QI Culture and QI Planning

May 8th, 1:15-3:00pm

Erin Barkema, MPH

Jack Moran, PhD

Building A Quality Culture

- It takes more than a clever catch phrase
  - "Quality Is Job 1"
  - "Everything We Do Is Quality"
  - "Everything can be improved"
  - "When you're out of quality, you're out of business"

What Is A Culture?

- The sum of attitudes, customs, and beliefs that distinguishes one group of people from another

- Culture is transmitted, through language, material objects, ritual, institutions, and art, from one generation to the next

Culture

- Difficult to define and very elusive but you know that culture exists within your team or your organization

- It's that ethereal something that hangs in the air and influences how work gets done

- It determines the overall mood of the workplace

Indicators of an Organization's Culture

– **Rituals and Routines**

– **Symbols**

– **Power Structures**

– **Organizational Structures**

– **Control Systems**

– **Stories**

Describe Your Culture of QI Today In Terms of Your Favorite TV Show

Roadmap to an Organizational Culture of Quality Improvement (QI)

For more information on the "QI Roadmap", contact Ty Kane (tkane@sedgwick.gov) or Pooja Verma (pverma@naccho.org)
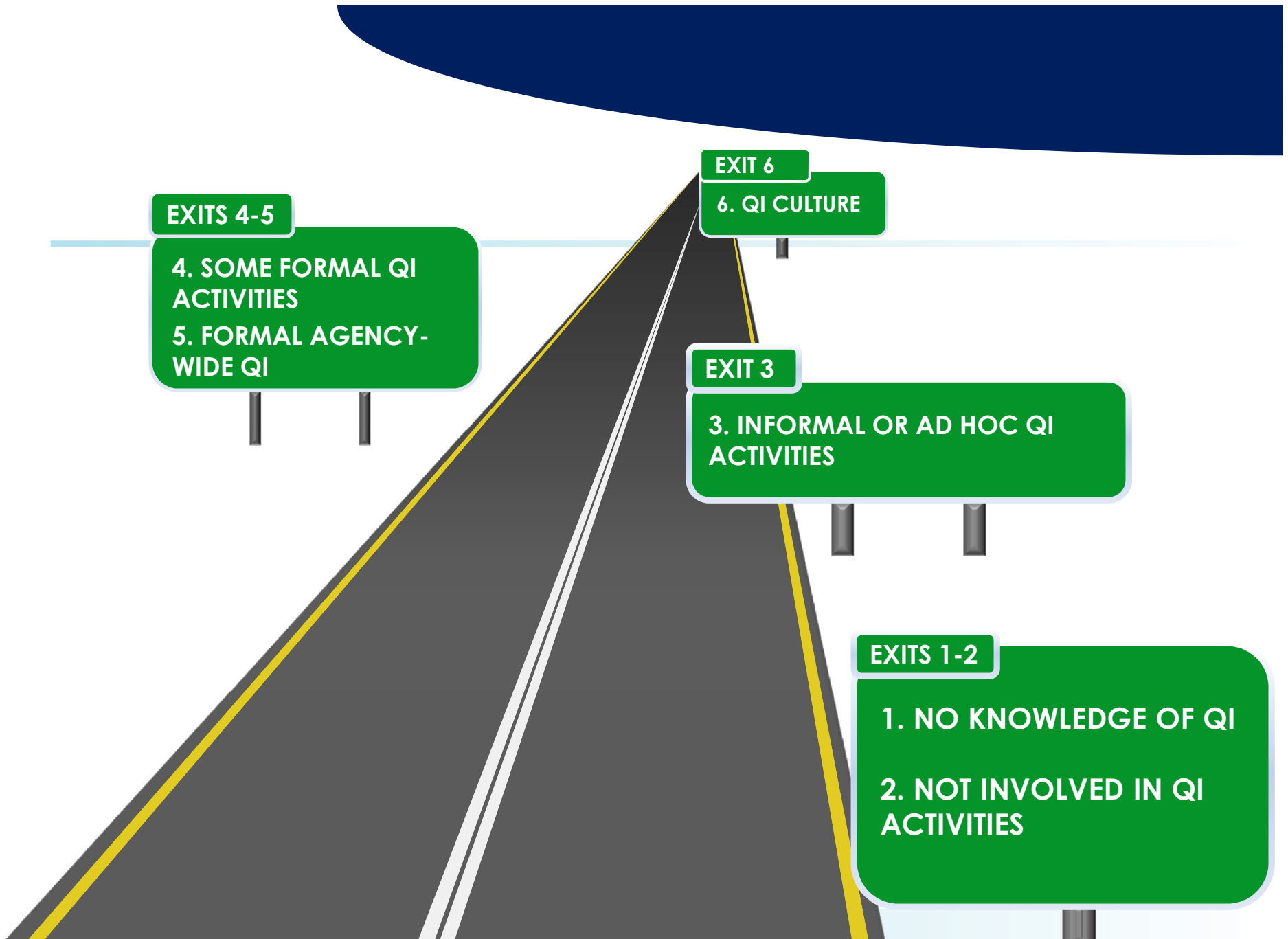
1 NO KNOWLEDGE OF QI	**2** NOT INVOLVED WITH QI ACTIVITIES	**3** INFORMAL OR AD HOC QI ACTIVITIES	**4** FORMAL QI ACTIVITIES IMPLEMENTED IN SPECIFIC AREAS	**5** FORMAL AGENCY-WIDE QI	**6** QI CULTURE
CHARACTERIZED BY: • Don't know about or understand QI • Overwhelmed with current and urgent issues • Leadership satisfied with status quo • Don't see the value or link of QI to PH practice	• Understand QI • Problems generally are ignored and/or buried • Staff are viewed 'hired hands' with no expectation for QI • Data are unavailable and/or are not used • A QI plan might exist but no activities have been undertaken	• Data not routinely used • Discrete QI efforts, that likely are not fully aligned with "true" QI • QI is not part of the organization's strategy • Few lessons learned and shared • Anxiety of doing it wrong or finding things you don't like or want to admit	• Some data use; consistency and reliability issues exist • Problem solvers are more important than 'firefighters' • People viewed as critical to success • QI is a part of the job • In-house QI TA available – formal but separate function	• Data are commonly used for problem solving and decision making – part of overall plan and detailed plans exist and are being used • QI plan is individualized to setting • ROI demonstrated thru cost, time, etc. • QI policies • Charts and graphs illustrating improvement efforts are visible • Organization embraces concept of 'standardizing' processes (service delivery) • Integration of measures into "system" • Quality control/QI/Strategic Plan/Evaluation are part of operational plans • Learning and best practice sharing common • QI competencies are included in employee position description • Regular periodic customer satisfaction surveys/assessment are conducted	• Ongoing training and networking PLUS self-assessment • Problems are "gold" • Integrate with strategic plan (add on to QI part of the way you do business) • Data and tools used in everyday work • Customer is front and center • QI champions throughout organization • Getting better all the time • Distribution of results to staff, stakeholders and customers • Caution: digression is a lot easier than progression

