
Welcome to the Performance Improvement Managers Network Call!

The Multi-State Learning Collaborative & The National
Public Health Improvement Initiative

May 26, 2011

1-888-790-3994 or 1-773-799-3688, code: 3478212



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

Today's Presenters:

Jennifer McKeever, National Network of Public Health
Institutes

Susan Ramsey, Washington State Department of Health

Joy Harris, Iowa Department of Public Health

Moderator:

Teresa Daub, CDC/OSTLTS

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The Multi-State Learning Collaborative

Jennifer McKeever

May 26, 2011



Goal

The goal of the MLC is to bring state and local practitioners and other stakeholders together in a community of practice that:

- Prepares for national accreditation;
- Contributes to the national voluntary accreditation program; and
- Advances the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments.

Project Support and Timeline

- Funded by RWJF
- Managed by NNPHI
- Evaluated by the Muskie School of Public Service (University of Southern Maine)
- In collaboration with National Partners
- Implemented by Partnerships in each state
- 5 year timeline (5 states, then 10, then 16)



Participating States

- Florida
- Montana
- Illinois
- New Hampshire
- Indiana
- New Jersey
- Iowa
- North Carolina
- Kansas
- Oklahoma
- Michigan
- South Carolina
- Minnesota
- Washington
- Missouri
- Wisconsin



Prepare for Accreditation

- Self-assessments
- Prerequisites
- Educational and support activities

Quality Improvement

...Advances the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments.

Strategy...

- QI Targets
- Mini-Collaboratives
 - Local health departments, state health departments, and other stakeholders
 - Institute for Healthcare Improvement Breakthrough Series

Targets Selected



CAPACITY/PROCESS

- *Community Health Profile*
- *Health Improvement Planning*
- *Health Improvement Planning*
- *Assure Competent Workforce*
- *Customer Service*

OUTCOME

- *Reduce the incidence of vaccine preventable disease*
- *Reduce preventable risk factors that predispose to chronic disease*
- *Reduce infant mortality rates*
- *Reduce the burden of tobacco related illness*
- *Reduce the burden of alcohol related disease and injury*



Accomplishments

- 10/16 MLC state health departments will apply for accreditation within first three years.
- 15/16 MLC states had representation on PHAB development workgroups
- 5/8 PHAB beta test sites were MLC states
- 6/19 locals and 2/3 tribes beta sites from MLC states
- 53 of 97 PHAB beta site visitors; every visit had at least 1-3 MLC representatives.
- 42 mini-collaboratives
- 274 local health departments engaged in QI

For more Information

MLC page

<http://www.nnphi.org/programs/mlc>

Search by state...

<http://www.nnphi.org/e-catalog>



Improving Public Health in Washington State Multi-State Learning Collaborative Results

May 26, 2011

Presenter: Susan Ramsey

Before Multi-State Learning Collaborative (MLC)

- ❑ We began “Call me anything but accredited” state.
- ❑ We had visionary leaders who knew we could do our work better – we just needed a roadmap.
- ❑ Our initial standards were programmatic, didn’t link to the 10 essential services and weren’t measurable.
- ❑ Quality improvement was not integrated or institutionalized.

Our MLC Journey

- ❑ Quality improvement awareness and one-time projects.
 - Used results from 2005 standards assessment.
 - Pockets of QI processes and plans.
- ❑ Multiple teams and tools.
 - Some building of QI infrastructure.
 - Collaborations in Immunizations, Chlamydia, Birth Certificates.
- ❑ Integration into agency structures.
 - Increase statewide understanding of quality improvement approaches and skills.
 - Develop alignment with National Accreditation.
 - Collaborations in CHIP, Chronic Disease, Notifiable Conditions, pre-natal care.

