

Navigating the Currents:

Positioning Local Health Departments for the Future

July 11-13 • Los Angeles • Hyatt Regency Century Plaza

NACCHO
ANNUAL
2012

Building Leadership and Capacity at LHDs to Conduct System-Level Quality Improvement: Evaluation of a Multi-Modal Strategy

Chelsie Huntley, Minnesota Department of Health

Sandy Tubbs, Horizon Community Health Board



Navigating the Currents:

Positioning Local Health Departments for the Future

July 11-13 • Los Angeles • Hyatt Regency Century Plaza

NACCHO
ANNUAL
2012

Agenda

- Context: Public Health and QI in MN
- MN's Quality Improvement Leadership Collaborative
- Quality Improvement Planning Tools
- Questions



Public Health
Prevent. Promote. Protect.

MINNESOTA CONTEXT



Minnesota
Public Health
Research to
Action Network

Public Health in MN

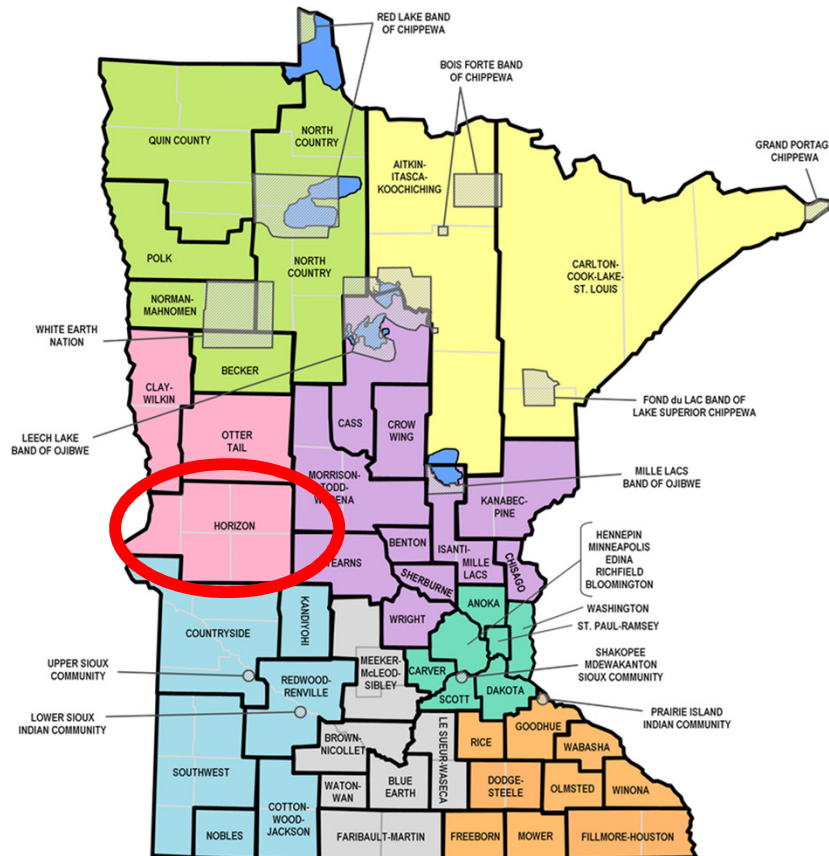
- MN is a decentralized state with a strong state-local public health partnership
- 52 Community Health Boards
 - 27 single-county
 - 21 multi-county
 - 4 city
- State Community Health Services Advisory Committee serves as a forum for discussion and recommendations
- The Minnesota Department of Health's Office of Performance Improvement (OPI) has a long-standing role and relationship with local public health



Minnesota
Public Health
Research to
Action Network

Horizon Community Health Board

- 5 county partnership
- 3 health departments
- Rural
- Serve a population of 66,000
 - Individual counties range from 3,600-36,000
- Provide core public health services and programs



