Improving the Quality of Planning Processes

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Open Forum – Washington, DC
September 16, 2010
Objectives for Session

- Discuss the need, methods and tools for improving planning processes
- Review three phases of quality trilogy and how they relate to each other
- Review the application of QP methods to improve planning processes in local health departments
  - Illinois MLC-3 Collaborative on CHIP
  - Tacoma-Pierce County Health Department
Some projects to plan services to address new or emerging issues aren’t a good fit for “traditional” quality improvement methods and tools, such as Rapid Cycle Improvement (RCI). Excellent for the Collaborative or Breakthrough Method from Institute of Healthcare Improvement (IHI). Do benefit from AIM statements and from using the Plan-Do-Study-Act cycle.
When is Quality Planning project appropriate?

- Service/process has never existed before
- Customer requirements are not known
- Existing service/process performance is not capable of meeting customer requirements
- Service/process is ad hoc; extremely variable; never been well defined or worked on before as a whole
- Unstable environment – major market, technology, organizational change
- No performance data exists or would take excessive time/expense to collect data
J. Juran* described three basic managerial processes to manage quality:

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

**Juran Trilogy**

**Purpose for QP** is to provide the organization with the means to provide services that can meet client and stakeholder needs.

**Quality control** is needed to stabilize a process and to hold the gains made through QI efforts.

*Juran on Planning for Quality, pg. 11*
How does quality planning differ from project-by-project quality improvement?

- Juran uses example of an alligator infested swamp and the difference between removing alligators individually (QI) or draining the swamp to remove all the alligators at once (QP).
- Another description is the difference between improving an existing work activity, action or intervention and the method used to design a new program or activity.

*Juran on Planning For Quality*
In broad terms, QP consists of developing services and processes required to meet stakeholders’ needs
- Identify stakeholders and their needs
- Develop an activity or program to address the needs (establish stakeholder related measures)
- Optimize the program or service activities to meet health department needs
- Develop a work process to conduct the services and interventions
- Optimize the work process, prove that it delivers the results needed
- Implement the program or service in the health department

*Juran on Planning For Quality*
Application in PH

- PH already has expertise in parts of the quality planning process
  - MAPP, Sector Mapping, Partner Tool, Program Development, many others
- Strengthen QP step of optimizing program to meet HD and stakeholder needs
  - Force Field Analysis, Meeting Effectiveness, Interrelationship Digraph, Failure Mode Analysis, many others
- Strengthen step of optimizing the work processes to achieve desired results
  - Common QI tools-work flows, fishbone diagrams, PDSA cycles
- Implement only after program and work processes have been optimized to deliver results
**Quality Planning Cycle**

**Define Opportunity & Stakeholder Needs**
- Problem/Opportunity to Address
- Identify clients/stakeholders and needs
- Translate stakeholders needs
- Establish performance measures based on needs

**Design & Pilot Service/Process**
- Develop activity to meet needs
- Establish outcome measures
- Implement service/process

**Take Action**
- Fully implement if expected outcomes achieved
- Initiate QI if outcomes not achieved

**Monitor Impact/Results of Service**
- Measure Outputs and Outcomes
- Compare actual results to expected results

MCPP Healthcare Consulting
Quality Control - Program Performance

% of Chlamydia clients w/out treatment

0% 10% 20% 30%
QI – Rapid Cycle Improvement

Model for Improvement

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will we know that a change is an improvement?</td>
</tr>
<tr>
<td>What change can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

Act
Plan
Study
Do
Sequential PDSA Cycles for RCI

- Test on a small scale
- Test a wider group
- Test new conditions
- Implement
- Spread
- Breakthrough Results
- Learning and improvement
- Evidence & Data
- Theories, hunches, & best practices
## The Quality Trilogy
(adapted from Juran)