Performance Management Definition

- Performance management is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”

Guidebook for Performance Measurement,

Turning Point Project

PERFORMANCE STANDARDS

- Identify relevant standards
- Select indicators
- Set goals & targets
- Communicate expectations

PERFORMANCE MEASUREMENT

- Refine indicators & define measures
- Develop data systems
 - Collect data

PERFORMANCE MANAGEMENT SYSTEM

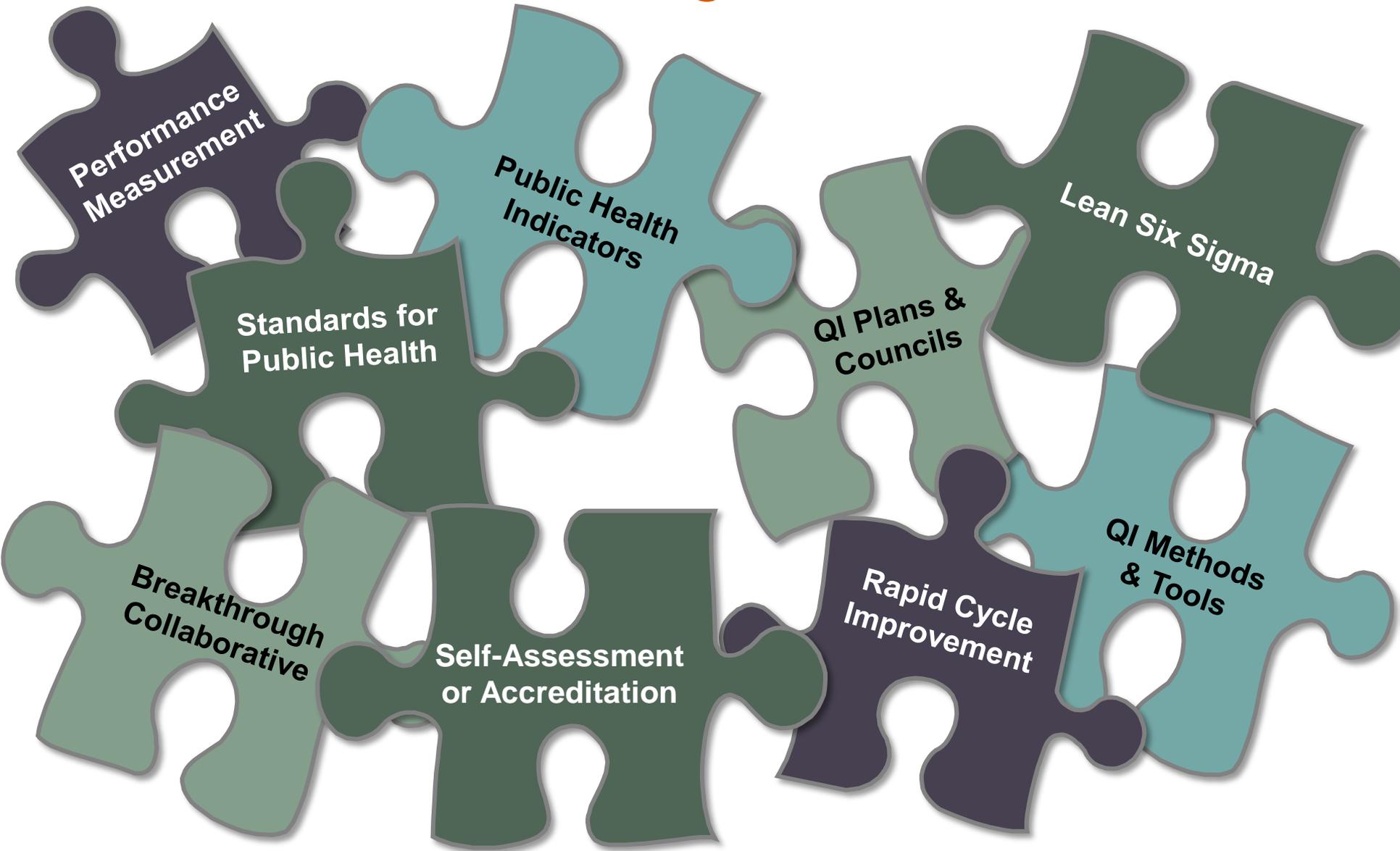
REPORTING OF PROGRESS

- Analyze data
- Feed data back to managers, staff, policy makers, constituents
- Develop a regular reporting cycle

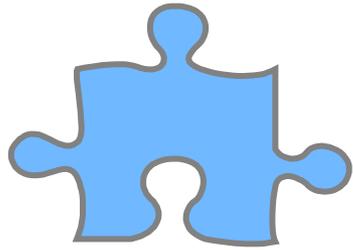
QUALITY IMPROVEMENT PROCESS

- Use data for decisions to improve policies, programs & outcomes
- Manage changes
- Create learning organization

Performance Management



Three Basic Building Blocks for Improving Performance



Health Indicators

How healthy are we?

