Accreditation Learning Community

October 25, 2017
1:00-2:00pm

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

Agenda

Wednesday October 25, 2017 | 1:00pm-2:00pm

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1:00 – 1:15	**Welcome and Updates**	Melissa Touma
1:15 – 1:40	**Identifying and Defining Opportunities for Improvement**	Laurie Ann Wagner, Performance Improvement Manager, CT DPH
1:40 – 2:00	**Open Discussion**	ALC

Next Call: Wednesday November 22, 2017 1-2pm

Save the Date!

Prioritization Matrix Workshop

November 9, 2017
9am to 11:30am
DPH Laboratory, Rocky Hill CT

Registration link on TRAIN will follow shortly

This workshop will train local health department staff on how to use the Prioritization Matrix, a QI tool, to assess staff competencies and address specific requirements of PHAB Measure 8.2.1A.

Share Your CHIP Success Stories!

Tell us about a successful initiative, strategy, or activity that your Local Health Department and/or partners have implemented from your community's Health Improvement Plan!

For example, collaboration with:

- school districts
- local businesses
- community partners
- faith-based community organization
- Senior Center/Parks and Rec

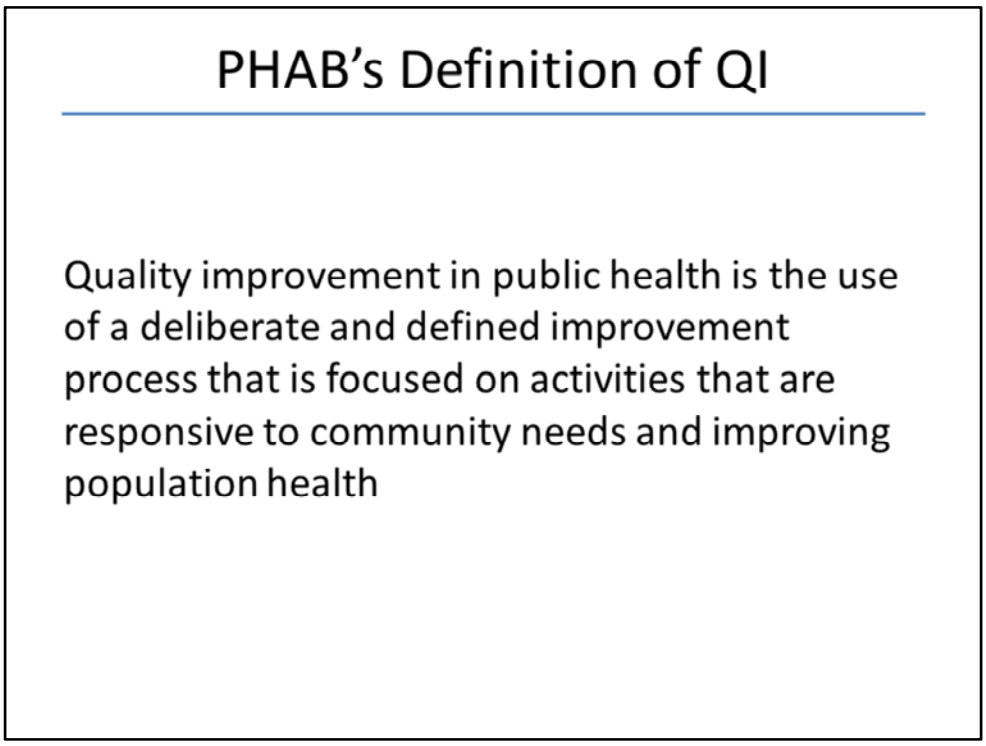
Can potentially support accreditation as examples of providing information on public health to the public and engaging partners

GOAL

Share model strategies with constituents, community partners, other local health departments, and elected officials.

CDC Example from Connecticut: Fairfield Rolls Out First Bike Route

Use the CDC Success Story Tool Kit for guidance!



Quality Improvement is at the heart of accreditation

Specifically, QI refers to a continuous and ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes.

