

# NPHII Grantee Spotlight: New York State

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## CDC Performance Improvement Managers Network Call

**July 26, 2012**

**Today's Presenters:** Drew Hanchett & Karen Galvin, New York State Department of Health

**Moderators:** Teresa Daub & Melody Parker, CDC/OSTLTS

**Kelly (Operator):** Welcome and thank you for standing by. All lines are currently in a listen-only mode. Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I will turn the call over to Ms. Teresa Daub. Ma'am you may begin.

**Teresa Daub:** Welcome to the June Performance Improvement Managers Network Call, everyone. Excuse me, the July call. I am Teresa Daub with the Office for State, Tribal, Local and Territorial Support, and I'm joined here today by some colleagues from OSTLTS, including Melody Parker. Thank you for joining us on the call today. This is our sixth call this year. As most of you know, the Performance Improvement Managers Network is a forum intended to support all of you in the field. We want these calls to serve as a way for PIMs to learn from each other as well as from partners, other experts in the field, and it's basically a way for members of the network to get to know each other better, learn about best practices, and share information about resources and training opportunities related to all of our work in quality improvement and performance management. We're really thrilled today to have the pleasure of a guided tour through New York State's performance management activities. But before we get to our speakers from New York, let's review some of the features on today's call, and I'll turn it over to Melody Parker for that.

**Melody Parker:** Greetings. 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. For those of you on the LiveMeeting site, you will see the slides on your screen. You can also download these slides via the icon at the top right of your screen. It looks like three little tiny sheets of paper up there. If you are on the web, you'll also be able to see other sites participating in today's call by looking at the attendees under the link at the top left. Now we're going to have two ways to take your questions and feedback today. First, you may type in your questions and comments at any time using the Q and A box, which you can find by clicking "Q & A" in the toolbar at the top of your screen. Second, we will open the lines for discussion after our presenters have finished, so please remember to mute your phone, you can go ahead and mute it now,



either by using the mute button or pressing star six on your phone's keypad. Please note that we will announce the identity of those submitting questions via LiveMeeting. If you prefer to remain anonymous and cloaked to the group in posing your question, please type "Anon" either before or after your question.

Today's call will last approximately one hour. The call is being recorded and the full presentation will be archived on the OSTLTS PIM Network web page. It'll be available roughly one week after the call. We'll be conducting a few polls on today's call, and we have our first poll right now. I will introduce each poll question; when I announce that the poll is open, you may cast your vote by selecting your response with a mouse click. The first one will give us some idea of who is participating on the call today. "Please indicate your affiliation. State, tribal, territorial or local health department, or national public health organization." Please go ahead and vote. All right. Thank you. Let's move on to the next poll. "How many people are in the room with you? More than 10? More than 5? 3-5? 2? Or, Table for one, please?" Vote now. Thank you. This poll is now closed. Thanks for participating. We're also going to want to hear your feedback about today's call, so in addition to the polls during the presentation, if we have any, we will have a final poll at the end of the hour when you can tell us what you thought about today's call.  
Teresa?

**Teresa Daub:** Thanks, Melody. Our presenters today join us from the Office of Public Health Practice in New York State's Department of Health. Drew Hanchett is the PIM with New York and the Director of Improvement Management. Drew has served in this role at the New York State Department of Health since late January 2011. Prior to this position, Drew worked in the Massachusetts Department of Public Health for ten years, managing data integration and analytic work for their Bureau of Substance Abuse Services. Drew is also joined by Karen Galvin, who has served in the role of Improvement Manager in the New York State Department of Public Health since August 2011, soon after completing her MPH program. Prior to attending graduate school, she worked as an implementations manager for a medical technology and robotics firm in Boston. So now everyone I'd like to introduce you to Drew and Karen, and Drew, I'll turn it over to you, please.

**Drew Hanchett:** Thanks so much. I appreciate it. I will say starting off that I won't even attempt to be as entertaining as Melody. We like to hear her talk. So thank everybody for joining us this afternoon. Excuse us while we click through and try and find our presentation. Again, thanks for joining us this afternoon. What I'm going to do is just walk everybody through some of the major pieces of our performance management initiative here, funded through NPHII. Hopefully, some or all of it will resonate with people out there, and, again, we're going to have some time for some questions when we are done speaking and we do hope that people do have that.

A part of the work that we do here is really has to do with the facilitation of strategic planning, and I know how painful it can be to put vision and mission statements on to paper. You end up being too wordy, you don't capture everything you want to talk about, too broad, too narrow. Wow. There's an agenda. Sorry folks. We're going to go through mission and vision. I'm going to talk about our framework which we've developed, I'm going to walk people through that, we're going to walk through



our internal website that we use here to talk about our initiative, and then we're going to describe the two forms of training that we use to bring performance management and quality improvement to the agency. You can just click right through this; now if we can get them both up there.