Minnesota
Public Health
Research to
Action Network

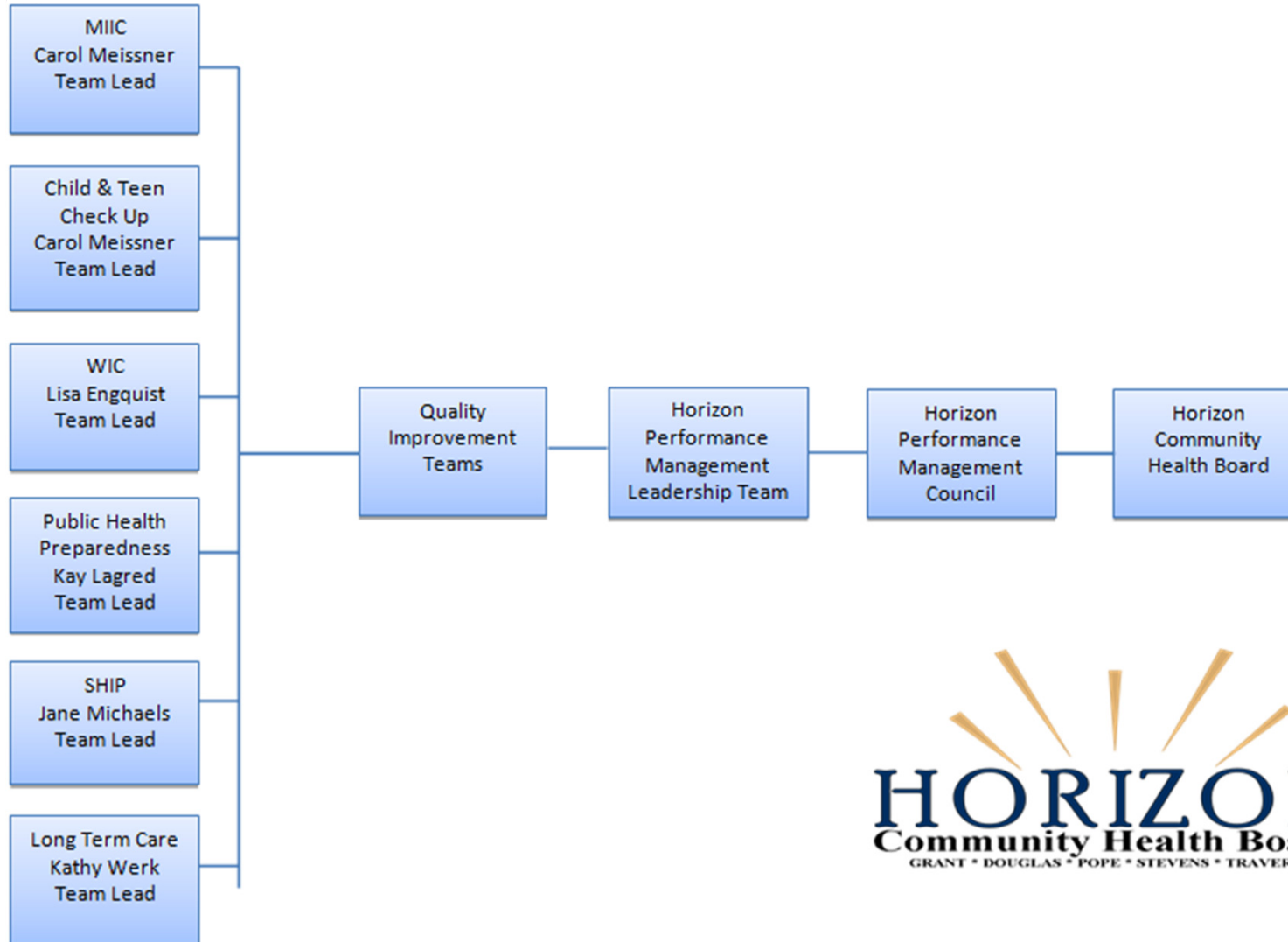
Quality Improvement and Public Health in MN

- Building local QI capacity since 2007 with support from RWJF and CDC
 - Learning Collaboratives
 - QI Showcase
 - Project Consultation
- Mainly focused on “qi”



Minnesota
Public Health
Research to
Action Network

Performance Management at Horizon



Minnesota
Public Health
Research to
Action Network

MN'S QUALITY IMPROVEMENT LEADERSHIP COLLABORATIVE



Minnesota
Public Health
Research to
Action Network

Background and Need

- Sustain and build on progress of the Multi-State Learning Collaborative
- National standards focus attention on QI planning and organization-level QI
- Evaluate initiatives intended to build capacity of public health system



Minnesota
Public Health
Research to
Action Network

Objectives

- Build capacity to lead organization-level QI
- Integrate QI into culture and operations



