

Selecting Quality Improvement Team Members

CDC Performance Improvement Managers Network Call

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- Today's Speakers:**
- Heather Reffett, Performance Improvement Manager, District of Columbia Department of Health
 - Margie Beaudry, Senior Associate, Performance Improvement Services, Public Health Foundation

Moderator: Melody Parker, CDC/OSTLTS

Melody Parker: On today's webinar we'll be taking a look, an in-depth look at a new tool for quality improvement teams selection from the Public Health Foundation. Before we begin, let me review a little bit of our technology and the logistics for our call today.

On LiveMeeting, you can see other sites that are participating in the call today by looking at the Attendees under the link at the top left of your screen. We'll have two ways to facilitate our discussion today. First, we strongly encourage you to type in your questions and comments as we go at any time as you think of them using the Q&A box, which you can find for discussion after our speakers have finished. You can find those by clicking the Q&A toolbar at the top of your screen. Second of all, we will open the lines for discussion after our speakers have finished today. You need to mute your phone now, please, either by using your phone's mute button or by pressing the star-6 keys on your phone's keypad. Please note that we will announce the identity of those submitting questions via LiveMeeting. If you don't want us to know your name and you would like to stay anonymous to the group in posing your question or comment, please type Anon either before or after your question. The call today is going to last approximately an hour. We are recording the call, as announced earlier, and this call will be archived, along with the slides that you see today, on the Office of State, Tribal, Local and Territorial (OSTLTS) Performance Improvement Managers (PIM) Network events web page. Of course, we'll want to hear your feedback about today's event, so look for a poll at the end of the hour to share your thoughts. There's also going to be a couple of polls during the presentation today because the presenters would like your feedback about some ideas that we're going to be talking about.



On today's call we will hear from Heather Reffett. She is PIM from the District of Columbia Department of Health, Washington, DC. And Margie Beaudry, who is a senior associate for the Performance Improvement Services at the Public Health Foundation (PHF). Margie, would you like to kick off for us now?

Margie Beaudry: Yes, Melody, I would love to. Good afternoon, everyone. I see lots of familiar names on the list and it's nice to talk with you all. I'm very pleased to be able to share this work with you today. I won't go over too much about the Public Health Foundation. By now this group is pretty familiar with us. We are a provider of technical assistance for the grantees in the National Public Health Performance Improvement Initiative (NPHII) program, as well as in the Community Transformation Grant (CTG) program out of CDC. We also provide technical assistance and other services and products to help improve the quality and performance of public health practice. Next slide, please.

This is a new slide that we've stuck in here, and it's really just here for the archive. I won't go over it now, but that's been brought to our attention that everybody doesn't know what all PHF offers beyond the technical assistance, so we wanted to make some of that available to you. There are some links and other information there, and I'll leave that for review. We won't use too much of our time today on that. Next slide, please.

For today's webinar we wanted to address a topic that has come up quite a bit in our work with health departments in developing capacity in doing quality improvement (QI). That topic is how do we put together a team that's really going to be effective? It's one of the most common questions that we get, so we're hoping today's webinar will help to achieve is that you'll be able to identify the points of vulnerability that come up in constructing a team and how those points of vulnerability can impact team performance. We'll be able to hear from Heather about Washington, DC's experience and how it's influenced the development of this tool that we're going to share with you. Then, of course, we'll talk about the tool and how to use it in selecting quality improvement teams for work in your organization. Next slide, please.

Here's our first poll. I'll read you the question and then give you a few moments to respond. Of the QI projects that you or your colleagues have started, how many have come to completion? Please choose one answer. I'll give you a couple of seconds for that. You can click on the boxes to the left of the option. I think we can close that poll, and we'll take a look at the results. Some of you, a small group of you, are saying that almost all or all of your projects have gotten completed. The biggest group of you says that half of them approximately have gotten completed. Then there's another big group of you that say just a few have. Happily, none of you said none, so that's good news. Then we've got one listener who has not done any QI yet, so can't really answer that question. That's an interesting observation that the overwhelming majority of you who voted said that you've not completed all of your projects, and that's something that we've heard a lot. It's not unusual, particularly in public health, for this to be the case, and there are lots of reasons for that. Let's move on to the next slide, please.