<table>
<thead>
<tr>
<th>Quality Planning</th>
<th>Quality Control &amp; Improvement (During Operations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define Opportunity &amp; Stakeholder Needs</td>
<td>Sporadic Spike</td>
</tr>
<tr>
<td>Design &amp; Pilot Service or Process</td>
<td>Original Zone of Quality Control</td>
</tr>
<tr>
<td>Monitor Impact / Results of Service</td>
<td>Process not Achieving Desired Results (An Opportunity for Improvement)</td>
</tr>
<tr>
<td>Take Action</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td></td>
<td>New Zone of Quality Control</td>
</tr>
</tbody>
</table>

### Model for Improvement

- **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?**

---

**Operations**
- Begin
- Act
- Study
- Plan
- Do
Examples of Tools for Quality Planning

- Sector Mapping to identify Key Stakeholders and their needs
- Force Field Analysis to identify driving forces and restraining forces
- Meeting Effectiveness Tool to improve the participation and contribution of community partners
Bullets refer to examples of organizations and are not a comprehensive listing.
Example of Community-Based Sector

Service Organizations
- Thousands of community-based agencies: specific partners will be identified in each community

Communities of Color Organizations

Community Health Alliances

United Way

Senior Centers

Faith-based Community Organizations

American Association of Retired Persons

Churches, Temples & Mosques

Community Centers

Youth Associations
- YMCA / YWCA
- Boys & Girls Club
- Boy & Girl Scouts of America
- Campfire Girls and Boys

Youth Sports Associations
- Little League
- Pop Warner
- Soccer, etc

Community Health Centers
- Federally Qualified Health Centers
- Migrant Health Centers

Community-based Daycare Sites
- All ages
- Birth to 3 childcare

Bullets refer to examples of organizations and are not a comprehensive listing.
Force Field Analysis

• Why use it?
  ○ To identify the forces and factors in place that support or work against the solution of an issue or problem so that the positives can be reinforced and/or the negatives eliminated or reduced.

• What does it do?
  ○ Presents the positives and negatives of a situation so that they can be compared
  ○ Forces people to think about all aspects of making a desired change a permanent one
  ○ Encourages honest reflection and agreement about the relative priority of factors on each side of the “balance sheet”

PH Memory Jogger pg. 63
**Force Field Analysis**

*Please Note: positive driving forces amplitudes have not been substantiated by quantitative data*

## Initiating and Maintaining Breastfeeding for up to 12 Months

<table>
<thead>
<tr>
<th>Driving Force (Positive)</th>
<th>Force Strength</th>
<th>Restraining Force (Negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Nutrition</td>
<td>+5</td>
<td>MD Advice</td>
</tr>
<tr>
<td>Infant Immunity</td>
<td>+4</td>
<td>Inadequate Milk</td>
</tr>
<tr>
<td>Infant Weight</td>
<td>+3</td>
<td>Return to Work</td>
</tr>
<tr>
<td>Low Cost</td>
<td>+2</td>
<td>Mom Sick</td>
</tr>
<tr>
<td>Bonding</td>
<td>+1</td>
<td>Sore Nipples</td>
</tr>
<tr>
<td>Return to Pre-Partum Weight</td>
<td>+0</td>
<td>Infant Sick</td>
</tr>
<tr>
<td>Long-term Obesity Prevention</td>
<td>-1</td>
<td>Infant Teeth</td>
</tr>
<tr>
<td>Breast Cancer Prevention</td>
<td>-2</td>
<td>Self Weaned</td>
</tr>
<tr>
<td>CV Disease Prevention</td>
<td>-3</td>
<td>Other Infant</td>
</tr>
<tr>
<td>Child Abuse Prevention</td>
<td>-4</td>
<td>Lack of Support</td>
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<tr>
<td></td>
<td>-5</td>
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</tr>
</tbody>
</table>
What are We Trying to Accomplish? Increase the effectiveness of Community Health Improvement Plan (CHIP) coalition meetings and maximize stakeholder participation. We do this in order to increase member engagement and contribution to the implementation of the CHIP.
**Evaluating Meeting Effectiveness**

Instructions: After each meeting, use this form to evaluate your group’s ongoing effectiveness. Have each participant complete the form, and then discuss the results to identify what went well, and what could be improved in future meetings. Please use a scale from 1-5 for each item, with 1 = not very and 5 = to a great extent. (Rating of 5 is best)

1. **Commitment to the group:** To what extent was I committed to helping to achieve the group’s goals for this meeting?

