THE ROLE OF QUALITY PLANNING IN PUBLIC HEALTH
Which Center for Excellence Region are you located in?
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.
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

Quality Planning (QP)
Quality Control (QC)
Quality Improvement (QI)

Joseph Juran, 1950s

Juran on Leadership for Quality, Free Press, 1989

Process design
Process improvement
Process control

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
Quality Management Components

- Quality Planning (QP)
- Quality Improvement (QI)
- Quality Control (QC)

Joseph Juran, 1950s

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Process improvement
Process control

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
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

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

Evaluate Impact/Results of Service - Verify:
- 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

Take Action
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• Initiate QI if outcomes not achieved

PLAN
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2-5-2014
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• Develop process features

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• Develop process controls
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2-5-2014
Quality Planning Cycle

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• Identify customers/stakeholders
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PLAN & DO
• Translate customers’ needs
• Develop the product or service features
• Develop process features

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

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

2-5-2014

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
Sequential Building of Knowledge Includes a Wide Range of Conditions in the Sequence of Tests

Test on a small scale
Test a wider group
Test new conditions
 Spread
 Implement
 Breakthrough Results

Evidence & Data
Learning and improvement

Theories, hunches, & best practices

A P S D
A P S D
A P S D
A P S D

MarMason Consulting

2-5-2014

Public Health Performance Management Centers for Excellence
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
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?
A METHOD FOR QUALITY PLANNING
The quality planning (QP) method

- Assess
- Define
- Analyze Customer Need
- Design & Pilot
- Verify

Experiencing the QI Method: Introduction
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
Prioritization matrix
Criteria matrix

Assess
Define
Analyze Customer Need
Design & Pilot
Verify
Assess

Define

Analyze Customer Need

Design & Pilot

Verify

AIM Statement
Project Definition forms
Affinity diagrams
Sector Maps
SIPOC
Public Health Performance Management Centers for Excellence

Assess → Define → Analyze Customer Need → Design & Pilot → Verify

Surveys
Focus groups
Interviews
Voice of the Customer Table

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
Public Health Performance Management Centers for Excellence

- Assess
- Define
- Analyze Customer Need
- Design & Pilot
- Verify

Work process maps
Flowcharts
Measures
Benchmarking
Pugh Matrix
Pilot
Data collection

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
Assess
Define
Analyze Customer Need
Design & Pilot
Verify

Data analysis
Risk analysis
Detailed flow chart
Training
Communication plans
Control plans
# Quality Planning Tools

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

EXAMPLES FROM THE FIELD
1. Assess organizational goals and current performance.

2. Determine most important problems/biggest opportunities.
<table>
<thead>
<tr>
<th>Planning Idea</th>
<th>Importance</th>
<th>Control</th>
<th>Hi Risk</th>
<th>Hi Vol</th>
<th>Prob. Prone</th>
<th>Total points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HI (3)</td>
<td>MED (2)</td>
<td>LOW (1)</td>
<td>HI (3)</td>
<td>MED (2)</td>
<td>LOW (1)</td>
</tr>
<tr>
<td>1. Vaccines</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<td></td>
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<td></td>
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<tr>
<td>2. Engage Community</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>3. CHIP</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Food Safety</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Family Planning</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

|             |             |         |             |        |             |              |