This is our second poll question, and it works the same way. For the projects that have not been completed, the ones you just thought about, which of the following factors have played the biggest role? And your options are the effectiveness of the QI team, lack of support by the broader organization, lack of data before or during the project, or factors beyond the control of the health department, or something else. Again, I'll give you a few minutes to click on your answers. I think we can close the poll now. Just taking a quick look at this, what I see is that the big factor here is lack of support by the broader organization. That's a really important and interesting observation because that has everything to do with who's on the team and how they can network and gain support for the project as its continuing, not just in its initial launch. A big group of you said that there were other factors, so I'd be very curious and maybe we can hear about that in the Q&A, what some of those other factors are. Next slide, please.

Then finally, do you have a formal process for selecting QI team members? Just yes or no will do. Okay. I'm going to ask that they close the poll. This one doesn't surprise me, again because of the number of questions that we have received on this topic, that the overwhelming majority of you do not have a process for selecting team members. It's often very seat-of-the-pants, who didn't take a step back when we started talking about the project, that sort of thing, rather than a deliberate, thoughtful process which is exactly what this tool is aiming to help you to develop. Next slide, please.

As I mentioned a moment ago, in the realm of QI training, the most common technical assistance question that we receive at PHF is how do we choose a team? They also ask how we choose the project. But usually they have some idea of what projects they might like to attack. It's really who shall we get on these teams to be working on them. Constructing teams is the most common question we have during planning a QI training event. The effectiveness of the team, that is a common reason why QI projects stall or fail, but it's not the only reason. It's interesting that in our poll I forced you to pick only one reason, and I wonder had I given you an option to choose more than one if some of you might have identified other options. But we do see that that is a common reason that QI projects get stalled or don't succeed. Next slide, please.

So, that raises the question what makes a quality improvement team work? This really is a little bit more abstract but it's not information that I think will be new to some of you. This is the idea of having members of the team who have a positive disposition toward making the change that we're talking about. Having team members who are interested in making any improvement using data is even better. Having the skills and knowledge related to the specific problem at hand, you're going to need some folks who understand the content, understand the programmatic area, understand the ins and outs of how this is currently working. People who have the ability to work effectively as part of the team. This does sound sort of obvious, right? We're talking about a QI team, so of course you want folks who can work as a team, but it's easier said than done. The idea here is so that folks can get to what's called the performing stage in the development of a team dynamic. Some of you may be familiar with the Tuckman model of the stages of team dynamics; the idea here is that any time you form a team for any kind of project, whether it's quality improvement or some other kind of committee or building a shed in



your backyard, the first thing that happens is you have to form the team. As the team comes together, people are usually on their best behavior, they're putting their best foot forward, they're maybe hiding all of their bruises and bumps, and they're really trying to make everything work. That forming stage lasts a pretty short time. Pretty quickly what we see is that most teams move into a storming phase; they start to bump up against conflict, and personalities begin to emerge. There may be history between people that starts to interfere with their ability to work together. That storming phase takes some time. It takes time for folks to be able to work out their differences, figure out how they're going to work together collaboratively or effectively. Then the team moves to what we call the norming phase. This is when they're starting to work in a pattern that seems to work for folks, and that allows them to be effective. Then, once they get good at that, they can actually start to perform well, they can actually start to achieve the goal that they've set out, leveraging the strength of the individual people on the team. What most folks don't always see at the beginning is that they want to move from forming right to performing, or at least from forming right to norming, and they would all rather skip the storming phase. But it turns out to be a very important phase in the development of the team because otherwise you won't know who you're really dealing with and how best to unlock their talents, as well as how to navigate around things that might get in the way. Next slide, please.