   **Meeting #**
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<th>10</th>
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</tbody>
</table>

2. **Clear Goals:** To what extent were the goals clear for this meeting?

   **Meeting #**
<table>
<thead>
<tr>
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</table>

3. **Communication:** To what extent was the discussion open, with sharing of diverse ideas and perspectives?

   **Meeting #**
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<th>4</th>
<th>5</th>
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</tbody>
</table>
How Will We Know When We Get There?

Measurements

- Increase in meeting attendance (% of members that regularly attend)
- Increase in effectiveness (% of members rating meetings as effective or valuable)
- Increase in engagement (% of members rating their commitment as high)
- Increase in participation (% of members that contribute resources to CHIP activities)
In Summary...

- Using Quality Planning methods and tools can improve public health planning processes.
- Build on proven practices from other health departments.
- Be intentional about which methods and tools to use for improvement based on the topic and needs.
- Remember to plan for holding the gains and sustaining improvement (quality control).
Laurie Call
Director
Center for Community Capacity Development
Illinois Public Health Institute
laurie.call@iphionline.org
Illinois QI Learning Collaboratives

• Two Collaboratives, 22-months long, operating simultaneously

• Community Health Improvement Planning (CHIP) - 6 teams (RED)

• Preventable Risk Factors for Chronic Disease (CD) – 4 teams
Adapted from *The ABC’s of PDCA*, Gorenflo and Moran

**Plan**
1. Identify and Prioritize Opportunities
2. Develop AIM Statement
3. Describe the Current Process
4. Collect Data on Current Process
5. Identify All Possible Causes
6. Identify Potential Improvements

**Do**
1. Test the Improvement
2. Collect and Analyze the data
3. Document Problems, Observations, and Lessons Learned

**Check/Study**
1. Review analysis and make conclusions

**Act**
1. Adapt
2. Modify/Try Again
3. Abandon

**Adapt**
- Adopt
  - Standardize/Hold the Gains

**Plan**
Plan Stage

Develop Action Plan

Develop Improvement Theory

Identify Potential Improvements

Develop AIM Statements

Describe the Current Process

Collect Data on Current Process

Identify all Possible Causes

Identify and Prioritize Opportunities
Types of Goals for Improving CHIP in Illinois

- MAPP Strategic Issues have at least one strategy map/related measurable objectives w/ strategies for action to improve community health
- PH System partners will commit resources to implement CHIP to improve community health
- Use of data to generate and align community resources with effective strategies to reduce obesity
- Increase external (outside LHD) leadership and ownership of CHIP development/ implementation to increase community health
- Increase diversity, commitment and productivity of the CHIP team and their ownership of implementation of the CHIP to increase community health
AIM Development

- Same process was used for CHIP teams
- Multiple iterations of AIMs
- Baseline data was challenging/different for teams to grasp

Quality Improvement Project
Rapid Cycle Improvement AIM Statement

Quality Improvement Project: ____________________________

Step 1: What Are We Trying to Accomplish? (A brief statement of the aim)

Step 2: How Will We Know That a Change is an Improvement? (Potential measures of success, including implications for future improvements that build on the improvements made in this project)
- Long term
- Medium term
- Short term

Step 3: What Changes Can We Make That Will Result in an Improvement?
- How did you identify this opportunity, with what data, from what source(s)? Brief description of the problem with any data currently available
- Initial hypotheses and description of data needed to focus the project and the development of an intervention. Are you aware of benchmark data or best practices?
- Impact/overlay with other programs and activities
- Who are the stakeholders (internal and external) and what are their concerns

Step 4. What baseline data do we have for this Aim?
Types of Baseline Data for QI/QP of CHIP