While Domain 9 focuses on the evaluation of all programs and interventions and specifically asks for documentation from QI projects, PHAB has really incorporated the concept of QI throughout the standards and measures, and throughout the accreditation process. For example, the significance section of Measures 1.3.1, which is focused on data analysis and drawing conclusion for public health impact, describes data analysis as a critical component of program evaluation for continuous quality improvement.

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**

Standard 9.2 has a specific focus on QI and is entitled Develop and Implement quality improvement processes integrated into organizational practice, programs, processes, and interventions. QI is an important component of an agency's performance management system and requires both leadership support and staff commitment to be effective.

Laurie Ann's presentation today will relate specifically to Measure 9.2.2: Implementing quality improvement activities. While PHAB asks for documentation of initiatives based on a QI plan, the absence of a plan should not stop your agency from conducting quality improvement projects. In the same vein, we should not be conducting QI projects just to have documentation for accreditation. QI takes practice and with the right tools, it can become an every day occurrence in your agency.


We can always do better…
but how do we get started?
Identifying and defining opportunities for improvement
Laurie Ann Wagner, Performance Improvement Manager
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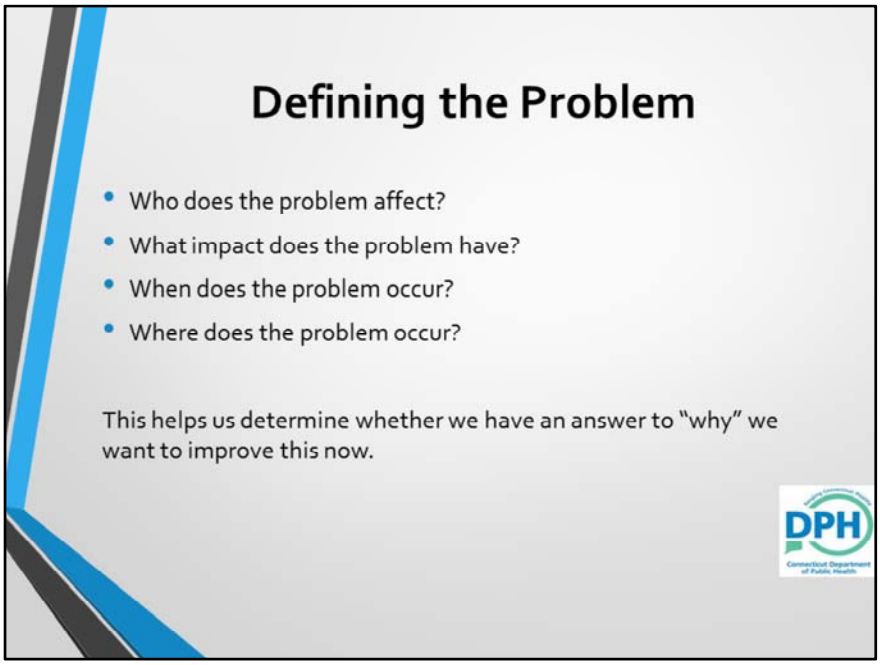
860-509-7626
DPH
PHAB

The Turning Point Performance Management System framework calls for a customer focus. We should be considering who our customers are, what they want, and how we know what they want.

