Building a Quality Culture in Public Health

This Webinar is brought to you by the Illinois Accreditation Task Force.
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Building a Quality Culture in Public Health: Lessons Learned from a Fellow MLC State: Washington
Agenda

• Define “quality culture”.
• Describe Tacoma-Pierce’s effort to build a quality culture and infrastructure.
• Present the “Quality Trilogy” as a model for public health
• Demonstrate how to measure QI culture/infrastructure in your agency.
• Share lessons learned by the builders throughout.
Pierce County, Washington
Building a Quality Culture

Quality culture and I lay the foundation of a solid QI program!
Quality Culture

• Attitudes, values and practices that support continuous learning.
• Continuously challenges its own ways of doing things to ensure improvement and the capacity to change.
• Fostered by increased capacity of employees to contribute to decision-making at the work-process and/or policy-making level.
• Works with multiple external stakeholders or other partners.

Sources: www.training.com.au; LG Boomer. Seven rules for a training/learning culture; National Centre for Vocational Education Research. Case studies of organisations with established learning cultures.
Lesson

• Culture change is difficult, REALLY difficult.
  ▫ Leaders’ words and actions will be scrutinized.
  ▫ Very important to create “safe” environment to learn from mistakes.
  ▫ Active listening is key (may seem silly, but it works).
Building Blocks of a Quality Culture

- Commitment
- Capability
- Understanding of Customer Expectations
- Empowerment
- Process Focus
- Institutionalization
QI Initiative at the Tacoma-Pierce County Health Dept

OK, team. Let’s see what we can build!
Quality Improvement Council

**Mission**

Improve the health of Pierce County by ensuring efficient, effective, customer-focused processes and programs.

- Horizontal representation.
- Senior management.
- Led by Director.
- Assessment staff = coordinator.

We make a great team.
QI Plan and Evaluation

- **Annual QI plan.**
  - Lists major activities.
  - Includes calendar.
  - Identifies persons responsible & time lines.

- **Annual evaluation of QI plan.**
  - QI Council meetings.
  - Achievement of performance measure.
  - Completion of QI plan activities.

These are the building blocks of a good QI program.
Outline of 2010-11 QI Plan

• Scope and structure
  ▫ Mission and scope
  ▫ Organizational structure
  ▫ Dedicated resources
  ▫ Roles and responsibilities
  ▫ Approval of QI plan and evaluation

• QI activities
  ▫ Quality projects
  ▫ Ongoing program QI
  ▫ TPCHD performance measures
  ▫ Program evaluation reports
  ▫ Review of health indicators
  ▫ Review of after action reports
  ▫ Public health standards
  ▫ Training and recognition

• Alignment w/ other department initiatives
  ▫ Employee performance evaluations
  ▫ Strategic planning

• QI Council calendar
  ▫ Staff responsible
  ▫ Completion date
  ▫ QI Council review date
  ▫ Additional review dates
## QI Calendar

### 2010-11 Quality Improvement Council Calendar

<table>
<thead>
<tr>
<th>Staff Responsible</th>
<th>Completion Date</th>
<th>QI Council Review Date</th>
<th>Additional Review Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Quality Projects</strong></td>
<td></td>
<td></td>
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<tr>
<td>Title XIX Ad Match</td>
<td>David Vance</td>
<td>Oct 2010</td>
<td>Jul 27 (interim report)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Dec 28 (final report)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Jun 28, 2011 (f/u report)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Feb 15, 2011—BOH study session</td>
</tr>
<tr>
<td>Contracts Management</td>
<td>Marcy Kulland</td>
<td>Dec 2010</td>
<td>Jul 27 (interim report)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dec 28 (final report)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jul 26, 2011 (f/u report)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feb 15, 2011—BOH study session</td>
</tr>
<tr>
<td><strong>B. Ongoing Program QI</strong></td>
<td>Cindan Gizzi</td>
<td>N/A</td>
<td>Jul 27</td>
</tr>
<tr>
<td></td>
<td>(Vital Records)</td>
<td></td>
<td>Oct 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jul 26, 2011 (f/u report)</td>
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<td>Feb 15, 2011—BOH study session</td>
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<td></td>
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<td></td>
<td>Apr 6, 2011—BOH</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Apr 6, 2011—BOH</td>
</tr>
</tbody>
</table>
Lesson

