

The Multi-State Learning Collaborative and the National Public Health Improvement Initiative

CDC Performance Improvement Managers Network Call

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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

Sarah (Operator): Good afternoon and thank you for standing by. All participants will be in a listen-only mode for the call. All lines will be opened at the end for the question and answer session. This conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the call over to Teresa Daub. You may begin.

Teresa Daub: Welcome to the PIM Network Call everyone. We'll get started in just a couple of minutes. Thank you.

(02:20): Hi everybody. Welcome to the May Performance Improvement Manager's Network Call. Thanks for waiting a few minutes for folks to join. I'm Teresa Daub with the Office for State, Tribal, Local, and Territorial Support. I am joined here at CDC today with a few colleagues from the office. We're really glad that you could join us for today's call. This is our fourth call in the monthly series for performance improvement managers throughout the country. It may very well be the first call for some of you who are new to your positions so I want to mention that the Performance Improvement Manger Network is an activity of the National Public Health Improvement Initiative and it's intended to be your forum. A forum for you along with all other performance improvement managers to learn from each other as well as experts in the field. So these calls we hope will serve as a way for you to get to know each other better, to learn about best practices and quality improvement and performance management and to share information about resources and training opportunities. So many of you are now working to



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establish a performance management system within your performance improvement offices. So on today's call we have an opportunity to learn from a few participants in the Multi-State Learning Collaborative also known as the MLC. We'll first hear a little bit about what the MLC is all about, a little bit about some of the related products and resources for performance management efforts. And I'll introduce our speakers for today's call very shortly. We have someone from the National Network of Public Health Institutes joining us as well as a couple of representatives from MLC states. But before I do that I'd like to review some of the features of today's call.

For those of you who are not able to access the web portion of the call, you may refer to the slides that were emailed to you yesterday. We'll be following along with those. For those of you on the Live Meeting site you will see the slides on your screen. If you would like to download them, you can do so by using the icon at the top right of your screen. The icon that looks like three sheets of paper will give you access to download the slides. Another feature if you're on the web is that you can click on the attendees tab to take a look at other participants on today's call. We'll also have a couple of different ways to take your questions and we hope that you will have questions during today's call. First you may use the Q and A box at the bottom right of your screen. You can use this box at any time to type in your question. If you would like to be anonymous in posting your question please type "Anon", A-N-O-N, either before or after your question and when we pose it we will present it that way. We will take live questions at the end of today's call at which time our moderator will un-mute the lines and you can ask your questions. Today's call will last approximately an hour. It is being recorded and the good news about that is that it will be archived on the PIM Network webpage. And the PIM Network's virtual gathering space, which is phConnect, so it can be accessed that way at a later time. phConnect is our forum for performance improvement managers, CDC staff, national partners and others to interact and exchange information, post resources, and seek help from each other. If you have not yet registered for phConnect and need assistance in doing so, please contact us at pimnetwork@CDC.gov and we'll give you some assistance to joining that community.

We want to kickoff today's call with a few polls. And the first poll is right now. We'll ask you as soon as we open the polls to respond. The first poll question is going to give us some idea of who's participating in the call today. So if you could let us know your affiliation with a state health department, tribal health department or local health department, territorial or national public health organization. Please cast your vote now.

Okay we can see our greatest participation is coming from state health departments but we do have representation from other partners as well. We're really glad about that. Now we'll move to our next poll and this is to give us an idea as to how many people are on the line today since we often have multiple people joining from one site. So how many people are in the room with you today?



Okay. Looks like most of us are alone but we have two to five people joining in other places. Thanks for participating in the poll. We will have a few more as we go through so we hope you'll continue to participate in those.

So I'm going to introduce our speakers now but I'd like to remind you that if you have questions at any point during the presentation that you can type them into the Q and A box on your screen. We will open the line for audio questions so keep that in mind as well. Today's presentation is going to include an overview from the Multi-State Learning Collaborative. So there are different levels of familiarity with MLC so we're not going to go into a whole lot of detail today. Just know that we'll be offering some resources at the end so you can follow up to get more information.

Our first speaker is Jennifer McKeever with the National Network of Public Health Institutes. NNPHI is a non-profit organization established in 2001 to enhance the capacity of the nation's public health institutes. There are currently over 30 public health institutes in 26 states. NNPHI's headquarters are located in New Orleans but Jennifer has been in Washington DC since opening NNPHI's branch there in 2007. Prior to joining NNPHI, Jennifer oversaw HIV testing and counseling with the Louisiana Office of Public Health and managed a variety of community-based programs across the state in Louisiana. She has a Master of Social Work and a Master of Public Health from Tulane University.