So again, these are tough to do, vision and mission, and anybody that's been involved with that. But having said that, I also believe it's an important process to go through, and it can be... it should be and can be approached as an iterative one. But these statements are really living and breathing ones and can change over time. So you'll see here – I'm not going to read through them – that we move for more of a sweeping or global vision statement that includes statements like "all of the department" and "all of our local health departments" and "the health of the state," and a more actionable mission statement where we talk about our more specific performance management group, which is currently Karen and I, and we do get some intern help, which is welcome. We actively support the integration of performance management and quality improvement into the Office of Public Health, which is the public health branch of our department and local health departments. The other good thing, kind of, about mission and vision, before we move on a little bit, is we try... Karen and I talk often about, and people have probably heard, a 30-second elevator speech, on that morning, when you happen to step on the elevator with your commissioner, it's helpful to be able to market and talk about what you do. So some of the points in the mission and vision really work their way into our 30-second elevator speech, in case we ever have the chance to do it.

So when I first came on as the PIM, I was at a place where some of you may be now, and many of you may not be too far removed from. I understand public health. I understand the work that we do, and that we also have to have accountability. Performance and improvement are crucial to what we do. So how do you have ... and then I was like, okay, we need to have a framework for all that, what does that mean. So I happened to walk into an organization here in the New York Department of Health that had a person who was involved in the original thoughtful work of the Turning Point collaborative. They did some work around defining a framework for performance management, and after looking at other frameworks and talking with constituents in the department, this was the one... the Turning Point framework was the one that really resonated the most with us and with our clients within the department.

So in the first year and a half of implementation, we've adjusted the basic framework of the Turning Point model, which some of you may be familiar with, to reflect what we had learned about our organization. In the first six months on the job we did an organizational assessment of the capacity to engage in performance management activities, and from those results we ended up revising the framework a little bit, and that's what you see here. They maintained the four components of the Turning Point model, and works in a few new concepts. First you can see we've built in a supporting structure around what we do. So across the top you'll see the OPHP Performance Management Group, which is Karen and I. Along the left-hand sidebar you'll see the importance of Performance Improvement Champion or Champions, we're lucky enough here to have improvements... champions for improvement at the highest levels of the organization, from our Commissioner to our Deputy



Commissioner of Public Health. And even if you listen to our Governor speak, you'll hear a lot about performance and improvement.

The other thing we have is the Performance Management Guidance Team, which we established early on in the grant, and we meet with them regularly to update them on progress. And along the bottom sidebar, you can also see that we are also guided by relationships with our public health stakeholders. So as you look through the four components of the Turning Point model, performance standards, performance measurement, reporting, and quality improvement, performance standards are really about an assessment to identify priority areas, inform decisions and planning processes and setting standards. So you have folks who are often involved in state health improvement plans where standards can be developed. A lot of strategic planning we do that bring standards to the top for us.

Within performance measurement, it's really the ongoing monitoring of accomplishments and progress toward the pre-established standards. Measures based on goals and objectives, here we develop an appropriate collection system as well, which is helpful. We often look to things like Healthy People 2020 for population-based health status measures. We do a lot of work in terms of measurement – interim process measures and things like that that we believe lead to the longer term health outcome goals.

In the reporting of performance, we talk about our regular cycle of reporting, where we're sharing with leadership, we're sharing with stakeholders, advisory groups and the like. We use a lot of this data to identify areas for potential quality improvement projects that we can get involved with.

The big thing that we did with the performance management framework was we wanted to bring quality improvement really to the forefront. It was the one area, from the past assessment that we did, we're staffing the departments that they needed the most work. So it's become a focus for us. And we talk to Kaye Bender at PHAB a lot, and she says things like, "quality improvement is the accreditation cornerstone." So accreditation is a big piece of what we're responsible with through NPHII as well. So we really wanted to bring QI to the forefront.

I think the other thing we do with this framework is...

**Karen Galvin:** You want to go to the next slide?

**Drew Hanchett:** Sure, that's fine. We'll catch-up, folks. All right. What we'll do now is kind of walk you through the website and we developed this internally. We really needed a way to get our message out there. Unfortunately, this is not an externally facing website, so folks can't get to it, so we thought this webinar would be a good opportunity to show just the content and the structure of how we talk about our work internally. So Karen's going to walk us... take some time to walk us through our website.

**Karen Galvin:** All right. Let me get to that for you guys. So here's our website. Some of you might have seen it; we've presented a little bit on it in a PIM call earlier. But we thought maybe we would showcase kind of some of the newer stuff we've put on there, and just kind of walk you through all the different resources we have on there. So the first... the homepage essentially goes through a little bit about our



grant, and then it also showcases that new way of presenting the Turning Point framework that Drew just walked through. And these arrows here kind of show you how we're trying to visualize for people how quality improvement and doing quality improvement work can really work into these three other boxes. So when you're creating standards, when you're improving your measures, when you're reporting on your progress.