Minnesota
Public Health
Research to
Action Network

Expected Outcomes

- Increased capacity to lead organization-level QI
- Sample QI plans and guidelines
- Actionable evaluation findings



Minnesota
Public Health
Research to
Action Network

QI Leadership Collaborative

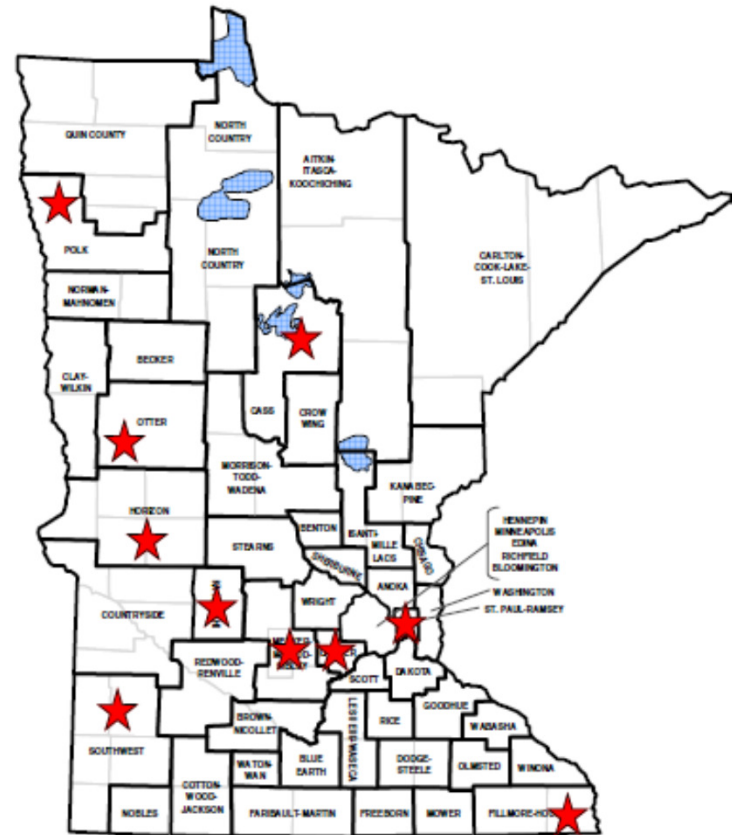
69 participants on 10 teams

Deliverables:

- Assess organizational QI culture
- Develop an organizational QI plan
- Submit monthly reports

Training and technical assistance

\$5000.00 compensation



Evaluation Methods

1. Assembled data on team attendance at each training
2. Conducted brief evaluations at the conclusion of each webinar
3. Assessed QI plans for alignment with best practices
4. Fielded a post-collaborative electronic survey of all team members



Minnesota
Public Health
Research to
Action Network

Trainings

Face to face 1-day kick off

- Widespread participation (n=54, 78%)
- Evaluation findings: High enthusiasm, varied experience, amount & complexity of content