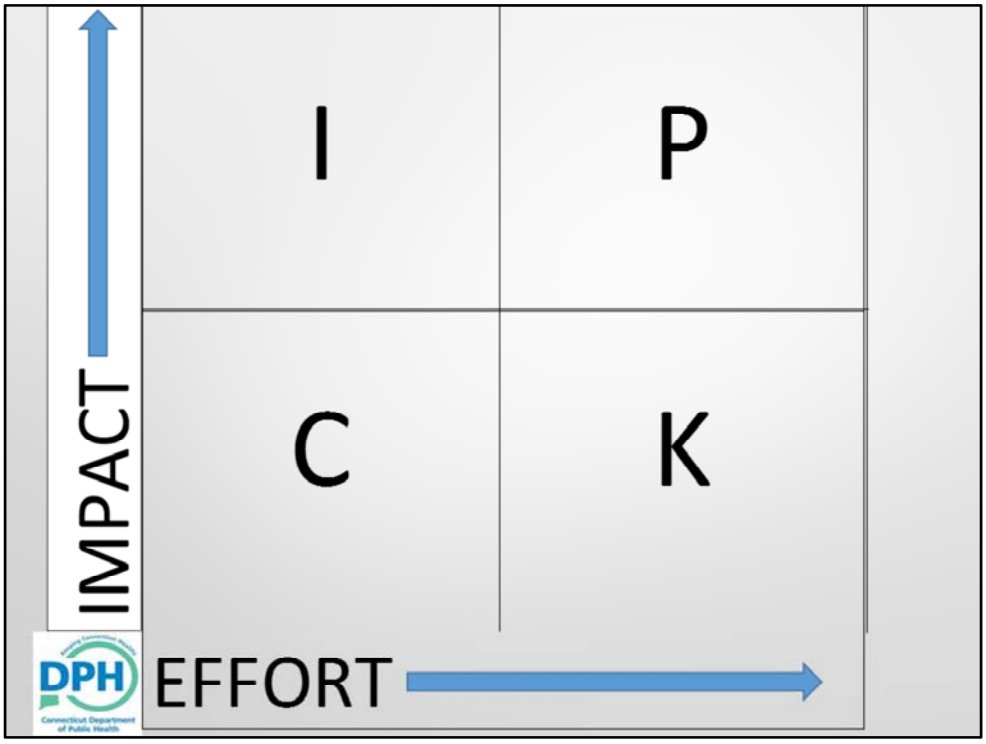
The Lean model of process improvement says the most important resource in approaching improvement activity is the body of employees who do the work.

So what

- Staff and customer Surveys/feedback
    - Anecdotal
    - Survey Monkey
    - PHWINS (does this apply to LHD)
- Data – ours and others'
    - We likely have more data than we know…it is a matter of doing it intentionally and then *looking* at it
        - Consider how many site visits one of your staff makes. If you looked at the average of 3 staff, is there a staff member over or under performing? It would be important to know if the outlier is the one identifying the pain point.
    - Are you reaching all benchmarks set by others?
    - How do you compare internally (between processes and people) and externally (between LHD, state, nationally)?



We're not trying to diagnose yet. We're just working to understand what about this process causes people "pain".



So what happens if you have multiple pain points. What one do you focus on first? Consider, the answers to the questions on the previous slide. Think about the "biggest pain"; funding dependencies; issues of liability; sphere of influence/matter of control… then use the PICK chart to prioritize.

P – Plan

- These actions have high benefit but they are not easily executed.
- Make a plan as to how it could be done.

I – Implement

- These actions have high benefit and are easy to do.
- Just Do It!