And this really works for a resource for people. When we talk to people about what we do, I think sometimes we leave them with questions that they're not sure how to answer. So by providing them with this webpage it gives them kind of an ability to learn about our grant and about quality improvement at their speed. And, so again, the mission and vision and the performance management grant. They can read about that here. Really the service offerings page is helpful to them. We also have... this is a one-pager that we can leave behind for people when we meet with them. And the biggest question for people isn't necessarily, "What's your grant, and what is quality improvement?" but it's, "How can you work with us?" and "help us with the work we're trying to do". So this kind of gives them a brief understanding of, you know, what we can help with. We can just kind of walk through quality improvement and how it might work with their projects; different tools that we might be able to help them learn how to use, like storyboards. And then again, we're really here to help facilitate if people are ready to do sort of a full-force quality improvement project or performance improvement project, as we call them.

**Drew Hanchett:** We do have a one-pager for this we'll post on the website as well, through Melody and Teresa after the call (it's actually updated).

**Karen Galvin:** The testimonials is a fairly new feature. And this is something that's really interesting for us. Through talking with people, we've asked for feedback as well, in terms of, "How has our work with you been helpful?" And these are kind of just essentially quotes that we've gained through verbally talking to people, and Drew's like, "Could you put that in an email and send it to us?" Because that's great. You know it's a really great way to show other people in the organization through their words what quality improvement looks like for their programs and for these different... you know, meeting management for tobacco control, and you know, working on an RFA for the Bureau of Child Health. So it puts our grant into action and uses their words in doing it.

And another big highlight we wanted to show you. When we first got started, there's just so many different links to things across the Internet that you can find on quality improvement, and it feels kind of like you could just research for hours. So we essentially took a lot of what we found to be helpful resources and put them in one specific link for people on our internal website. So they have things around NACCHO, and then things about quality improvement and performance management; the self-assessment tool. The Turning Point Collaborative – again, they can read about that. And then we're getting into using our website more for accreditation purposes as well, as we're kind of in full force with our self-assessment. So it's really a way for us to kind of again provide them with resources in a way that kind of cuts the time out for them in terms of searching for it.



So, we're going to jump to the quality improvement piece, and here we walk through the model for improvement as that's what we're using, as well as a PDSA cycle. And we have this toolbox that we use for each piece of the performance management framework. And within that we have links to external documentation, that type of thing. We wanted to highlight this whole difference between QA and QI. We have a lot of people within the organization who have worked with quality assurance and kind of looking at data after the fact and making sure things are accurate, but it's really this kind of... looking at the data and looking at your process while it's going on in this quality improvement piece that we're trying to throw into the organization. Sometimes that differentiation is important to make for people as they might be used to working with quality assurance.

And then the Performance Improvement Project Idea Form. This is something we actually tailored from New Hampshire. They were the ones who created this form. We thought it was great, and it goes through things like, "What's your idea?" "Are you looking to impact efficiency or effectiveness?" "Who is on your Quality Team?" It gets people thinking about who they would work with for the project and then ultimate end goals. And then a lot of times the project are kind of much larger at first, with a really big reach. This form helps us to kind of figure out what they're thinking and then help them to kind of drill down on the improvement project that we should be working on.

So, with that, I'll go to the training. So, again, Drew has mentioned that the Performance Management Group is really himself and myself. So in order to create more breadth across the organization, I'm sure many of you are in the same boat, talking about, "How do we train more people on this?" And so we're kind of using a two-fold approach: online tutorials, and also instructor-led training. And we'll go into the details of that as well. But people can look and see what might be available to them in terms of training here on our webpage.

So I'm actually going to go back to our presentation and talk a little bit about the online tutorial. Trying to get to that page. Sorry guys. All right. First of all we have one tutorial on our learning management system right now, which we're very proud of – it's a Basics of Quality Improvement for Public Health Practitioners. The learning management system is a great avenue for us to post this because we can actually share this with internal and external individuals. So let's say at the end of this you're interested in looking at what we've created, I can send you this quick guide you see here on the screen. And you will actually be able to register in our system and take the quality improvement tutorial. We're also able to track numbers and location of users, so that really helps us to see who's been interested in taking our quality improvement tutorial. Is it only people who we've had contact with, the answer is no, there's actually quite a few individuals who we haven't had conversations with in the organization who have taken the tutorial. So that's of interest to us, so we know there's interest within quality improvement. And then we can also group tutorials into essentially a curriculum. As we begin to create more tutorials, maybe a five to ten minute tutorial just on the PDSA, or just on the model for improvement, we can lump those in to kind of a curriculum for people and so they can really start learning more about quality improvement in different ways.



So a little bit more about the content there. We stuck with two very kind of basic learning objectives for that. Essentially this is taking the place of kind of a QI 101 training for people, so introducing them to quality improvement – that “What is QI?” For us, we’re trying to create a common language around it for people. So it’s important for us to kind of get our definition of quality improvement out there to people. And then that second learning objective of actually using and learning how to use the Plan, Do, Study, Act Cycle. So again, this Big QI versus Little QI. It’s an interesting thing, you know. We talked about organizational QI and building a QI culture, but sometimes that resonates with people, and sometimes it doesn’t. So, we have a slide up there showing how QI can work at the programmatic level. So, little QI. And then we can kind of go into why there’s a need for both within the organization.

