Designing and Implementing a QI Plan

April 17, 2012

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National Network
of Public Health Institutes

Designing and Implementing A QI Plan

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Overview of the Webinar

➢ The Quality Plan is a basic guidance document about how a Public Health Department will manage, deploy, and review quality improvement throughout the organization.

➢ The Quality Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently.

➢ Over time, the quality planning, business planning, and strategic planning will integrate themselves into one aligned document. Initially, however, the quality plan needs to be separate to give it the proper focus and attention throughout the organization.

Some Questions:

➤ Why should a Public Health Department build a Quality Improvement Plan?

➤ What should it include?

➤ Who should be involved in developing the plan?

➤ How will this help us in our accreditation activities?

Why of a Quality Improvement Plan

➤ Serves as the foundation of the commitment of a public health agency to continuously improve the quality of the services it provides to its community.

➤ Every public health agency must satisfy customers, stakeholders, and employees to survive in the future.

➤ Day-to-day details often divert attention from what is good for the agency and the QI Plan helps keep the focus.

➤ Conflicts in priorities and competition for resources can be a huge barrier to organizational excellence and the QI Plan can help mediate it.

Quality Improvement Plan

➢ The initial plan is a basic document of what you are planning to accomplish and when:

    ➢ provides written credibility to the entire process

    ➢ is a visible sign of management support and commitment

➢ Updated regularly to indicate what you are doing, how you are doing, and plan to do in the future.

➢ It is not a one time event

Quality Improvement Plan

➢ Overtime the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document.

➢ Initially the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization.

Quality Improvement Plan

The Quality Improvement Plan is a basic guidance document about how a Public Health Department will manage, deploy, and review quality throughout the organization.

The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently.

Elements of the Quality Improvement Plan Need to Describe the Following:

1. The overall management approach to quality and what is to be accomplished (goals) over a defined time frame

2. Key terms so everyone has the same vocabulary when it comes to the terms we use when describing quality and quality improvement

3. The quality program will be managed and monitored by the organization

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Elements of the Quality Improvement Plan Need to Describe the Following:

4. The process for selecting quality improvement projects and selecting team leaders

5. The types of training and support that will be available to the organization

6. The quality process (i.e. PDCA) and quality tools and techniques to be utilized throughout the organization

7. The ongoing communication plan

Elements of the Quality Improvement Plan Need to Describe the Following:

8. Any quality roles and responsibilities that will exist in the organization (i.e. Sponsor, team leader, team member, facilitator, etc.) during or after implementation

9. How measurement and analysis will be utilized in the organization and how it will help define future quality improvement activities

10. Any evaluation activities that will be utilized to determine the effectiveness of the Quality Improvement Plan's implementation

Summary of Quality Improvement Plan Development:

➢ It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization.

➢ It is a living document and needs to be revised on a regular basis to reflect accomplishments, lessons learned, and changing organizational priorities.

➢ It is not a one time static document but one that should constantly be describing the current state and future state of quality in any Public Health Department.

Two Examples of QI Plans

➢ Iowa Department of Public Health

➢ Sedgwick County

Developing a Quality Improvement Implementation Plan

NPHPSP Webinar

April 17, 2012

Iowa Department of Public Health

Developing a Quality Improvement Implementation Plan

➢ Background
  ➢ Developed a traditional QI plan
    ➢ Conducted research on other QI plans
    ➢ Reviewed plans – identified common areas
    ➢ Selected components - traditional QI plan
      ➢ Introduction – purpose and scope
      ➢ Key Principles
      ➢ Management and Monitoring
      ➢ Sustainability
      ➢ Definitions
    ➢ Wrote the plan
  ➢ Buy-in
    ➢ Unsuccessful…
    ➢ Back to square one

Iowa Department of Public Health

Developing a Quality Improvement Implementation Plan

➢ Background
  ➢ Developed a Quality Culture Roadmap
    ➢ Used feedback to address concerns
    ➢ Selected components – focused on developing a quality culture
        ➢ Background
        ➢ Foundational Activities
        ➢ Developing a Culture of Quality
        ➢ Scope
        ➢ Improvement Efforts
        ➢ Sustainability
        ➢ Definitions
  ➢ Buy-in
    ➢ More successful than our first attempt, but approval not given…
    ➢ Time to try a new approach!