After Jennifer introduces the MLC we'll hear from Susan Ramsey from the Washington State Department of Health. Susan has over 20 years working for the state of Washington. She's currently responsible for the development of an accountability system focusing on performance management activities to include public health standards, strategic planning, key health indicators, dashboards for performance measurement, quality improvement, and customer satisfaction processes. Susan is a certified reviewer with the Commission on Accreditation for Law Enforcement, a certified examiner for the National Baldrige through the Washington State Quality Award, and she serves as a public health reviewer for the Washington State Public Health Standards Program.

Susan will be followed by Joy Harris of the Iowa Department of Public Health. Joy is the Modernizing Public Health in Iowa coordinator. She has worked in that position since 2007. Joy has been with the Iowa Department of Public Health since 2002 and she spent her first five years at the Department providing technical assistance to local environmental health departments and local boards of health. She recently served as the accreditation coordinator for the Department's participation in the PHAB Beta Test Site Process.

So I will now turn the floor over to Jennifer and then we'll hear from Susan and Joy. And as time allows we'll circle back to Jennifer to wrap up with sharing more resources from MLC. So thank you everybody for joining the call today most especially our speakers. And Jennifer, the floor is yours.



Jennifer McKeever: Great, thank you Teresa and hello everybody. I know that a number of you on the call are very familiar with the MLC but some of you aren't so I'm going to start out with a poll of my own to ask if you could just indicate your level of familiarity with the MLC by clicking one of those choices on your screen.

Okay. So it looks like there are a number of you that are familiar with it but quite a few of you that maybe have heard of it or don't know about and so are new to this project. So those of you that were a part of it or are very familiar with it for the next five to seven minutes feel free to refill your coffee cup or respond to that email that just popped up while I was talking and those of you that haven't I'm excited to share about the Multi-State Learning Collaborative Project. If you have slides at home you'll notice I just started with the, sorry if you have slides at your desk, wherever you may be, you'll notice I just started with the second slide.

But let me let you know quickly that the MLC is a project that was funded by the Robert Wood Johnson Foundation. It was managed by my organization, the National Network of Public Health Institutes and was comprehensively evaluated by the Muskie School of Public Service, which is out of the University of Southern Maine. The project at all levels was implemented in collaboration with our national public health partner organizations including the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, the National Indian Health Board and the Public Health Accreditation Board and others. So in every step of the way the partners were involved with this project. I'll talk to you a little bit more about what the actual project was but know that it was implemented by partnerships in each of the funded states.

And it has occurred over a five year timeline. So the MLC began in 2005 and has just wrapped up actually on April of 14th of 2011 although there are some grantees that are continuing their work through July.

So what is the MLC? What is the goal of it and the purpose of it? The goal of the MLC is to, through partnerships, really work to do three things. One was to prepare for national accreditation, so for state and local health departments and tribal departments to take steps to really get themselves ready to be able to apply for accreditation, but also to inform the national voluntary accreditation. When this project began in 2005 at the same time what was going on nationally was what was called the Exploring Accreditation Project which would be a group of experts that came together to determine whether or not accreditation was a feasible and desirable option for public health. That group determined that it was and they learned a lot from the MLC in their process. So the MLC has a history of helping to inform the Public Health Accreditation Board program as it has been developed over the years. The third key area is to really work on quality improvement and advance the use of quality improvement throughout the project.



So there were sixteen states that were funded in this last phase of the MLC, which has lasted for three years. And those sixteen states are shown on your screen and the projects were implemented by partnerships within each state. States were awarded 150,000 dollars per year for a period of three years to work on those three things preparing for accreditation, informing the Public Health Accreditation Board, and implementing quality improvement. But only one application was permitted from each state and so that really created an environment where within states we formed collaborative partnerships with public health institutes, with state and local health departments along with academic partners who were able to bring expertise and training to the project.