We introduce them to the Model for Improvement, which was designed by the Associates for Process Improvement. We talk about the importance of teams for quality improvement. It can’t be done just on an individual basis. And then again the data for improvement. We have a lot of researchers in the organization, and, you know, we’re introducing them to the concept of just enough data and what that means to improvement and how you can use data in a different way to measure your data over time.

And then we have kind of an example of the Model for Improvement and the PDSA Cycle and really the application of these tools. It’s a very basic example around improving meetings. And then again at the end, there’s an interactive quiz for people to take just to see if they did learn anything new through the tutorial.

So this is probably what you’re most interested in – what was the development process like? First of all, we asked ourselves what would resonate with the department. And really the performance management self-assessment helped us understand quality improvement was very important to people, and that a common language was needed around it. So that’s really what we were trying to do here. Building the slide deck was fairly easy, mainly because there’s a lot of information in existing resources, so we took a lot from what was existing. There’s no point in reinventing the wheel if it’s already there, but we took it and put our own spin on things.

But the biggest area of time was development of the script and testing it, so trying to put the language in way that resonated with people who may not know what quality improvement is. So we spent a lot of time just making sure that script was something that we thought would resonate with people. And then testing it. Not only do we read through it and click through it, but we also recorded it on our own through PowerPoint, and then sent it out to some beta testers within the organization and had them listen to it. That really helped to give a new experience to the tutorial. It showed people what the experience would really be like if they were just clicking on it from the LMS system, and that even made us realize we needed to make some more edits.

And then finally, we actually had the presentation recorded through a contractor called Web World Technology. So the total cost was approximately \$3,000 for Web World. But, having said that, we’ve essentially decided to just upgrade our Adobe Presenter platform this year, and we’re going to create



some more, but we can just do it all in-house now. So there's really no need to budget for that if you have the correct tool for that in terms of Adobe Presenter. So, with that, I'll turn it back to Drew.

**Drew Hanchett:** Thanks, Karen. You know, as it turns out, we really try and lean on internal resources. When we were testing that online tutorial, Karen actually did some of the original recording in PowerPoint, and everyone was like, "Wow, that's a great voice. Who is that?" She's our internal resources from here on out. So that's good news. And you may have somebody in your organization that has a good recording voice, whatever that means.

So the other piece of our training work is really instructor-led, and when we first started off, we thought we'd be really heavy on the online piece, and maybe less heavy on the instructor-led, but as it turns out in feedback from individuals around here is that people really prefer the instructor-led training. So what we did was to come up with a new model around – it's not quality improvement – the content of this training really came from a strong collaboration with the QI consultant who we have on contract. This person has twenty plus years of experience in improvement theory, adult learning principles, as well as developing and implementing QI projects in health care and public health. So just tons of experience. And given the difficulty of hiring full time staff here in New York, I'm sure other people face that as well, we decided in Year One and Year Two to go the contract route for our QI-based work. I had taken a course called, "Total Quality Leaders," in my first few months on the job, this is a course offered by the New York State National Quality Center. This is... the National Quality Center is based in our AIDS Institute here in New York, and through that training I developed a relationship... a working relationship with Dr. Virginia Crowe of Hamilton Consulting, Inc. She was an instructor down at that training. So we use our NPHII funds now to contract with her and her consulting team to help us develop and deliver this training. We also have her on retainer for general consulting hours, so Karen and I call her often when we come across issues in the field of improvement here in our day-to-day work.

So the training that we developed is called "The Training for Improvement Leaders." The impetus for this effort was the need to build capacity to lead and manage for improvement. We had found that within our state health department, we often work with middle managers to even upper management folks who really have little to no management training or experience. Maybe some folks at the state level and even the local level have found this as well. People get moved into management positions sometimes simply by attrition or just the time they've been in the organization, and they walk into that with really no experience or training on managing people or projects. And they were asking for management and leadership training. So now we're able to provide some of that, and we provide it through an improvement lens through this training.

The training that Hamilton Consulting helped us is based in the components of the System of Profound Knowledge. If anybody's familiar with Deming's work, you may know a little bit about this. I am certainly no expert, that's why I brought on Hamilton Consulting to do this, so it's really a piece of the training that we weren't able to do ourselves in-house. It starts with appreciation for a system. How does a system work, and how does it affect how people work? There is the theory of variation, which is a statistical theory. They talk about it as it pertains to data and measurement. The theory of knowledge



gets worked in, and then also psychology. Somebody that manages people really needs to understand how people are different. How does the psychology of that individual work within the system to really change the way they act. We got from our feedback that that was some really powerful stuff that they were able to kind of hear about and learn firsthand.