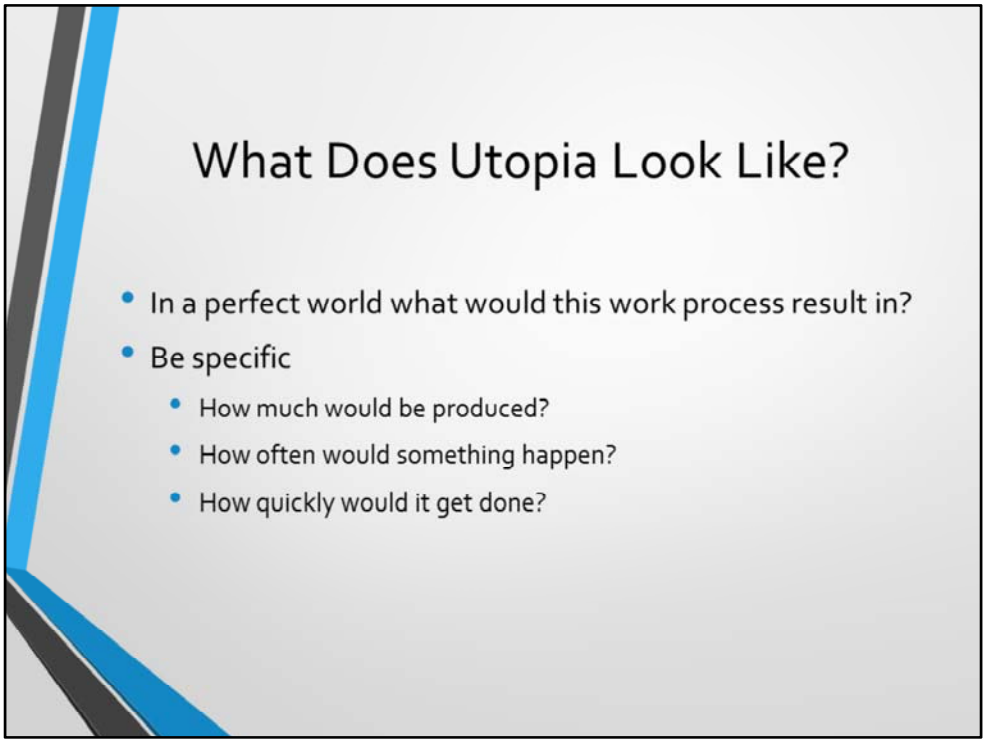
C – Choose

- These are low benefit but are easily done.
- Be selective…some are worth it…others may not be.

K – Kick Out

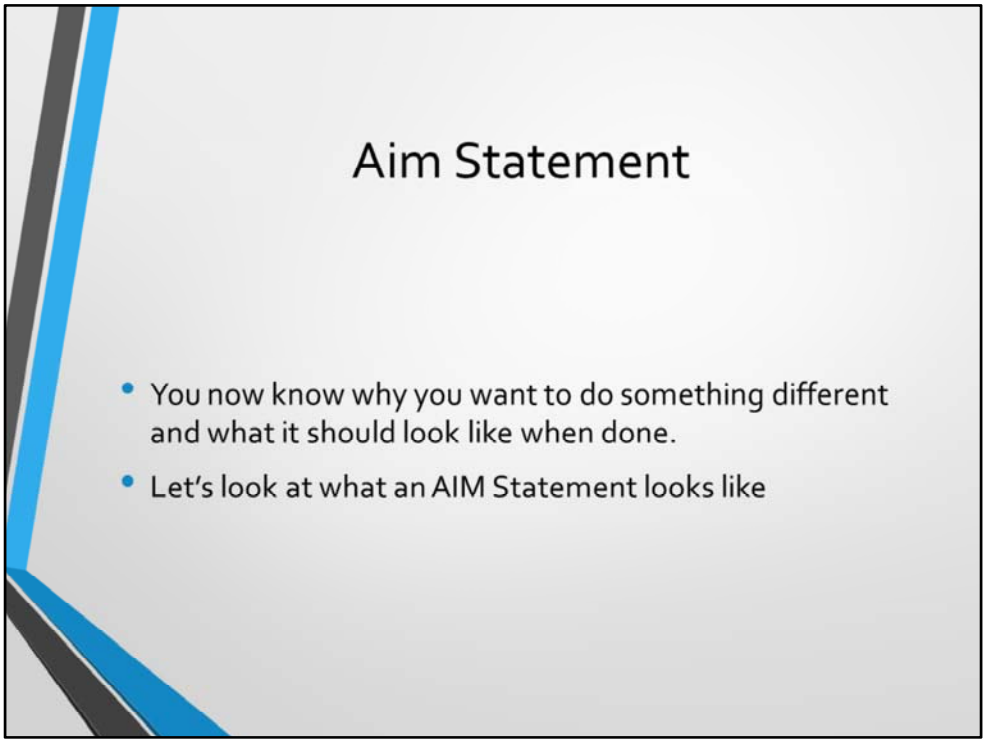
- Low benefit and difficult to execute

- Don’t bother!!!!



