



Building a Culture of Quality Improvement

Interview with Robert Pestronk, Health Director
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What does quality improvement mean to you?

Well, it might be easier for me to first say what quality improvement *isn't*. It isn't accreditation, business process modeling, performance improvement, logic models, strategic plans or evaluations. These tools might help quality improvement happen but the use of them individually is not quality improvement

So then what is it?

Quality improvement (QI) is a culture through which governmental public health departments help their communities become healthier. In this culture, a number of things happen. Staff believe they can improve health and are comfortable in that role. On a continuing basis they regularly examine the processes they are using to reach that goal and the relationships among resources, outputs, and outcomes. They examine the literature and test hypotheses about how to improve those processes and relationships. QI is the belief that things can be improved, that they should be improved, and that there are systematic ways to discover what is important to improve. It is the confidence and skills to discover how to go about improving them and applying what is learned.

Why do you use the word "culture?"

Because it's not just the use of a particular tool which creates QI, although certainly tools are important. In the context of a local health department, I mean that there is a common, organization-wide operative understating of expectations, rules and responsibilities in the sociological sense. I mean that personal, interpersonal, and environmental messages and resources support that understanding. These might include leadership, formal policy, grapevine conversation, and funding.

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When did you start implementing quality improvement at Genesee County?

We tried and failed in 1995, but gained some traction in 2005.

What was different about 2005?

In 1995, we tried to bite off too much all at once. We were too ambitious. In 2005 we were smarter about introducing it to staff. We started with just a few people and with an intentional plan to expand the number of staff involved over time. We looked for specific ways to apply and reinforce what we were learning.

What helped QI gain momentum?

Along with the willingness to challenge my own skepticism and the opportunity to focus in a single area and with a small staff group, we had access to trainers who understood something about work in the governmental public health setting. The staff to whom this was first introduced had



an eagerness to learn and to apply what was learned. They wanted to succeed but were aware that failure wasn't a terminal illness. We intentionally and repeatedly shared their success and struggles with other staff in the Department.

Plus, by 2005 we'd had a few years to think about and apply certain tools and understand the connection among them: strategic plans, logic models, accreditation, evaluation, and workforce development. We had a sense for how these tools might be used as part of a culture of quality improvement. We had created a network of relationships within and outside the Department that could be exploited to support continued efforts to establish a new culture. Generally speaking, the ground for planting had been better prepared by 2005 than it was prior to 1995.

Was there a specific project you started working on?

RAND¹ offered an initial opportunity to participate in a pilot project and to learn and apply new skills in a carefully controlled and focused setting. After the failure in 1995, this was attractive. We were then chosen as a Common Ground² site, and subsequently applied to be a demonstration site for Michigan's Multi-State Learning Collaborative³. A small group of staff started with the idea that they would learn something and gain experience from its application. They chose the setting in which to work. We added to that group one person from the next area of the Department we believed would benefit from a similarly focused effort. We intentionally planned to move from one group of staff to the next providing opportunities to train interested folks and to offer a chance for staff to assume active, participatory and leadership roles in efforts to understand and change their work.

What did you first think about quality improvement?

I was very skeptical in the beginning. And yet, in 2008, I'm thankful for the opportunities we've had. Few, if any, staff regret their participation. They don't see their involvement as just "one more new thing foisted on them" by their managers. They share their excitement with others. Some uptake has become spontaneous. I'm optimistic.

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In addition to the RAND opportunity, was there a need to initiate a QI process?

The opportunities described above were means to infect us with a new culture. One incident illustrated the culture growing on its own. A staff person embezzled funds. I convened a team to talk about how it had happened, where else it might happen, and what could be done to prevent future problems.

And how did that conversation go?

Not well. Staff were not comfortable talking about it. They were uncertain about what to do or how to proceed. After the meeting adjourned, I was walking to a meeting with a manager who had attended

¹ The [RAND Corporation](#) is a nonprofit think tank dedicated to helping to improve policy and decision making through objective research and analysis.

² The Robert Wood Johnson Foundation (RWJF) [Common Ground Program](#) awarded Common Ground grants to 31 public health agencies throughout the country in an effort to help state and local public health agencies better respond to health needs by improving their use of information systems.

³ The [Multi-State Learning Collaborative](#), sponsored by RWJF, funded 10 state to enhance their efforts to use performance and capacity standards to assess the work of public health agencies as a means to prepare for national accreditation.



the meeting. He said to me, “You know, Bobby, this looks like a perfect opportunity to use the business process modeling we learned in Common Ground.” That moment of spontaneous awareness and application on his part was a beautiful thing. This has now happened in relation to other areas of Department work.

Did you end up applying QI to the incident?

We’re in the early stage of culture change among this group right now following some quick brainstorming about what we could do immediately to prevent further loss. We’ll see how it works out. Hopefully the staff involved will discover ways to identify improvements in cash handling process to prevent future incidents, use information technology to support their ideas, and then test their own ideas over time. However, we have had excellent examples of success from work in other areas.

How do you measure success? Is quality improvement ingrained in the daily work across the organization, or is it more program-specific?

Success can be measured in a lot of ways. I’ve mentioned some already. However, it is important to realize that the purposeful, methodical search for improvement—whether that search succeeds or fails—is the culture desired. We certainly have that attitude about scientific research. Success is a culture in which everyone intentionally tries to improve, reasons out the best ways to improve, documents the method used and the results of trying, and continuously learns from the attempts to learn. We don’t have this culture department-wide yet, but an attitude—and comfort with the attitude—is growing.