The other thing was we really discussed what would the feel of the training be. And Dr. Crowe and her staff work in what's called adult learning principles. Some from Stephen Brookfield's work. He has a book called *Understanding and Facilitating Adult Learning* that you may be interested in picking up. And he really talks about the following: voluntary participation in it, just a feeling of mutual respect, you know we've talked about it a lot – leave the titles at the door. Actually, we're doing another training in September, and we really want to hold this one true. Our Deputy Commissioner has asked to be involved, so he has actually sent and applied to take our training, so hopefully people really take that one to heart come September. The other pieces are collaborative spirit, this idea of critical reflection, self-direction. The fun part may actually be Dr. Crowe's added in; I'm not sure that was part of Brookfield's, but it was really a great couple of days that we did with this as well.

So now I'm just going to walk quickly through – if I can click out of here – a detailed agenda of what we did at this two-day workshop. Again, we'll make all this stuff available to folks, so if it's hard to read, not a problem; we'll make sure that it gets up on the website as well. What you can see from here are the overall learning objectives of the training, so, in case people can't read them: we describe a useful framework to better manage improvement efforts; we discuss the origin and application of the Model for Improvement; identify and use basic and advanced QI tools and methods throughout the life of your improvement projects. People learn how to recognize systems in data and the appropriate improvement action to take in response. There's two key principles to systems thinking and their influence on improvement is something that people walk away with. They're able to contrast theories on motivating people around change and improvement. And describe the history of quality improvement and some of its early leaders and define quality. So it was a packed two-day agenda. It's a difficult thing to get people out of the office for two days, so I'm going to talk a little bit about how we were able to do that.

So there were a few factors that led us to take a recruitment approach to the training as opposed to offering it out to the whole agency through our website. It was a targeted approach. We wanted people in a position of managing people or projects, that had some level of authority within their program areas. We wanted folks with an interest in improvement, who had ideas for improvement in their areas and who would have leadership support above them to actually be supported to embark on these improvement efforts. So first we decided that we would have people apply. That was kind of our first decision, which I think was a really good one. We got information up front. And then we'd be pretty targeted in terms of who we would invite to apply, and especially for this first one that we did back in June. Where I started was at the Center Director level, which is pretty high up in our organization. I went to them for nominees to apply for this training. Sometimes they didn't really have any input, were excited about it, so then they gave me permission to go to the Division and Bureau Director levels. And sometimes it turned out we went directly to individuals we wanted to be involved in the training



because we had previous work with them around improvement and/or performance management. So it's really this kind of process where we're getting leadership buy-in as well as hopefully identifying the right people to be involved. We found that 15-20 people is ideal for this type of training, and we collected the applications from each of the individuals as well.

Another key piece of this training that we found, and it really just came up later on was this mix of state and local health department staff. We originally thought we would focus internally because we didn't feel like we had the reach or the capacity to bring in the local health departments yet, but through work with our state representatives for our local health departments (thanks to NACCHO!), we were able to identify a handful of local partners who were ready and willing to become involved as well. So we got applications from them. We really took an approach to seek out representation from across the agency – all the categorical funded programs: maternal and child health, environmental health, the labs, tobacco control, and even administration. We found internally here that the administrative arm of our organization... administrative and fiscal, are ripe for QI opportunities with all the different processes that they handle.

So this is the TIL Application, the application that we sent out to folks. Again, we'll share this as well so you can see the content of it. What we did here was we got exactly where people were in the organization, got the names of their supervisors – again, a nod to actually having support in leadership above. We asked people why they were interested in attending this training to get some feedback on that, get them thinking about it. We asked them to provide two to three sentences about each learning objective that we have on the application that interested them or intrigued them. We also have them write down on paper one or two ideas for an improvement project that they might have, as vague or nebulous as they may be. It really helps people to start thinking about, and helps us to really tailor the training as well to what will be useful to people. Then we have folks submit these and review them. For our June training, we had just enough people, so we pretty much took everybody. As it turns out, come September, we already have 30 plus applications, so we're going to have to do some sort of prioritization on our invite list. But we found the application process to be really powerful.

We have yet gone to the point, and people ask about this all the time, of requiring that graduates of the course actually do an improvement project. We don't feel that we're really ready for that yet, but I'll talk a little bit about the follow up that we do with participants. We thought it was important to evaluate this. It's probably the part we really haven't gotten right yet. We may have diluted some of our responses by really doing it twice. So we did an evaluation, one at the end of each day of the training to try and get immediate feedback from folks. And then again we did a couple of weeks later, we felt like we wanted a little bit more detail around what people thought they learned pertaining to our learning objectives. But the key is that the evaluation of these trainings is important to help us with kind of mid-course adjustments and also for the marketing of the TIL as a product. We were also able to obtain some testimonials from participants that we could share with our bosses, which is really good to keep things rolling here.



A couple of questions we asked on the evaluation that we did each day can be seen up on the screen here. So we asked what part of the day were participants most engaged, and then were they least engaged. One of the things we like to do in terms of analyzing qualitative feedback we get is to use this free software called Wordle, people may be familiar with it, but it's a, again, it's a free software that takes free text and creates illustrated visualizations of the responses based on words that appear more often. So, the size of the word comes up as that word appears more often. And you can play with font sizes and colors and stuff like that, but we've really found that it's a pretty cool marketing tool for what we do as well. So jump on that Wordle and use it, if you think it'll work.

