Pathway to Performance: Quality Improvement

February 23, 2018

New Mexico Department of Health
Accreditation Readiness and Performance Improvement to States Technical Assistance

Audio Information
Dial-In Number: 866.740.1260
Access Code: 5222314
House Keeping

- Phone Lines
  - Keep muted
  - Please don’t place on hold (hold music)

- Questions for Presenters
  - Use chat box to ask questions

- Interactive Questions
  - Use mouse to input answer(s)

- Other
  - Webinar will be recorded and available soon
The Team

- New Mexico Department of Health
  - Martin Brown, Deputy Director, Policy and Performance, Office of Policy and Accountability
  - Terry Bryant, Manager, Policy and Performance, Office of Policy and Accountability
  - Michael Bowers, Policy Analyst, Office of Policy and Accountability

- Association of State and Territorial Health Officials
  - Jack Moran, Consultant (Senior Quality Advisor, Public Health Foundation)
  - Jamie Ishcomer, Senior Analyst, Quality Improvement and Performance Management
Knowledge Check!

NEW MEXICO
DEPARTMENT OF
HEALTH
Pathway to Performance
NMDOH’s Pathway

• Webinar 1: Quality Improvement
  • Today

• Webinar 2: Performance Management
  • Friday, March 30 at 10:00 am

• Workshop: Performance Scorecard
  • Tuesday, April 24
Re-Assessing Our Culture of Quality Today

Presented by: Jack Moran, Consultant (Senior Quality Advisor, Public Health Foundation)
What Is Quality and What Is Quality Improvement?

➢ **Quality** is "meeting or exceeding our customer expectations"

➢ This is **What we want all the time**
What Is Quality?

➢ Today the most progressive view of quality is that it is defined entirely by the customer or end user and is based upon that person's evaluation of his or her entire customer experience.

➢ The customer experience is the aggregate of all the **Touch Points** that customers have with the organization’s product and services.

“Quality is not an act. It is a habit”

*Aristotle 384BC-322BC, Greek philosopher*
Definition of Quality Improvement In Public Health

This is the HOW we get what we want all the time:

“Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health.

It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

Source Defining Quality Improvement in Public Health; Journal of Public Health Management & Practice: January/February 2010 - Volume 16 - Issue 1 - p 5–7, Riley, William J. PhD; Moran, John W. PhD, MBA, CQIA, CQM, CMC; Corso, Liza C. MPA; Beitsch, Leslie M. MD, JD; Bialek, Ronald MPP; Cofsky, Abbey -
Quality Improvement is a process or activity designed to lead to improved performance.

Performance is a measure of how well a process or activity is meeting a desired result.

Performance Management is the discipline of applying and reviewing Quality Improvement and Performance.
Continuous Improvement

The continuous improvement phase of a process is how you make a change in direction. The change usually is because the process output is deteriorating or customer needs have changed.
The SDCA and PDCA cycles are separate but rather integrated.

Once we have made a successful change we standardize and hold the gain.

When the process is not performing correctly we go from SDCA to PDCA and once we have the process performing correctly we standardize again.

This switching back and forth between SDCA and PDCA provides us with the opportunity to keep our process customer focused.
“Continuous improvement is better than delayed perfection.”
- Mark Twain
Plan
1. Identify and Prioritize Opportunities
2. Develop AIM Statement
3. Describe the Current Process
4. Collect Data on Current Process
5. Identify All Possible Causes
6. Identify Potential Improvements

7. Develop Improvement Theory
8. Develop Action Plan

Check/Study
1. Reflect on the Analysis
2. Document Problems, Observation, and Lessons learned

Act
1. Implement the Improvement
2. Collect and Document The data
3. Document Problems, Observations, and Lessons Learned

Adopt -> Standardize
Adapt
Abandon -> Do
Plan

Developed in 2013, adapted from the 2003 Turning Point Performance Management System Framework
QI Work as Systems and Processes

➢ To make improvements, an organization needs to understand its own delivery system and key processes.

➢ The concepts behind the QI approaches recognize that both resources (inputs) and activities carried out (processes) are addressed together to ensure or improve quality (outputs/outcomes)
Quality Improvement Toolkit

Quality Improvement

Quality improvement in public health is the use of a deliberate and defined improvement process based on needs. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes.

Key Questions in QI:
- What are we trying to accomplish?
- How will we know the change is an improvement?
- What changes can we make that will result in an improvement?

Guiding Principles of QI:
- Develop a strong customer focus
- Continuously improve all processes
- Involve employees
- Mobilize both data and team knowledge to improve decision making

QI Tools: Assessment
- Fishbone Diagram – (Minnesota Department of Health-QI Toolbox)
  - Video: https://www.youtube.com/watch?v=8zE3z3hZrBY&feature=youtube
- Lean – (Minnesota Department of Health-QI Toolbox)
- Kaizen – (Public Health Foundation)
- Pareto Chart – (Minnesota Department of Health-QI Toolbox)
  - Video: https://www.youtube.com/watch?v=434d07c2kA
- Radar Chart – (Minnesota Department of Health-QI Toolbox)
- SWOT Diagram – (Minnesota Department of Health-QI Toolbox)
- Tree Diagram – (Minnesota Department of Health-QI Toolbox)
- Results-Based Accountability (RBA) – NMDOH CPA Presentation
- Project Screening Criteria – (UNKNOWN)