This was just a little graphic of what I just described, which really shows how the relationship among the people on the team moves over time. Starting with forming, where the relationship is pretty neutral and the focus on the task is moderate. During the storming phase the relationship is intensifying but the focus on the task gets a little lost. As we move into norming, the focus on the task increases. Finally in the performing phase, we're all about getting to our objectives. Where we often see teams start to not be functioning well is when they're moving from storming to norming. You'll notice at this point in their development they aren't really focusing that much on the task. It's really more about the relationship and how they're going to work together, so picking people who are going to be able to do that effectively and address the challenge at hand is really critical. Next slide, please.

I'm going to turn it over to Heather so she can talk to you about what happened in Washington, DC.

Heather Reffett: Hello, everyone. For those of you who don't know me, I'm Heather Reffett. I'm the PIM with the City of Washington, DC, and I've worked in this health department for 16 years. I wanted to give you a little bit of background about the DC Department of Health. We have right now approximately 621 full-time employees and a budget of over \$265 million. We also have both state and local functions, so when we apply for accreditation, we apply underneath the state category. We have a state health center, have health statistics, and state Medicaid office functions. That's the unique quality that DC brings to it, just about every project we work on. In terms of helping in the development of the QI team member selection tool, really where we started QI for our agency, it started in the spring of 2012, and we started working with the Public Health Foundation. Specifically, we worked with Harry Lenderman, and at that time we pulled together about 25 of our staff members and did some training and then identified some QI projects that we wanted to work on. At that time it was unique because we initially invited a mix of senior leaders and key middle managers to participate in the training and the QI



projects, but that's not who turned up. At that time we were going through our oversight hearings with our legislative body for our performance management of the agency, and so the timing didn't quite work out for the people that we identified to attend the training to come and participate. Instead, they sent more middle management and some front line staff. I think it was our surprise that it actually turned out to be the exact people we needed to be in the room and to be assigned to these projects. Who we didn't think would have that much of an impact in QI or be that interested actually turned out to be just that right person who we wanted to talk to, so it just worked out. Not that we had any control or planning in it, and at the time I think that was the first lesson learned for us is that titles aren't very relevant to QI work. It's really some of the characteristics Margie talked about before including their knowledge and their experience. Next slide.

When we started the three QI projects that you saw on the last slide and the focus was to improve restaurant inspections, to decrease the time it takes to apply and start working on a federal grant, and then to improve the QI culture. One of the first things we did was to start to assign the team roles. It's so funny looking back two years later and saying gosh, I can't believe we did some of the things that we did. Anything that might sound odd to you, please understand this was two years ago and was the initial beginning of QI activity for us. Each team was assigned co-leads, a timekeeper, note takers, and a scribe, kind of a Vanna White, or the person who's responsible for kind of doing all the flip charting and the post-it noting in the middle of the meetings. Initially, what we also did was we had each of the teams do a stakeholder analysis. I think in hindsight this probably isn't the best tool to do for QI teams, but it's something we were familiar with and used to working with when we pulled together stakeholder groups to help with different projects in the city. In doing the stakeholder analysis of the team members, we had each team member evaluated on two key points: what is their interest in the QI project, and then what is their power. Then we ranked that on a scale from low to high. Power is the influence of that individual to help the implementation of this QI project once we have our final recommendations, and the ability of this person to be able to garner support from the broader agency. I think that came up in the poll earlier, but that was one of the biggest challenges that people were facing to be able to successfully implement QI projects. This tool helps assess each of the key members on what level they fall within the agency and their ability to make impact on broad-sweeping changes. Part of our QI training with the Public Health Foundation was that each of the participants completed the Hartman personality test. Those are the two tools we used to assess the QI team members for the three projects. Thank you.