So again, we did a follow up two-week Survey Monkey evaluation to people, and these are really just some of the quotes that we got that were lifted from those evaluations that highlight some of the new knowledge that people gained at the training that have been applied back at the office, when they went back to their desks. So you can see here things that related to systems thinking that we talked about. This idea of special cause and common cause as concepts that were taught in the session on variation. And principles on motivation that really help people in some management situations. So just kind of a taste of what people thought was valuable in this training.

So the last thing, again choosing the most important to people, what does it take to pull this off? So, again, given the difficulty of hiring, we had to contract out a lot of the work. There was a significant amount of planning and development hours for this. Karen and I played a huge role in that as well. We also built in pre-work calls, and on those we delivered our QI tutorial and had people who were going to take the training do the online tutorial as well, as kind of background work. We also discussed specifically some of their ideas for improvement on the pre-work calls so that the instructors as well as us were clear on what people really were focused on. That whole process took about four months. So not too bad. There was the two-day workshop and facilitation and travel that we needed to pay for. We are in the process of doing a fair amount of follow up support. Karen and I are taking most of that load on, reaching out to participants, asking them about, "How's it going after the training? What are you using? How can we as the NPHII grant support you to do that?" And we also built into our contract some general consulting hours as I mentioned earlier. You can see there on the slide who the contractor is. She's great. Again, it was a very collaborative effort, with her and I, and I will say as we move on and until... the four months of planning and development, and the hours spent on that will decrease exponentially. So the cost of actually putting something on like this will decrease for us.

What I will say about this is we have a lot of information about how that training went in terms of the detailed agenda, all the slides that were used, but I would not personally do it myself yet. I think there was a lot of knowledge that was brought, some of the theory and knowledge that were being introduced – we really needed Hamilton Consulting to do that. Moving forward over the next couple times, we hope to build the internal capacity to do that and move away from the contracting end of it. So, I think with that, Melody, we're done. We can open it up for questions, and we can make all of this stuff available to people as well.



**Teresa Daub:** Drew, this is Teresa. Thank you very much for your presentation and, Karen, for you as well for sharing your work. It's really exciting and we're certainly energized by what you've shared with us, and I bet many of your fellow PIMs are as well. We've heard from so many PIMs who've really worked on trying to figure out how to provide training and education on quality improvement and performance management to their peers or to their colleagues. So you've made a lot of progress on that. So I'm sure there are going to be a lot of questions on the line, and we have a good amount of time to take those. So in preparation for that, let me remind everyone to please mute your line now. You may use star six to mute if you don't actually have a mute button on your phone. We'll pose one question from Live Meeting, and then we'll ask Kelly to open the lines so we can take questions from everyone else. The question that, I'll talk to you, Drew and Karen, do you provide any technical assistance or training to local health departments in addition to what you've described for your state health department staff?

**Drew Hanchett:** We actually do. In our mission and vision, we talk about local health departments, and I've got to be honest with you, when I first started, I'm like, I don't even know how we're going to handle internally with a department this size, let alone 58 local health departments. As it turns out, through the online tutorial, which is available to other people, and we built a really strong relationship with the director of my SACCHO, so opportunities to deliver technical assistance and training have come up mostly and more recently through accreditation. So we're actually in the process of securing some technical assistance through CDC and the Public Health Foundation to do some training around the development of quality improvement plans, which is part of Domain Nine for accreditation. We've also been involved in bringing in technical assistance and training in... technical assistance for strategic planning, which, as people know, is a prerequisite for accreditation with our local health departments as well.

**Karen Galvin:** And the TIL is available to local health departments, so they can attend

**Teresa Daub:** That's excellent. Thank you for that response. Kelly, are the lines now open?

**Kelly (Operator):** All lines are open.

**Teresa Daub:** Thank you so much. So if there are any questions on the line, please introduce yourself and pose your question or comment. Just one more reminder. We are hearing some background noise, so muting, by the phone's mute button or star six will be helpful. Thank you. Are there any questions or comments for Drew and Karen out there?

**Emily Brown:** Hi, this is Emily Brown of Nevada State Health Division. I was just wondering if you could talk a little bit more about how you did that initial buy-in period with your upper level management.

**Drew Hanchett:** Yeah, that's a great question, Emily. It's really key to making stuff happen. I was blessed when I came on. I was set up here as the NPHII grant. The PI on our grant here is our Deputy Commissioner for Public Health. So when I first came on, my first meeting was with the Deputy Commissioner level, and it really started off as a top-down process. There was buy-in from the beginning



with that. We found since then it's important to get the bottom-up piece of it as well, so what we try and do is focus on both pieces of it. Leadership was obviously bought in. We started to work individually with program-level people to deliver the message of improvement and performance management. And while doing that, we communicate to them that, listen, there is buy-in from the top. What we found across our agency is that people are all, "Quality improvement. Yeah, we've heard about that before. Every time I come up with a new idea, it goes nowhere," type of thing. So when people hear that there is that leadership from the top, it really encourages them to get involved in the improvement piece. So, unfortunately, I don't think I have, really, any great strategies if you don't have that senior leadership buy-in. I mean, we look all over the place. You can get it from CDC as a funder. I mean all national funders are calling for accountability and performance, and you can take that really message of punishment and flip it on its head and look at it through an improvement lens. It really resonates with people more, and it gives them a sense of empowerment, too. So I don't know if that helped you, Emily, but we can have some conversations more about it, too.