So, as I said from the beginning, that the partnerships has been a really a key aspect of this project. So let me talk to you a little bit about the three things that they were working on: the preparing for accreditation; I'll talk about how they implemented quality improvement; and then when I quickly tell you some of our accomplishments I'll share with you how they contributed to the Public Health Accreditation Board and it's development. In truth in preparing for accreditation, we saw a number of different approaches to support the state health department as well as local health departments preparing for accreditation. Much of this work included health departments conducting self-assessments. In Florida, the state had a unique approach with forming a collaborative health department where they had fans and they had players. And players were those health departments that wanted to go through a self-assessment process as if they were participating in the Public Health Accreditation Board beta test. The fans were those that wanted to follow along but perhaps not do such a full-scale self-assessment. We've also seen another state-Michigan for example-that implemented the National Public Health Performance Standards in an effort to help them prepare for accreditation.

We've also seen a number of groups coming together to work on the PHAB prerequisites specifically community health assessment and improvement planning. And then we've also seen a number of educational and support activities that were occurring in the state. So this could be for example, if you're really trying to create buy-in and acceptance in the state around the idea of accreditation. I think that in South Carolina they, the team involved with the MLC has worked to advocate, to place a goal around accreditation in the state agency's strategic plan and due to budgetary issues has been met with some difficulty but that's sort of an institutional change that they are trying to make. The state of Wisconsin has put a goal into place where by, I believe it's 2020, all local health departments in the state will be accredited by the program. So we've seen some larger institutional or policy changes and then we've also seen just smaller training and other support activities for health departments preparing for accreditation.

In terms of the quality improvement piece of this you can see that the goal we had is quite a mouthful. Advancing the application of quality improvement methods that result in specific, measureable improvements, and, we had to add that on there, and the institutionalization of quality improvement practice in public health. So how is this done? The first thing to know is



that the quality improvement project implemented by health departments focused on specific target areas. These target areas, I'll pull them up right now, were selected through a voting process by ten states who had participated in the second phase of the Multi-State Learning Collaborative. And so the QI work was to focus on ten target areas. And then the strategy for implementation was to pull together many collaborative of health departments. Now some of them had an issue with the diminutive term to say a mini collaborative when some of these mini collaboratives had sixty health departments. However that's the term that was adopted at the beginning of the project and it seemed to stick. And so these projects would come together and work on making improvements in specific deficiencies that they had noted through their existing data. They'd also come together to learn about QI and practice QI and then at the end of each project the health departments were asked to produce a storyboard. Which was just a quick snapshot of the real nitty-gritty details of each quality improvement project.

The reason that I highlight community health profile and health improvement planning on your slides here is that these are two of the target areas that relate strongly to the Public Health Accreditation Board prerequisites. With the community health profile being the result of a community health assessment process and then a health improvement plan both of which are requirements for public health accreditation. So in their QI work they were also working to prepare for accreditation.

So, just a quick of snapshot of some of the accomplishments. What we know today is that ten out of the sixteen state health departments in MLC states have said they will be applying for accreditation in the first three years. So that speaks well that they are preparing for the accreditation piece of the project. In terms of informing the Public Health Accreditation Board, fifteen out of sixteen MLC states had representation on a PHAB development workgroup. Those were the workgroups that came together to develop the assessment process, to develop the standards, to look at research and evaluation, et cetera. There were eight total states that participated in the beta test that was conducted by PHAB. Five out of those eight in the beta test were MLC states. Similarly, six out of nineteen total local health departments and two out of three tribal health departments that participated in the beta test were also from MLC states. And then the beta test process included a site visit to each of the beta test sites and we know that fifty-three out of ninety-seven of those site visitors were folks from MLC states and every site visit team had at least one to three MLC representatives. There were forty-two mini-collaboratives that came together to work on quality improvement which results in two hundred and seventy four local health departments that had been engaged in quality improvement through this project.

I'm pulling up some additional resources right now just to let you know where you can find more information about this project as well as items that each of the participants states have developed, their tools and resources that they developed through their work on the project. If there's time at the end I will actually show you some of those resources, but I wanted to also give you the web address here. Hopefully that provided a bit of an overview and now because



we know that we always hear from folks that they like to hear real stories, I'm going to pass it off to Susan Ramsey in Washington to share a real story. And one of the things, although the MLC has wrapped up, that we have been looking at is how is this project being sustained. You know how are we insuring that its legacy lives on and one of the ways we see that happen is by leveraging the MLC and using that, building off that work through the National Public Health Improvement Initiative and so Susan and Joy are going to share a little bit about their work so let me stop talking and pass it off to you Susan.