How does our health compare to others?

What specific problems could we address?

Population level data

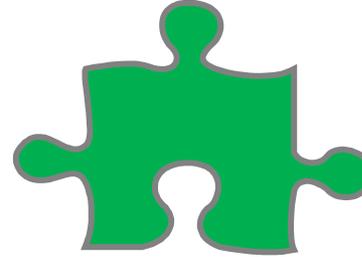
Standards

What should a health department be able to do?

How do we compare to others?

Where do we need to improve?

System/organization level data

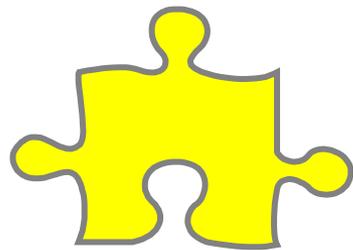


Quality Improvement Efforts – Program / Service Based

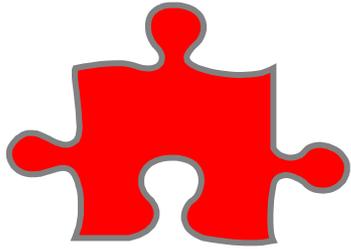
How can we improve the work we do -- that will result in better health or protection?

This is generally applied at the program or service level. There are many distinct programs / services. Examples: TB, Immunizations, WIC, Food safety.

Program level data



An Emerging Building Block



Activities and Services

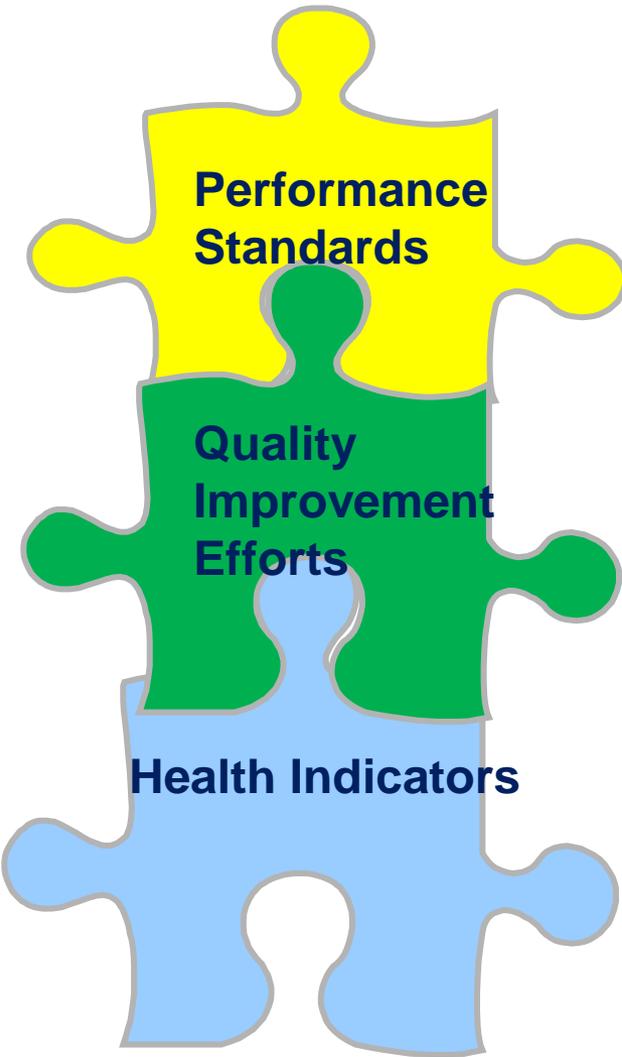
Is there a core set of activities and services that every jurisdiction should provide?