- Maximize your efforts by starting “big” QI and “little” QI at the same time.
  - Take the time to build the infrastructure; it will save you time later.
  - Take baby steps and be okay with it.
  - Identify what is crucial to measure and only measure that.
  - Build success and change your culture one QI project at a time.
Quality Projects

• Administrative Services
  ▫ Contracts management
  ▫ Purchasing process
  ▫ Maintenance help desk request process
  ▫ Title XIX Administrative Match revenues

• Programmatic
  ▫ Chlamydia incidence
  ▫ Missing race/ethnicity data on STD case reports
  ▫ Solid waste code enforcement complaint process
  ▫ Obesity prevention
  ▫ Access to prenatal care
  ▫ Septic system inspection process
  ▫ Maternal/child health client data
Evaluation of QI Plan

• Seven components
  ▫ Results of performance measures
  ▫ Impact of improvement actions from QI projects
  ▫ Results of program evaluation reports
  ▫ Results from health indicator projects
  ▫ Completion rate of activities in QI Council calendar
  ▫ Evaluation of QI Council meetings by its members
  ▫ Qualitative evaluation of function of and resources allocated to the QI initiative.

• Quantitative and qualitative components
Evaluation of 2009 Plan

• Improve recognition of staff for their QI work (especially by QI Council members).
• Better align/connect QI plan with major Department initiatives.
• Increase knowledge about the QI Plan by QI teams and other staff.
• Provide additional training for QI team members.
Evaluation of 2009 Plan

- Apply QI methods/tools in other areas of TPCHD or in daily work.
- Focus on methods/activities to ensure improvements are sustained after initial implementation.
- Add regular consultation and support during QI team efforts.
- Educate staff re: the contribution of performance measures data collection to QI goals or overall performance.
Performance Measures

• Twelve department-level measures.
  ▫ Modeled after Healthy People 2010 Leading Health Indicators . . . plus two more.

• Approx. 10-20 performance measures per division.

1. Percent of solid waste complaints responded to within 20 days.
2. Percent of retail tobacco outlets selling tobacco to minors.
# Departmental Performance Measures

