Accreditation Learning Community

November 21, 2017
1:00-2:00pm

Dial-In Number: 1 877 916 8051
Access Code: 539-9866

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Agenda

Tuesday November 21, 2017 | 1:00pm-2:00pm

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1:00 – 1:15	**Welcome and Updates**	Melissa Touma
1:15 – 1:30	**Open Discussion**	ALC
1:30 – 1:50	**Quality Improvement – Analyzing the Root Cause and Developing an Action Plan**	Melissa Touma

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Technical Assistance for Accreditation

- One-on-One Technical Support
  - Identifying best approaches to QI Initiatives
  - Interpretation of PHAB Standards and Measures
  - Documentation Review
- In-person trainings (driven by local health needs)
- Mock Site Visits
- Funds available for eligible departments to support accreditation:
  - Preventive Health and Health Services Block Grant
  - Per capita funding
- Online Accreditation Tools and Resources for Quality Improvement, Performance Management, PHAB Pre-Requisites, Workforce Development (www.ct.gov/dph/AccreditationTA)

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Lessons Learned from Organizational Training Needs Assessment Workshop

- What did you take away from the workshop?
- How do you plan to incorporate workshop tools into your agency's work?
- Where else might you be able to apply the Radar Chart and Prioritization Matrix in your agency?

New England Public Health Training Center –

Dozens of available courses on http://www.nephtc.org/

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Standard 9.2: Develop/Implement QI

MEASURE	PURPOSE	SIGNIFICANCE
Measure 9.2.2 A Implemented quality improvement activities	The purpose of this measure is to assess the health department's use of quality improvement to improve processes, programs, and interventions.	It takes practice to effectively use the quality improvement plan to improve processes, programs, and interventions. Staff benefit from seeing the plan put into action and receiving regular feedback on progress toward achieving stated objectives, as well as on how well they have executed their respective roles and responsibilities.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Quality improvement activities based on the QI plan	**1. The health department must document implementation of quality improvement activities and the health department's application of its process improvement model.** Examples must demonstrate: • how staff problem-solved and planned the improvement, • how staff selected the problem/process to address and described the improvement opportunity, • how they described the current process surrounding the identified improvement opportunity, • how they determined all possible causes of the problem and agreed on contributing factors and root cause(s), • how they developed a solution and action plan, including time-framed targets for improvement, • what the staff did to implement the solution or process change, and • how staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned.	**2 examples;** one example must be from a program area and the other from an administrative area.	**5 years**

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Following last month's conversation…

Have you picked a quality improvement project to start? If so, why that project?

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Process Mapping

Process Mapping – flowchart method to illustrate, analyze and improve steps of a process

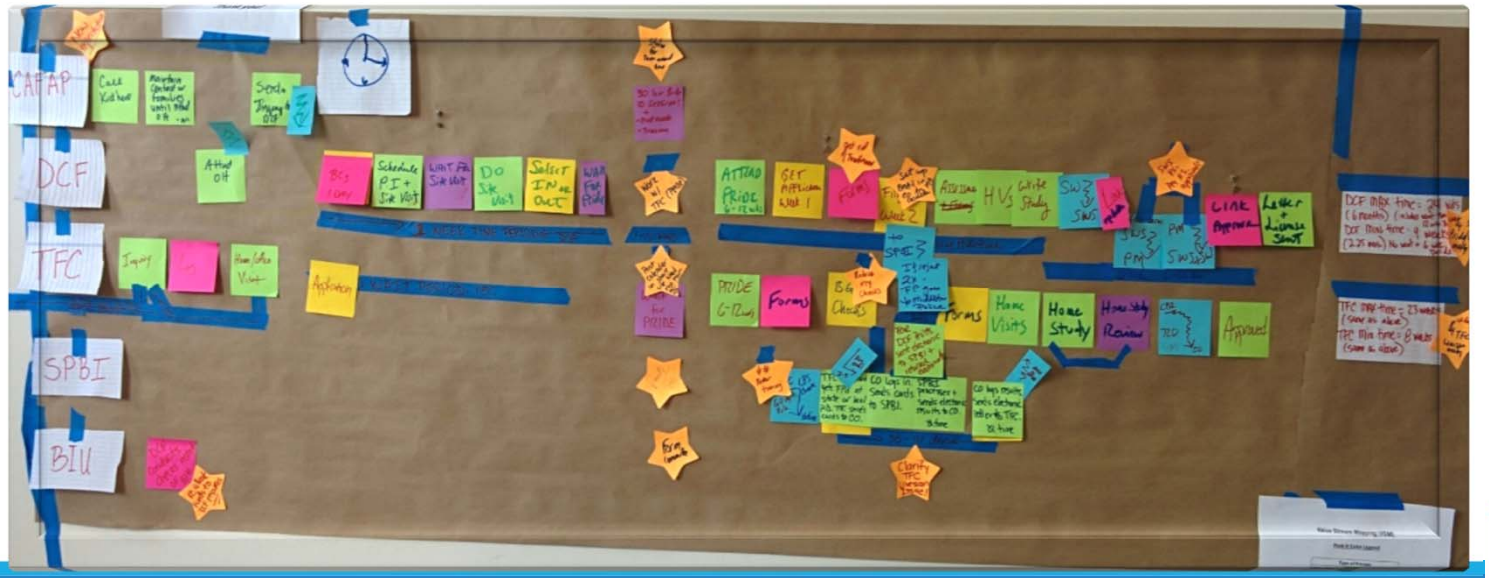
-Both current state and future state maps should be completed