Developing a Quality Improvement Implementation Plan

➤ Performance and Quality Improvement Implementation Plan
  ➤ Table to illustrate components of a quality culture, corresponding activities, and timelines
    ➤ Components
      ➤ Education
      ➤ Assessment
      ➤ Quality Committee
      ➤ QI Projects
      ➤ Communication
      ➤ Quality Measures
    ➤ Activities and Timelines
      ➤ Activities for each component (six-month timeframes from initiation – Year 2)
      ➤ Annual activities for each component (Year 3 +)

Performance and Quality Improvement (QI) Implementation Plan (January 2012 - December 2014)

	1.12 - 5.12	6.12 - 11.12	12.12 - 5.13	6.13 - 11.13	12.13 - 12.14 +
Education	• Each bureau receives a presentation on quality (*Overview of Quality*)* • Incorporate an introduction to QI into the department's new employee orientation (in-house training) • Develop QI training curriculum (Two QI courses to be offered as in-house trainings; levels - basic & intermediate)	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Assess curriculum - revise courses/develop additional courses, if needed • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Assess curriculum - revise courses/develop additional courses, if needed • Conduct regular QI trainings for IDPH staff*
Assessment	• "Quality Culture" exercise completed by each bureau • Bureaus develop strategies to address quality gaps identified through the Quality Culture exercise (at least one strategy for each gap)	• Assist bureaus in addressing quality gaps* • Complete "Quality Culture" exercise in November 2012 (bureau level & department level) • Following the November 2012 assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council	• Assess QI capacity - recruit new QI champions, if needed • Assist bureaus in addressing quality gaps* • Bureaus report progress to the Quality Council • Complete "Performance Management Readiness" exercise in December 2012 • Programs develop strategies to address performance management gaps (at least one strategy for each gap)	• Assist bureaus in addressing quality and performance management gaps* • Complete "Quality Culture" exercise in November 2013 (bureau level & department level) • Following the November 2013 assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council	• Assist bureaus in addressing quality and performance management gaps* • Complete "Quality Culture" exercise annually (bureau level & department level) • Following the annual assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council
Quality Committee (IDPH QI Champions)	• Establish a Quality Committee • Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Conduct an evaluation of departmental QI activities (December 2012) • Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects • Review progress reports on program performance and quality measures • Conduct an evaluation of departmental QI activities (November 2013)	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects • Review regular progress reports on program performance and quality measures • Conduct an evaluation of departmental QI activities (Annually) • Recommend action to enhance QI efforts
QI Projects (Program, Bureau, & Division-level)	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council
Communication (Internal & External)	• Identify relevant venues for sharing results and best practices internally & externally • Update stakeholders on IDPH QI activities*	• Pilot venues for sharing information • Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*
Quality Measures (Program level)			• In conjunction with performance management, assist programs in identifying at least one quality measure (Goal: 35 programs)* • In conjunction with performance management, assist programs in identifying collection methods for measures* • Programs collect data on quality measures • Programs report progress to Quality Council	• Programs review progress on quality measures (Modify process if needed) • In conjunction with performance management, assist remaining programs in identifying at least one quality measure* • In conjunction with performance management, assist remaining programs in identifying collection methods for measures* • Programs collect data on performance and quality measures • Programs report progress to Quality Council	• Programs annually review measures for reliability • Programs collect data on performance and quality measures • Programs report progress to Quality Council

Developing a Quality Improvement Implementation Plan

➢ Result = *SUCCESS!!!*
➢ Next Steps
    ➢ Operationalize each of the components
    ➢ Develop mechanisms to formally:
        ➢ Assess, address, and monitor quality culture
        ➢ Identify possible QI projects
        ➢ Track QI efforts
        ➢ Communicate results – both successes and lessons learned
➢ Lessons Learned
    ➢ Know your audience…
    ➢ Don't be afraid to try new approaches to encourage innovation!!

- Questions???

- Contact Information:
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- Thank you!!!