NACCHO
National Association of County & City Health Officials

Please indicate:

1. **Where is your organization on the 'roadmap'?** Place a Post-It with your organization's name in the appropriate column.
2. **What activities are missing from each 'phase'?** For example: If your organization is in "Phase 3", what are you doing that is not already listed on the chart above?

Where are you?

EXIT 6

6. QI CULTURE

EXITS 4-5

4. SOME FORMAL QI ACTIVITIES

5. FORMAL AGENCY-WIDE QI

EXIT 3

3. INFORMAL OR AD HOC QI ACTIVITIES

EXITS 1-2

1. NO KNOWLEDGE OF QI

2. NOT INVOLVED IN QI ACTIVITIES

What Do Employees Imagine?

EXITS 4-5

4. SOME FORMAL QI ACTIVITIES

5. FORMAL AGENCY-WIDE QI
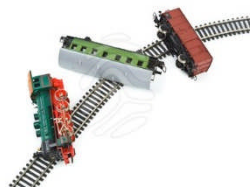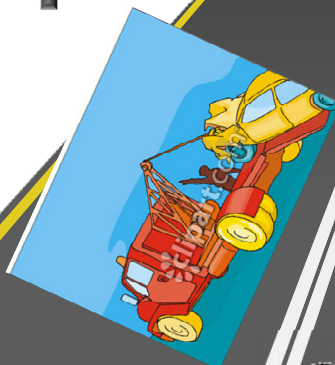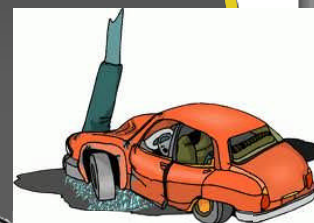
EXIT 6

6. QI CULTURE

EXIT 3

3. INFORMAL OR AD HOC QI ACTIVITIES

EXITS 1-2

1. NO KNOWLEDGE OF QI

2. NOT INVOLVED IN QI ACTIVITIES

How Do We Get To The Next Exit?

How do you change
an existing culture to one where it is a QI culture?

- What are the Inhibitors (blocks and barriers) that exist in your Organization that prevent your organization from having a Culture of Quality

Organizational Inhibitors Activity

- Brainstorm a list of Inhibitors such as:

  - Organizational
  - Executive Team
  - Personal
  - Others

- Prioritize the top 5

- For each of the top five inhibitors decide their:

  - Level of Importance – to the goal of having a Culture of Quality

  - Level of Resistance that is present in the organization

  - Capture the "Why" of each rating – summarize the team's reasoning

Importance

- Importance is the degree to which this item influences or impacts you from having a Culture of Quality

  - Low Importance – minor

  - Medium Importance – significant

  - High Importance – superior – much more significant

Resistance

- Resistance is the amount of opposition to us having a Culture of Quality:

    – Low Resistance – minor opposition

    – Medium Resistance – some opposition

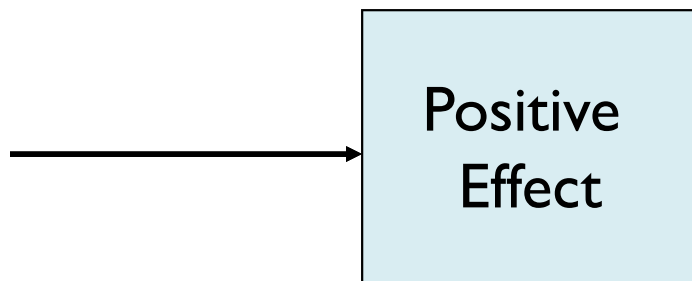   – High Resistance – significant opposition

Example

Level of Importance	Inhibitors (Block and Barriers	Level of Resistance	Why
L M H	• Lack of Senior Management Support	L M H	
L M H	• Training	L M H	
L M H		L M H	
L M H		L M H	
L M H		L M H	
L M H		L M H	
L M H		L M H	