Total: 32

2-5-2014
<table>
<thead>
<tr>
<th>Project Idea</th>
<th>Type of Project</th>
<th>Source of Project Idea</th>
<th>Problem Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create online food establishment application tool</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>The current food establishment application process is paper based. EPH would like to move it online to provide better access to application data, and it should make it easier to renew.</td>
</tr>
<tr>
<td>Decrease Smoking Rates</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>Decrease smoking rates among postpartum women in the NFP and WIC programs.</td>
</tr>
<tr>
<td>Develop Agency Documentation Standards</td>
<td>Quality Improvement Project</td>
<td>Accreditation/Standards</td>
<td>When pulling documentation for WA State Standards and for PHAB, the team faced challenges with dates, example, reports, flyers, procedures, minutes and other documentation that did not include dates, a solution to demonstrate that we met a measure. Development/implementation of documentation standards was required to decrease the number of documents available to submit for accreditation.</td>
</tr>
<tr>
<td>Facilitation and Presentation Skills Training</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>According to aggregate agency data from the presentation evaluations, staff could use training on how to convey content to meet the level of audience. Interactive exercises and activities were rated the lowest by the participants. External coalition surveys indicate a need for facilitation skills training. There are techniques that can be taught that can help in goal-setting and improved follow-up from members.</td>
</tr>
<tr>
<td>HiAP Decision Support Process &amp; Tool</td>
<td>Quality Planning Project</td>
<td>Strategic Planning</td>
<td>Currently, our agency and BOH does not have consistent and standardized processes and tools to foster policies. Additionally, two of our four strategic planning goal groups have begun to explore different strategies for different NFP and BOH. There is an opportunity to bring the goal groups together to develop one process and two strategies for agency. This would help further the strategic planning goals related to improving and promoting HiAP and agency health priority areas.</td>
</tr>
<tr>
<td>Increase % of surveys and evaluations run through CHAPE</td>
<td>Quality Improvement Project</td>
<td>Division Report</td>
<td>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 2012, a challenge in tracking and trending data and does not adhere to agency protocol.</td>
</tr>
<tr>
<td>Increase Breastfeeding Rates</td>
<td>Quality Planning Project</td>
<td>Logic Model</td>
<td>To increase the percentage of clients in WIC and NFP who are still breastfeeding at 12 months. Our current website at SRHD.org has been in place for several years. To update the site’s interface design. With proper design, the site will be able to capture the focus of visitors who are interested in learning about breastfeeding.</td>
</tr>
<tr>
<td>SRHD.org Website Interface Update</td>
<td>Quality Improvement Project</td>
<td>Other</td>
<td>Create a wellness tool for staff on our intranet. WIC would like to increase access to healthy nutrition advice through SRHD.org.</td>
</tr>
<tr>
<td>Wellness tool for staff</td>
<td>Quality Planning Project</td>
<td>Other</td>
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</tr>
</tbody>
</table>
# Policy Analysis Example

## Criteria

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RISK/IMPACT</th>
<th>FEASIBLE</th>
<th>REPEATABLE</th>
<th>STRATEGIC</th>
<th>PROBLEM PRONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLANATION</td>
<td>high risk (QI) or potential high impact (QP). Risk/impact considerations may include: morbidity, mortality, liability, scope (how many people impacted)</td>
<td>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</td>
<td>process turns over frequently (i.e. high volume)</td>
<td>supports the agency &quot;big picture&quot; and based on data/evidence (strategic plan, rolled-up division report, Accreditation, logic model reviews, AAR, aggregate customer service feedback, HIPAA)</td>
<td>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.</td>
</tr>
</tbody>
</table>

## Criteria Weight (from exercise)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Wt Score</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>0.42</td>
</tr>
<tr>
<td>2</td>
<td>0.13</td>
</tr>
<tr>
<td>3</td>
<td>0.01</td>
</tr>
<tr>
<td>4</td>
<td>0.24</td>
</tr>
<tr>
<td>5</td>
<td>0.2</td>
</tr>
</tbody>
</table>

## QC Member Ranking

<table>
<thead>
<tr>
<th>Quality Management Opportunities</th>
<th>RANKING</th>
<th>Wt Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Decrease Smoking Rates</td>
<td>6.13</td>
<td>2.57</td>
</tr>
<tr>
<td>B Develop Agency Documentation Standards</td>
<td>3.31</td>
<td>1.39</td>
</tr>
<tr>
<td>H Facilitation and Presentation Skills Training</td>
<td>3.38</td>
<td>1.42</td>
</tr>
<tr>
<td>I HIAP Decision Support Process &amp; Tool</td>
<td>4.81</td>
<td>2.02</td>
</tr>
<tr>
<td>J Increase % of surveys and evals run through CHAPE</td>
<td>3.13</td>
<td>1.31</td>
</tr>
<tr>
<td>K Increase Breastfeeding Rates</td>
<td>4.31</td>
<td>1.81</td>
</tr>
<tr>
<td>L SRHD.org Website Interface Update</td>
<td>2.94</td>
<td>1.23</td>
</tr>
<tr>
<td>M</td>
<td>0</td>
<td>0</td>
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<tr>
<td>N</td>
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<td>O</td>
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## Total