Sedgwick County Health Department

- 2010 Sedgwick County population: 498,365

- 2010 Wichita (largest city) population – 382,268

- 2011 SCHD budget: $12.9 million

- 2011 staff: 159 FTE

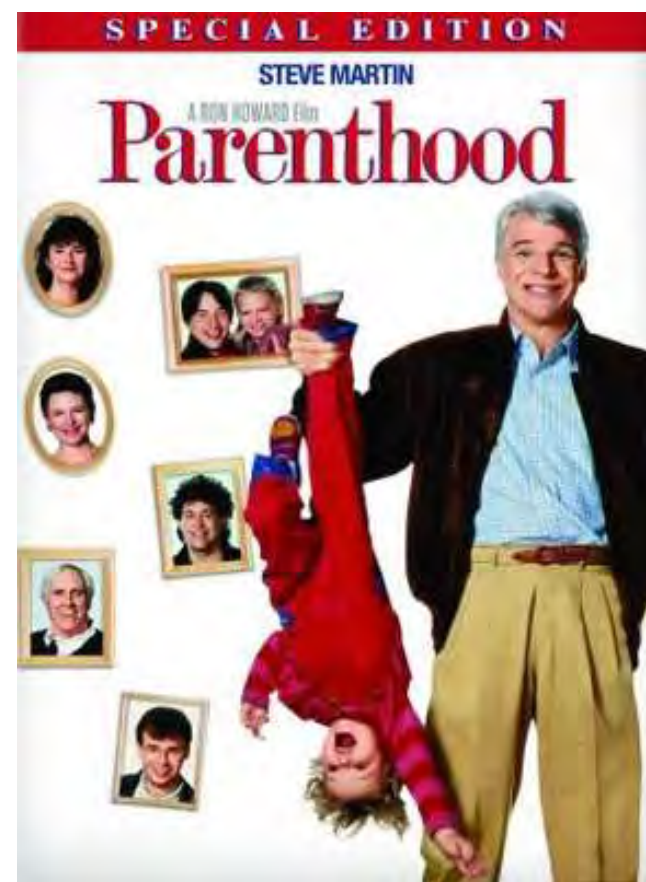| Administrative Services	HR, Payroll, Finance, Central Supply, HIPAA	$2.1 M	18.5 FTE
Clinical Services	Immunizations, Health Screenings, Blood screen, Lab services	$2.9 M	35.5 FTE
Children and Family Health	Children's dental, Healthy Start, WIC	$5.5 M	75.0 FTE
Health Protection and Promotion	Epidemiology, Health Assessment, TB Control, STD Intervention, PHEM, MMRS, CRI, Health Promotion	$2.5 M	30.5 FTE