So we think we have our focus. Now the question is, what would "good" look like? How about "great"?

We don't want to get in the car and start driving if we literally don't have any idea of where we are going. (At least not at work) We would never know when we had arrived.


Aim Statement
You now know why you want to do something different and what it should look like when done.
Let's look at what an AIM Statement looks like

Aim Statement

We aim to:

What are we trying to accomplish? Use words like improve, reduce, and increase to identify the **overall** goal. Make it specific, measurable, achievable, and relevant.

because:

Why is it important? Answer the "so what" question and describe the rational and reasons to work on this improvement project.

for:

Who is your specific target population/customer?

by when:

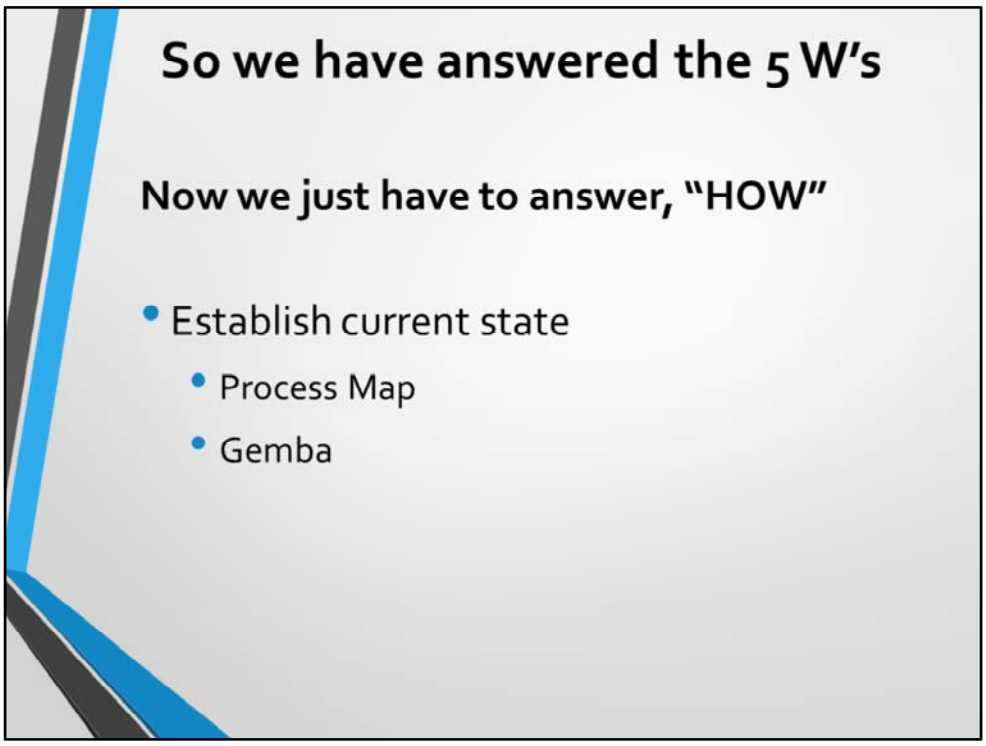
specific time frame, ie, month/year in which you intend to complete the improvement

We will achieve this by:

How will you carry out the work and reach your overall aim? Think of the resources at your disposal.

