

## THE WEBINAR WILL BEGIN SHORTLY

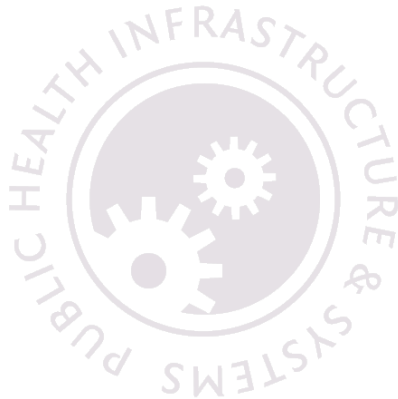
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# Building a QI Culture at a Local Health Department

Wednesday, February 16, 2011



**Goal:** To provide local health departments (LHDs) with insight into establishing an organizational culture that includes quality improvement (QI).

### Objectives:

1. Describe the importance of integrating QI into organizational culture
2. Define a QI plan and describe how it can be used to guide efforts throughout the agency
3. Discuss how discrete QI initiatives can be used to move toward adoption of QI organization wide
4. Share challenges, strategies for success, and measures of success for achieving a culture of QI within a LHD



## Speaker Introductions

From the Sedgwick County Health Department (KS):

**Claudia Blackburn, RNC, MPH, CPM**

*Health Director*



**Sonja Armbruster**

*Community Health Assessment Coordinator*



**Ty Kane, MPH**

*Community Health Analyst*



# QI in Public Health

Pooja Verma, MPH  
Program Associate  
NACCHO



## Quality Improvement

QI in public health is *the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.*



## Public Health Accreditation

The Goal of PHAB's Voluntary National Accreditation Program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

PHAB self-assessment leads to identification of areas for improvement in:

- Efficiency
- Effectiveness
- Quality or performance of services
- Processes
- Capacities
- Outcomes



## Building a QI Culture at a Local Health Department

February 16, 2011

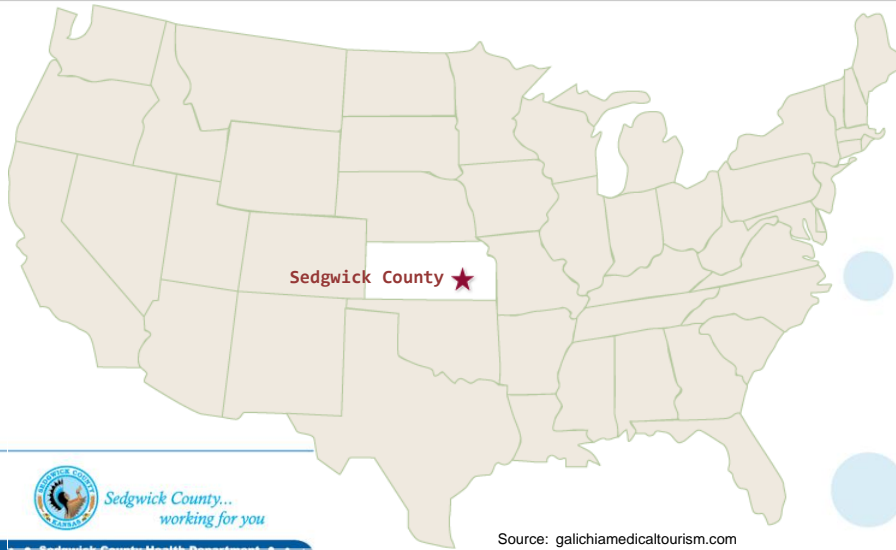
Claudia Blackburn, Ty Kane &  
Sonja Armbruster



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## Where are we?