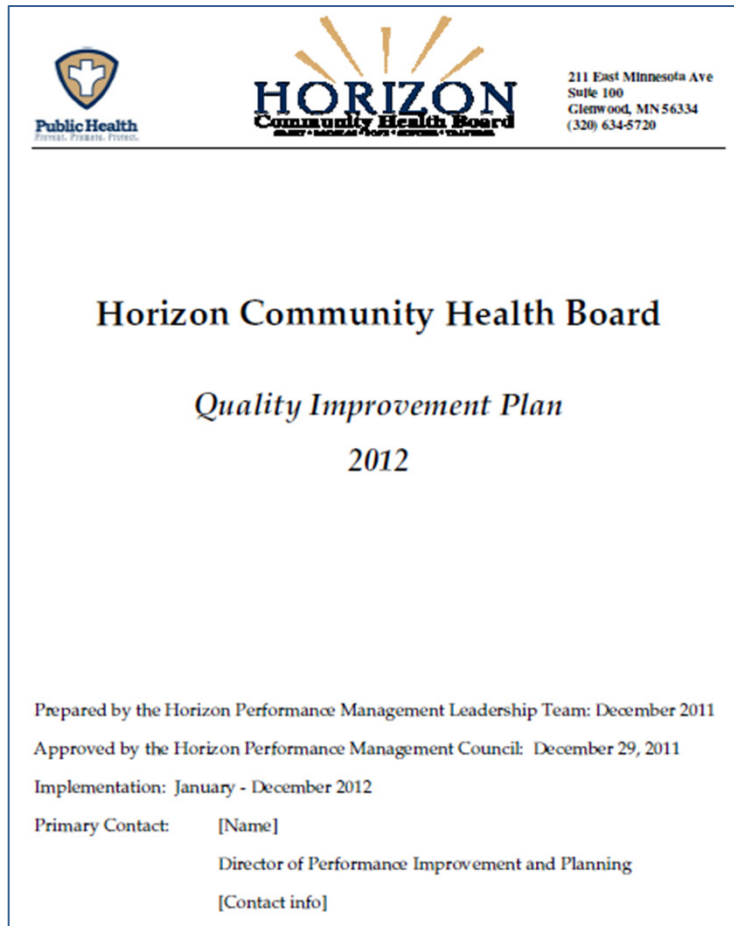
Four webinars

- All teams were represented on all four webinars (n=10, 100%)



Minnesota
Public Health
Research to
Action Network

QI plan review



Key elements desired in plan:

- Purpose and scope
- Structure
- Process to Id QI projects
- Planned QI efforts/timelines
- Goals, objectives & measures
- Monitoring progress & results
- Training & communication
- Evaluation & sustainability