<table>
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<td>1</td>
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</tbody>
</table>

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Public Health Performance Management Centers for Excellence
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
**Policy Analysis Example**

**Quality Improvement/Quality Planning Project Definition Document**

**Object Name:** Promoting Health and Equity in all Policies (HEiP)

**Sponsor(s):**
- Dr. Joel McCullough
- Approved: August 5th, 2013 (via email to Linda G.)

Who is governing and resourcing this project? (Division, Program, Manager or Peer Leader)

**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. Aids policymakers and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies.
  3. Reviews 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 authority to affect the issue. Policy development involves the means by which problem identification, technical knowledge of possible alternative solutions and social 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 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. 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 to other health districts in the region.

**Type of Problem/Opportunity:**
- [ ] QI (cross-programmatic or larger scope process improvement)
- [ ] QI (single program or smaller scope process improvement)
- [ ] 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/society values, and is satisfactory to BOH. By March 31, 2014.

**Key Performance Measures:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Timeline</th>
</tr>
</thead>
</table>

**Funded by the U. S. Centers for Disease Control's National Public Health Improvement Initiative**
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.
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

Sponsor
Top impact/scope
Legality/financial
draft
Evidence-based

Communications

Health providers
Opponents
Advocates

Message delivery
Has it been done?
Results yes/no
Alignment w/-

Research framework

DO NOT ERASE

Results analysis

Succinct
Don't overstate
Concise
1-2 pages

Recommendation
Institutional mitigation

Error-free

Quality

Support (?

Comm desire
Versatile presentation

Word, PPT presentation

Data

Summary

Concepts
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
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!”
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
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.
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/focusgrouptoolkit.pdf
- CDC, General guide to focus groups: http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/pdf/focusgroupguidelines.pdf
Key Informant Resources


• 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
Questionnaire Resources

- Purdue Online Writing Lab, Creating good survey and interview questions: https://owl.english.purdue.edu/owl/resource/559/06/
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?
Let’s Discuss

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

- Prioritize requirements and get them really specific
- Validate needs and get more specific on requirements
- Themes/initial high level needs
- Vague Customer Statements

Funded by CDC’s National Public Health Improvement Initiative
HIV Link to Care Example

FOG exercise

2-5-2014
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

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

<table>
<thead>
<tr>
<th>Voice of Customer</th>
<th>Why</th>
<th>Critical Customer Requirement (i.e. our interpretation of what customer is saying)</th>
<th>Critical to Quality Factor (i.e. our interpretation validated by further analysis and made more specific)</th>
<th>Measure (i.e. how we’ll measure the quality of our process)</th>
<th>Target</th>
<th>Spec. Limit (i.e. the limits of what our customer will tolerate or be satisfied with)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Some decisions must be made quickly in response to changing circumstances and constituent demand.</td>
<td>Must provide summary of analysis within a reasonable timeframe.</td>
<td>Analysis must be provided within 3 weeks of request.</td>
<td>Ave # days from submission or request to delivery of results.</td>
<td>14 days</td>
<td>21 days</td>
</tr>
</tbody>
</table>
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 Link to Care Example

Flowchart

Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
### HIV Screening: STD Linkage to HIV Screening & Overall

<table>
<thead>
<tr>
<th>Disease Focus</th>
<th>Activity Focus</th>
<th>Brief Statement of Measure</th>
<th>Trend</th>
<th>2013 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD DIS Work</td>
<td>CT Link to HIV</td>
<td>% (#) of MSM w/ CT screened</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Linking to HIV</td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Testing</td>
<td></td>
<td>% (#) of MSM CT exposed screened</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td></td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>GC Link to HIV</td>
<td>% (#) of MSM w/ GC screened</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Screening</td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>% (#) of MSM exposed to GC</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>% (#) of MSW w/ GC screened</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>% (#) of MSW exposed to GC</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Syphilis Link</td>
<td>% (#) of w/Syphilis screened</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>to HIV Screening</td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>% (#) of exposed to Syphilis</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td># newly identified with HIV</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>
# Policy Analysis Example