- Comprehensive System Partner Lists
- Previous CHIP Committee Participants
- Previous Participation Levels/Roles by Organization, Individual
- Previous Resources (amount/type) Contributed by Organizations
- Process Documentation (How were things done?)
- Community Health Plan Progress
- Past Meeting Evaluation Results/Feedback
- Etc.....
Stakeholder Analysis

- Identify Stakeholders
- Identify Stakeholder Needs
- Establish Performance Measures Based on Needs
- Develop Activities and Services to Meet Needs

Adapted from Joseph Juran, “Juran on Quality Planning”

- This information caused some teams to revisit their AIM statements and measures.
# Partnerships Information Form

**Name of Group:**

**General Purpose:**

**Who attends this meeting?**

- [ ] Yes
- [ ] No

**Are the minutes readily available?**

- [ ] Yes
- [ ] No

**Does this group have a website?**

- [ ] Yes
- [ ] No

*If yes, what is the website address?*

**Who should attend from KCHD?**

**Time/Frequency of meetings**

**What priority does it address?**

**Is this group a 501c3?**

- [ ] Yes
- [ ] No

**Is there a political need to be at this meeting?**

- [ ] Yes
- [ ] No

*If yes, what is the specific need?*

**What is the level of collaboration?**

**What will happen if KCHD is not present?**

**Are there dues to pay?**

- [ ] Yes
- [ ] No

**General Comments:**

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Kane County
## Stratification of Community Health Division Partnerships

<table>
<thead>
<tr>
<th>Organization</th>
<th>Networking</th>
<th>Coordinating</th>
<th>Cooperating</th>
<th>Collaborating</th>
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<td>211 Workgroup</td>
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<td>Activate Elgin</td>
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<td>AOK</td>
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<td>APCC</td>
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<td>Aurora Funder's Consortium</td>
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<td>Campaneros</td>
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<td>FVUW - Community Impact</td>
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<td>FVUW - Success by 6 Committee</td>
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<td>Health &amp; Welfare</td>
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<td>MH Awareness Sub Committee</td>
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<td>MH Resources Sub Committee</td>
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<td>NIPHC - Suicide Surveillance Task Force</td>
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<td>NIPHC (Epi)</td>
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<td>Provena Mercy Mission Committee</td>
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<td>Provena St. Joe's Mission Committee</td>
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<td>Red Ribbon</td>
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<td>Ride in Kane</td>
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<td>School Wellness Team</td>
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<td>West Aurora Weed &amp; Seed</td>
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<td>West Towns</td>
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</table>

**Total**                                      | **26**     | **6**        | **8**       | **5**        | **45**
Clay County Community Health Committee Formation Process Flow (reorganized every 5 years)
Workflow Analysis
Adams County

Plan and develop a structure to implement AC obesity plan

QI group finalize recommended interventions to implement, develop meeting schedule and timeline, discuss progress to date, develop summary and objectives, ID chairs for interventions

Set and conduct reconnection meeting

Are members willing to commit to 1 or more intervention and ID these

Uncommitted members move out of this subgroup

Identify resources and methodologies needed by members to conduct their previously selected interventions

Set regular meetings related to implementation. Groups present what they need and what they’ve done.

Generate excitement through publicity and acknowledgement. Provide meeting recognition for performance.

Decide on direction of stalled intervention projects

Successful implementation of projects/Report to community

QI measurement and evaluation
Kane County Community Partnership QI Project

Force-Field Analysis

**Ideal State:**
We participate in meaningful community partnerships that are productive and objective-based with appropriate from agencies creating mutually beneficial outcomes.