What data would we collect on activities and services?

Other important questions?

Agency level data

Putting the Pieces Together



Identify the weak spots in public health practice.

One Problem: Program evaluation is weak , so we do not routinely measure program impact on health.

One Example: We have not systematically evaluated immunization efforts. Our immunization rates for 2 year olds appear low for the 4th DTAP. We have seen increased pertussis. Can we improve the effectiveness of this service?

Change what is not working

Response: Provide training and tools on evaluation and apply to specific services. Implement strong evaluation. Use the results to make services more effective.

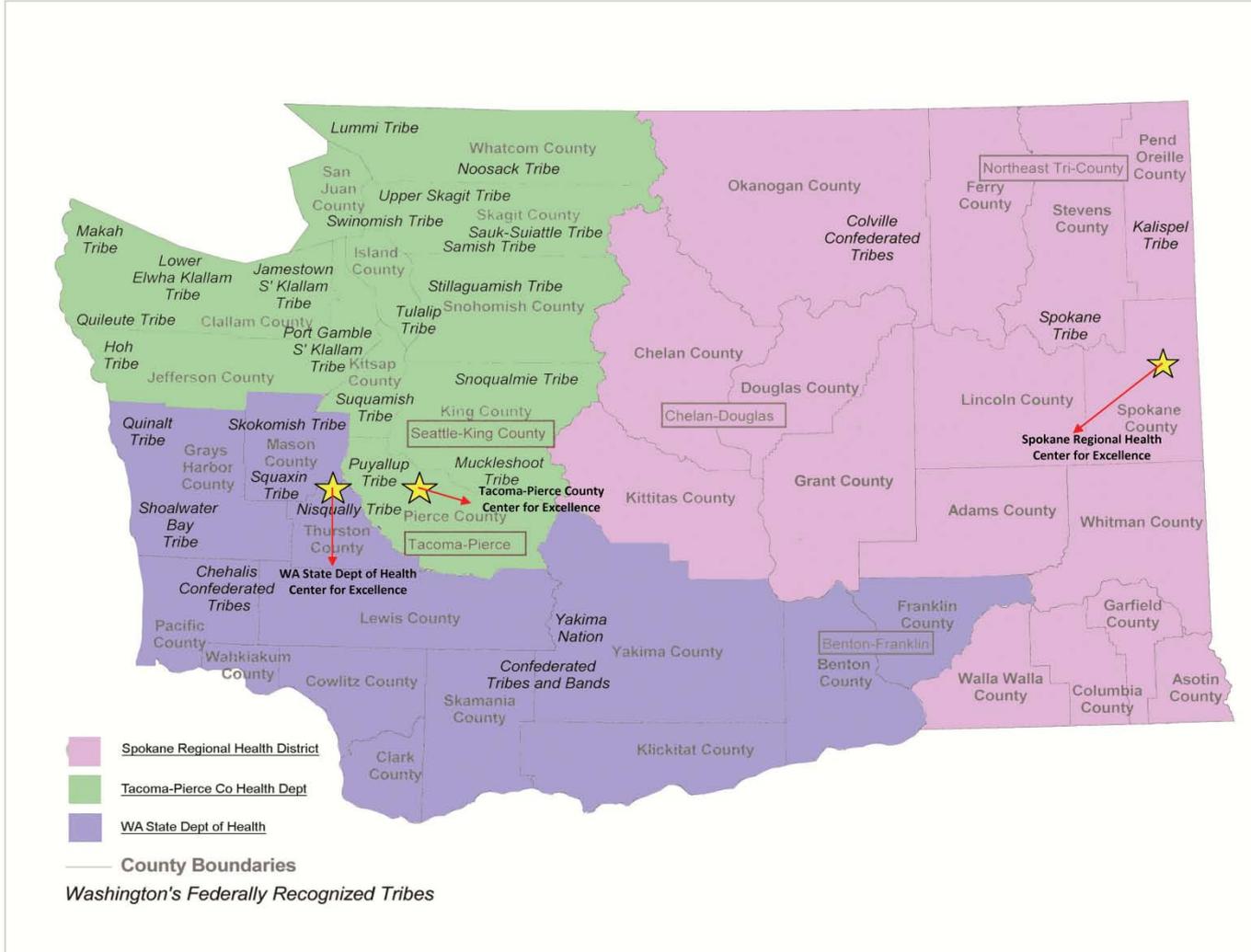
Example: Outreach to medical providers, parents and day care to address immunization. Better data collection. Increased outreach to parents.