Quadrant Analysis

Importance

H

● Training

● Lack of Senior Management Support

M

L

L   M   H

Resistance

# Solution and Effect Diagrams – Construction

Positive Effect

➤ Place the Solution and Effect Diagram opposite the Cause and Effect Diagram

➤ Write the issue as a positive statement on the left hand side of the page and draw a box around it with an arrow running to it

➤ This issue is now the effect

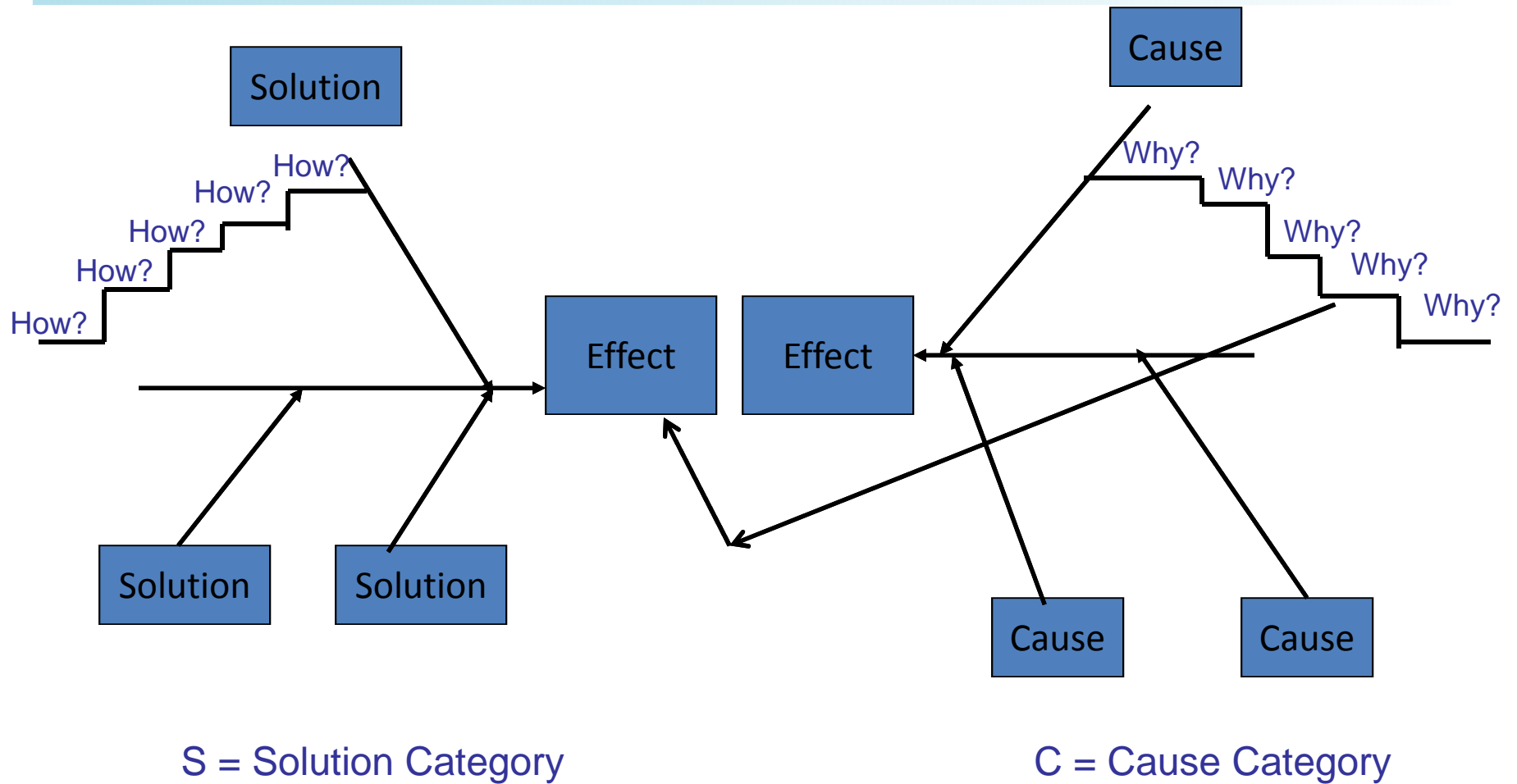# Solution and Effect Diagrams – Construction