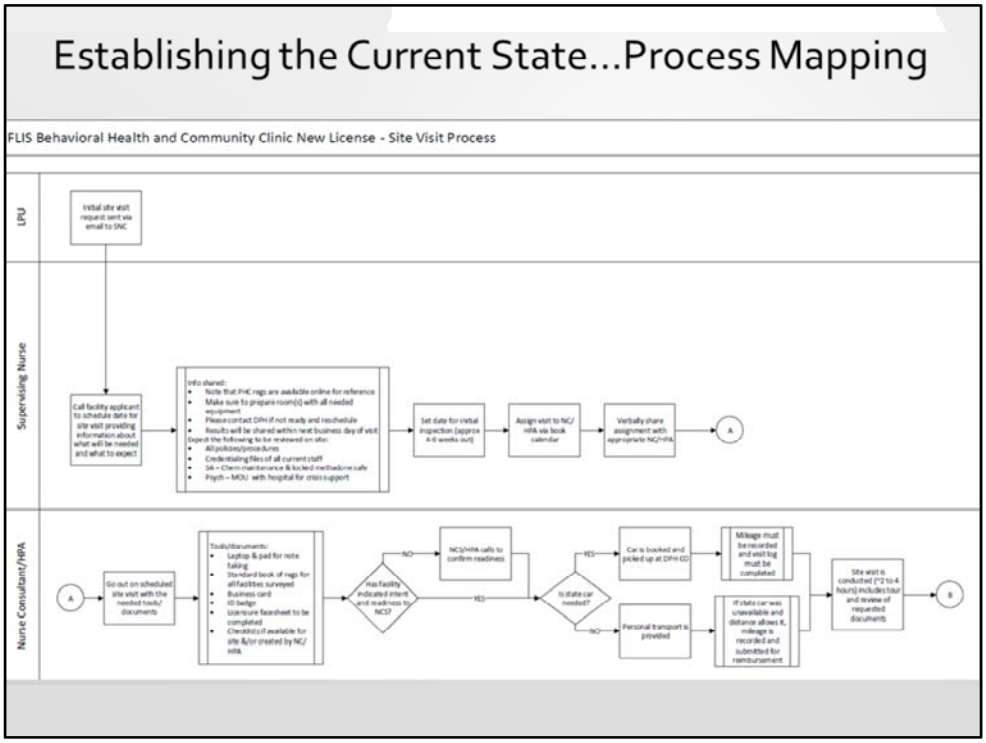
Our measurable objectives include:

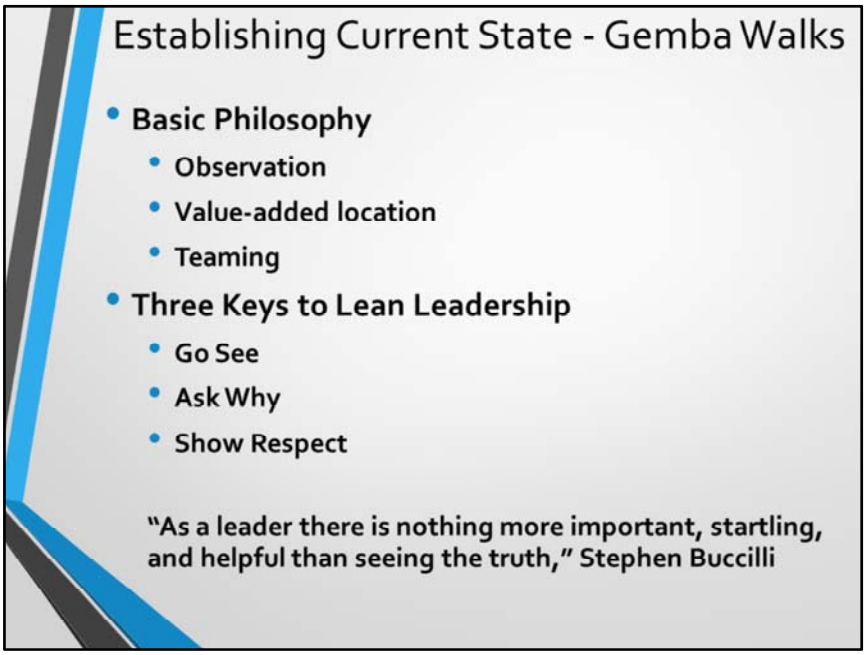
What are our specific measureable objectives? Think of the key changes you need to make. State them as numeric goals that are specific, measurable, achievable, and relevant.



A doctor doesn't know how to treat someone without a diagnosis…we can engage in symptom alleviation but it often doesn't eliminate the problem…

Establishing the Current State…Process Mapping





What is a gemba walk--

Gemba refers to the place in the company where the work is being performed. It means "the Real Place," and is used in context with determining the best source of information about a problem or process.