In going through the implementation of the projects, one of the first things we recognized is that this process can take forever. Being in urban health department, everything happens very fast and we're used to getting short timelines and turning around things quickly. For example, if City Council calls today, it'd better be done tomorrow, and if the media calls today, it'd better be done in the next two hours. Everything is much faster paced here in the city, and doing the full Plan-Do-Check-Act cycle, as many of you already know, just takes some time. At some point in time, even those who had a high interest in the beginning began to wane and get pulled back into the daily work they had before they started the project. About two months into the project, it became obvious that the teams were having



some challenges in moving forward. At that point, we got everyone together, and just as Margie presented to us earlier, we presented the stages of team development and explained what to expect in the four stages. We asked everyone on the team to really rate their performance, not just of themselves, but of the work group. This is really where we started to have those conversations about how each individual on the team was making a difference on the progress of the outcome and the performance of that team. On a scale of one to ten we had them rate themselves, on about ten different questions. I provided three questions here to just give an example what they were looking at, but we asked them to assess the work group performance, what was the team performance, and also their individual performance in participating in QI activities. Next slide, please.

Throughout the process, one of the things that became very apparent to us, particularly since we had one of the teams focusing on QI culture, was how much the individual team members were making a difference in the projects, but also the importance each individual employee played in creating the QI culture that we want for our agency. There's a saying that everyone attributes to Gandhi, "Be the change that you wish to see in the world." What he actually said was, "If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him. We need not wait to see what others do." This became kind of our motto and our creed, and underscores a lot of the work that we do right now in the department around QI. We're really focusing on making sure individual staff has an opportunity to feel empowered. They are able to select what projects they want to be on and to attend the training that helps improve at the individual level, not just for QI projects, but also for better program teams, better staff teams, which ultimately leads to better services.

With the Public Health Foundation, specifically with Harry Lenderman, we started to put together a list of the attitudes, behaviors, and skills of the people who are participating in our QI projects. Some of these, we would like to see in all of our individual employees. In our department now, we have about nine QI classes that are available to all staff, two of which focus on dealing with improvement at the individual level. In our Introduction to QI class there's a lot of talk around attitudes, behaviors, and some principles that really help facilitate quality improvement. We do a Personal Strengths, Weaknesses, Opportunities, and Threats analysis class, where individuals go through their strengths and weaknesses and their opportunities and threats facing them, followed by a discussion of what can they do to improve their individual self. When we train our trainers, previously it was just a four-day training class. Now we've added a fifth day and the whole last day focuses on how to facilitate and how to set the tone of the trainings as a facilitator, but also QI projects as a contributor. In terms of using the team's member selection tool, it is helpful to identify and select the members who might be best skilled to be on a particular team. It also helps the members who are assigned to a team to be able to self-identify attributes they want to possess in order to not only be a better contributor to this QI team, but be a better contributor to the department.

With that said, I'm going to turn it over to Margie.



Margie Beaudry: Thank you, Heather. Heather described how she and Harry fleshed out the list of attributes based on the experience that these two had had and what their teams were experiencing. Harry also had some input based on his other experience working with other organizations. From there we let Jack Moran, our senior quality advisor, take a look. I took a look. We floated it around with a couple of folks in other health departments. This was a collaborative effort to sort of take the list they had started with and flesh it out so that it reflected the best thinking that we could find on how to consider who to include in a QI team for a particular project or for QI teams that are going through training. The tool that we ended up with has 34 characteristics that comprise eight different categories, and the categories are here on the slide. As you can see, they're pretty well distributed, so there's a little bit of knowing about the problem itself; being an effective team player; being reliable, just sort of showing up on time, doing what you said you were going to do; the communication, of course, is there; being flexible; being able to think outside the box and think about new ways of doing things; being an effective problem solver, being able to do some critical thinking and think yourself out of a problem; being able to work closely with individuals and engage with others; and then being someone who practices continuous improvement in their own work. That's an important element of being able to do that in a team environment, too. So what we have is a brief PDF document.

Additionally, we have what goes with it, a matrix, which let's say you're looking at 15 people and you're trying to pick four for a QI team. You might actually be able to score them, but I want to be very cautious as I use the terms "score" or "score sheet." You can see it's in quotations. Sometimes when you start to use a score sheet, it implies a level of precision and a level of accuracy in the ratings that I don't want to presume here. This is meant to be a starting place for your thinking, and you'll see what I mean in a moment. Next slide, please.