Solution

Solution

Effect
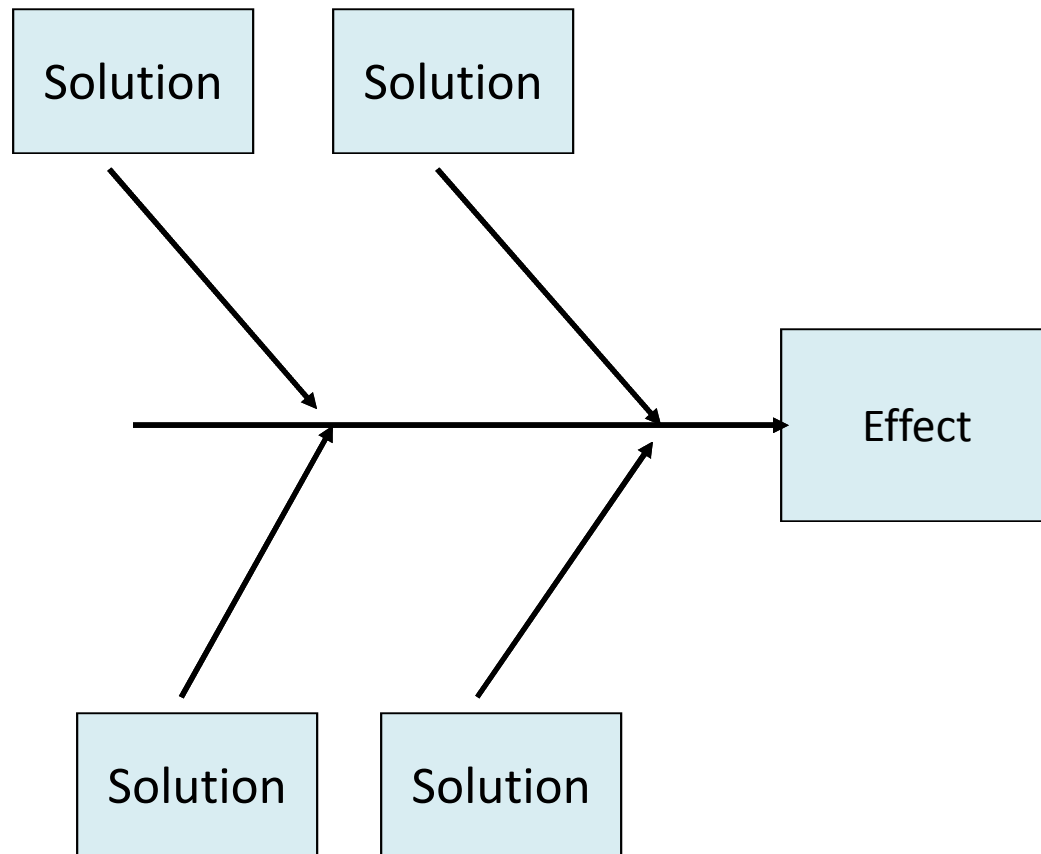
Solution

Solution

➢ Generate ideas as to what are the main Solutions of the effect

➢ Label these as the main branch headers

Solution and Effect Diagrams – Construction
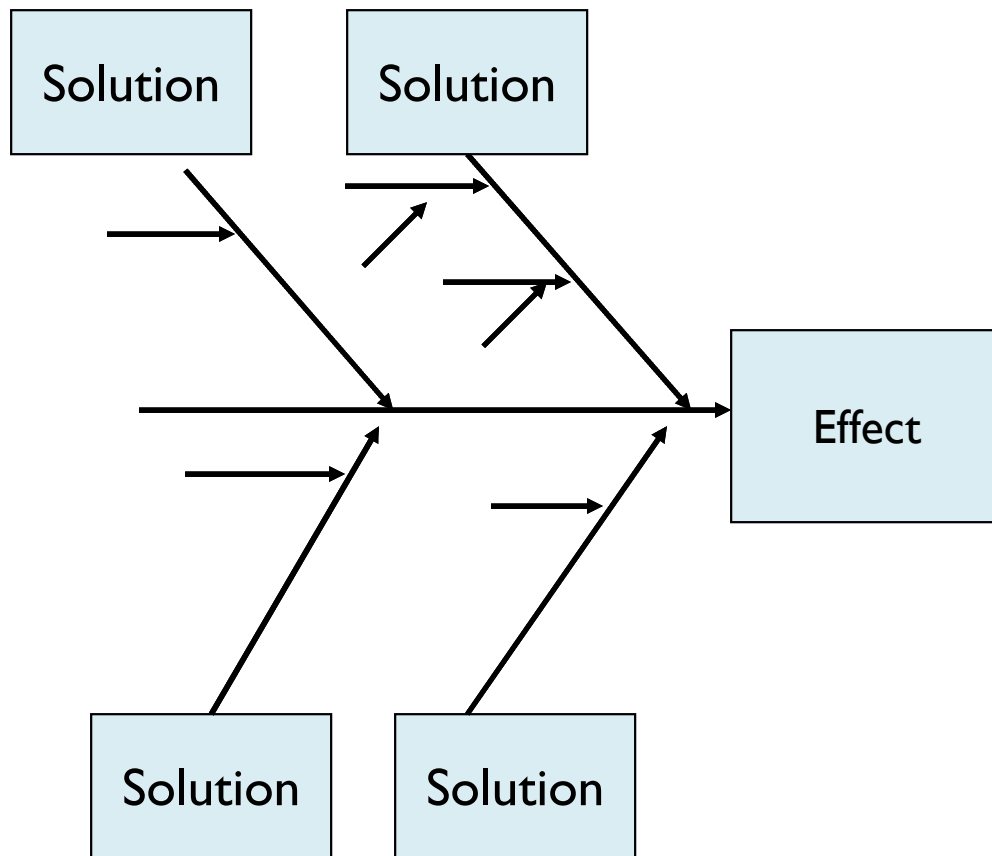
- ➤ For each main Solution category brainstorm ideas as to what are the related sub-solutions that might effect our issue

- ➤ Use the 5 How techniques when a solution is identified

- ➤ Keep repeating the question until no other solutions can be identified

- ➤ List the sub-solutions using arrows

Solution and Effect Diagram

Solution

Cause

How?
How?
How?
How?
How?
How?

Why?
Why?
Why?
Why?
Why?

Effect

Effect

Solution

Solution

Cause

Cause

S = Solution Category

C = Cause Category

5 How's Technique

Solution (Effect)

How?

How?

How?

How?