Susan Ramsey: Thank you Jennifer for the introduction. Well, as Teresa mentioned in the introductory, I'm the director for the Office of Performance and Accountability here in Washington State and I'm excited to share with you what Washington's experience was with the Multi-State Learning Collaborative and how we are continuing this performance management work through the NPHII grant.

Next slide please. And before the Multi-State Learning Collaborative, our state in 1993 we had public health improvement partnership law, which was language that promoted performance improvement, so it helped us move our state along in this performance management arena. In '95 we began the development of our own state public health standards and measurement processes and in 1999 was our first blush of establishing a baseline for our public health standards and at that time, we conducted standards reviews every three years. We are a decentralized state and we have 35 local health departments. In 2005 we were very, very fortunate to become a member of the Multi-State Learning Collaborative. And at that time we said call me anything but an accredited state. We were very proud of our standards at that time and we didn't think accreditation was the path for our state. But as we started looking at everything we said you know what, our initial standards were not linked to the ten essential services and quality improvement was not a part of how we did business every day

Next slide please. During MLC from 2005 to 2011, we conducted many quality improvement trainings and over 25 quality improvement projects and collaborations for improving public health. We used the results of our 2005 standards assessment and began improving our work in areas like access, our standards around improving performance management and processes for child and family health, and our standards for immunizations programs, just to name a few. We had eight projects that were focused on program work. And by program work I mean the development of performance management frameworks, logic models, using our data around communicable disease and building quality improvement infrastructure. The collaboratives that Jennifer mentioned also. We had 3 collaboratives, which focused their efforts on topics of immunizations, chlamydia, chronic disease, and we're now in this collaborative around our community health improvement plans.

Next slide please. In 2003, our performance management journey gravitated towards a system, which you're familiar with, the Turning Point project, the definition of performance management. And that's really about using the data to set our goals, allocate and prioritize



resources, and set policy or program directions to meet those goals and we poured on that success of meeting those goals. We found this definition to work well not only at the state level but at the local level as well.

Next slide please. And I'm sure this is a familiar model to several of you as well who've been in this work for a while. Showing performance standards, performance measurement, quality improvement, and reporting on progress as known elements in the performance management system. This is the road map that we were lacking and we needed in our state during the Multi-State Learning Collaborative and it continues to be our road map through the National Public Health Improvement Initiative.

Next slide please. We developed many performance management tools during the MLC and we're still using them today. Our performance measurement dashboards, public health indicators, quality improvement plans and councils, quality improvement methods and tools. And it wasn't that we chose one special QI program methodology, we took things from Juran, from Deming, from Lean Six Sigma and we're using the tools that work best for the situation at the moment in time.

Next slide please. We used these basic building blocks for improving performance. Our health indicators ask questions like, 'How healthy are we?' 'How does our health compare to others?' And this is population level data. And of course our standards: 'What should a health department be able to do?' 'How do we compare to others?' 'And where do we need to improve?' And this is what we call our system level data. And then of course the quality improvement block, which is, 'How can we improve the work we do that results in a better health or protection?' And the examples that I've listed here are like WIC, food safety, immunizations; and we consider this our program level data. No single tool provides all the information needed and the variety of tools provides a full picture.

The next slide please. We have an emerging building block and we call this our activities and services. And some of the questions, that give answers under this, is there a course set of activities and services that every local health jurisdiction should be providing and what data should we be collecting on these activities and services. And we're considering this to be our agency level data.

Next slide please. And when we put these pieces together, again this is an additional piece of our road map, identifying the weak spots in public health practice, changing what is not working, and monitoring our results. I won't walk you through it, but the example I've used on this slide is immunization.

Next slide please. I kind of want to move you now into so what are we doing now with NPHII funds. So our next evolution of performance management is building three regional performance management centers for excellence. Our centers are located on the east indicated in light purple, the northwest indicated in green; and then the southwest indicated in the darker



purple areas of the state. Our first year is building the centers' staff and infrastructure. We have four staff at each of these three performance management centers for excellence. And they're working on their activities in each center. We are taking this opportunity to build their expertise and capacity. At the same time we are offering technical assistance and consultation to our local health jurisdictions within each of their regional areas on the PHAB prerequisite, Strategic Planning, Community Health Assessment, Community Health Improvement Plan. And we're also enhancing our website to build a performance management activity tool kit, training curricula, and linking to our best practices that we built in the Multi-State Learning Collaborative.