**Driving Forces:**
- Efficiency
- Synergy
- Outcomes
- Create Momentum
- Productive
- Collaboration to build momentum
- Clout
- Connections
- Visibility
- Positive relationships with partners

**Restraining Forces:**
- Lack of Ownership
- Follow Through
- Time Barriers
- “Who gets credit” issues
- Competition
- Duplication
- Inertia
- Funding
## Prioritizing Forces of Change

- Measurable outcomes $\uparrow$ 5
- Follow through $\downarrow$ 5
- Productive $\uparrow$ 4
- Positive relationships w/ partners $\uparrow$ 4
- Duplication $\downarrow$ 2
- Lack of ownership $\downarrow$ 2
- Visibility $\uparrow$ 1
- Efficiency $\uparrow$ 1
- Funding $\downarrow$ 1

*Down arrow signifies restraining force, up arrow signifies driving force*

Kane County July 20, 2009
Clay County Health Department
QuILT Force Field Analysis – Health Improvement Planning

**Ideal state:** High level participation by collaborative partners in health improvement planning and implementation.

<table>
<thead>
<tr>
<th>+ Driving Forces</th>
<th>Restraining Forces -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophically, people believe in health improvement</td>
<td>- Results are not immediate – delayed gratification</td>
</tr>
<tr>
<td>Small community advantage of knowing people / issues</td>
<td>- Immediacy of intervention is not a great concern</td>
</tr>
<tr>
<td>Participation will improve quality of life/health</td>
<td>- Restricted funding sources – lack of monies available for use in health priority areas</td>
</tr>
<tr>
<td>Health improvements will save money</td>
<td>- Poor economic conditions = decrease in employer support for participation in non-essential activities</td>
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<tr>
<td>Collaboration will minimize duplication of services</td>
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<tr>
<td>and fill service gaps</td>
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<tr>
<td>Increased access to resources through collaboration</td>
<td></td>
</tr>
<tr>
<td>High level of media interest draws public interest which leads to positive public relations</td>
<td></td>
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</tbody>
</table>
## Shared Ownership of CHP

<table>
<thead>
<tr>
<th>Driving</th>
<th>Restraining</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Common recognition of need for change</td>
<td>• LHD certification requirement/timeline</td>
</tr>
<tr>
<td>• Poor health outcomes</td>
<td>• Different</td>
</tr>
<tr>
<td>• Racial/ethnic disparities</td>
<td>– agendas/interest</td>
</tr>
<tr>
<td>• Need for coordinated community planning</td>
<td>– self-ID</td>
</tr>
<tr>
<td>• Need for reduced system costs</td>
<td>– silos</td>
</tr>
<tr>
<td>• Paradigm shift to prevent</td>
<td>• Perceived redundancy</td>
</tr>
<tr>
<td>• Everyone has need for health/strategic planning</td>
<td>• No trust/competition</td>
</tr>
<tr>
<td></td>
<td>• Rush to problem Id</td>
</tr>
<tr>
<td></td>
<td>• Up-front costs</td>
</tr>
</tbody>
</table>
### Unproductive Planning Process

**Ideal State:** To provide a coordinated and productive planning process.

<table>
<thead>
<tr>
<th>+ Driving Forces</th>
<th>Restraining Forces -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthier Knox County</td>
<td>Lack of knowledge about the process</td>
</tr>
<tr>
<td>Diverse workgroup</td>
<td>Lack of diversity</td>
</tr>
<tr>
<td>Committed workgroup</td>
<td>Lack of commitment</td>
</tr>
<tr>
<td>Productive workgroup</td>
<td>Lack of productivity</td>
</tr>
<tr>
<td>A community that collaborates</td>
<td>Lack of interest</td>
</tr>
<tr>
<td>Unduplicated resources</td>
<td>No rewards seen</td>
</tr>
<tr>
<td>More knowledgeable workgroup</td>
<td>Lengthy process</td>
</tr>
<tr>
<td>Partners are implementing plan/change</td>
<td>Lack of teamwork</td>
</tr>
<tr>
<td>Healthy governmental policies</td>
<td>Dominating personalities</td>
</tr>
<tr>
<td>More visibility in the community</td>
<td>Improper facilitation</td>
</tr>
<tr>
<td>Community buy-in/excitement</td>
<td>No tangible end</td>
</tr>
<tr>
<td>Achievement of long-term goals</td>
<td>Going through the motions</td>
</tr>
<tr>
<td>Correct focus of plan</td>
<td>Goals too lofty</td>
</tr>
<tr>
<td>Realistic planning goals</td>
<td>No measurable short-term changes seen or realized</td>
</tr>
<tr>
<td></td>
<td>Information too complicated</td>
</tr>
</tbody>
</table>

Knox County
What are the issues associated with recruiting community members to actively participate in the MAPP process?