How?
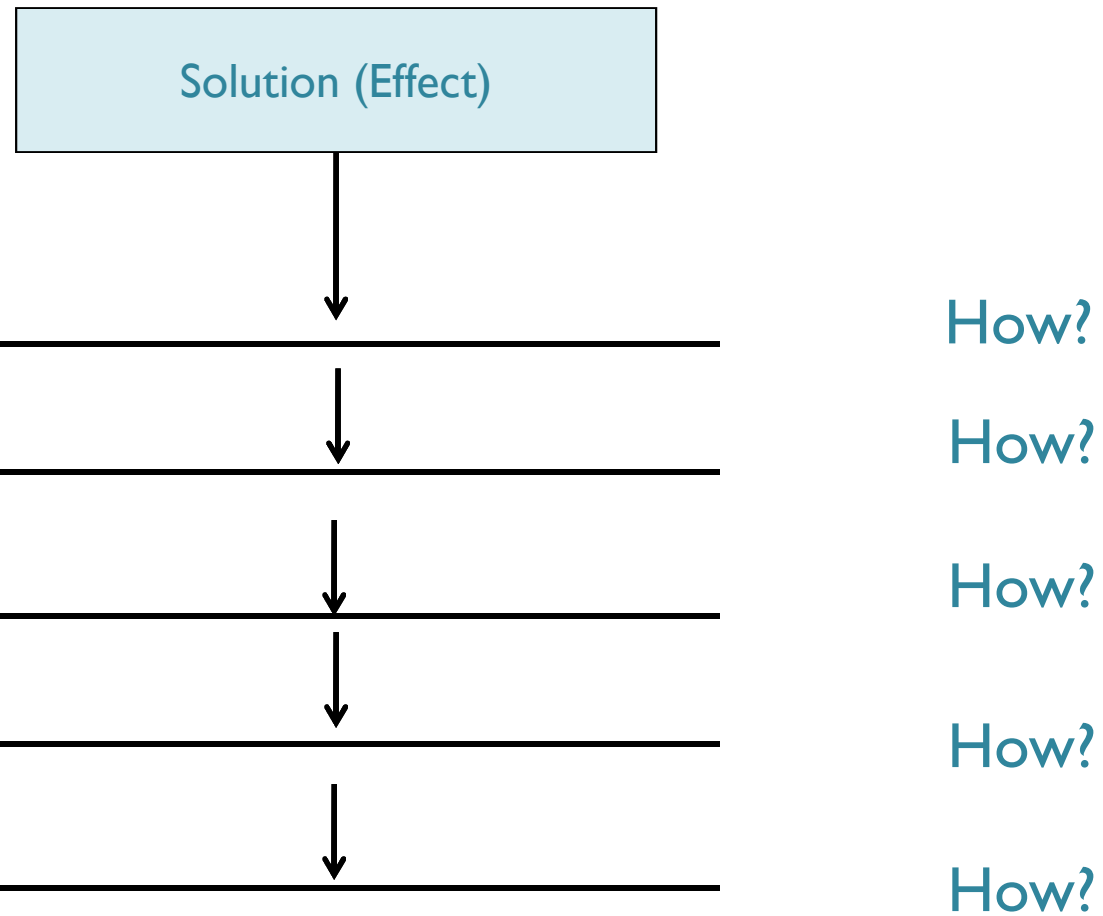
Solution and Effect-Example
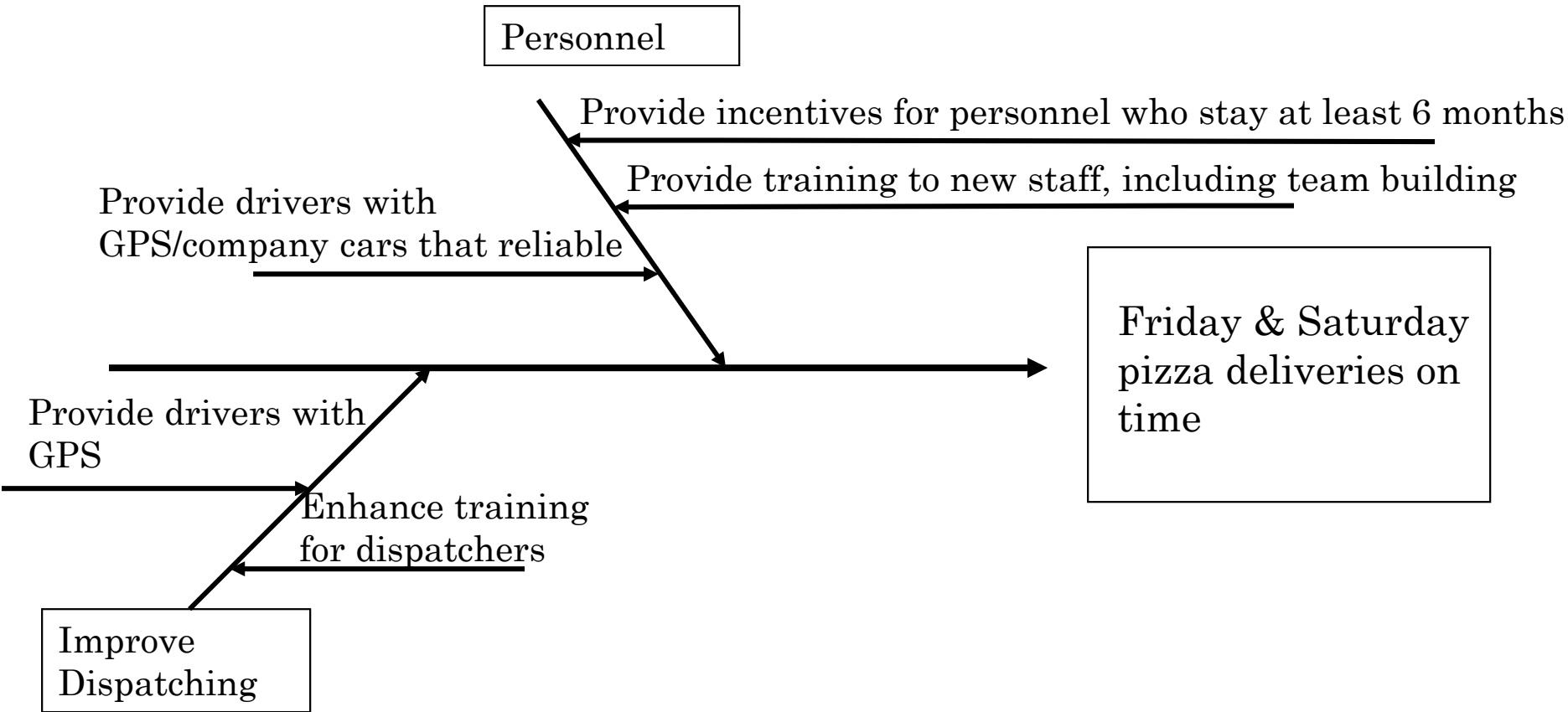
Personnel