-Points out opportunities for improvement and possible causes for the problem

-Identifies non-value added steps in the process, wait time, and reasons for these “wastes” to be eliminated or changed in the future state map

-Engages staff and becomes an interactive exercise

-When possible, invite input from stakeholders, customers, and community partners – they come with a different perspective



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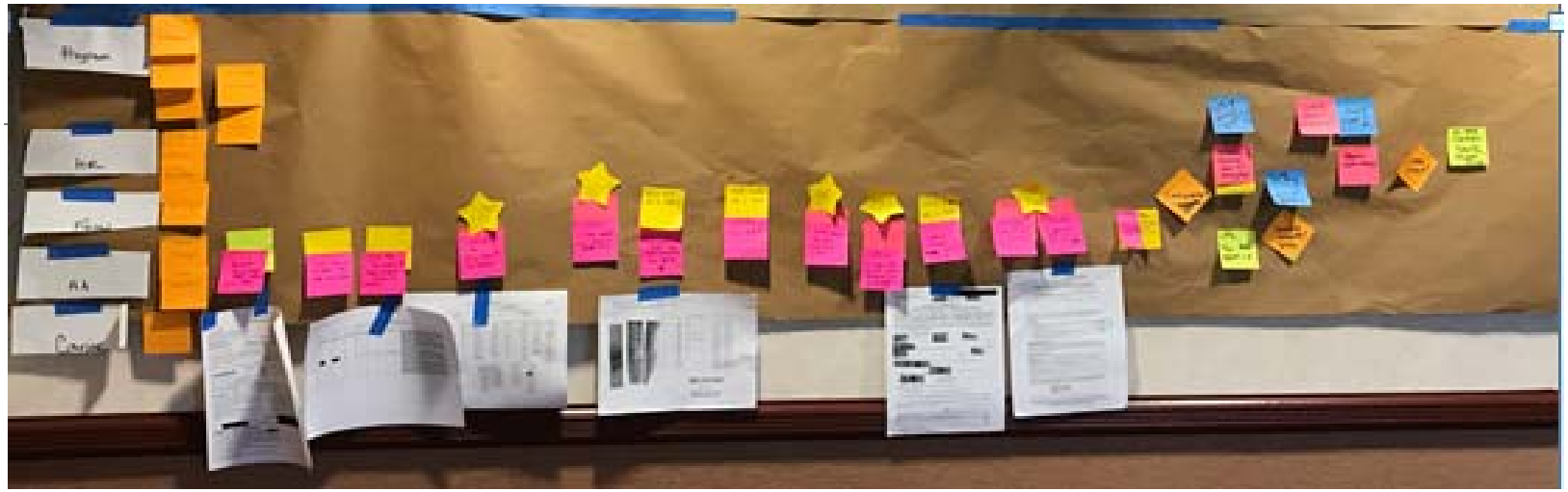
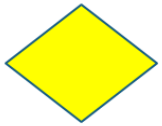
Post-It Color Legend and Process Map Basics



Value Added =	Green
No Value Added =	Pink
No Value Added but Necessary =	Yellow
Waiting =	Purple
Transport =	Blue

Activity box or rectangle shows steps in the process

Shows a decision point yes/no



Arrow - shows direction or flow

Yellow star – great ideas!

How Do We Define "Value" in a Process?

Value-added	**vs.**	**Non Value-added**
Customer wants, needs, or expects it		Customer does not want, need, or expect it
Actually transforms a product or service		A process that causes rework or is incomplete
Done correctly the first time		Double checking; Multiple signatures
		Re-entering information into a system
		Waiting
		Excess motion

Questions to Ask

1. What do our customers care about?
2. What are their pain points?
3. What are OUR pain points?

Types of Waste

Defects- incomplete info, equip

Overproduction – multiple forms, forms instead of computers

Waiting – idle time, decisions, responses

Non-value added processing – multiple approvals, forwarding customer calls

Transportation- multiple handoffs on documents, walking between buildings, driving time

Inventory – too many files, can find things

Motion- searching for information supplies

Employee underutilization – not using people's talents to their optimum level, cross training

But in Government…

Most of our work is in a gray area known as “value enabling”

These tasks are not value-added, but they are necessary due to law, regulation, policy, etc.