**Emily Brown:** No, that's good, thank you.

**Drew Hanchett:** Okay.

**Teresa Daub:** We're still open for other questions and comments.

**Drew Hanchett:** Just, if I can, Teresa. You know, when I think about when I started, it's a really daunting task, what we're called to do through these NPHII funds in an agency... You know, I can't speak for the locals as much, but for state health agencies, what we're asked to do is to really change a culture of improvement, and we're asked to do it with pretty short money. We're only a Component One grantee here, so we're talking about 400K a year, and, you know, two and a half staff, potentially. It's a daunting task, but I will say with that strong leadership, and if you are able to communicate through a solid framework that we kind of talk about, and you have a message that focuses on improvement and the needs of your clients, we've found that we're able to have a pretty big impact in a year and a half. So I just say that really only as encouragement to PIMs who may be just coming on or kind of struggling with stuff as well.

**Teresa Daub:** Yes, thank you, Drew, for mentioning that because I think you're right on about the size of the task, and your honesty is very much appreciated, and I think the more that you share lessons learned, the more helpful it is for everybody in this network.

We are getting a lot of questions via LiveMeeting right now, but before I turn back to those, let me see if there are any other questions on the line. Okay, I'll go then to a question from Les Hancock, who is curious to know if you're able to share your Internet QI training resources that are available in your learning management system.

**Drew Hanchett:** Yes, we are, and we'll post to the PIM Network website what's called a Quick Guide, and that will instruct you how to log... you have to enroll and become a user in our learning management system. But you can access that and you can share it with whoever you'd like. So that



online tutorial is about 25 minutes. It's really an overview of QI and the Model for Improvement, and we've found it works well for both our locals and our internal state partners.

**Melody Parker:** And this is Melody Parker. I can vouch for ease of access and ease of use of this particular LMS and the tutorial. I have registered and taken it, and I heartily, personally endorse it.

**Teresa Daub:** That's great. Again, thank you, Drew, for sharing and for making time to do that. Let's see. We'll move to another question. Okay. This question is, "Have you developed data-driven performance measures for your strategic priorities that tie into your strategic map?"

**Drew Hanchett:** That's a great question, and it's really a huge one for us right now. We're in the midst of rolling out our department-wide strategic plan, which we had intimate involvement with through our NPHII grant. We've also facilitated the development of strategic plans at the division and bureau level. And that's the million dollar question. We are just starting to embark on implementation of those plans, so priorities are being finalized and agreed upon, and we're bringing together... we're defining what are called tracts of work, bringing together implementation teams around those. And within those implementation teams will be the task of tying performance measures to align with those high level priorities. Programs across our department have performance measures already, so we always tell people you have information already – let's use it for multiple purposes. So we've found that in a lot of ways, with a little bit of tweaking, performance measures can really relate and align well with higher level strategic objectives. But it's a lot of work, Les, that's for sure, and we're struggling with some of it. The population-based health outcome measures are easy to measure, right? But they don't necessarily lend themselves well to improvement because they're annual-type measures, and they're hard to see change in. So we, with this grant, work a lot with program areas to find more interim-type measures, whether they be process or interim outcome measures, that we believe will have a causal effect on those longer term health outcomes. Time will tell, and whether or not those work, but I would really push for people sharing those if they have them. I'm always on the phone talking to people about what types of measures they use. I just got some recent performance metrics from, I believe it was Oregon, shared with us, that we can talk about how to get those out there on the PIM Network as well, but if people have performance measures internal to their departments that they're willing to share, I would just encourage them to throw them out there, and as soon as I get ones that I think are effective, I will do the same.

**Teresa Daub:** Thank you, Drew. That was certainly a big question and a very helpful response. Let me pose to everyone else on the line – are there any comments or feedback on that particular question? Big territory to cover.

**Drew Hanchett:** Yeah, if I missed a point there, Les, feel free to chime in, too.

**Pragathi Tummala:** Hi this is Pragathi from Arizona. That was my questions, because we are also stumbling over that piece right now. We've developed our strategic map, and we are in the process of



trying to develop data-driven performance measures for each of our strategic priorities, while at the same time keeping in mind... trying to develop measures that not only capture that program, but also our good measures for the entire agency. So that would be really helpful, if we can share those as they are being developed, because I think a lot of ours across public health will look the same, regardless of what state we're in. I think we can kind of get ideas from seeing how other people are developing those. So if anybody is way ahead on that, I would really appreciate those also being shared on the PIM Network. That's a good suggestion.