**Asking all appropriate individuals and agencies.**
- Doesn't participate because they were not asked

**Selecting an appropriate venue**
- The location of the meeting is not convenient
- Meeting location is inconsistent and gets confusing
- Individuals have difficulty getting transportation

**Individual/business time constraints**
- The project entails too much of a time commitment
- The amount of workload expected of them is too great
- They do not have time in their schedule to participate
- The time of the meetings is inconvenient
- Always conflict in my schedule with the meetings
- I cannot get the time away from work

**Communication with individuals and agencies.**
- It is not clear who the contact is at the Health Department
- Who they communicate with at the Department changes all the time
- Not sure the boss will let them participate due to limited staff
- They are not comfortable because they don't know anyone else
- The way we communicate (e-mail, etc.) is not convenient to them
- They were not responsive because of how they were asked to help (letter, etc.)
- Could not because the right individual at the agency was not asked first
- Too much communication that is not clear and comes via different modes

**Education of resulting in buy-in of individuals and agencies**
- They do not understand how or why their input fits in the project
- They have general apathy about the health of their community
- The project was not justified to them as a valid use of their time
- They did not understand the MAPP process and it seemed too confusing
- There was no incentive for them to participate and provide their time
- There was no understanding of how the project or result affects them
- The project just isn't important to them, not a priority

**Family commitments and responsibilities**
- They have outside family responsibilities that conflict with scheduling
- They would require child care in order to participate
Plan - Improvements

- Develop Action Plan
- Develop Improvement Theory
- Identify Potential Improvements
- Collect Data on Current Process
- Describe the Current Process
- Identify all Possible Causes
- Identify and Prioritize Opportunities
- Collect Data on Current Process
- Describe the Current Process
- Identify all Possible Causes
- Identify Potential Improvements
- Develop Improvement Theory
- Develop Action Plan
Quality Planning Cycle (repeated)

Define Opportunity & Stakeholder Needs
- Problem/Opportunity to Address
- Identify clients /stakeholders and needs
- Translate stakeholders needs
- Establish performance measures based on needs

Design & Pilot Service/Process
- Develop activity to meet needs
- Establish outcome measures
- Implement service/process

Monitor Impact/Results of Service
- Measure Outputs and Outcomes
- Compare actual results to expected results

Take Action
- Fully implement if expected outcomes achieved
- Initiate QI if outcomes not achieved

MCPP Healthcare Consulting
PDSA Cycle

**Do**

- Test the Improvement

**Study**

- Collect and Analyze the Data
- Document Problems, Observations, and Lessons Learned
- Review Analysis and Make Conclusions
Comparison of 2008 and 2010 Processes (%)

Comparing Participant Evaluation Data
Peoria County
Meeting Effectiveness Measurements
Adams County

- Commitment to the group: To what extent was I committed to helping achieve the group's goals for this meeting?
- Clear Goals: To what extent were the goals clear for this meeting?
- Communication: To what extent was the discussion open, with sharing of diverse ideas and perspectives?
- Participation: To what extent did I say or contribute what I thought was important to achieving our goals for this meeting?
- Effectiveness: Overall, how effective was the group in meeting its goals during this meeting?
- Value: How valuable were this meeting's goals compared to other things that we as a committee need to accomplish?
Act

- Standardize
- Hold the Gains

Adapt
- DO
- Modify/Try Again

Abandon
- Plan
- Repeat Cycle
Quality Planning Cycle with QI Infused

Plan

Do

Study

Act

Design & Pilot Service or Process

Monitor Impact / Results of Service

Take Action

Define Opportunity & Stakeholder Needs
Resources and Sharing

- Visit IPHI Website for more project related information: [www.iphionline.org](http://www.iphionline.org)
- Webinars are posted on the IPLAN Website under *Public Health Quality Improvement Webinars* and can be found here: [http://app.idph.state.il.us/Resources/training.asp?menu=3](http://app.idph.state.il.us/Resources/training.asp?menu=3)
Public Health Quality Model