This is a snapshot of the page on our website that show you, when you get to the tool, you can go there, you can see the link at the top of the page. You can either download the PDF or you can go to the team selection matrix. I'm going to show you a snapshot from the team selection matrix, the Excel file itself. Next slide, please.

I'm showing you at the top of the 34 characteristics. The hash line shows where the page gets cut off. That goes all the way down to 34. You can see some of the specific things, and Heather showed you some of the questions that they had started with. These are similar. The way this matrix works is, basically if whoever's doing the rating thinks that the potential team member number one, that's that column at the top that says Team Member 1, if they think they have that characteristic, they'd put a one in that cell. They do the same thing for any other rows where they think that person possesses that characteristic and they do that for all of the team members. Then the spreadsheet simply adds them up, so at the bottom of the slide what you see is a blown-up version of what this theoretical set of team candidates looks like, and you can see their total scores. You can see that we have a couple of real ringers here, potential team member number five gets 30 out of 34. You've got a couple of other real strong ones in number four and number two. You've also got folks down in the single digits, for example, team member number one might not be the best choice for this team. What this starts to help



you to do is think about a lot of different characteristics all at once. We're not weighing one of them more heavily than the other. We're not giving more weight to a particular category or another. One could do that. You could get very precise and very specific about it, but this isn't meant to be that precise. It's meant to be a starting place for your thinking, and as you can see in the row below, it simply indicates what they decided to do. In this case they chose four of those people, and did not choose two of them, so they ended up having a QI team of four. What you'll notice, as you can see from the top of the slide, is that everybody doesn't have all of these characteristics, and that's okay. What's important is that the team collectively has these characteristics. And let's move to the next slide, please.

I talked about some of this already, but I want to reiterate because I worry that people will take a tool like this and expect it to do more for them than it can, so I want to be clear in terms of cautions and limitations. I think this is an important starting place. As Heather was saying, sometimes you invite people in the room. You're not even sure why you invited them. They seem like the right people, but nobody's really thought it through. In her case, she ended up with a different group entirely. And it turned out to be the right people, but it was a surprise. So, wanting to use this as a tool for considering candidates for QI teams or candidates for QI training, it's a tool to help you find the right configuration of people, but it's not going to be a screening pass. It should not in itself be the only thing that you're using to make this decision. It's obviously a brand new tool. It's not been tested for predictability. I couldn't tell you if using this tool gets you to projects that are coming to completion more often or come to better results. I'd like to think so, but it remains an open question. Certainly this is not the last word on whose best to do QI work in your organization. So, why not think of it as a starting place, but not as the end-all. Next slide, please.

The other thing I want to allude to here, and this is a debate that we had in developing this tool, we started off feeling like everybody has to have all these characteristics to get a strong team. The fact is that not all the teams are created equal, and there are many teams doing quality improvement, more learning teams. They're doing very discrete, specific projects, short duration projects we used to call "little QI." They're looking for a specific program element or process improvement but not necessarily affecting the whole organization at once. In this case, some characteristics being on a QI team and developing the disposition or the attitudes of doing QI effectively are going to evolve over time with exposure to this work. Some of them may come to the table with those things. This project provides a concrete focus for wording and applying tools and getting started doing QI. In a situation like this, which is often the situation, all the team members do not need to have all the characteristics that this tool presents. Each characteristic should be represented somewhere on the team so that it can contribute to the strength of what the team is doing, but if you're building QI capacity, by definition you won't have people who have all of these skills and abilities yet. So don't try and find those people at your first project because you won't find them. Next slide, please.

The other side of that coin is that there are other projects where it's an enterprise-wide kind of initiative. You're trying to improve staff satisfaction. You're trying to change something administratively, perhaps, that affects everyone in the organization. It's going to be visible and affect everyone in the



organization. In this situation, where a project has this much impact and visibility, the consequences of the project not being completed or the project failing are pretty significant. In that situation we really do recommend that all the team members possess all of these characteristics. That might be based on their performance on other QI teams or in other work that they've done. They don't have to necessarily have QI experience to have demonstrated that they have that quality or that disposition.