**Teresa Daub:** Thank you. We have one more question from LiveMeeting, and that is, "What kind of IT system are you using to collect data and track performance?"

**Drew Hanchett:** That's a great question, and I come from a data analytic and data integration background, so my head immediately goes to some sort of enterprise-wide solution to do this stuff. Unfortunately, folks have walked in the world of IT, that's not always an easy thing to do, given the state IT system. So we have really been in on the ground floor trying to develop proofs of concepts to bring on an enterprise-type solution to manage performance data. The only one we've dabbled in so far, and it's really only been at a division level, is through SharePoint. SharePoint 2010, I believe, has a new business intelligence suite which allows you to manage data. It also has some pretty great visualization functionality through dashboarding. So SharePoint is a place you might want to poke around in as well. There's a ton of softwares out there to do data visualization, to do dashboarding, link things to your strategy map, and things like that. It's just a matter of finding the one. If you can find one that works for your entire agency, that's spectacular. My guess is you'll probably have a number of different solutions to get that done.

**Teresa Daub:** Are there any other experiences or comments on IT systems or data collection and visualization? Okay, then we'll turn to a question from Cathy Ross, similar to the previous question on sharing resources. Is there a way we can replicate New York's intranet in our state? Cathy's agency does not have IT/web design support and would like to have some money, but does not have the ability to contract with a vendor to develop the same kind of site. So I guess Drew, this is a question about sharing your intranet resources.

**Drew Hanchett:** Yeah, I don't know the ins and outs of actually getting people through the firewall and into our intranet. You know, I'm happy to share all the content development material that we did working up to building our internal website. I'm happy to pull from our internal web developers that we did use and get information like what was the level of effort for this kind of timing. As you saw, it's not the most sophisticated website; we're limited somewhat by what we can do with it. But, again, just having a place to point people and to hold information. Ours is woefully behind already, and we have support for it. So they're a double-edged sword, I think, those websites. Any information like that I can provide, I'm happy to. We didn't need to go external, so I don't know the cost.

**Karen Galvin:** Yeah, I was going to say, all the content behind it, we actually created, but then we used a Microsoft product to actually create the look. I'm not a web designer. This is Karen talking. But it was at



least something to put up there and get people some information. What we did have available to us, though, were people who understand the code work behind it and were able to put it up on a test server and make it live. So, the magic behind actually getting that on to the web, I'm not completely sure about, but anything in terms of content – if you want any of that information, I mean, we have that, so we could share that.

**Drew Hanchett:** I'll say to CDC – if we continue through with Year 4 and 5 funding, my goal is to make our web... to make it better and make it public too. So push as hard as you can up there for Year 4 and 5 funding.

**Teresa Daub:** All right, well we're all encouraged by that. Thank you. Another question – to go back to the framework that you shared very early on – could you say a little bit about how your champions were identified and then who comprises your Performance Management Guidance Team?

**Drew Hanchett:** Yes, I can. Again, and when I came on, I was lucky enough to have the PI on the grant as a champion from the get-go. He helped write it; he's our Deputy Commissioner for Public Health, for the Public Health Branch of the agency. We are also lucky enough within the first... actually, I think in the same month that I started, we got a new Commissioner who is very focused on performance and reporting that performance. So we had some kind of home-grown champions for that.

In terms of the Guidance Team, it's focused on the public health arm of the agency, heavily. We do have some folks from the Medicaid side on our Guidance Team as well, which is hugely important when you talk about data sharing in developing performance measures. You know, our Medicaid side of the house holds a lot of that data, and they're the ones that are really smart about it. So we have folks like that on. So with the help of our Deputy Commissioner for Public Health, myself, and my boss, Sylvia Pirani, who is the Director of the Office of Public Health Practice, it was pretty much a hand-picked group of senior-level folks from across the agency who had either showed interest in improvement and performance management, helped write a piece of the original grant application, or were targeted by the Deputy Commissioner to be folks that would be good to have involved.

**Teresa Daub:** Great, Drew. Thank you so much. You've shared so much information today. It's been really excellent. I think we have time for a final burning question, if there is one from the line. Any burning questions or comments out there? Very well, then, we will go ahead and begin to wrap up today's call. Thank you, everybody, for participating, and Karen and Drew, especially to you for your presentation.

Before we leave, we'll do one more poll which Melody has up now. We'd love to hear from you. "How would you rate this webinar overall?" You may vote now. And as you're concluding your voting, I'd like to remind you that we are happy to receive any additional feedback you have on this call, or hear from you topics for future calls. You may email us at [PIMNetwork@cdc.gov](mailto:PIMNetwork@cdc.gov). We'll be reconvening on August 23<sup>rd</sup> for our next call. We hope you'll plan to join us then. In the meantime, don't forget that you can view and download any previous call and material from the PIM Network Conference Call series at the



OSTLTS PIM Network website. So we'll be with you again in August. Thank you for participating today, and have a great afternoon or evening. Thanks.