Next slide please. What we have found to work in building a performance management system in Washington State is involving leadership, make decisions based on data, the training for quality improvement is essential, and offering an incentive. From the state level we used a lot of the Multi-State Learning Collaborative funding and we passed it through to the local health jurisdictions to get them engaged in our quality improvement efforts even though that funding was small it got them engaged and involved in our QI. Developing quality councils to reach our improvement efforts, engaging the staff at all levels of the agency was also a point for us for success and collaborating with others on similar topics. So if we had 3 or 4 local health jurisdictions even though they weren't closely related, if they were all working on physical activity and nutrition, bringing them together to help them move to success.

Next slide please. So just like impacts on health take time, charting progress along the way, showing results, many factors having influenced. Behavior change is slow and requires consistent, repeated messages and let's face it, resources are small compared to the magnitude of the problem.

Next slide. So does building a performance management infrastructure: it takes time. It doesn't happen overnight. As you can see we've been at this, that's kind of why I started with our history about the Public Health Improvement Partnership law and being in the Multi-State 2005 and building this here we are in 2011 and we're still working on it. It takes time. It doesn't happen overnight.

Next slide please. So I wanted to leave with you our contact information and also we've built some great tools and products through our website that I'd like to share with you. They're listed on my slide and now I'd like to pass on to Joy Harris from Iowa, her story. Thank you very much.

Joy Harris: Thanks Susan. This is Joy Harris and I would join the Multi-State Learning Collaborative in the third group. We were the MLC-3. So we were just involved with MLC for the last three years. And it was a little intimidating to walk into the first meeting and realize all the things that had gone on and all the connections that were in place. But one of the things that Erin Barkema, who is our coordinator, and myself really enjoyed about MLC is that people were very honest about what worked and what didn't work, and the lessons they have learned, and



there was a lot of sharing of tools and resources between states and so, I'm hoping that this is just kind of an extension of what we appreciated about the MLC.

Next slide please. So we really got into this because of accreditation preparation. That was kind of the cue in Iowa to get moving. And it wasn't even accreditation preparation. At the time it was more about we recognized that not everything is the same in Iowa, it depends on what county you live in, about what public health services you're eligible for, or you can even get to. And so we really looked at standards for public health in Iowa and began that work. I think that work was the work we needed to do to be able to be part of the MLC. And like Susan said, it takes a lot of time to get people warm up to the need for standards and for just that increase in accountability and not wanting to change. And so that took a while and it was really ugly at times because we were asking people to change the way they think, but not really the way they did business. And so we had to take a look at that and kind of take it step-by-step. When we joined the MLC we were really able to kind of formalize our accreditation preparation activities and move into quality improvement. We really thought, kind of naively, that if we were working on standards, we were doing quality improvement. We didn't have a good understanding or grasp of what quality improvement really meant. And so I think that the MLC was very important to us in that way. And as you'll see we think the work of accreditation, preparation and quality improvement is helping to move us into performance management in a way that is very streamlined and in a way we can build on that momentum because that's very important.

Next slide please. So some of the things that we accomplished because of the MLC in Iowa are on this slide. The first thing has to do with quality improvement. We really moved quality improvement mountains and there's no mountains in Iowa so I think it's funny, but anyhow we really moved mountains. So we first have a set of dedicated quality improvement champions. And we trained quality improvement champions at the local and state level with some really basic quality improvement tools. Had them do some train-the-trainer education, and have them ready to not only work in their own health departments, but to assist other health departments with quality improvement efforts. At the state level we've been able to conduct the quality culture exercise with our division directors and bureau chiefs, and have them take a good look at, 'Are we paying attention to quality at the Iowa Department of Public Health? Is it a part of our everyday way that we look at things? Are we committed to it? Do our staff have the competencies that they need to provide quality as we look forward?' We were really able to do that at both the division and bureau level. And so we have a really good picture of kind of our baseline before we really jump into quality improvement with performance management. We also have an interest to develop quality plan. We are really close to being able to implement that. I think without the MLC we wouldn't have been able to, I don't think, be at this point yet: to have a quality plan that will look at the department and how we do quality improvement across the department.

We also have a lot of benefits with accreditation preparation. One of the things we learned is that we need to be better about documentation at both the state and local level.