We must critically evaluate value enabling tasks to understand if they help, or hurt, the process overall

Always make sure you have the data to support a claim that something is required!

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Additional Tools to Find the Root Cause

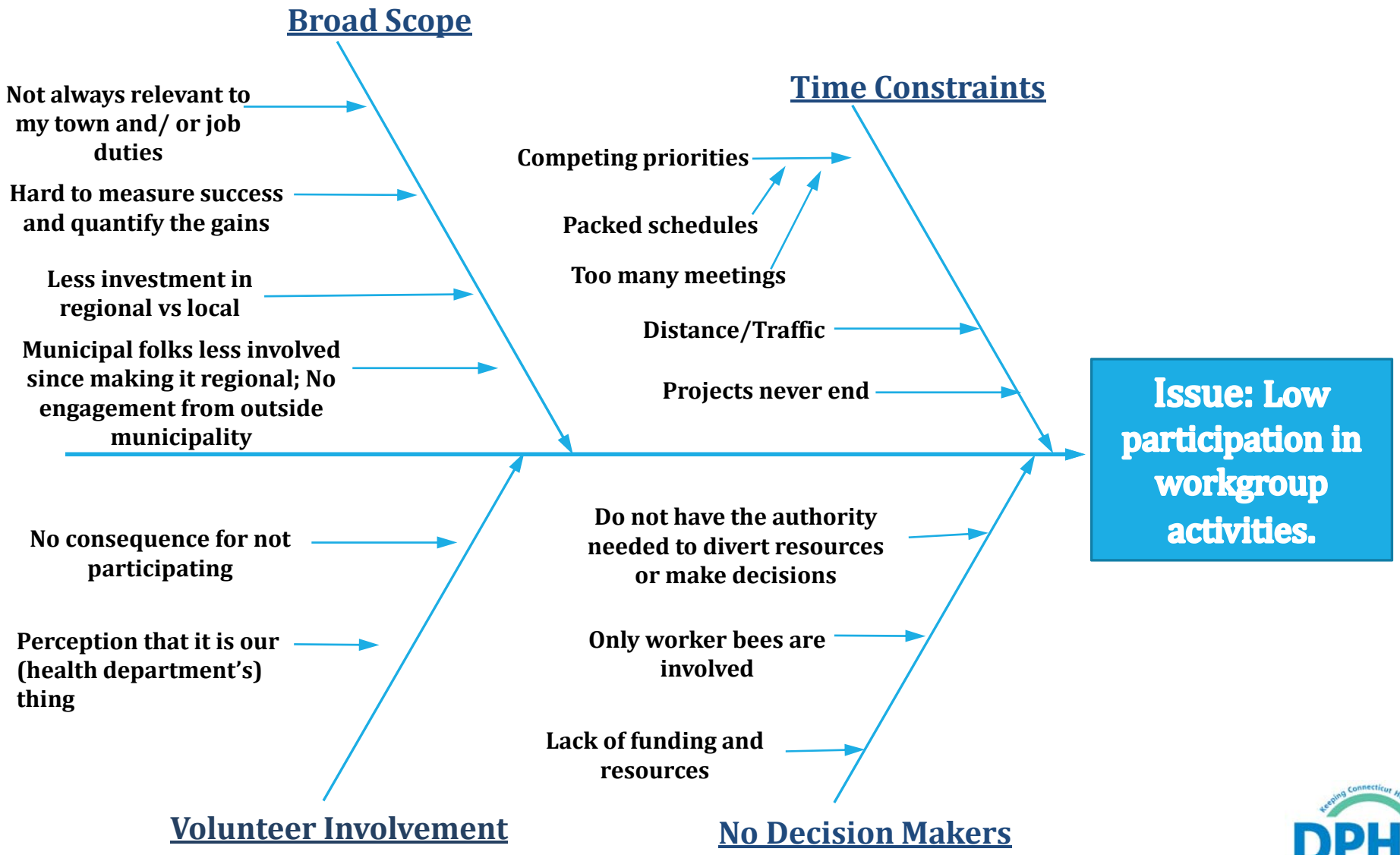
Process mapping will often turn up the root cause of an issue through discussion and visualization of the process.