Monitor Results

Track rates: Determine if strategies are working

Example: Did the strategies work? Immunization rates up? Pertussis down? If not – why not? Was success achieved one place – and why?

What Are We Doing With NPHII?



What Works in Washington

- ❑ Involve Leadership.
- ❑ Data driven efforts.
- ❑ Provide training on Quality Improvement.
- ❑ Provide funding-even if small.
- ❑ Create Quality Councils and infrastructure.
- ❑ Use the collaborative method and provide regular trainings.
- ❑ Create projects with similar aims.
- ❑ Connect to other initiatives and work.

Just Like Impacts on Health Take Time

- ❑ Chart progress along the way using different types of measures.
- ❑ Public health programs can have a positive influence – but takes time to show results.
- ❑ Many different factors influence health, requiring multiple strategies.
- ❑ Behavior change is often slow – and requires consistent, repeated messages.
- ❑ Resources are small compared to the magnitude of the problem.
- ❑ Strategies are designed for a large population- not individual level experience.

So Does Building a Performance Management Infrastructure

- ❑ Tracking progress along the way using different types of measures.
- ❑ Public health programs can have a positive influence – but takes time to show results.
- ❑ Many different factors influence performance management, requiring multiple strategies.
- ❑ Behavior change is often slow – and requires consistent, repeated messages.
- ❑ Resources are small compared to the magnitude of the change needed.

Contact Information

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Important Websites

- ❑ Public Health Improvement Plan

www.doh.wa.gov/hip

- ❑ Standards for Public Health

www.doh.wa.gov/hip/initiative/phs.htm

- ❑ Local Public Health Indicators

www.doh.wa.gov/hip/initiative/phi.htm

- ❑ Exemplary Practices

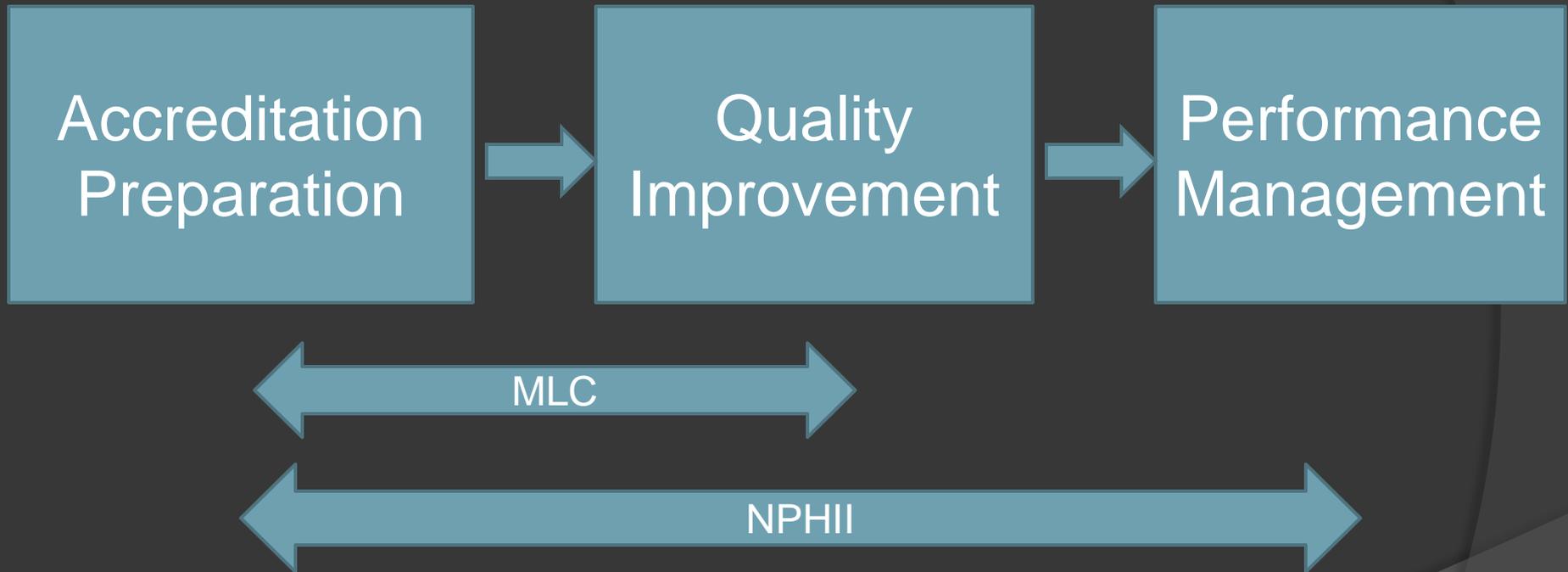
<http://www.doh.wa.gov/hip/doc/phs/ep/compendium.pdf>