If I'm not mistaken, Melody, I think that brings us to the Q&A, so I'll turn it back over to you.

Melody Parker: Yes, I believe it does. Thank you so much, you two. It sounds like it was quite an experience, Heather, and that you obviously found merit out of it. While we're waiting for other questions to come in and the lines to open, I was interested in hearing a little bit more about the surprise that you found as far as expected team members ending up not being expected team members, as far as the use of the tool is concerned with the DC group. Can you speak a little bit more to that?

Heather Reffett: I would say in general we've been finding this in a few of the projects that we were doing, even with accreditation. I think our natural instinct is to turn to the senior leaders, which is based on the cliché you hear everywhere is that you can't do this unless you have the top-down buy-in, or if it doesn't come from the top, it can't be done. What we've been actually finding is that people who are willing to sign up and ready for a change have been more the middle management and the front line employee level. In DC, unfortunately, we get a new health director just about every year. It's just a very political city, and there is a lot of turnover. It's really been the people at the middle level and those lower levels who have been here for a long period of time who have actually stepped up and helped us move the agency forward.

Margie Beaudry: Melody, I would also be interested in hearing from those on the line of experiences that they had and successes or frustrations in putting teams together and how that's worked. We keep learning as we're hearing these stories, so if there aren't questions I'd certainly be happy to hear and learn from those as well.

Melody Parker: Definitely. I have confirmed that your lines are indeed open at this point, and, while you're considering questions, please consider giving us your perspective into your team stories. I was also curious if anyone is willing to step up and answer about the barriers that we were thinking about earlier with that poll, because I know that, Margie, you mentioned that individuals are experiencing barriers to QI team formation. I'm curious to see what other barriers there may be out there for that in a way that would help you. I do have an obstacle that has come in. Hillary tell us that she thinks that the biggest obstacle that she's run into was team members having enough time to participate effectively. Margie and Heather, do you have any suggestions for helping out with that?

Heather Reffett: Hi, this is Heather. We're just now developing a training program in the department, and one of the things that we've decided is putting together kind of a sign-off from the supervisor as to everyone who's going to go through the train or participate on a QI project that they acknowledge the amount of time it's going to take, and we're going to estimate the time, and what assignments are going to be reassigned to somebody else. Almost a sign of identifying that is we're now going to take two



hours a week or three hours a week to focus only on quality improvement work, then what projects have to be reassigned to somebody else, and actually having the supervisor acknowledge that up front and sign off.

Margie Beaudry: I would also comment that when we did the poll just now in the webinar and the most common barrier that folks identified was lack of support from within the organization. I actually think that this obstacle falls within that category, so the person who is involved in the QI work is enthusiastic and willing, but they may be feeling pulled in different directions, and they may not necessarily feel that those around them who they work on a day-to-day basis understand and support why they're putting time into this. Some folks may even resent that they're doing something outside of their normal work and maybe some of us have to pick up slack. So, communicating about that and, as Heather said, having that understanding from the get-go, and having effective communication within that person's working group about why they're doing that and how that's going to benefit the group, is really important. I think honestly that that's less about choosing a team than it is about having the team leadership be in sync with the broader mission of the organization and being able to articulate that across the organization so folks don't feel like why are you spending time doing something. Well, hopefully he's chosen a project that's relevant and that you can see the reason for it, even if that reason is just we need a project for accreditation. I hope it's not.

Heather Reffett: I hope that's not the thinking going on because usually those aren't the best choices for QI projects. But at least if an organization is all working towards accreditation, at least folks can see the rationale there.

Melody Parker: And actually, there's another question from Jobin in New York that actually links to that. This is specifically for Heather, and he wanted to know how did the people on your QI teams contribute to your accreditation team or deliverables like your strategic planning, your work force development, and your community health improvement plans?

