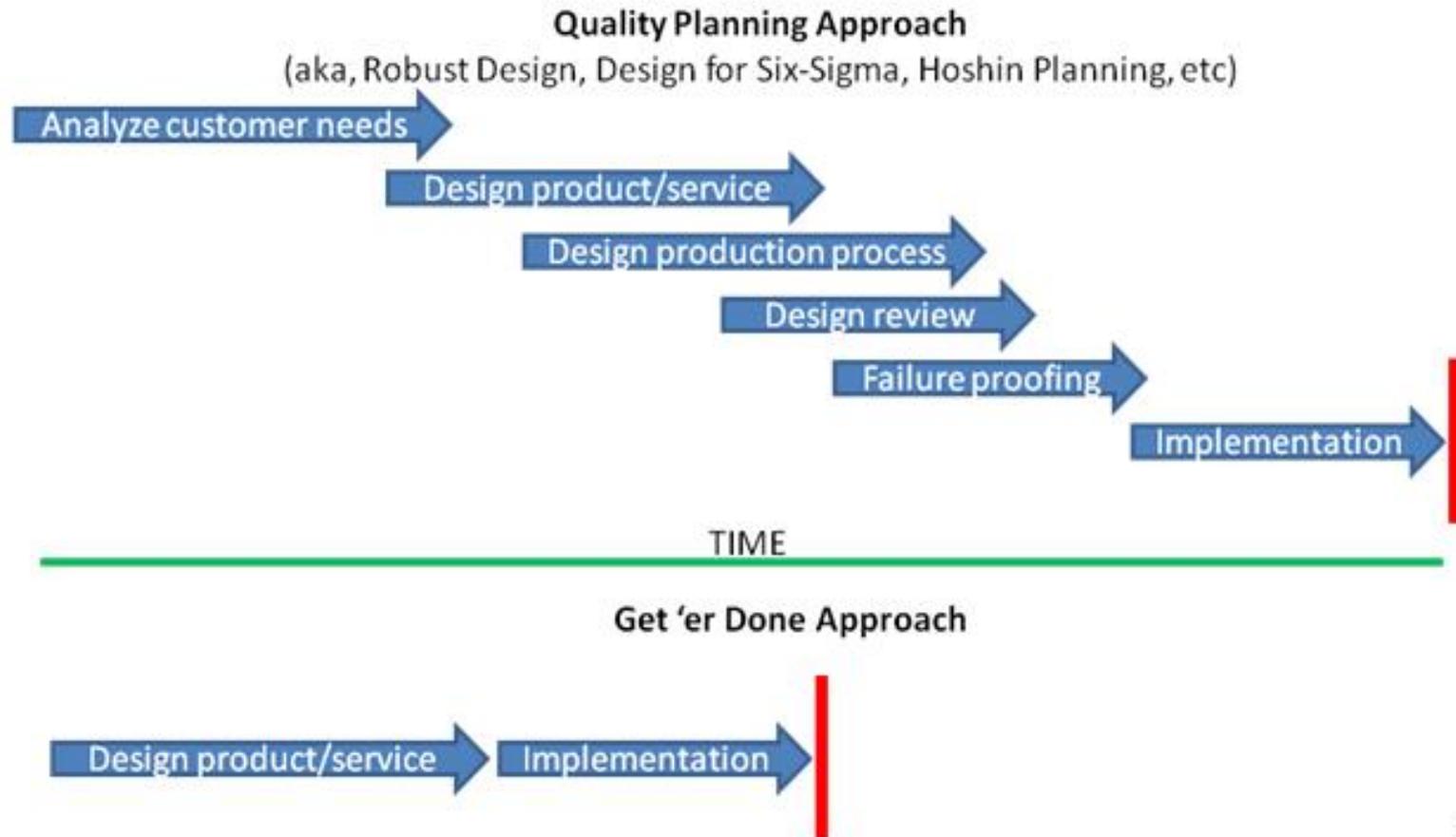


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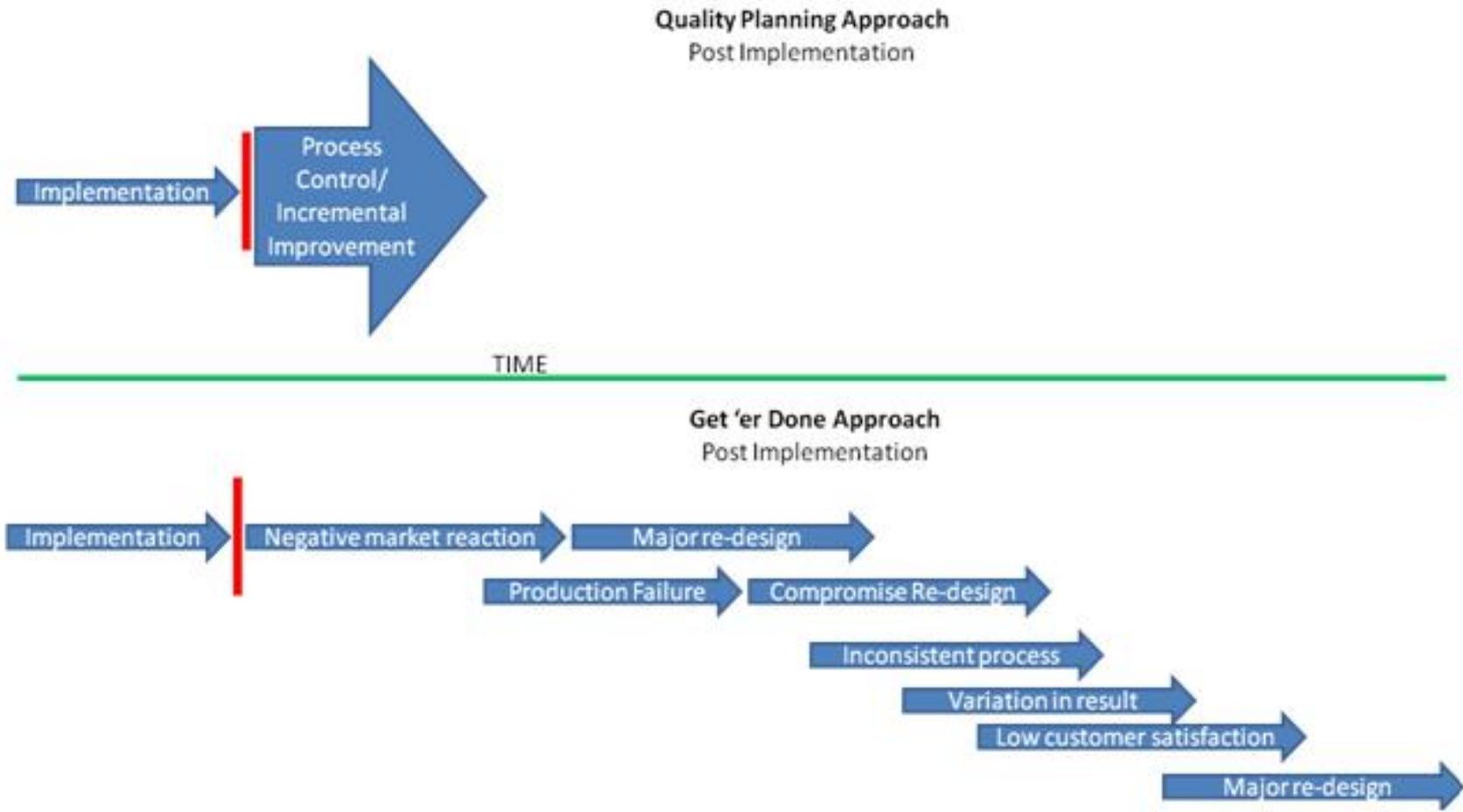


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Do You Have Time for QP?



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Additional Resources

- Visit us online: www.doh.wa.gov/PHIP/perfmgtcenters
- A Performance Management Framework for State and Local Government, National Performance Management Advisory Commission, 2010, <http://www.pmcommission.org/APerformanceManagementFramework.pdf>
- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook, 2011, www.accreditation.localhealth.net
- Public Health Memory Jogger, GOAL/QPC, 2007, www.goalqpc.com
- Bialek R, Duffy DL, Moran JW. The Public Health Quality Improvement Handbook. Milwaukee, WI: ASQ Quality Press; 2009.
- Tague N. The Quality Toolbox Milwaukee, WI: ASQ Quality Press; 2005.
- The Improvement Guide, Langley et al. Jossey-Bass, 1996.

Additional Resources

- Guidebook for Performance Measurement, Turning Point Performance Management National Excellence Collaborative, 2004, http://www.phf.org/pmc_guidebook.pdf
- Juran, J.; Juran on Leadership for Quality, Free Press, 1989
- Juran, J.; Juran on Planning for Quality, Free Press, 1988