Minnesota
Public Health
Research to
Action Network

QI plan review

Scores ranged from 34% to 73% of 170 points possible

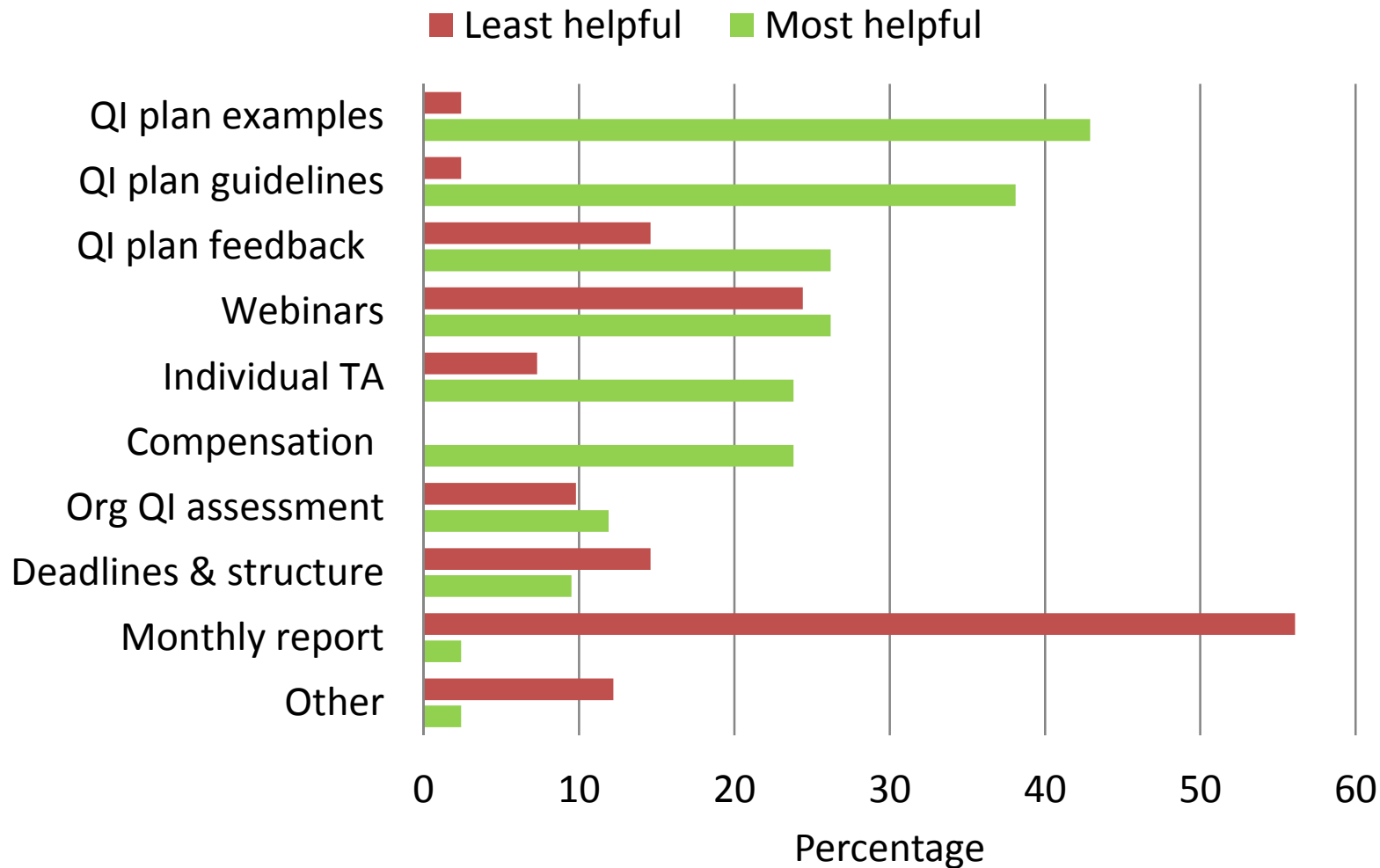
Some areas were consistently strong

- Tools for project proposals and tracking
- Purpose and scope
- Structure, composition and operations of QI council

Some areas could be consistently strengthened

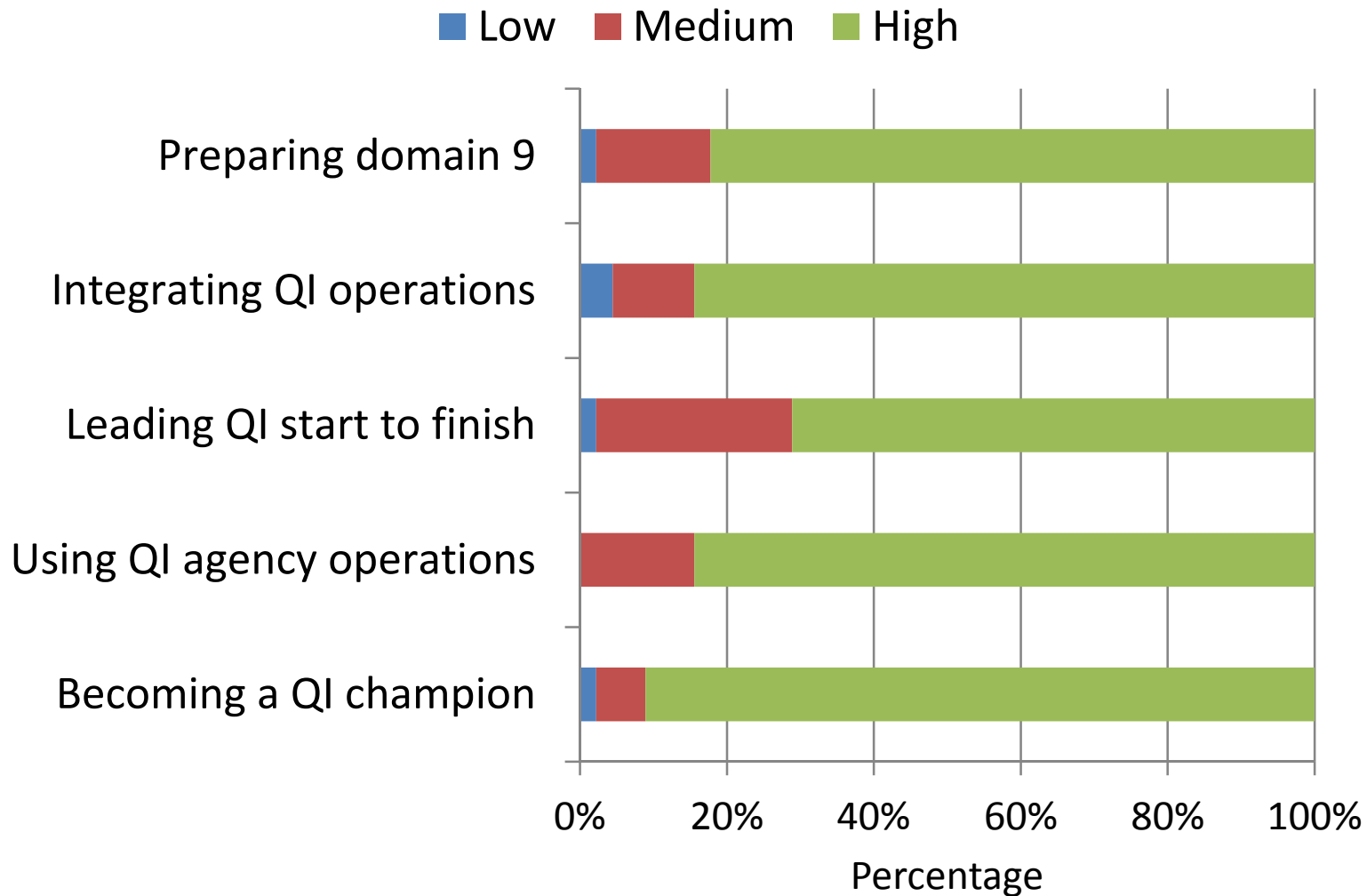
- More explicit resource allocation
- More detailed training and communication plans
- More direct link to performance management