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voice of Customer</strong></td>
<td><strong>Why</strong></td>
<td><strong>Critical Customer Requirement/Need</strong></td>
<td><strong>(5) Conduct initial screening of policy options (against defined criteria)</strong></td>
<td><strong>(6) Select policy option(s) for further analysis</strong></td>
<td><strong>(7) Assess policy options for agency and community alignment</strong></td>
<td><strong>(8) Conduct primary analysis of health and equity impacts using analysis tool(s)</strong></td>
<td><strong>(9) Modify policy option(s) as needed</strong></td>
<td><strong>(10) Assess feasibility of adoption and implementation of policy option(s)</strong></td>
<td></td>
</tr>
<tr>
<td>I'm curious about partner and community reaction to this – SRHD taking on more of a policy role.</td>
<td>People are not used to having policy analyzed and evaluated.</td>
<td>Need to have community acceptance of SRHD taking on more of a policy role.</td>
<td>screening tool that includes points on partner contact (gather initial reaction: are you involved with or should you? Any relevance to your work? ever seen this done before?)</td>
<td>Define a policy analysis team and use this team for policy selection and further analysis. Team could be consistent in a core team (familiar with process/instrument) with flexibility to bring in other relevant stakeholders. Does this happen here or earlier?</td>
<td>Need to have established agency priorities/strategic planning goals built into process that are aligned with community.</td>
<td>policy &quot;filter&quot; that asks specific question about health and equity. Use core team so not done in isolation.</td>
<td>na</td>
<td>engagement of partners with feasibility discussion. Already engaged in policy team at this point, or we seek them out.</td>
<td></td>
</tr>
<tr>
<td><strong>Community/Acceptance</strong></td>
<td>PH policy needs to be implemented by others—we will be playing in their sandbox.</td>
<td>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.</td>
<td>1. a policy team could be used to look for external (to agency) alignment. 2. also vet against public health (state) partners (e.g. wsahio; wsaha).</td>
<td>1. demonstrate success and &quot;robustness&quot; of tool with community. Train up core team. But needs to be simple. Needs be multi-level.</td>
<td>feasibility criterion built into tool, vetted by partners.</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>I don't think every policy needs to use this process/tool.</td>
<td>Don't see policy as having a health or equity impact.</td>
<td>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.</td>
<td>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.</td>
<td>develop threshold or go/no go for option. But, does threshold vary or remain the same. Scoring mechanism?</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td></td>
</tr>
<tr>
<td><strong>Formation of Process and Tool</strong></td>
<td>Don't want to bog things down with too much process.</td>
<td>decision tree(s)/prompts</td>
<td>does tree get used independently or within a review</td>
<td></td>
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</tr>
</tbody>
</table>
12. Develop process controls.
13. Transfer to operations.
14. Enter Quality Control cycle.
HIV Link to Care Example

Definitions

- **Follow-up**
  - Within last 6 mos and/or within last 12 mos and/or received care within last 12 mos
- **Refusal**
  - Discussed HIV with a person
  - Refused all treatment options
  - PT contacted (spoken with)
- **Follow-up**
  - N/A

Process

- **Follow-up**
  - Discussed HIV with a person
  - Refused all treatment options
  - PT contacted (spoken with)
- **Follow-up**
  - N/A

Process

- **Follow-up**
  - Discussed HIV with a person
  - Refused all treatment options
  - PT contacted (spoken with)
- **Follow-up**
  - N/A
HIV Link to Care Example
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”
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%)

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

Line of sight

Develop tracking process to understand why eligible women do not receive services.

Revised tracking system developed (short-term outcome)

Increase % of referrals in their first trimester of pregnancy.

% first trimester referrals (medium-term outcome)

Assess pregnant women in first trimester for risk factors: smoking, PN & dental care needs, substance abuse, and nutritional status.

% first trimester home visits (medium-term outcome)

so that

so that

so that

Known risk factors for low birth weight decreased.

Pregnancy outcomes improve.

% low birth weight babies (long-term outcome)

TPCHD Low Birth Weight QI Project

2-5-2014
Policy Analysis Example

“So That” Logic

**Activity**
- Working together with BOH, SRHD staff use a policy screening tool to promote health and equity in all policies impacting quality of life in Spokane County.