Define
- Problem/Opportunity
- Process to be addressed
- Measure(s) of success

Assess
- Consider goals and current performance
- Prioritize opportunities

Evaluate
- Monitor progress
- Act on exceptions

Analyze
- Analyze process/data
- Identify Root Cause(s)

Change
- Develop solutions
- Manage and Implement Change

Community Health Assessment

Community Health Improvement Planning
Same Basic Method ... Different Applications
The QI-QP “Hybrid” Project

- Projects can start with a QI approach and not find narrow “root” causes
- Large portions or even all of the process may need to be re-designed
- Even standard QI projects can sometimes benefit by “borrowing” from the QP toolbox

“The Liger is pretty much my favorite animal”
-- Napoleon Dynamite
Quality Planning Project Steps

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. Define measure(s) of success
6. Define stakeholders, customers and team

Analyze (Diagnose)
7. Determine customer needs
8. Translate customer needs into service features
9. “Benchmark” other service providers

Change (Implement Solutions)
10. Consider service/process design options
11. Determine supplier requirements
12. Determine “best” integrated design
13. Prevent Failure
14. Manage Change
   Social
   Technical
15. “Hand-off” to operations – including Evaluation plan

Evaluate (Control)
16. Monitor performance against measures
17. Maintain process (if working)
18. Enter Quality Improvement Cycle
Why Obesity Prevention?

- Two of our 12 departmental (strategic) performance measures
  - Percent of adults who are obese.
  - Percent of youth who are physically active for at least 60 minutes per day.

- One of our three priority health indicators
  - Percent of adults who are obese (significantly higher rate than state average AND significantly worsening trend)
Physical Activity & Nutrition Program

Decrease adult & childhood obesity

**SCHOOLS**
- SNAP Ed policies, systems & programs
- Safe Routes to School systems & programs
- Improve School Meals policies, systems & programs
- School Wellness Policies policies, systems, environmental change & programs

**COMMUNITY**
- Community Gardens policies, systems, environmental change & programs
- Healthy Retail Stores systems and environmental change
- ACHIEVE (Community Coalition) policies & systems change

**PLANNING/GOVT.**
- Comprehensive Plans policies & environmental change
- Non-Motorized Transportation and Complete Streets policies & environmental change
Application of QP: 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.
Application of QP: Healthy School Grants Program

- Original concept: Offer mini-grants to school districts to choose from a menu of “best practice” policies and systems-level interventions
- QP tools to be used: customer needs analysis, benchmarking, process controls, performance measures
- Results: TBD
QP Model: Healthy School Grants

**Define**
- See QP/ QI Project Definition document

**Analyze**
- In Process

**Evaluate**

**Change**
(i.e. the PROCESS)

- Momentum
- Opportunity
- Evaluation
  - Surveys
  - Focus Groups
  - BRFSS/ HYS
  - Anecdotal
- Political
  - Dr. Chen directive
- PAN Planning

- Customer Needs
  - ACHIEVE 5 Strategies
  - Informal conversations with project team/ schools

- Benchmarking
  - Evidenced based best practices
    - Topic areas
    - How to strategies

- Letter to School Districts
- RFP/ RFA Published
- Applications Reviewed
- School Districts Notified
- Internal Grants Process
- Funds Awarded
Solutions and Controls

Harder to sustain performance

- Documented paper process
- Controlled electronic process
- Training
- Performance Aids
- Audits
- Reminders
- Check lists
- Measurement feedback
- Hard controls

Easier to sustain performance
Control Examples

- Reminder signs
- Automated messages
- File “Out” cards
- Forms
- Tracking boards/electronic tracking
- Check sheets
- “Kanban” inventory controls
- Required electronic fields
- Exception reports
- Control charts (and other graphic measurement tools)
What questions do you have?

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