QI Tools: Planning
- Goal Chart – (Minnesota Department of Health-QI Toolbox)
- SWOT Analysis – (Minnesota Department of Health-QI Toolbox)
- Run Chart – (Minnesota Department of Health-QI Toolbox)

QI Tools: Decision-Making
- Affinity Diagram – (Minnesota Department of Health-QI Toolbox)
  - Video: https://www.youtube.com/watch?v=51dO0z3zK
- Aim Statement – (Minnesota Department of Health-QI Toolbox)
- Flowchart – (Minnesota Department of Health-QI Toolbox)
- Interrelationship Diagram – (Minnesota Department of Health-QI Toolbox)
- Prioritization Matrix – (Minnesota Department of Health-QI Toolbox)

QI Resources
- New Mexico Department of Health QI Council
- New Mexico Department of Health QI Plan
- Minnesota Department of Health QI Toolbox
- Colorado Local Public Health and Environment
- Ohio State University – Center for Public Health Practice
- National Quality Center
- Public Health Quality Improvement Exchange (PHQIE)
- Public Health Foundation (PHF)
- Centers for Disease Control and Prevention
- National Association of County & City Health Officials (NACCHO)

NMDOH QI Council Members
- Allison Tidwell
- Davey Maxwell
- Joseph Foshee
- Alexi Arey
- Katelynn Lawski
- Pamela Espinosa
- Renee Turner

NMDOH QI Catalysts
- David Dwyer
- Jean Doss
- Jason Levy
- Angie Brooks
- Pearl Nネ
- Terry Bryant
- Kathy Louro

NMDOH QI Council Members
- Twila Cundel
-试剂 Morris
- Chloe Tischler-Kaune
- Cathy Rocke
- Lourdes Imsray
- Nathan Sanjur
- Pam Argo

NMDOH QI Catalysts
- Nathan Salazar
- May Rodgers
- Robyn Kuepke
- Chloe Tischler-Kaune
- Jordie Farham
- Brenda Frink
- Thelma Tafro
Challenges Encountered Among Health Departments

1. Fostering collaboration between multiple stakeholders

2. Identifying which processes to prioritize improvement efforts on

3. Managing and creating positive change

4. Enforcing adoption of change

5. Gaining total organizational contribution and commitment

6. Aligning with Strategic Direction
The Quality Paradox

- Everybody’s busy running around masking the symptoms
- More time spent in fire-fighting
- More business problems
- No time for quality
- ...and the cycle continues

START HERE
Building an Organizational Culture of Quality: 6 Foundational Elements Assessed
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; plans in place to expand the QI program throughout the organization

5 – we have institutionalized QI
Building an Organizational Culture of Quality: 6 Foundational Elements Assessed

- **Employee Empowerment**
- **Teamwork & Collaboration**
- **Continual Process Improvement**
- **Quality Infrastructure**
- **Leadership Commitment**
- **Customer Focus**

- 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; plans in place to expand the QI program throughout the organization
- 5 – we have institutionalized QI
Polling Question - Rating Your Current Quality Culture State

- Leadership Commitment
- Teamwork & Collaboration
- Continual Process Improvement
- Empowerment
- QI Infrastructure
- Customer Focus
Assessment performed by NMDOH Senior Leaders during 1-day Quality of Culture Workshop August 18, 2016
Quality Culture Foundational Elements Assessment

Radar Chart Results

Assessment performed during NMDOH Pathway to Performance Training 1: Quality Improvement February 23, 2018
NACCHO Roadmap to a Culture of Quality Improvement

- Phase 1: No Knowledge of QI
- Phase 2: Not Involved with QI
- Phase 3: Informal or Ad Hoc QI
- Phase 4: Formal QI in Specific Areas
- Phase 5: Formal Agency-Wide QI
- Phase 6: QI Culture

➢ Agency Characteristics
➢ Transition Strategies
➢ Resources
NMDOH Polling Results, February 23, 2018

What Phase do you see the NMDOH at?

- **Phase 1:** No Knowledge of QI - 0%
- **Phase 2:** Not Involved with QI - 6%
- **Phase 3:** Informal or Ad Hoc QI - 41%
- **Phase 4:** Formal QI in Specific Areas - 41%
- **Phase 5:** Formal Agency-Wide QI - 12%
- **Phase 6:** QI Culture - 0%
What has been our approach?

- Workforce development
- Training in QI
- Develop a draft Quality and Performance Management Plan
- Established a QI Council
- Part of our strategy
- Culture development
- Program development
- Break down silos – talk to each other in a more integrated way
- Achieving Accreditation and now Re-Accreditation
Knowledge Check!
NMDOH’s Pathway

- Webinar 1: Quality Improvement
  - Today

- Webinar 2: Performance Management
  - Friday, March 30 at 10:00 am

- Workshop: Performance Scorecard
  - Tuesday, April 24
Webinar 2 – Performance Management

“Measurement is the first step that leads to control and eventually to improvement. If you can’t measure something, you can’t understand it. If you can’t understand it, you can’t control it. If you can’t control it, you can’t improve it.”

—H. James Harrington
Thank you!