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Source: galchiamedicaltourism.com

## Sedgwick County's Largest City: Wichita

Largest City in Sedgwick County: Wichita

U.S. Rank	City	State	Population
49	Arlington	Texas	380,085
50	Honolulu	Hawaii	374,658
<b>51</b>	<b>Wichita</b>	<b>Kansas</b>	<b>372,186</b>
52	St. Louis	Missouri	356,587
53	New Orleans	Louisiana	354,850

2009 Population Estimates: US Census Bureau



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- 
- **Sedgwick County Health Department: Facts**
- 

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- 2009 County Population: 490,864
- De-centralized government structure
- 160 FTE Staff
- Five Health Department Divisions

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**IMPORTANCE OF INTEGRATING QI  
INTO ORGANIZATIONAL CULTURE**

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## Why quality improvement?

- Analyze barriers to desired outcomes
- Streamline processes
- Conserve resources
- Empower staff to solve problems
- Provide high quality public services



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## Accountability to customers & elected officials

- Demonstrate resource management
- Stewardship of limited resources
- Develops analytic skills to better understand and improve programs and services
- Improve customer satisfaction



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## Promoting a simple model for change

- Plan, Do, Study, Act
- Most staff relate to the process
- What is the best flow?
- What could we stop doing?



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## Components of a learning culture

- Shared vision and common goals
- Devoted staff
- Staff participate in decision-making process
- Builds interest and motivation
- Skill-building/workforce development



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## Promoting a culture of learning

- Non-threatening environment
- Experience success
- Reveals hidden staff talents and interests
- Addresses fear of change
- Director participation is key



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## Foundations for QI in LHDs

- *Driving Quality Improvement in Local Public Health Practice* (Journal of Public Health Management and Practice – NACCHO Staff – 2010)
- NACCHO LHD QI Leaders Learning Community
- APQI NACCHO Workgroup



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## Foundations for QI in LHDs

Other resources we have benefited greatly from:

- *The Public Health Quality Improvement Handbook, Bialek et al, 2009,*
- *Michigan's Quality Improvement Guidebook*
- *Spokane Regional Health District QI Plan*
- *Tacoma Pierce County QI Plan*



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## QI was quick to gain momentum

- Initial expectations set by leadership
- Staff have exceeded expectations
- Early adopters achieve measurable success



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## DEFINE A QI PLAN



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## Why does SCHED need a QI plan?

- Provides a framework for QI activities.
- Demonstrates leadership's commitment to QI.
- To improve customer satisfaction, quality of services and health outcomes.
- If accreditation is the future of public health, so is QI.



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## SCHD QI plan overview

- Describes how SCHD will manage, deploy and review quality efforts.
- Updated regularly (at least annually) to indicate what has been & will be done.
- Reflects a continuing process of improvement.
- Provides written credibility to entire QI process.
- Visible sign of management support and commitment to quality throughout the organization.



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## Key elements of a QI plan

1. Description
  2. Definitions
  3. Administration
  4. Project Selection
  5. Training
  6. Tools
  7. Communication
  8. Responsibilities
  9. Evaluation
  10. Sustainability
- “Sedgwick County Success with Quality Plan”
  - [PHF.org](http://PHF.org)



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## Key elements of a QI plan

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1. **Description**
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability

- Policy statement
- Why are you focusing on quality?
- Key objectives



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## Key elements of a QI plan

---

1. Description
2. **Definitions**
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability

- Define key terms
- Develop consistent language
- Avoid misconceptions




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## Key elements of a QI plan

1. Description
2. Definitions
- 3. Administration**
  - Management of QI Plan
  - Coordination of QI activities
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability




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## Key elements of a QI plan

1. Description
2. Definitions
3. Administration
- 4. Project Selection**
  - How are projects developed and prioritized?
  - Who will lead projects?
  - What do project teams look like?
5. Training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability




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## Key elements of a QI plan

1. Description
2. Definitions
3. Administration
4. Project Selection
5. **Training**
  - QI Plan orientation
  - Basic QI principles and tools
  - Q-Team training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability




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## Key elements of a QI plan

1. Description
2. Definitions
3. Administration
4. Project Selection
5. **Training**
  - New Staff**
    - Presentation at New Employee Orientation class
    - Check-box on Supervisor's NEO form
    - QI Plan Orientation for all new staff
  - Current Staff**
    - Staff training (quarterly meetings, division/staff meetings)
    - Program-specific QI training as available
  - Q-Team**
    - Train the trainer
    - Advanced QI training via Q-Team meetings
    - Professional training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability




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## Key elements of a QI plan

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1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. **Tools**
  - QI model
  - Common tools
  - Access to tools
7. Communication
8. Responsibilities
9. Evaluation
10. Sustainability




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## Key elements of a QI plan

---

1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. **Communication**
  - QI Plan progress reports
  - QI inspiration thru:
    - Program, Division, All-Staff meetings
    - Newsletters (Q-Tips!)
    - Quality Star
8. Responsibilities
9. Evaluation
10. Sustainability



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## Key elements of a QI plan

---

1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
- 8. Responsibilities**
9. Evaluation
10. Sustainability

- Clear roles for all staff
- Eliminates confusion



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## Key elements of a QI plan

---

1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
- 8. Responsibilities**
9. Evaluation
10. Sustainability

- All Staff:** ID QI opportunities and develop QI projects.
- Health Director:** Provide leadership for QI efforts.
- Quality Coordinator:** Manage the QI plan.
- Q-Team:** Mentor QI tools & principles tools to all staff.
- Division Directors:** Lead QI efforts at division level.
- Program Managers:** Support staff QI efforts.




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## Key elements of a QI plan

1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. **Evaluation**
10. Sustainability

- Impact of individual QI projects
- QI Plan performance measures




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## Key elements of a QI plan

1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. **Evaluation**
10. Sustainability

- QI Plan goals based on *PHAB Draft Standards*
- 9.2.1, 9.2.2, 9.2.3
  1. Establish an annual plan
  2. Implement QI efforts
  3. Demonstrate staff participation in training



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## Key elements of a QI plan

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1. Description
2. Definitions
3. Administration
4. Project Selection
5. Training
6. Tools
7. Communication
8. Responsibilities
9. Evaluation
- 10. Sustainability**

- Employee performance evaluation
- Agency QI Policy
- Ongoing QI activities



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Development of a six-month training and testing plan.

## ADOPTION OF QI, ORGANIZATION WIDE



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## How did we get here?

- November, 2008 - .25 FTE for Accreditation
- March, 2009 – Vetted the PHAB Standards
- November, 2009 – Funding awarded for QI project
- March, 2010 – Initial Q-Team meeting
- August, 2010 – January, 2011 – Staff training and QI Plan/Policy development
- January, 2011 – All-staff QI training
- February, 2011 – QI Plan launch



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## 2010/2011 “Creating a Culture of QI” Project

- Funded by Sunflower Foundation of Kansas  
([www.sunflowerfoundation.org](http://www.sunflowerfoundation.org))
- Partnered with Public Health Foundation
- Goal
  - “The goal of this project is to create a continuous and ongoing plan to achieve measurable improvements to achieve equity and improve the health of the community.”



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## 2010/2011 “Creating a Culture of QI” Project

- Objectives
  - Develop Quality Council (Q-Team)
  - Develop 2011 SCHD QI Plan
  - Train Staff (Leadership and All-staff)
  - Conduct Rapid Cycle Improvement Projects



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## QI Training 1


- Preview Training Timeline
- Principles and Tools Training – Jack Moran
  - “QI in Public Health”, PDSA, Overview of “7 tools”
- Staff break-out into 8 QI Project Teams
  - Define roles and responsibilities
  - Begin discussing topic



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**Example:  
QI Training 1  
Resource**



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### QI Project Tracking Sheet