Documentation is a pain but it's really important to prove what you do. And so we have learned to take better meeting minutes, we've learned to put footnotes on documents that say this was reviewed and revised on this date; some really simple things that we just hadn't thought about before. Sometimes things are on the website for a long time, but there still might be good information, but if a site visitor comes in and says, 'hmm I wonder how long this has been on there,' and there's no date, then they might dock you for that. It's been a really good cue for us to look at how we document what we do and just kind of increasing the importance of that. We also find it does make us better; it's not just an exercise, its utility to document.

Next we learned a lot about how accreditation teams work. When you put together a team of people to look at documentation for your agency there's a lot of things that they need to take into consideration. And so we spent a lot of time learning how those teams should have worked; who should be on those teams; and how that can look. And finally we've had to practice with site visits. Makes people nervous to have site visitors on site. So it's good that we were able to practice through the interviews and the preparation for those. And then finally just demystifying accreditation quality improvement. Without the MLC we wouldn't have had, I don't think, as big of a mega-phone to talk about why accreditation, why quality improvement and move those things forward

Next slide please. Some tools we think might be helpful to you as you do your work, again, what I mentioned before, is that part of the MLC was we're supposed to learn from other people and develop those tools and share them. The quality improvement toolbox is based on the Public Health Memory Jogger II, which is published by the Public Health Foundation. If you don't have it, I think it's a really good tool and I hope you get it and it's pretty cheap, like twelve or thirteen dollars. With that quality improvement tool box, Erin Barkema, actually made that, she wanted to be sure that even you couldn't remember what the name of the tool was, if you looked at the picture you might be able to figure out what it was that you had learned about and go back and use that tool later. So that's the toolbox. We also have a PDSA worksheet: the Plan Do Study Act and quality improvement method to walk people through that process and some team charters. The team charter is very important when you set up both accreditation teams and quality improvement teams to help them understand their role from the beginning and the end of the process and how the team is going to work together.

Next, we also did a learning congress where we did several presentations, but I think that might be good to provide you with some information that we have used here in Iowa. The two QI tools everyone can use presentation looks like cause and effect diagrams, or fishbone diagrams, and flow charts, and then it's just some tools to help people get ready for accreditation no matter if they want to get ready you know and be accredited eight years from now or if they're ready to be accredited in the next six to eight months.

Next. And then finally how we are approaching the NPHII grant, we are starting with piloting performance management. We're starting with the small group of volunteers for piloting



performance management of the department. We learned that volunteerism is important. You want people who are interested and who are willing to help you develop the curriculum or process and help you learn what works best before you spread it on a wide basis. At quality improvement, we're going to look at quality improvement in both the program level and at the department level and we're also going to have those quality improvement champions help us with the spread of quality improvement. And then the area of accreditation preparation we're working on the Department of Public Health Strategic Plan, the Health Improvement Plan, and we're going to be able to provide program level technical assistance around documentation, evidence collection, and the role those individual programs play in accreditation.

Next. So as you can see, our long-term goal is to have it be that performance management actually affects our whole organizational assessment and planning. And then accreditation is part of that, our leadership using the strategic plan the health assessment and health improvement plans to move the department forward is really where we'd like to be. But we need to implement performance management throughout the department so that that can be our reality in the Department of Public Health.

Thank you, I think that's it from me.

TD: Joy, thank you so much, and Susan you and Jennifer as well. It has been really wonderful to hear how the current NPHII work is being informed by your MLC efforts and how the work of performance management is continuing to grow and build. We have several questions already. So I want to launch right into the questions that we have.

The first question is for you, Joy. It comes from Beth Leopold in New Mexico, who knows that Iowa hospital systems have a culture of QI, so she's curious to know if you had support from the hospital or the quality culture work that you did with your leadership in Iowa and any advice that you may have on how to do leader-to-leader support at the highest level.

JH: We actually had the assistance of the Public Health Foundation for that assessment and I'm not familiar with the Iowa Hospitals Association's work to tell you the truth, but I'm going to have to check into that now. As far as leader-to-leader, what we really found is that allowing leaders time to kind of talk about it amongst themselves and kind of develop their own questions and their own strategies apart from their employees. It really just appealed to them as leaders so that has really worked best. And then they've been better able to spread the message and find the appropriate people to be quality improvement champions to help move things forward.

TD: Joy, thank you for that response. Susan, let me toss it to you and see if you have anything to add on to the question of getting leader-to-leader support.