How do you instill and sustain the value of quality improvement among staff?

It is a challenge to create this culture on department-wide. We’re not starting from a clean slate. The world doesn’t stop; the demands of the existing culture persist. We think about our process as creating an ever-widening spiral of awareness, attitude, and practice. It doesn’t happen on its own. It won’t happen overnight. It requires constant nurturing. We continue to look for opportunities and funding to infect ourselves.

“Quality improvement doesn’t just happen. The seeds need to be planted and nurtured over time.”

The environment (state, foundation, local, and federal) is only just beginning to be supportive. However, the funds and requirements available within this environment are often focused on program detail, on standards and criteria which are not always based on science or best practice and don’t encourage the critical

thinking needed in a culture of quality improvement. We’re already being told that the kinds of resources which have been available to us won’t continue to be available and almost certainly won’t be available to others. This doesn’t auger well for future success. We need an environment that rewards success and sustains it. We need to instill a sense of urgency and patience at the same time that we allow sufficient time to be carved out to practice and reinforce what we’ve learned.

How are the staff exposed to QI?

As we began our work, we reported out about it at every departmental meeting we could. We created a standing item on meeting agendas to remind ourselves to discuss what was going on and to allow people to see their peers committed and involved. As more staff became familiar with the ideas and could identify themselves with them, they are seeking more information and assistance. A couple of months ago I asked second line supervisors how many of them had some exposure to our experiments with quality improvement. Nearly everyone raised a hand. In addition, we provide exposure through the Departmental newsletter. The “grapevine” is helping. Awareness and application are expanding, but it is not yet a departmental culture.



What about new staff? How do they hear about quality improvement?

We have a formal orientation for new staff. In my time with them I let them know that everything we're doing in the Department can be improved and that part of their job is to make these discoveries. I tell them they have something no one has. Their "head" is still in their last job or academic orientation, comparing what they used to do or know with what we're doing. I tell them that they shouldn't accept unconsciously or cynically that how we do things is the best way to do them, and that they're well positioned to observe differences and feel dissonance. I tell them that their task is to share their observations with colleagues and supervisors. They hear that coming up with these ideas is easy but that getting their ideas tested is harder because no one likes to change.

I tell them I want an attitude which accepts tests of new ideas, examines the results of the tests, and moves on from there. Training in the use of specific tools is not part of the orientation right now. Gaining an appreciation for the boss' attitude is.

What is the role of leadership in implementing quality improvement?

To find ways to support it. Ultimately, those staff who step into this new culture want to know that they will be supported.

What are some of the challenges you've faced?

Creating a new culture is sailing against a strong head wind. The present culture is a system designed to support what is currently going on. The shop floor doesn't stop for retooling. Funders and contractees want the results of their current categorical work delivered and don't always support the real costs of experience to develop and maintain a new culture. They want us to change but don't want to change themselves.

Time horizons for change are too short. We hear about the short term world view in the private sector, but local health departments live in a world circumscribed by a "what did you do for us today" mentality. Failure is not appreciated yet it is an integral part of a culture of quality improvement. Deming reminds us to drive fear of failure out. We're not very good at that. The scale of investment in governmental public health is disproportionately small. Experts are hard to come by. The assumption is that this work to change will be done on someone else's dollar. The legal, contractual, conceptual, educational environments in which we work are not always supportive. Psychological costs are difficult to bear and these accompany the journey to adopt new ideas.

Plus, there will always be five percent of staff who are cynical about everything, who are positive about nothing, who belittle any effort to change regardless of leadership or origin of the ideas. Their affect can be disproportionate to their size. Winning the large group in the middle and shifting the whole curve over time is long term work requiring courage and stamina.

How do you encourage staff to make quality improvement a priority?

It is a challenge. Most people think they have little time on the margin for QI yet some of the immediate demands on their time can be re-prioritized to make room for something else. Healthy people want to be successful and be part of success. Training, allowing staff to choose the initial areas to work in, allowing them to work with someone who already gets "it" are all important.

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Do you see advantages to using quality improvement?

A culture provides a common language and reinforces itself. A culture of QI is an antidote to bias and a means to see that things are often more complex than they seem. It is sobering to discover complexity. Some of the finger-pointing disappears. Quality improvement requires explicit assumptions, experiments, data gathering, analysis, and facts. Quality improvement forces people to move from “Oh, I think this is a good or bad idea” to “what is it we’re trying to do here? Let’s see if this will do it better. Let’s all be part of the test.” It builds teamwork. QI makes it less likely that decisions will be based on strength of opinion or organizational pecking order.

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Any final thoughts?

Other worlds besides our own in governmental public health will need to change to allow our own culture to change more rapidly than it otherwise would. Sometimes our own optimism and readiness-to-act work to our disadvantage. Funders and contractees figure that there is no need to

sustain their support or provide funding to scale. It would be helpful to see them creating the same culture within their own organizations so that they can appreciate the challenges involved and can discover solutions that might work elsewhere.

More expert trainers are necessary and less reliance on a train-the-trainer strategy where expertise is diluted as it passes from person to person. Those academic organizations which train our incoming workforce and provide continuing education for our existing workforce need to be better prepared to serve us and to recognize faculty in meaningful ways for their work in this area. Time, resources, and energy are needed for people and culture to change. It’s not going to happen overnight.