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Person Responsible for Reporting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve immunization rates</td>
<td>The percent of kindergarten enrollees that are up to date on their immunizations upon school entry (increase from 86% to 92% by 2014).</td>
<td>Nigel Turner</td>
</tr>
<tr>
<td>Reduce tobacco use</td>
<td>The percent of adult smokers (decrease from 18% to 16% by 2014).</td>
<td>Steve Marek</td>
</tr>
<tr>
<td>Reduce overweight &amp; obese populations</td>
<td>The percent of adults who are obese (reduce rate of increase to 0% by 2014.)</td>
<td>Steve Marek</td>
</tr>
<tr>
<td>Increase access to care</td>
<td>The number of children enrolled annually in health insurance programs (increase by 42% by 2014.)</td>
<td>David Vance</td>
</tr>
<tr>
<td>Improve mental health</td>
<td>Percent of adults provided TPCHD evidenced-based services who have mental health problems (reduce in 20% of families by 2014).</td>
<td>David Vance</td>
</tr>
<tr>
<td>Improve environmental quality</td>
<td>The percent of water systems that meet drinking water standards (increase from 80% to 90% by 2014.)</td>
<td>Steve Marek</td>
</tr>
<tr>
<td>Decrease rates of key communicable diseases</td>
<td>The percent of ten key communicable diseases that have a trend in incidence rate that is flat or decreasing (decrease from 38% to 50% by 2014.)</td>
<td>Nigel Turner</td>
</tr>
<tr>
<td>Goal/Objective</td>
<td>Performance Measure</td>
<td>Benchmark</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Communicable Disease Control</strong></td>
<td>Number of doses administered by private and public Vaccine For Children providers.</td>
<td>384,494</td>
</tr>
<tr>
<td>Increase number of valid doses of vaccine administered to children under the vaccine for children program by 4%.</td>
<td>1. Percent of Chlamydia cases that are interviewed.</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>2. Number of Chlamydia cases that are interviewed.</td>
<td>849</td>
</tr>
<tr>
<td>Increase the percentage of Chlamydia cases interviewed by 20%.</td>
<td>1. Number of completed food establishment inspections and Western Washington Fair inspections.</td>
<td>7765</td>
</tr>
<tr>
<td></td>
<td>2. Number of temporary event applications.</td>
<td>1374</td>
</tr>
<tr>
<td>Food &amp; Community Safety</td>
<td>Number of school safety inspections.</td>
<td>112</td>
</tr>
<tr>
<td>Provide facility inspections to 50% of Pierce County schools.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>Percent of response to Solid Waste Code Enforcement complaints within 20 days.</td>
<td>90%</td>
</tr>
<tr>
<td>Respond to more than 90% Solid Waste Code Enforcement complaints within 20 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the number of small public water systems that meet the requirements of the Safe Drinking Water Act by 5%.</td>
<td>Percent of small public water systems that meet the bacteria requirements of the Safe Drinking Water Act.</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Percent of small public water systems that meet the nitrate requirements of the Safe Drinking Water Act.</td>
<td>90%</td>
</tr>
<tr>
<td>Prevention Priorities</td>
<td>1. Number of schools participating in Coordinated School Health activities.</td>
<td>6</td>
</tr>
<tr>
<td>Increase the adoption of coordinated health promotion programs in schools, workplaces and community settings.</td>
<td>2. Number of culturally competent health promotion services to ethnic seniors.</td>
<td>2500</td>
</tr>
<tr>
<td></td>
<td>3. Number of units of group health education delivered through wellness programs.</td>
<td>3715</td>
</tr>
<tr>
<td>Increase by 3,500 per year, the number of Medicaid eligible children ages 0–6 who are connected to ‘dental homes’ from trained providers.</td>
<td>Number of Medicaid eligible children ages 0–6 enrolled in Access to Baby and Childhood Dentistry (ABCD) program.</td>
<td>3,500</td>
</tr>
</tbody>
</table>
Ongoing Program Quality

- The “C” in CQI
- A part of how we do our work
- Example: Vital Records
  - Delays with point-of-sale system
  - Redesign of “call back” process
Integrating QI

• Strategic planning
  ▫ Performance measures
  ▫ Health indicators

• Employee performance reviews
  ▫ Annual deliverables for using QI methods/principles
Lesson

• Use your assessment staff.
  ▫ Coordinator of QI Council.
  ▫ Technical assistance/data analysis for QI projects.
  ▫ Team leader for QI projects.
  ▫ Champions of QI.
Lesson

• Implementing a quality culture takes top-down and bottom-up efforts (but top-down is more important).
  ▪ Must have the Director actively leading the initiative.
  ▪ Find high level champions and praise their efforts.
  ▪ Make QI the easy choice for managers and staff.
QI Activities

- Critical to make data/reporting meaningful to staff.
- Performance measures:
  - More is not better.
  - Resource level declines after the first data reporting period.
  - Staff need lots of practice/training to develop good performance measures.
Using the "Quality Trilogy" in Public Health

Quality planning, quality improvement and quality control—my three favorite things to pound into people.
Public Health Quality Model

Assess
- Consider goals and current performance
- Prioritize opportunities

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

Evaluate
- Monitor progress
- Act on exceptions

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

Change
- Develop solutions
- Manage and Implement Change

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

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

“The Liger is pretty much my favorite animal”

-- Napoleon Dynamite
Quality Planning Project Steps

Assess:
1. Assess organizational goals and current performance.
2. Determine most important problems/biggest opportunities.