SR: Well we have a unique body that's called the Public Health Improvement Partnership and so it really is all of our leaders at the community level as well as the state, local, and city. So they



meet on a quarterly basis and we have sharing. As a matter of fact, June eighth is our next meeting where we'll be presenting the efforts and what we're doing with the NPHII grant and the centers and getting their help and assistance in moving these centers into our next steps of offering assistance within all the thirty-five LHJs, but they're at the table on a quarterly basis sharing and pushing each other.

TD: Thanks Susan. I have-maybe you can take the first stab the next question from Joanne Ascheim in New Hampshire, could you elaborate on your centers for excellence. Who staffs them? How their work is done and so forth?

SR: Well we're using funding from the NPHII grant so each center is receiving 60,000 each. And that's just a small little bucket, but they are staff who are already familiar with performance management activities. They have been staff that have been leaders in quality improvement and our public health standards work already. So we did not need to start from the ground as far as educating them around performance management stuff but what we are doing is in the first year we've created trainings and we're building their capacity on all of our performance management activities so if things like customer satisfaction surveys strategic planning, quality improvement, performance measurement, the real basics, each of our centers' staff bring their own area of expertise as well as their own areas of the types of tools they like to use. And so what we're doing with those is collecting them all, putting them in on our website. And then we are sharing our experiences as centers with each other and how we're going out and introducing ourselves and meeting each one of the thirty-five LHJs that's assigned to our region about so what about their needs. Each LHI has different needs depending how engaged they've been throughout the history of our public health standards and quality improvement work. And so our centers' staff have really been helping each other offer and provide that technical assistance, but it's building their own expertise and capacity at the same time there's a lot of in-kind service from the in center staff themselves because that 60,000 obviously does not pay for their salary, but they are doing the kinds of work that they would be doing as a LHI already. For instance, out of the four within the Tacoma-Pierce County which is one of our centers, out of those four staffed, I noticed that there's only one fully dedicated staff to strategic planning, quality improvement, and performance management activities not only for their LHI, but then we'll broaden to offer assistance with other LHJs.

TD: Thanks Susan, and if you'll keep your line open I have another question from Mark Miller in Michigan, how do you handle program monitoring. Is it totally outside accreditation?

SR: For our program monitoring with them, we have templated action plans and those action plans in what we call a- the title we give it HealthMap. And it's a quarterly forum that programs come in front of their leadership team and they present on their progress for their indicators of work. The LHJs, all of the thirty-five LHJs and their programs based on the indicator reports go to their individual local boards. If you visit the resource page for the public health indicators you'll



see some examples of their board reports on their indicators and they share quarterly with their boards how they're doing within their communities

TD: Thanks Susan. We have one question for Joy. And I'll just need to pull that up. This comes from Joyce Marshall in Oklahoma. 'Joy, what were the main steps of your quality analysis at the division and bureau level and also how did you decide who would be the quality improvement champions in your department?'

JH: The quality improvement champions were volunteers or *voluntold* that they would be quality improvement champions: to answer that question. And then the second part is, can you repeat the first part of Joyce's question for me?

TD: Yes I sure can. Thank you for your refreshing honesty in answering the second part of the question. The first part, 'what were the main steps of your quality analysis at the division and bureau level?'

JH: So our main steps were to introduce the concepts of a quality culture. To give the leadership a chance to kind of talk amongst themselves about how they thought they were doing to rate themselves and then we have a radar chart that we developed based on each division showing where they think they are at for baseline for the quality assessment. Pretty straightforward

TD: Great. Thanks. Thank you all. Now Jennifer I'd like to bring you in, if you could to share the bit about the additional resources.

JM: Sure. Teresa, would you like me to go ahead and show those?

TD: Yeah please do that, and we'll follow that by opening the phone lines. I believe there are some live questions. So thanks for sharing that information now, Jennifer.