Project Title: \_\_\_\_\_  
Project Dates: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Steps of PDSA Approach	Key Elements	Notes
<b>Step 1</b> Getting Started	<input type="checkbox"/> Identify area, problem, or opportunity for improvement <input type="checkbox"/> Estimate and commit needed resources <input type="checkbox"/> Obtain approval (if needed) to conduct QI	These elements were originally addressed during Training 1.
<b>Step 2</b> Assemble the Team	<input type="checkbox"/> Identify and assemble team members (including customers and/or stakeholders) <input type="checkbox"/> Discuss problem or opportunity for improvement <input type="checkbox"/> Identify team member roles & responsibilities <input type="checkbox"/> Establish initial timeline for improvement activity and schedule regular team meetings <input type="checkbox"/> Develop Aim Statement -- What are we trying to accomplish? -- How will we know that a change is an improvement? -- What change can we make that will result in improvement?	We'll begin to address these elements today. Some teams have already discussed these issues in team meetings.
<b>Step 3</b> Examine the Current Approach	<input type="checkbox"/> Examine the current approach or process flow <input type="checkbox"/> Obtain existing baseline data, or create and execute data collection plan to understand the current approach <input type="checkbox"/> Analyze and display baseline data <input type="checkbox"/> Determine root cause(s) of problem <input type="checkbox"/> Revise Aim Statement based on baseline data as needed	
<b>Step 4</b> Identify Potential Solutions	<input type="checkbox"/> Identify all potential solutions to the problem based on the root causes <input type="checkbox"/> Review model or best practices to identify potential improvements <input type="checkbox"/> Pick the best solution (the one most likely to accomplish your Aim Statement)	
<b>Step 5</b> Develop an Improvement Theory	<input type="checkbox"/> Develop a theory for improvement -- What is your prediction? -- Use an "if...Then" approach <input type="checkbox"/> Develop a strategy to test the theory -- What will be tested? How? When? -- Who needs to know about the test?	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>We will start working on Steps 5-9 beginning at the QI Workshop on October 14. Please contact Ty Kane prior to initiating these steps.</b></p> </div>
<b>Step 6</b> Test the Theory	<input type="checkbox"/> Carry out the test on a small scale <input type="checkbox"/> Collect, chart, and display data to determine effectiveness of the test <input type="checkbox"/> Document problems, unexpected observations, and unintended side effects	
<b>Step 7</b> Study the Results	<input type="checkbox"/> Determine if your test was successful: -- Compare results against baseline data and the measures of success stated in the Aim Statement -- Did the results match the theory/prediction? -- Did you have unintended side effects? -- Is there an improvement? <input type="checkbox"/> Do you need to test the improvement under other conditions? <input type="checkbox"/> Describe and report what you learned	
<b>Step 8</b> Standardize the Improvement or Develop a New Theory	<input type="checkbox"/> If your improvement was successful on a small scale test it on a wider scale -- Continue testing until an acceptable level of improvement is achieved <input type="checkbox"/> Make plans to standardize the improvement <input type="checkbox"/> If your change was not an improvement, develop a new theory and test it, often several cycles are needed to produce the desired improvement	
<b>Step 9</b> Establish Future Plans	<input type="checkbox"/> Celebrate your success <input type="checkbox"/> Communicate your accomplishments to internal and external customers <input type="checkbox"/> Take steps to preserve your gains and sustain your accomplishments <input type="checkbox"/> Make long term plans for additional improvements <input type="checkbox"/> Conduct iterative PDSA cycles, when needed	

## QI Training 2

- Principles and Tools Training – Jack Moran
  - Fundamentals of QI Team Development,
- Hands-on Activities
  - SIPIC-CM, Project flowchart, Cause and effect diagram, Aim statement



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# QI Workshop

- Half-day work period for QI project teams
- Complete *Project Proposal Sheet*
- Develop
  - Aim statement
  - Project timeline
  - High-level “as is state” flowchart



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## SEDGWICK COUNTY HEALTH DEPARTMENT Quality Improvement - Project Description

### Example: QI Workshop resource

Title of Project: [Click here to enter text.](#)

Project Manager: [Click here to enter text.](#)

Project Staff: [Click here to enter text.](#)