- Juran, J. & De Feo, J.; Juran's Quality Handbook, McGraw-Hill Companies, 2010
- Atul Gawande, The Checklist Manifesto: How to get things right, 2009, <http://gawande.com/the-checklist-manifesto>
- Peter Scholtes, The Team Handbook, Joiner, 1988
- Voices into Choices. Center for Quality Management, Gary Burchill & Christina Hepner Brodie, 1997.

Customer Requirement Translation Resources

- Lean Six Sigma Pocket Toolbook, George et al. 2005. pg. 67.
- Dictionary:
<http://www.isixsigma.com/dictionary/>
- Six Sigma Step #1 Define:
<http://thequalityweb.com/define.html>
- <http://asq.org/sixsigma/tools-exchange/tools-templates.html> (have to sign up)
- You Tube:
<http://www.youtube.com/watch?v=n5T0hnuVN9s>

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THANKS FOR YOUR PARTICIPATION

Please complete the evaluation you get in email.

Join us for upcoming Web trainings

March 12, 2014	<u>Surveys and Sampling Methods for Community Engagement</u>	10 - Noon, Web training
May 21, 2014	<u>Common Quality Methods for CHA and Customer Relationships</u>	10 - Noon, Web training
July 16, 2014	<u>The Role of Evaluation in the Performance Management System</u>	10 - Noon, Web training

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What Questions Do You Have?

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