MOVING FROM THE MLC TO PERFORMANCE MANAGEMENT

Joy Harris, Iowa Department of Public Health



Getting to Performance Management



Accomplishments of the MLC

- ◎ Moving QI Mountains
 - Dedicated QI champions
 - Quality culture exercise with leadership
 - Analysis of quality at the division and bureau level
 - Developing a quality plan
- ◎ Accreditation Preparation
 - Emphasis on documentation
 - Accreditation team processes
 - Site visit practice
- ◎ Demystifying accreditation and QI

Some tools for you to consider...

QI Toolbox

| Quality Improvement (QI) Toolbox  | | Public Health Memory Jigger II |
|--|---|--|
| QI Tool | What the Tool Does | Page |
| Activity Network Diagram | Used to: Schedule sequential and simultaneous tasks <ul style="list-style-type: none"> • Gives team members the chance to show what their piece of the plan requires and helps team members see why they are critical to the success of the project • Helps teams focus its attention and secure resources on critical tasks. | Page 3  |
| Affinity Diagram | Used to: Gather and group ideas <ul style="list-style-type: none"> • Encourages team member creativity by breaking down communication barriers. • Encourages ownership of results and helps overcome "team paralysis" due to an array of options and a lack of consensus. | Page 12  |
| Brainstorming | Used to: Create bigger and better ideas <ul style="list-style-type: none"> • Encourages open thinking and gets all team members involved and enthusiastic • Allows team members to build on each other's creativity while staying focused on the task at hand. | Page 19  |
| Cause and Effect/Fishbone Diagram | Used to: Find and cure causes, not symptoms <ul style="list-style-type: none"> • Enables a team to focus on the content of the problem, not the problem's history or differing personal issues of team members. • Creates a snapshot of the collective knowledge and consensus of a team around a problem. • Focuses the team on causes, not symptoms. | Page 23  |
| Check Sheet | Used to: Count and accumulate data <ul style="list-style-type: none"> • Creates easy-to-understand data - makes patterns in the data become more obvious. • Builds a clearer picture of "the facts", as opposed to opinions of each team member, through observation. | Page 31  |
| Control Charts | Used to: Recognize sources of variation <ul style="list-style-type: none"> • Serves as a tool for detecting and monitoring process variation. Provides a common language for discussing process performance. • Helps improve a process to perform with higher quality, lower cost, and higher effective capacity. | Page 36  |
| Data Points | Used to: Turn data into information <ul style="list-style-type: none"> • Determines what type of data you have • Determines what type of data is needed | Page 52  |
| Flowchart | Used to: Illustrate a picture of the process <ul style="list-style-type: none"> • Allows the team to come to agreement on the steps of the process. Can serve as a training aid. • Shows unexpected complexity and problem areas. Also shows where simplification and standardization may be possible. • Helps the team compare and contrast the actual versus the ideal flow of a process to help identify improvement opportunities. | Page 56  |
| Force Field Analysis | Used to: Identify positives and negatives of change <ul style="list-style-type: none"> • Presents the "positives" and "negatives" of a situation so they are easily compared. • Forces people to think together about all aspects of making the desired change as a permanent one. | Page 63  |
| Histogram | Used to: Identify process centering, spread, and shape <ul style="list-style-type: none"> • Displays large amounts of data by showing the frequency of occurrences. • Provides useful information for predicting future performance. • Helps indicate there has been a change in the process. • Illustrates quickly the underlying distribution of the data. | Page 66  |