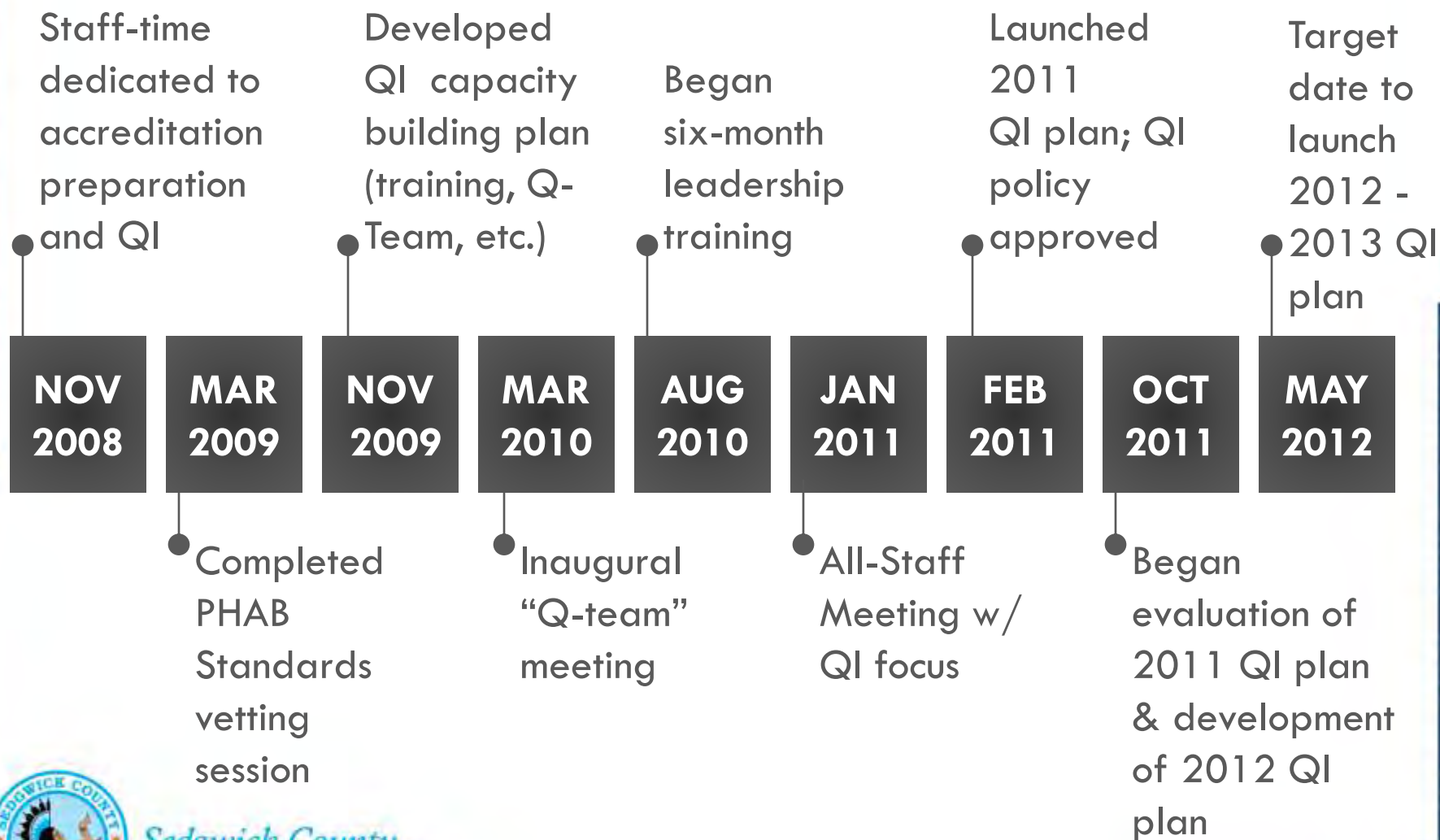Sedgwick County...
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Competing Metaphors

Ty

Sonja

Creating a Culture of QI Timeline

Staff-time dedicated to accreditation preparation and QI

Developed QI capacity building plan (training, Q-Team, etc.)

Began six-month leadership training

Launched 2011 QI plan; QI policy approved

Target date to launch 2012 - 2013 QI plan

NOV 2008	**MAR 2009**	**NOV 2009**	**MAR 2010**	**AUG 2010**	**JAN 2011**	**FEB 2011**	**OCT 2011**	**MAY 2012**

Completed PHAB Standards vetting session

Inaugural "Q-team" meeting

All-Staff Meeting w/ QI focus

Began evaluation of 2011 QI plan & development of 2012 QI plan

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2011 SCHD QI Plan

- Purpose: To improve customer satisfaction and community health services.

- Vision: A culture of CQI at SCHD.

- Major goals: Staff training & QI projects.

- Guiding principles summarized roles of supervisors and staff.

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Major Themes

Strengths

- Plan for Project Management & Documentation

- Accountability — Personnel Evaluations

- Training—Meeting Changing Needs

Opportunities for Growth

- Project Selection Evolution

- Communications Planning

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Project Management & Documentation

- SharePoint Site
  - Q-Team
    - Agendas and Minutes
    - QI Resources
  - Projects
    - Database for Project Tracking
    - All Forms and Tools/Tip Sheets
    - Project folders for team notes

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Accountability

- Plan required all staff to
  - Participate in training
  - Lead or participate in a QI Project
- Assured through formal personnel evaluation process

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Non-Supervisor- Approach to Work