Project Dates: *xx/xx/xx* Through *xx/xx/xx*

1. **What is the identified issue that you would like to work on?**  
[Click here to enter text.](#)
2. **How did you determine this was in issue?** (Please describe or attach examples of any baseline information that has already been collected.)  
[Click here to enter text.](#)
3. **What is your Aim Statement?** (What, When, How Much, For Whom)  
[Click here to enter text.](#)
4. **Briefly describe your improvement plan:** (Who is your target population; what will you change/test; what are the project milestone dates; where will the test occur?)  
[Click here to enter text.](#)
5. **Briefly describe your measurement plan:**  
[Click here to enter text.](#)
6. **How will you know if a change is an improvement?**  
[Click here to enter text.](#)
7. **Please include the following (as attachments) to your proposal:**
  - a. Proposed timeline (Gantt Chart)
  - b. High-Level (As-is state) flow-chart[Click here to enter text.](#)



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## QI project “Work Period”

- Implement QI project plans
- Document each step
- Develop storyboards



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## QI project “Work Period”

- Shared intranet site
- Resources: Examples, templates, info sheets

Sedgwick County Health Department > Quality Improvements > QI Projects

Home

QI Projects > Shared Documents > QI Tools and Resources

Shared Documents

Share a document with the team by adding it to the document library.

New | Upload | Actions | Settings

Type	Name	Modified	Modified By
Document	Aim Statement	10/12/2010 2:31 PM	Kane, Ty S.
Document	Cause and Effect Diagram	10/13/2010 12:16 PM	Kane, Ty S.
Document	Flowchart	10/12/2010 2:42 PM	Kane, Ty S.
Document	Gantt Chart	10/18/2010 5:21 PM	Byrne-Lutz, Adrienne
Document	SIPOC +CM	10/13/2010 12:39 PM	Kane, Ty S.
Document	Solution and Effect Diagram	10/13/2010 12:22 PM	Kane, Ty S.
Document	Mohigans QI Guidebook	10/12/2010 8:37 AM	Kane, Ty S.

View: All Documents

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## All-Staff Training

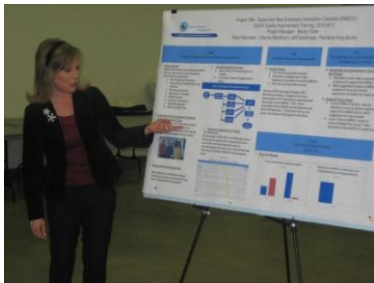
- Introduction to Quality– Jack Moran
  - QI in Public Health
  - Plan, Do, Study, Act (PDSA)
  - Examples of Public Health QI Projects
- Storyboard Presentations by QI Project Teams
- PHF.org – Search: “Sedgwick Storyboards”



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## All-Staff Training



- SCHD Health Promotion Program Manager, Becky Tuttle
- “New Employee Orientation”



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## All-Staff Training



- Healthy Babies Project Manager, Alyson Taylor
- “WIC Wait Times”



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## QI project accomplishments

- 40 staff have received basic QI training
- SCHED has completed 8 simple QI projects
- Projects have already benefited projects/processes
- Culture of QI at SCHED is growing
- Development of agency QI Policy
- Development of 2011 QI Plan



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## 2010/2011 QI training projects

1. **New employee orientation:** Becky Tuttle, Jeff Goetzinger, Pamaline King-Burns, Claudia Blackburn
2. **KIPHS report analysis:** Preston Goering, Jeff Anschutz, Rus Hodges, Joab Barbosa
3. **Asset management:** Cindy Pollard, Curtis Kirkpatrick, Mary Davenport, Susan Wilson
4. **Customer experience at West Central Clinic:** Seth Konkel, J'Vonnah Maryman, Sandy Gray, Christy Hillard
5. **PHClinic and insurance data:** Adrienne Byrne-Lutz, Debbie Riead, Lucretia Burch, Rod Harris
6. **Purchasing protocols:** Aaron Davis, Bill Farney, Janice McCoy, Brad Ashens
7. **Client wait-times:** Alyson Taylor, Sandi Lewis, Socorro Lozano, Jason Ybarra
8. **Customer satisfaction:** John Kephart, Pam Martin, Mai Nguyen Sandy Reichenberger, Stacy Blankenship



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How are we making progress?