Developed from The Public Health Memory Jigger II (2007)

Team Charters

PDSA Worksheet

PDSA Worksheet

PLAN

QI Tools that could be used include: brainstorming, affinity diagram, check sheet, control chart, histogram, interrelationship diagram, pareto chart, prioritization matrices, process capability, radar chart, run chart

Step 1: Getting Started

Identify an area, problem, or opportunity for improvement

Step 2: Assemble a Team

Identify a team to work on the QI effort (include team members and roles)

Develop an initial aim statement (What do you want to achieve?)

Step 3: Examine the Current Approach

What is the current approach?

QI Tools that could be used include: brainstorming, flowcharts (macro, top-down, and deployment), tree diagram

What are we doing now?

What are the steps in the process?

Who is involved and what do they do?

Is our process stable?

How long does that process take now?

Page 1

Developed from Enhancing Quality in Local Public Health: Michigan's Quality Improvement Handbook and The Public Health Memory Jigger II (2007)



PHABulous Quality Improvement Team
Team Charter
Draft 10.11.10

We are here because of a question.

- Each of us has been assigned to this to
- We are all passionate about the delta to increase
- We are all knowledgeable about our interact with others in our divisions

We recognize that we are exploring new territory.

- There are still more questions than answers about improvement and accreditation will of population health.
- The Iowa Department of Public Health approach to quality improvement -- a, initial planning about how it could be

The tools we need to do our work will be provided.

- We will use quality improvement tools as we go.
- We are not expected to be quality in this experience
- We will participate in all aspects of the process.

We will work together towards the best possible outcome.

- Each of us will contribute towards the best possible outcome
- Every idea is welcome
- We will take an honest look at all problems
- We will complete any homework not done during our meetings
- We will work together, making decisions

Our role is to:

- Serve as a liaison between the core team and our respective divisions
- Serve as a facilitator of division level meetings.
- Gather evidence in a timely fashion.
- Write justifications.
- Represent our divisions - taking a broad look at the role of our divisions in relation to the standards/state criteria rather than our single programs.
- Be an active participant.
- Provide honest feedback.
- Be a team player.

It is recognized that:

- We are assisting in this process while continuing to do our everyday jobs.
- We are, to a certain degree, making this up as we go along.
- Without a representative from every area of the department at our meetings we will not be able to do our job well.
- Our role is valued and supported by our division directors, immediate supervisors, and IDPH leadership.



Core Team Charter

We, the core team, have the responsibility to collect evidence and write justifications necessary to demonstrate how IDPH meets the state criteria of the Iowa Public Health Standards.

We will prepare this information in preparation for a site visit from public health experts.

Each of us has skills that make us qualified to be a core team member:

- Communication Skills
- Analytical Skills
- Writing Skills
- Organizational Skills

Learning Congress Presentations

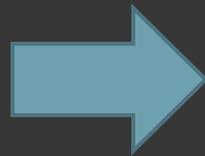
- Quality Improvement in Public Health...An overview
- Two QI Tools Everyone Can Use
- Managing Accreditation Preparation Activities...Sharing Tools You Can Use
- Developing an Accreditation Team
- Are You Ready for Accreditation?

Our NPHII approach

- ⦿ Piloting performance management
 - Starting small with volunteers
 - Developing the curriculum/process
- ⦿ QI
 - Program level
 - Department level
 - Quality Improvement Champions
- ⦿ Accreditation Preparation
 - Strategic Plan
 - Health Improvement Plan
 - Program level technical assistance

Long Term Goal

Performance
Management



Organization
Assessment &
Planning
(leadership, strategic
plan, health
assessment, health
improvement plan,
accreditation)



Contact Information

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- ◎ Website:
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Questions and Discussion

Thank you!

Please send your questions and
comments to:

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Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support