- **(3)** Performs at Level (2), plus: Commits time and effort needed to accomplish tasks; Anticipates problems, attempts to prevent them and generates solutions; Innovative; Flexible and adapts well to change; Accepts full responsibility for own behavior; Shows initiative with communicating ideas and desire to seek out new methods and procedures for quality/quantity improvement;   …

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Supervisor: #1 Job Responsibility

Support the Mission of the Health Department

Goals/Expectations:

1. Support and involvement in a minimum of one annual QI project per division program

2. Participates in the ongoing process of departmental strategic planning

3. Ensure attendance of staff at quarterly all staff meetings

4. Ensure staff completion of required ICS trainings

5. Participate in required QI trainings.

6. Participate in required QI activities.

7. Participate in County-sponsored professional development activities (ex.: Brown Bags, trainings, Mind leaders)

8. Establish and meet professional development goals.

9. Enable staff to meet their professional development goals.

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Training

The types of training and support that will be available to the organization.

Phase 1
- Two- day workshop for key staff leaders
- Webinars, conferences, readings, MLC participation

Phase 2
- Hire consultant training for department leaders
- Workshop initial QI projects

Phase 3
- Train all staff with external expert
- Practice with QI tools at QI Team meetings
- QI Principles & Tools Training taught by LHD staff

Phase 4
- Continue QI Principles & Tools Training
- Integrate QI Basics into New Employee Orientation
- Provide Just-In-Time Training and Project Management Support

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Project Selection Evolution

- Great Debate – Ownership and Responsibility

"Process improvement is led from the top but occurs from the bottom-up: engage those who do the work in QI projects." ("Realizing Transformational Change Through Quality Improvement")

- Selection

From

- Identifying problems
- Using QI Tools for problem solving
- Completing Projects
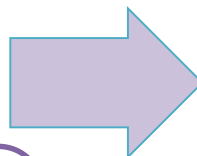
To

- Use of performance measures
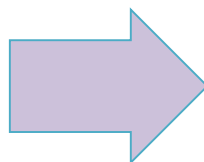- Identifying opportunities for improvement

Communications

From

- Sending Q-Tips
- Information about trainings

To

- Presentations to leadership and staff meetings
- Consistent Documentation

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Communications Polling Question

How do you share the QI work with others?

a) Email all staff as projects are completed

b) Presentations at all staff meetings

c) Presentations to the leadership group with expectation that the message gets shared (trickle down)

d) Regular Newsletters

e) All of the above

f) Some of the above

g) Other

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Tell The Story

"Rear view thinking is always much clearer."

Jack Moran

The story telling process about the journey adds clarity and forces reflection.

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Overall Accomplishments

- Systems/Infrastructure

- Culture

- QI Plan

- PHAB Standard 9.2

- Trained staff

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Looking Ahead

What SCHD expects to be doing in the next two years:

- Targeted performance improvement projects using QI tools

- Improved communication

- Continuous training that meets changing needs

- Qualitative assessment of "culture of quality" and use of QI tools to improve

- Measures development—more meaningful

- Meaningful use of results from assessments like the [Performance Management Self-Assessment Tool](#)

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Resources

➢ Developing a Health Department QI Plan white paper
http://www.phf.org/resourcestools/Pages/Developing_a_Health_Department_Quality_Improvement_Plan.aspx

➢ Sedgwick County Health Department QI Project
http://www.phf.org/programs/PMQI/Pages/Sedgwick_County_Kansas_Health_Department_QI_Project.aspx

➢ PHF's QI Learning Series Catalog (*courses offered on preparing a quality plan, accreditation preparation, team building, quality culture, strategic planning, and more at basic, intermediate, or advanced levels*)
http://www.phf.org/resourcestools/Pages/Quality_Improvement_Learning_Series_Catalog.aspx

➢ Additional resources on this topic available

    ➢ **Public Health Improvement Resource Center** - http://www.phf.org/improvement/

    ➢ **Public Health Performance Improvement Toolkit** - http://www.nnphi.org/tools/public-health-performance-improvement-toolkit-2

Questions?

To access previous webinars, please visit NNPHI at
www.nnphi.org/nphpsp/resources.