Participant ratings of helpfulness by component of the collaborative, n=42 (61%)

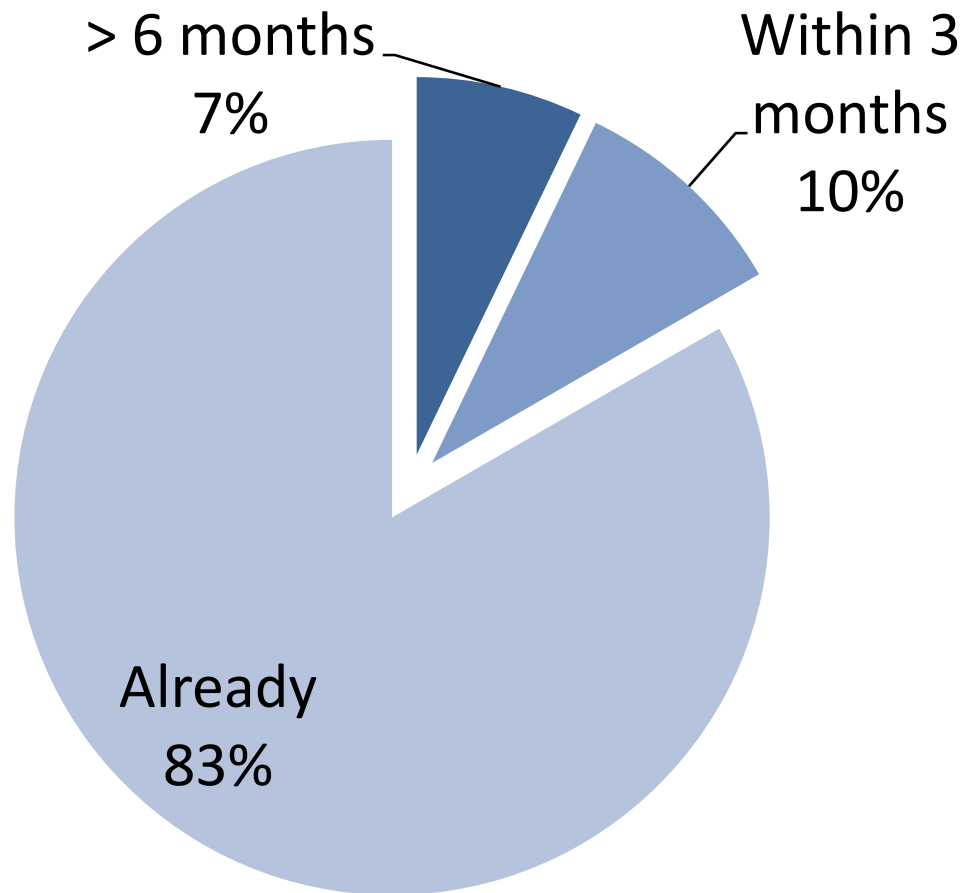


Respondents identified two most and least helpful components

Achievement of learning objectives (n=45)



Intent to implement the QI plan (n=42, 61%)



Overall Results

- Participation in trainings was consistently high
- All teams completed all deliverables
- Majority of respondents reported high levels of learning
- Amount and complexity of information was an issue for many
- QI plan guidelines and examples identified as most helpful.
- Monthly reports identified as least helpful
- Respondent ratings on helpfulness of webinars were mixed.
- QI plan scores varied across teams
- Almost all respondents reported that their organizations are already implementing their plans