This concept stresses:

Observation: In-person observation, the core principle of the tool

Value-added location: Observing where the work is being done (as opposed to discussing work done in the field offices while sitting in CO)

Teaming: Interacting with the people and process in a spirit of Kaizen ("change for the better")

Of note: In the United States, Kaizen and Kaizen events are usually thought as of a one-week push for a change, usually a step change in performance. Gemba walks can help achieve a step change cut can also be used for frequent, incremental improvement – which was the original concept of Kaizen.

A gemba walk is not…

an opportunity to find fault in others while they are being observed

a time to enforce policy adherence

the time to solve problems and make changes

Why do a gemba walk?

It is the most effective way to "understand" the current condition

You get to "see" first hand, what is REALLY happening vs. what may be assumed to be happening.

It is the "Check and Act/Adjust" part of the PDCA cycle

What questions can be answered by doing a gemba walk?

What is working really well?

What is not working as well as we would like?

Is the codified protocol being followed?

If not, why?

Do people know why the standard process was established the way it was?

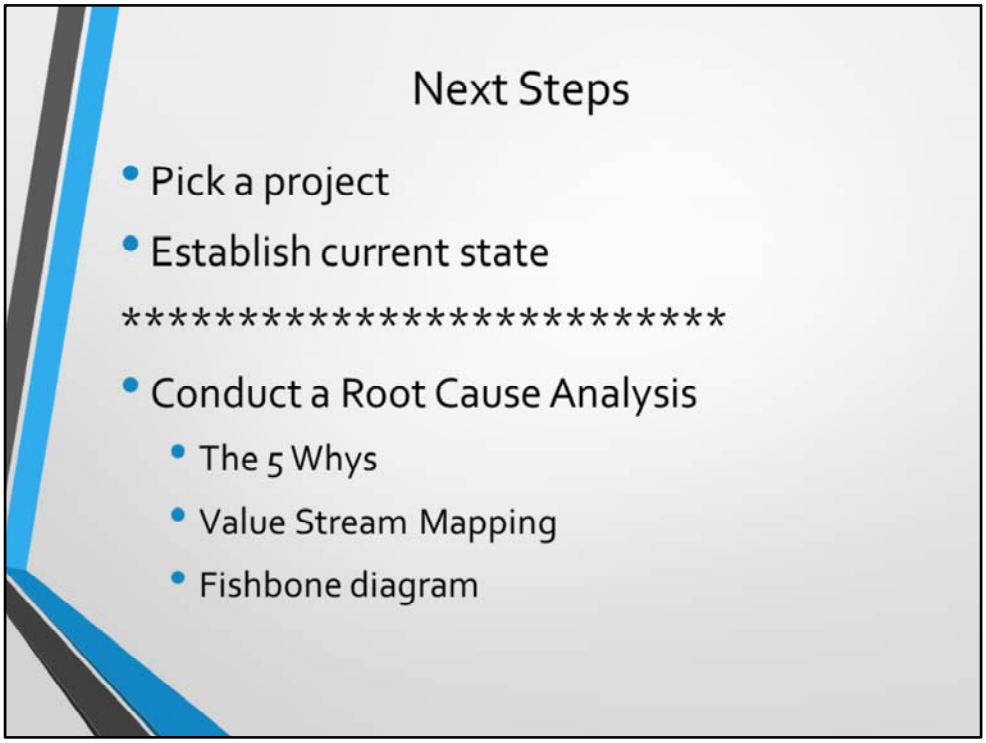
Does the written process not work? Why?

Do the "off script" approaches actually work better?

Are there barriers to "getting the job done"?

What are they?

Can they be easily eliminated or is it more involved?


Next Steps
Pick a project
Establish current state
****
Conduct a Root Cause Analysis
The 5 Whys
Value Stream Mapping
Fishbone diagram

Questions?