Provide incentives for personnel who stay at least 6 months

Provide training to new staff, including team building

Provide drivers with GPS/company cars that reliable

Friday & Saturday pizza deliveries on time

Provide drivers with GPS

Enhance training for dispatchers

Improve Dispatching

What is the message to deliver to the rest of the organization on what is QI in our organization?

- We know where we are on the QI Road map and where should we be in one year?

- What do we expect of our managers and front line staff?

- How will we help them achieve it?

- What is our message to the organization on what QI will be in our organization?

What is the message to deliver to the rest of the organization on what is QI in our organization?

- ## What is your vision of Your QI culture?

  - Develop a 30 second elevator speech on what QI is going to be in the organization

- ## Do we believe it?

- ## Will it be believable to others in the organization?

- ## Does it support our core values?

Elevator Speech

Vision of QI Culture

Now That We Have The Message

- What is your role?

- Do we have the will to do this throughout the organization?

- Do we have the ability to deliver this consistently at all levels of the organization?

- Do we have the resources to devote to this to make it a reality?
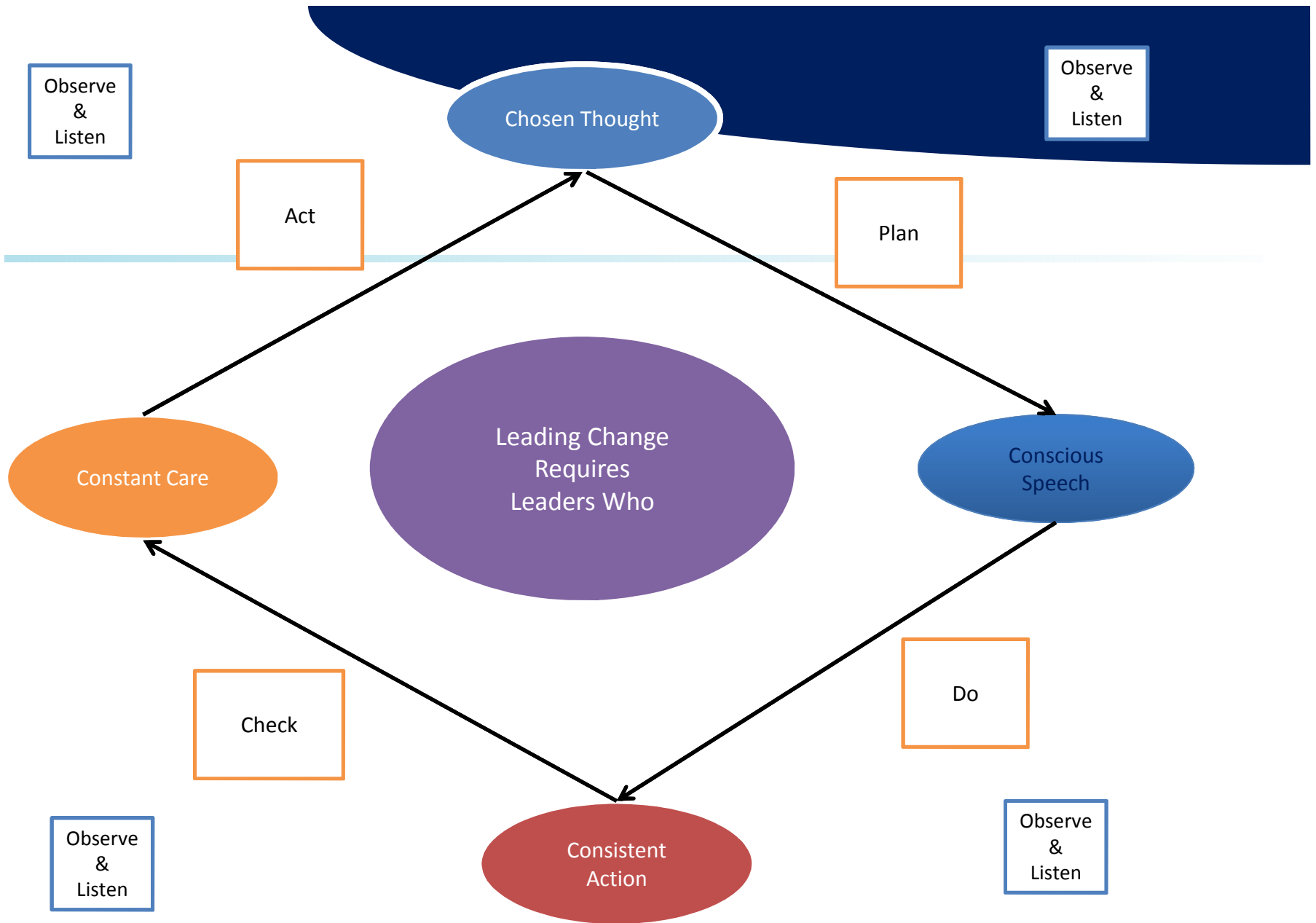
- Will we support and use it?