JM: Well, quickly if I can and you should see on your screen now a website, for the Multi-State Learning collaborative, our webpage on our website. And we hope that this is really going to be a portal for resources about the MLC so that you can certainly go to Washington's website and access their resources but you can also come to the MLC page. And here you'll find all of the states listed and you can click on any state that has a link to a particular bureau in your health department or a performance improvement or performance management page. A couple of other resources we have here, you'll notice on the left we have stories from the field. So for example, Susan was talking about Washington becoming, moving from being anything but accredited to accreditation champions, you can read a little bit more history on that and how that happened. I had mentioned that project with storyboards, by specific target areas, if you come to this page you'll see QI project after QI project after QI project. And you can learn about all of those projects here. Two quick other things. We, through the MLC had a number of conferences, and site visits, and webinars, and we've archived all of the materials and all of the presentations here. So for example, our last final in person meeting, you can access all the



materials from that meeting. So if you wanted to see what I had presented at that meeting you can just click right here. And it's taking a little bit to load. This Iowa presentation should be popping up and you can learn about their work through the MLC there as well. Lastly, we also have some other general resources so let me highlight over here, as Joy pointed out in her presentation, a number of tools that have been useful that they've developed and you can access all of those tools right here. This is the base that we have right now. We're going to be working over the course of the next six months through November to really enhance the resources that are available to folks on our website. So we hope you'll find some national resources that a lot of state developed tools, and stories, and resources on how they've done the work through the MLC that may help guide you in your work. Teresa, that's all I wanted to share. Thanks.

TD: Thank you Jennifer, it was helpful to see those resources. We have several, we actually have more questions coming in than we have time to answer today so what I'm going to suggest is if you were planning to ask a live question that you go ahead and send that in and we will post responses from our presenters on the phConnect site as well as the PIM Network website. Those include the questions we didn't have time to get to and any additional questions that you send in. So look for those to be there. We do have time for a couple more questions, so I want to continue with the questions that we have online. This one comes from Joe Kyle in South Carolina who notes that it is difficult to get very busy people to document their QI work, so Susan, Joy, either of you, what strategies have you used to document QI, what's been successful and how have you shared this so that other teams in your department can learn from this work?

SR: This is Susan. So we tried to make it as easy as possible by providing templates for everything along the way. So for instance just like Joy, having a charter template so that they can document and then providing aim statements, and sample aim statements and providing training, and facilitation around 'What's a good aim statement? What's the technical assistance you need for providing facilitation?' I think for us the most successful way of doing business for it was providing them the easy templates, so all they needed to do was fill in the blanks rather than trying to think about how they needed to document their processes and document their successes. The templates gave them all the information that a site reviewer would come and look at in preparation for accreditation. So that it wasn't that they needed to think outside the work that they normally would have been doing anyway rather than them trying to feel like it's an added on responsibility.

JH: And this is Joy and one of the things we were able to do was to incentivize the quality improvement teams by getting them SmartDraw, which is a program which makes it really easy to document your fishbone, document your flow chart and so people weren't trying to do that in PowerPoint or Word and it just is a lot faster and a lot quicker to help them with those improvement tools recording that electronically.



SR: Great point Joy. This is Susan again. A tool that we use for documenting, I didn't mention our tool, its MiniTab and it's a Lean Six Sigma program that automatically populates your cause and effects diagrams, automatically populates your process mapping, and your failure mode diagrams. And it does all of the quality tools that you would need to do rather than you having to create flow charts and histograms. Once you populate the data, they automatically feed each other and create them. It's an excellent program for those folks who are looking for programs to help do this type of work.

TD: Thank you so much for answering our questions. What you've shared is incredibly helpful I think to all of us. I'm really sorry we've actually run out of time. We could obviously continue asking questions and taking in your answers because it's been so excellent. So thanks to all of you, Joy, Susan, and Jennifer for your presentation and everyone else for presenting. Before we sign off here, we do have a final poll and that's for you to let us know how you would rate the webinar overall today. So if you'll take time to fill that out. If you would like to give us additional feedback on this call or suggest topics for the future, please email us at pimnetwork@cdc.gov. And next month, June 23rd, please plan to join us. That call will highlight software that NPHII grantees are using for performance management systems. We're also hoping to continue to be more interactive and judging from the number of questions today if we had opened the lines we can certainly realize that intention. In the meantime don't forget you are able to view and download all calls from the PIM Network website and also on the phConnect virtual community. There are questions posted on the virtual community as well. Want to draw your attention to that and let you know that you may be able to provide some answers of your own to your peers from the PIM Network. Right now there's a question up from a PIM seeking examples of QI self-assessments so help out with that if you can. Thank you for joining the call today and have a great Memorial Day weekend. Goodbye everyone.

Sarah: Thank you that concludes today's conference call. You may disconnect at this time.