Minnesota
Public Health
Research to
Action Network

Conclusions

In 5 months, local health departments with modest experience in QI can form teams, produce QI plans and begin implementing those plans

For many, development and implementation of QI plans that meet the national standards will require a long-term commitment

Examples and guidelines developed during this collaborative may be useful to others



Minnesota
Public Health
Research to
Action Network

Next Steps

Examine implications for future training and capacity development

Examine the relationship between the quality of the QI plan and other health department characteristics and/or outcomes



Minnesota
Public Health
Research to
Action Network

QUALITY IMPROVEMENT PLANNING TOOLS



Minnesota
Public Health
Research to
Action Network

QI Maturity Assessment Tool

Organizational Culture

Key decision makers believe QI is important

Staff are routinely asked to contribute to decisions

Staff has the authority to make change

My agency currently has a pervasive culture that focuses on continuous QI

Capacity/Competency

My agency has a QI plan

Leaders are trained in basic methods for improving quality

My agency has a high level of capacity to engage in QI efforts

Alignment and Spread

Job descriptions for many individuals include QI responsibilities

Customer satisfaction information is routinely used

My agency currently has aligned our commitment to quality with most of our efforts, policies and plans.



Minnesota
Public Health
Research to
Action Network

QI Plan Guidance

<http://www.health.state.mn.us/divs/cfh/ophp/system/planning/>

Local Public Health Assessment and Planning



[Organizational Self Assessment](#)



[Community Health Assessment](#)



[Strategic Plan](#)



[Community Health Improvement Plan](#)



[Quality Improvement Plan](#)

4. Write Quality Improvement Plan

Write a QI Plan, which will outline the process and foundation for quality improvement within your organization.

- ▶ **Tool:** [QI Plan Outline \(PDF: 143KB / 3 pages\)](#)
- ▶ **More Information:** [Standard 9.2: Requirements for QI Plans \(PDF: 175KB / 2 pages\)](#)



Examples of QI Plans

Washington County (MN)

- ▶ [Washington Co. Quality Improvement Plan \(PDF: 577KB / 16 pages\)](#)
- ▶ [QI Process Map \(PDF: 212KB / 1 page\)](#)
- ▶ [QI Project Proposal \(PDF: 291KB / 1 page\)](#)
- ▶ [QI Project Worksheet \(PDF: 195KB / 2 pages\)](#)
- ▶ [QI Storyboard \(PDF: 200KB / 1 page\)](#)
- ▶ [PIT Consultant Checklist \(PDF: 193KB / 1 page\)](#)

Fillmore-Houston CHB (MN)

- ▶ [Fillmore-Houston Quality Improvement Plan \(PDF: 311KB / 4 pages\)](#)
- ▶ [Appendix A: QI Organizational Structure \(PDF: 187KB / 1 page\)](#)
- ▶ [Appendix B: QI Council Charter \(PDF: 282KB / 7 pages\)](#)



Minnesota
Public Health
Research to
Action Network

Closing Thoughts

- A small amount of funding and concrete deliverables can move QI planning up in the to-do list
- Building capacity for “qi” projects and “QI” leadership are different
- The thing identified as “least helpful” may be what keeps teams on track
- Need to balance between virtual and face-to-face interactions



Minnesota
Public Health
Research to
Action Network

Acknowledgements

The Minnesota Department of Health (MDH) led this collaborative and practice-based research as part of Minnesota's participation in three national public health initiatives:

- Multi-State Learning Collaborative (MLC-3) of the Robert Wood Johnson Foundation
- The Public Health Practice-Based Research Network Program of the Robert Wood Johnson Foundation
- National Public Health Improvement Initiative of the Centers for Disease Control and Prevention



Minnesota
Public Health
Research to
Action Network

QUESTIONS?



Minnesota
Public Health
Research to
Action Network

For More Information

Chelsie Huntley, Performance Improvement Manager

Minnesota Department of Health

chelsie.huntley@state.mn.us

Sandy Tubbs, Director of Performance Improvement and
Planning

Horizon Community Health Board

sandy.tubbs@mail.co.douglas.mn.us

Minnesota Public Health Research to Action Network:

<http://www.health.state.mn.us/divs/cfh/ophp/system/ran/>



Minnesota
Public Health
Research to
Action Network