## STRATEGIES FOR SUCCESS



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## Learn, Learn, Learn

- Multi-State Learning Collaborative
  - Connection to National Speakers
  - Opportunities to Practice Regionally
- Webinars and Listservs



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## Learn, Learn, Learn

- Professional Development
  - NACCHO
  - APHA
  - ASQ
  - MAPP & NPHPSP training
- Consultants helped



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## Information sharing

- Create strategies for staff to share lessons learned:
  - All Staff Training/Workshops
  - Q-Tips (sharing news & lessons learned in the department newsletter)
  - Q-team structure– purpose is to review and share experiences and continue training
  - Sharepoint



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Feedback from Project Leaders and Staff Training Events

## MEASURES OF SUCCESS



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## Staff comments: QI training projects

What was the most interesting thing you learned?

*Examine the problem, identify potential solutions, develop theory, test theory, study results, establish future plans.*

*Everyone involved needs training. (data entry)*

*Work thru entire process even when you think you know what the solution may be.*



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## Staff comments: QI training projects

What was the most interesting thing you learned?

*Sometimes, what you think will solve the problem doesn't help. (reminder calls yielded no change)*

*It always pays to look at your processes. (KIPHS)*

*There wasn't a standardized process already.*



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## Staff comments: QI training projects

What was the most interesting thing you learned?

*Supervisors clueless on process. (NEO)*

*Even simple and minor changes can improve customer satisfaction.*

*Process and commitment to improving process -  
> customer #1 focus*



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## Project leader “Aha’s”

“The QI process gave us a chance to actively contribute and improve a process that many people were dissatisfied with. We were given the ability to make our workplace better. Quality improvement empowered us, and in return, we empowered it. I certainly look forward to it continuing.”



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## Project leader “Aha’s”



- The QI experience presented the opportunity to work on what I perceived to be a “reeeeeeel” problem.
- It was good working through the process and reaching a solution. Now when I pull up a report I believe the numbers.



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## Project leader “Aha’s”



“The part I enjoyed the most was getting to work with people from other programs.”



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## Project leader “Aha’s”



“To not think you have everything figured out before you begin. We thought we knew what direction we need to go in and could skip some of the steps. The steps (along with feedback) actually helped us realize we were biting off too much and needed to pare it down.”

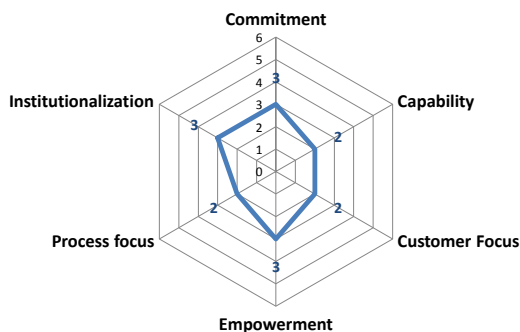


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## QI culture assessment

### QI Project Team Responses to QI Culture Assessment



1. nothing in place
2. just getting started
3. moving in the right direction
4. adequate – have made good progress over the last year
5. very good performance and have plans in place to expand the QI program throughout the organization
6. we have institutionalized QI



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## Post-training evaluation

- Describe the Plan-Do-Check-Act approach to quality improvement (QI).
- Use QI tools with a team.
- Outline a plan for program-level QI project.
- Explain QI in the larger context of performance management.

When asked about confidence in their capabilities on a 1 (low) to 5 (high) scale, before training the mean was 2.08 and after training, the mean was 3.73



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This systematic process— Training Plan, Consultant, Agency QI Plan, Policy, Inclusion in Performance Reviews, and Process Evaluation— is leading to improved department processes and a healthier department.

## CONCLUSION



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## Question & Answer Session

Type your questions in the Chat Box  
located on the lower left side of your screen.



## Thank you for joining today's webcast!

Please complete the brief evaluation,  
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If you have additional questions, please  
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