Heather Reffett: Hi, Jobin. Surprisingly, actually, the QI team members were not the same people who showed up for accreditation, only because it was just a different staff that we selected to do different projects. But the work that was done to the QI teams is being able to be documented for Domain 9, and so that was very important, and it wasn't for the work that we started in the spring of 2012. We wouldn't have been able to have some of the documentation required for Domain 9.

Melody Parker: He says thanks, and Christina came up with another barrier. She's in New Mexico. She thinks that a barrier for their health department is that they have four regions throughout the state that are made up of regional areas, and they'd like to incorporate quality improvement committees in the regional offices, but there's a distance barrier. The communications and tool of communication is what she deems their biggest barrier. Any thoughts from our experts on the line for assistance in surmounting that barrier?



Margie Beaudry: This is Margie. I'm going to ask a follow-up question. Have they tried using Skype or FaceTime or something with that to be able to have actual meetings when they're in four different places?

Christina: Hi, this is Christina. And actually, we're still behind the times with our technology. I think that we would probably have to invest in cameras because our computers aren't equipped with built-in cameras. So that would be a little bit of a barrier for us, but we could certainly talk to our IT's chief information officer and see if that would be possible. That's a good idea.

Margie Beaudry: Well, the other thing is that if the folks have cell phones, it's possible to do video over cell phones. It's a much smaller screen so if you have four different folks on the line, you're looking at three different faces. I'm not quite sure how that would work, but I'd check with your IT folks on that because these days most phones do have the cameras already built in and the software for Skyping can be downloaded.

Christina: Yeah. That's definitely a good idea. I'm telling you, we're so behind the times we don't even have Wi-Fi in our building half the time. That's something we do need to improve on for sure.

Margie Beaudry: I think you're raising a really good point to be realistic about what's going to be feasible. You have the four regions and you're trying to coordinate projects across the four regions but you have these communication challenges. It may make more sense initially, until you all are kind of more practiced at QI, to do projects within regions rather than to try and, you know, tackle this barrier at the same time. But that's without knowing what you're trying to accomplish and why you've chosen that particular project. I'm sure they're worthy projects, but if this is a logistical issue that's getting in the way of you moving forward it seems like a shame. It may be better to choose a project that can be done locally.

Christina: That's the hard thing with New Mexico. Our main building that houses the leadership is here in Santa Fe. It's hard because we do get feedback from our regional offices that they sometimes feel left out because they're not in the Santa Fe building. So we have that trouble with communication in our region to begin with. I think you brought up a good point that maybe we need to start with the logistics first and be reasonable and be realistic before we start doing our QI projects.

Margie Beaudry: Or you also could examine the communication challenges as a QI project.

Christina: Yes, definitely.

Margie Beaudry: That's not performing the way you'd like it to be, so what could you do to fix it? I threw out Skype but that's only one potential solution.

Christina: Thank you so much.



Amanda: This is Amanda. I'm hopping in. Are there any other questions on the line? Melody got kicked off the phone line and is calling back in. Any other barriers that you're seeing? Heather or Margie, do you have any questions for the group?

Heather Reffett: This is Heather. I think the only other thought that I want to put into the discussion and maybe hear from others is, in terms of being able to garner support from the broader agency, how many people are using project sponsors? That's something we've started to do about a year ago is that for every QI project, assigning a sponsor who is at the senior leadership role to take ownership of the project. I'm interested to know if those people almost complete all of their QI projects, if they use sponsors.

Margie Beaudry: Actually, I'll just chime in on that. It's really a best practice because it means that you've got visibility at the senior level, and it means that folks who are trying to work out the details of a project don't have to be worried about whether they're going to run into barriers from above. They've got somebody who's really championing it and making sure that others make room for it and appreciate the work they're doing. The senior sponsors can make a big difference, and they don't have to be on the team doing the work. They can just be kept informed, so it doesn't have to be a big effort on their part.