QI Culture Statement

- Once identified, the QI Culture Statement should be published and posted throughout the organization

- When presenting them, it is important to make an emotional connection with the defined QI culture and all employees

- Simply reading them to the staff or posting them without explanation is not effective

Start Making A Change Now

- What can we do right now to reduce the inhibitors to that are preventing us from having a culture of Quality?

- What should we:

  - **Stop Doing?**

  - **Start Doing?**

  - **Continue Doing?**

  - **Improve?**

  - **When we return to the office?**

Observe & Listen

Chosen Thought

Observe & Listen

Act

Plan

Constant Care

Leading Change Requires Leaders Who

Conscious Speech

Check

Do

Observe & Listen

Consistent Action

Observe & Listen

Anchoring the Change

Why of a Quality Improvement Plan

➢ Serves as the foundation of the commitment of a public health agency to continuously improve the quality of the services it provides to its community

➢ Every public health agency must satisfy customers, stakeholders, and employees to survive in the future

➢ Day-to-day details often divert attention from what is good for the agency and the QI Plan helps keep the focus

➢ Conflicts in priorities and competition for resources can be a huge barrier to organizational excellence and the QI Plan can help mediate it

Quality Improvement Plan

➤ The initial plan is a basic document of what you are planning to accomplish and when:

  ➤ provides written credibility to the entire process
  ➤ is a visible sign of management support and commitment

➤ Updated regularly to indicate what you are doing, how you are doing, and plan to do in the future

➤ It is not a one time event

Quality Improvement Plan

➢ Overtime the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document

➢ Initially the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization

Quality Improvement Plan

➢ The Quality Improvement Plan is a basic guidance document about how a Public Health Department will manage, deploy, and review quality throughout the organization

➢ The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently

Elements of the Quality Improvement Plan Need to Describe the Following:

1. The overall management approach to quality and what is to be accomplished (goals) over a defined time frame

2. Key terms so everyone has the same vocabulary when it comes to the terms we use when describing quality and quality improvement

3. The quality program will be managed and monitored by the organization

Elements of the Quality Improvement Plan Need to Describe the Following:

4. The process for selecting quality improvement projects and selecting team leaders

5. The types of training and support that will be available to the organization

6. The quality process (i.e.: PDCA) and quality tools and techniques to be utilized throughout the organization

7. The ongoing communication plan

Elements of the Quality Improvement Plan Need to Describe the Following:

8. Any quality roles and responsibilities that will exist in the organization (i.e. Sponsor, team leader, team member, facilitator, etc.) during or after implementation.

9. How measurement and analysis will be utilized in the organization and how it will help define future quality improvement activities.

10. Any evaluation activities that will be utilized to determine the effectiveness of the Quality Improvement Plan's implementation

Summary of Quality Improvement Plan Development

➢ It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization

➢ It is a living document and needs to be revised on a regular basis to reflect accomplishments, lessons learned, and changing organizational priorities

➢ It is not a one time static document but one that should constantly be describing the current state and of quality in any Public Health Department

Who Does What?

- Senior Leadership

- Division Directors

- Supervisors

- Front Line Staff

- Awareness/Understand
- Champions/Promote
- Build the Culture
- Develop QI Plan
- Sanction Projects
- Advise/Facilitate Teams
- Train Agency in QI
- Lead Teams
- Team Members
- Review Progress
- Other

Who Does What Matrix

	Aware	Champion	Culture	Plan	Facilitate	Train	Other
Senior Leadership	✔						
Division Directors							
Supervisors							
Front Line Staff							
Others							

✓ Role

Ready To Flip The Switch?

666 Plan

QI Plan – Next 18 months – The 666 Plan

Devil Is In The Details

- ➢ Next six months – specifics:
  - ➢ How to build awareness - launch
  - ➢ How to communicate the QI Plan
    - ➢ Recognize those already doing it
  - ➢ How to educate staff
    - ➢ Awareness
    - ➢ In-depth
    - ➢ Quality Champions
    - ➢ Etc.
  - ➢ How to get projects approved and started
  - ➢ How to track projects
  - ➢ How to measure and assess the program

QI Plan – Next 18 months – The 666 Plan

- 6 – 12 Months:
  - Assess progress
  - Lessons Learned
  - Next round of training
  - Next round of projects
  - Adjustments to QI Plan and Structure
  - Build QI Champion base

- 12 – 18 Months:
  - Institutionalize it
  - Assess progress
  - Lessons Learned

Developing a Quality Improvement Implementation Plan

➢ Background
  ➢ Developed a traditional QI plan
    ➢ Conducted research on other QI plans
    ➢ Reviewed plans – identified common areas
    ➢ Selected components - traditional QI plan
      ➢ Introduction – purpose and scope
      ➢ Key Principles
      ➢ Management and Monitoring
      ➢ Sustainability
      ➢ Definitions
    ➢ Wrote the plan
  ➢ Buy-in
    ➢ Unsuccessful…
    ➢ Back to square one

Iowa Department of Public Health

Developing a Quality Improvement Implementation Plan

➢ Background
    ➢ Developed a Quality Culture Roadmap
        ➢ Used feedback to address concerns
        ➢ Selected components – focused on developing a quality culture
            ➢ Background
            ➢ Foundational Activities
            ➢ Developing a Culture of Quality
            ➢ Scope
            ➢ Improvement Efforts
            ➢ Sustainability
            ➢ Definitions
    ➢ Buy-in
        ➢ More successful than our first attempt, but approval not given…
        ➢ Time to try a new approach!