**Measures:**
- # policy reviews
- # staff and BOH trained and using

**Outcome**
- Improved staff knowledge of policy development and implementation.
- Improved BOH knowledge of roles and responsibilities related to public health policy and governance.
- Increased knowledge of health, equity, and quality of life priorities for the community.
- Increased knowledge of how policies may promote or impede identified health priorities and equity.

**Measures:**
- Agency staff competency survey
- BOH governance survey
- Quality of life community survey (baseline)

**Goal**
- Improved PH system and provision of the 10 essential services of public health in alignment with SRHD Mission and Vision.
  - Align and institutionalize 2009-2014 strategic planning goals.

**Outcomes**
- Improved BOH governance and engagement in the development and/or modifications of policies impacting the health and wellbeing of the public.
- Improved alignment of policies to identified need and action in community.

**Measures:**
- Quality of life survey (post)
- Spokane Counts

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

<table>
<thead>
<tr>
<th>Audience/stakeholder group</th>
<th>Key message</th>
<th>How you will deliver message</th>
<th>Who will deliver message</th>
<th>When will message be delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
# Policy Analysis Example

**Health and Equity in All Policies Quality Improvement Project**

**Communications Plan**

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

<table>
<thead>
<tr>
<th>Probability of Occurrence</th>
<th>Low Impact</th>
<th>Med. Impact</th>
<th>High Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Yellow Light: Proceed w/ Caution</td>
<td>Yellow Light: Proceed w/ Caution</td>
<td>Yellow Light: Proceed w/ Caution</td>
</tr>
<tr>
<td>High</td>
<td>Red Light: Do Not Proceed</td>
<td>Red Light: Do Not Proceed</td>
<td>Red Light: Do Not Proceed</td>
</tr>
</tbody>
</table>

2-5-2014
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

- Policy makers won't use tool
- Tool/process to cumbersome
- Staff won't have time to use it (policy makers)
- Policy makers not familiar with use of tools
- User might not perceive the rec. is quality
  - Not important
- Ideological viewpoints (health not imp or priority)
  - Don't understand health implications
  - Results too squishy/subjective
  - Too subjective
  - Perceived as too subjective
- Might not have staff resources to use

Risk Mitigation

- Not enough staff resource
  - Too cumbersome
HEPA Project Risk Matrix

Likelihood of Occurrence

High

Low

Impact on Project Success

Low

Medium

High

Policy makers not used to using tools perceived as too subjective

Staff won't have time to use

Insufficient staff resources process too long to use

Process too squishy ideology too cumbersome

too objective no trust in quality

S&HD or Both Staffers
Funded by the U. S. Centers for Disease Control’s National Public Health Improvement Initiative
Do You Have Time for QP?

Quality Planning Approach
(aka, Robust Design, Design for Six-Sigma, Hoshin Planning, etc)

1. Analyze customer needs
2. Design product/service
3. Design production process
4. Design review
5. Failure proofing
6. Implementation

Get ‘er Done Approach

1. Design product/service
2. Implementation
Additional Resources

- Visit us online: [www.doh.wa.gov/PHIP/perfmgtcenters](http://www.doh.wa.gov/PHIP/perfmgtcenters)
Additional Resources


- Peter Scholtes, *The Team Handbook*, Joiner, 1988

Customer Requirement Translation Resources

- Six Sigma Step #1 Define: [http://thequalityweb.com/define.html](http://thequalityweb.com/define.html)
- [http://asq.org/sixsigma/tools-exchange/tools-templates.html](http://asq.org/sixsigma/tools-exchange/tools-templates.html) (have to sign up)
- You Tube: [http://www.youtube.com/watch?v=n5T0hnuVN9s](http://www.youtube.com/watch?v=n5T0hnuVN9s)
THANKS FOR YOUR PARTICIPATION
Please complete the evaluation you get in email.

Join us for upcoming Web trainings

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 12, 2014</td>
<td>Surveys and Sampling Methods for Community Engagement</td>
<td>10 - Noon</td>
</tr>
<tr>
<td>May 21, 2014</td>
<td>Common Quality Methods for CHA and Customer Relationships</td>
<td>10 - Noon</td>
</tr>
<tr>
<td>July 16, 2014</td>
<td>The Role of Evaluation in the Performance Management System</td>
<td>10 - Noon</td>
</tr>
</tbody>
</table>
What Questions Do You Have?

The contents of this presentation were selected by the author and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.