In terms of answering your other question, Amanda, I would be very interested in hearing from others, whether it's during this webinar or afterward, about experiences that they've had with teams that were particularly effective. In looking in retrospect at this tool, if they have the opportunity to do that and see would these people have been the people they would have chosen based on this tool. I'm looking to learn a little bit more about whether this tool can be effective in that way. But mostly I'd like to hear about how team selection had worked for folks, because sometimes it's really remarkable what happens. The other thing I wanted to share during this conversation is that I just wanted to make aware for all of you that Public Health Foundation recently released its new performance management toolkit. This has been about two years in the making. It's been an enormous project with input from all of the partner organizations who are technical assistance providers, and of course from CDC and from many folks who were involved in the original turning point initiative. This is a one-stop place that lives on our website, but there are many different pages and arms and legs to it, examples, definitions, and resources you can access. This is a live, living, breathing resource that we anticipate will continue to grow, and hopefully will be the repository for performance management resources and guidance. Wherever you are on that journey, it's worth knowing about and sharing with others, so I just wanted to make a plug for it. I think there will be other opportunities to hear about it. I understand there's a webinar being discussed, but I just wanted to make sure and not miss the opportunity while I have you all on the phone.

Melody Parker: Thanks for that, Margie. I have one last question, actually, for you, Margie. I was looking at one of the last slides that you mentioned, and you said that this particular tool has not yet been tested for reliability and validity yet. So I figured there were plans for that.



Margie Beaudry: When you're me and you spend time developing tools because there's a need, there's always a little voice that says, I want to make sure it works before I let it out into the field to be used and the timeframes that we work within don't necessarily allow for that. Testing the psychometric qualities of a tool can take years, and somebody could build a tenure track around it. It can be a long process and in the work we're doing we don't have the luxury of waiting, so we often put these tools out—we meaning not just me or PHF but the field—without necessarily knowing whether they're going to be robust. We're talking about predictive validity which is a very technical term, but what it basically means is if you use this tool and only this tool to choose people for a quality improvement team, this tool will predict the success of the team or the success of the project, or both. It would be a wonderful thing to have an answer to that question, but I suspect that it won't be that crystal clear. I think the makeup of the team is a very important element, but there are going to be other factors as folks on this webinar have been describing. There are going to be barriers within the organization that go beyond who's on the team, and beyond what's in the team's control, and so the success of the project isn't necessarily going to hinge on who the team members are. But, it's a very important first step. I put that in there mostly because I won't sleep well at night if I don't tell people how to be cautious about hoping the tool will do everything for them. I just would be worried if folks took this tool and said we will use this to choose our teams and, you know, we will rely on it to be the end-all and be-all. But, we think this will be helpful, and particularly for organizations that haven't done a lot of QI. You may not even think about some of these characteristics as being relevant to doing successful QI work. So it's a starting place. As Heather said, it can become a great reminder for members of the team about what they're aspiring to. They're not going to have all of these characteristics. Very few people will. But, this is where we're heading, this is what we want to be demonstrating over time. That was a very long-winded way of answering your question.

Melody Parker: Oh, no. That's what I was looking for. Well, time is running out, and I want to be respectful of everyone's time. Thanks everyone, for participating on the call. Thank you, Margie, and you, Heather. Thank you, everyone else out there listening and participating. I'm impressed with the tool, I think. I think it's going to be very effective as answering a need as evidenced by the survey responses, and the poll responses that you took earlier. Again, thank you so much for that. Before we leave today, of course, please participate in our quick feedback poll. How would you rate this webinar overall? Would you rate it as excellent, good, fair, or poor? If you'd like to give us any additional feedback on today's event, like Margie said also, looking for further information to assist in future development in said tool, please do so. You can use the information that they give on their site, or you can always contact us at PIMNetwork@CDC.gov. Our next session is scheduled for July 24th. In the meantime, always remember that you can view and download these calls and any of the accompanying materials from the PIM Network webinar event series on the events web page. So with that, please continue to have an excellent and safe summer wherever you go, wherever you are, and we will talk to you next time. Thanks so much, everybody.