Define:
3. Define problem/opportunity.
4. Define process(es)/service to be addressed.
5. Define measure(s) of success.
6. Define stakeholders, customers and team.

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

Change (Implement Solutions):
10. Consider service/process design options.
11. Determine supplier requirements.
12. Determine “best” integrated design.
13. Prevent Failure.
14. Manage Change:
    • Social;
    • Technical.

Evaluate (Control):
17. Maintain process (if working).
18. Enter Quality Improvement Cycle.
Application of QP: Consultation for City Planners

- **Original concept:** Hire a temporary, part-time health educator to provide consultation services to city planners to include built environment concepts into next round of plans.
- **QP tools used:** customer interviews.
- **Results:** Customers didn’t need the services; program not implemented.
Application of QP: Healthy School Grants Program

- **Original concept:** Offer mini-grants to school districts to choose from a menu of “best practice” policies and systems-level interventions.

- **QP tools to be used:** customer needs analysis, benchmarking, process controls, performance measures.

- **Results:**
  - Customer needs analysis defined minimum $ for grants, identified types of interventions, identified barriers to participation.
  - Performance measures selected (including BMI).
  - Applications being reviewed.
QP Model: Healthy School Grants

**ASSESS**
- Momentum
- Opportunity
- Evaluation
  - Surveys
  - Focus Groups
  - BRFSS/ HYS
  - Anecdotal
- Political
- PAN Planning

**DEFINE**
See QP/ QI Project Definition document

**ANALYZE**
- Just completed

**EVALUATE**

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

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

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

**Benchmarking**
- Evidence-based best practices
  - Topic areas
  - How to strategies
PAN Mini Grant Program- 2011
Quality Planning Effort
Performance Measures

PROCESS MEASURES

NUMBER OF GRANTS
NUMBER OF SCHOOLS
NUMBER OF DISTRICTS
NUMBER OF CHILDREN
NUMBER OF NEW PROGRAMS
NUMBER OF PSE STRATEGIES

OUTCOME MEASURES

% INCREASE IN FRUIT AND VEGGIE CONSUMPTION
# MINUTES OF PHYSICAL ACTIVITY INCREASED
DECREASE IN BMI

Tacoma - Pierce County Health Department
Healthy People in Healthy Communities.
www.tacphd.org
How to Measure QI Culture in Your Agency

I’m an invaluable tool in public health!
Rating Your Quality Culture

• Using the six building blocks of a quality culture, rate where your organization is today.
• Where do you think you started from – baseline?
• Indicate where you think the organization will be at this time next year.
Rating Scale

- 0 – Nothing in place
- 1 – Just getting started
- 2 – Moving in the right direction
- 3 – Adequate – have made good progress over the last year
- 4 – Very good performance and have plans in place to expand the QI program throughout the organization
- 5 – We have institutionalized QI
Rate Your Quality Culture

Circle:

- Commitment: 0--1--2--3--4--5
- Capability: 0--1--2--3--4--5
- Customer Focus: 0--1--2--3--4--5
- Empowerment: 0--1--2--3--4--5
- Process Focus: 0--1--2--3--4--5
- Institutionalization: 0--1--2--3--4--5
Identifying Barriers to Building a Quality Culture

- List the top three barriers that are preventing you from having a culture of quality.
- What tools do you need to overcome them?
Lesson

• Celebrate your successes, no matter how small.
  ▫ Recognize your staff who participate in QI or start using QI on their own.
• Don’t get defensive if things don’t go as planned—remember, we learn from our mistakes.
Lesson

- Borrow, copy and plagiarize.
  - From today’s presenters.
  - Public health exemplary practices.
  - Other health care sectors.
  - Wildly different industries.
Results of QI Initiative

- Most performance measures at department- and business unit-level achieved their stated target.
- Improvements sustained for QI projects.
- Health indicator projects met 100% of annual performance measures.
- Funding & staffing for QI has increased.

Well done, team!
Contact Information:
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Join us for a live Q and A session with Cindan Gizzi.

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