If additional digging is needed, perhaps for a section of the process, try conducting a Root Cause Analysis using a Fishbone Diagram or the “5 Whys”

Steps for Creating a Fishbone Diagram:

- Write the problem statement on the right side of the page
- Take turns brainstorming ideas about the potential cause of the problem put on post-its
- Organize the post its into like categories and give the category a name or major heading (i.e. Resources, Knowledge, Attitudes etc)
- Draw arrows from the major heading to the effect line
- Draw arrows from the minor causes to the related major causes
- Ask “why” relative to at least one minor cause and add those under the minor cause

Fishbone Diagram Example



Current Process Map to Future Process Map

While you and your team are mapping out the current process, be sure to record improvement ideas as they come up, these will help inform your “future state” map

- Ask yourselves: Are there steps that can be eliminated? Is there an opportunity to standardize something or make it electronic? Does that form really need to be approved by three different people?

Your “future state” map will appear cleaner and more organized, and should have eliminated as many non-value added (pink), waiting (purple), and transport (blue) steps as possible.

Your “future state” is what you and your team will strive for, as detailed in an action plan or implementation plan

Your current and future state maps are as strong as the people you have in the room – everyone who has a step or role in the process should be participating and providing input (also helps with buy-in)

Behavioral Health and Outpatient Clinics

2017 LEAN Implementation Plan

Tasks				Recommendations	
Not Started	In Progress	Delayed	Complete	"Good" Completed	"Great" Completed
9	11	0	2	0	0

Recommendation/Task	Status	Estimated Completion Date	Task Owner/ Participants	Notes
Good State				
1. Standardize Survey Checklist		September 1, 2017	**Kelly Keaveney**	Checklist implementation has been trialed and revisions are being made subsequent to team discussion. Multiple team meetings have been held, next meeting 8/22/17. Kelly actively pursuing the checklist with develoment of an electronic checklist with drop boxes. Working with Surjit, however, this has been delayed by the mandatory CMS LTC revised survey process training. 10/4/17: Meeting scheduled to meet with RD to expand function of checklist. Additionally, request revising KPI 4 and limit to SA and MH.
Design checklist, share with team for comments	Complete	July 19, 2017	Lori Griffin (RT), Alice Martinez, Deidre Gilbert, Maury Gibson, Melissa Touma New FLIS employees	
Mock test of checklist and revise as necessary	Complete	August 2, 2017		
Meet with team to determine how the finalized checklist will be implemented	In Progress	August 7, 2017		
Write policy/procedure about how to complete checklist (include FAQ as appropriate)	In Progress	August 14, 2017		
Implement checklist	In Progress	September 1, 2017		
2. Implement/pilot outlook calendar of scheduled inspections for FLIS		October 15, 2017	**Alice Martinez**	10/4/17: initial contact made to help desk, work ticket submitted. Helpdesk has set up the calendar process. Staff are setting up their outlook mail (10/20/17, BSC)
Contact IT to set up calendar	In Progress	July 17, 2017	DPH IT, DAS BEST, FLIS NC/HPA, Barbara Cass	
Inservice staff on use of the calendar for scheduling inspect	In Progress	August 7, 2017		
Evaluate effectiveness	Not Started	October 15, 2017		
3. Survey Efficiencies		January 1, 2018	**Barbara Cass**	10/20/17: (BSC) Thresholds to terminate an intial visit will be incorproated into the P+P's. Examples will be no staff, no P+P, equipment not in place. VPN have been ordered, are on site, however, have not been fully deployed.
Identify thresholds for terminating an initial site visit	In Progress	August 7, 2017		
Communicate those thresholds with providers the need for a potential site visit termination - for initials who ae not ready	Not Started	September 1, 2017		
Develop policies and procedures for initial site visits that will include photographic confirmation of compliance with requirements pursuant to identifying initial non-compliance	In Progress	September 30, 2017		

Developing Key Performance Indicators

Key Performance Indicators (KPIs) are a type of performance measurement meant to evaluate the effectiveness of an activity

A strong KPI will have baseline data from before improvements began and should tackle some of the issues your team set out to improve.

Time-oriented goals should also be set for each KPI

Project KPI examples: (meant to promote accountability and ensure the plan is being consulted)

- Percent of all "good" implementation tasks completed
- Attendance rate of process improvement team at each follow-up meeting

Impact KPI examples: (measures impact of improvements)

- Percentage of facilities ready for initial site visit (quarterly) (Facilities Licensing)
- Average time between Substance Abuse Facility Site Visit and providers' receipt of findings (Facilities Licensing)
- Reduce the average time from date of field survey to the date survey report issued (Drinking Water)

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How to document all this in a nice, neat package?

When CT DPH submitted documentation for 9.2.2 RD1, we included:

- a cover sheet explaining the pieces of our documentation
- the Project Aim Statement and Team Charter
- a "report out" in the form of a PPT presentation (template included as an attachment in webinar)
  - Lays out the details of the project and taps each requirement in the measure

Questions?