Developing a Quality Improvement Implementation Plan

➢ Performance and Quality Improvement Implementation Plan
  ➢ Table to illustrate components of a quality culture, corresponding activities, and timelines
    ➢ Components
      ➢ Education
      ➢ Assessment
      ➢ Quality Committee
      ➢ QI Projects
      ➢ Communication
      ➢ Quality Measures
    ➢ Activities and Timelines
      ➢ Activities for each component (six-month timeframes from initiation – Year 2)
      ➢ Annual activities for each component (Year 3 +)

Iowa Department of Public Health IDPH

Performance and Quality Improvement (QI) Implementation Plan (January 2012 - December 2014)

	1.12 - 5.12	6.12 - 11.12	12.12 - 5.13	6.13 - 11.13	12.13 - 12.14 +
Education	• Each bureau receives a presentation on quality (*Overview of Quality*)* • Incorporate an introduction to QI into the department's new employee orientation (in-house training) • Develop QI training curriculum (Two QI courses to be offered as in-house trainings; levels - basic & intermediate)	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Assess curriculum - revise courses/develop additional courses, if needed • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Conduct regular QI trainings for IDPH staff*	• Present - *Introduction to QI* in the department's new employee orientation (in-house training)* • Assess curriculum - revise courses/develop additional courses, if needed • Conduct regular QI trainings for IDPH staff*
Assessment	• "Quality Culture" exercise completed by each bureau • Bureaus develop strategies to address quality gaps identified through the Quality Culture exercise (at least one strategy for each gap)	• Assist bureaus in addressing quality gaps* • Complete "Quality Culture" exercise in November 2012 (bureau level & department level) • Following the November 2012 assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council	• Assess QI capacity - recruit new QI champions, if needed • Assist bureaus in addressing quality gaps* • Bureaus report progress to the Quality Council • Complete "Performance Management Readiness" exercise in December 2012 • Programs develop strategies to address performance management gaps (at least one strategy for each gap)	• Assist bureaus in addressing quality and performance management gaps* • Complete "Quality Culture" exercise in November 2013 (bureau level & department level) • Following the November 2013 assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council	• Assist bureaus in addressing quality and performance management gaps* • Complete "Quality Culture" exercise annually (bureau level & department level) • Following the annual assessment, bureaus develop strategies to address quality gaps (at least one strategy for each gap) • Bureaus report progress to the Quality Council
Quality Committee (IDPH QI Champions)	• Establish a Quality Committee • Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Conduct an evaluation of departmental QI activities (December 2012) • Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects • Review progress reports on program performance and quality measures • Conduct an evaluation of departmental QI activities (November 2013)	• Hold quarterly meetings to share information about QI efforts • Serve as QI resource for staff to help troubleshoot issues • Assist E-team with department-wide QI projects • Review regular progress reports on program performance and quality measures • Conduct an evaluation of departmental QI activities (Annually) • Recommend action to enhance QI efforts
QI Projects (Program, Bureau, & Division-level)	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council	• Conduct QI projects or use QI tools to improve services • Report results to Quality Council
Communication (Internal & External)	• Identify relevant venues for sharing results and best practices internally & externally • Update stakeholders on IDPH QI activities*	• Pilot venues for sharing information • Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*	• Update stakeholders on IDPH QI activities*
Quality Measures (Program level)			• In conjunction with performance management, assist programs in identifying at least one quality measure (Goal: 35 programs)* • In conjunction with performance management, assist programs in identifying collection methods for measures* • Programs collect data on quality measures • Programs report progress to Quality Council	• Programs review progress on quality measures (Modify process if needed) • In conjunction with performance management, assist remaining programs in identifying at least one quality measure* • In conjunction with performance management, assist remaining programs in identifying collection methods for measures* • Programs collect data on performance and quality measures • Programs report progress to Quality Council	• Programs annually review measures for reliability • Programs collect data on performance and quality measures • Programs report progress to Quality Council

Developing a Quality Improvement Implementation Plan

➢ Result = *SUCCESS!!!*
➢ Next Steps
  ➢ Operationalize each of the components
  ➢ Develop mechanisms to formally:
    ➢ Assess, address, and monitor quality culture
    ➢ Identify possible QI projects
    ➢ Track QI efforts
    ➢ Communicate results – both successes and lessons learned
➢ Lessons Learned
  ➢ Know your audience…
  ➢ Don't be afraid to try new approaches to encourage innovation!!

Iowa Department of Public Health

Helpful Resources

- Public Health Improvement Resource Center: http://www.phf.org/improvement

- NPHPSP Online Resource Center: http://www.phf.org/nphpsp

- *QI Results* Resources: http://www.phf.org/QualityImprovementResults/

- QI Quick Guide & Tutorial: http://www.phf.org/quickguide/

- PHF QI Learning Series and Assistance: http://www.phf.org/QIservices

- Accreditation Preparation Resources (Domains 8 & 9): http://www.phf.org/Accreditation

- Public Health Quality Improvement Handbook and Other QI Resources: http://bookstore.phf.org/index.php?cPath=50

- TRAIN – 25,000 public health courses offered by more than 4,000 providers: https://www.train.org/

Questions???????????