A STUDY OF THE IMPLEMENTATION AND PERCEIVED EFFECTIVENESS OF QI ACTIVITIES FOR NEBRASKA' S LOCAL HEALTH DEPARTMENTS

Presented by

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OUTLINE OF PRESENTATION

- Background of Public Health in Nebraska
- Purpose of the Study
- Study Methods Survey and Facilitated Discussion
- Major Findings
- Conclusions and Next Steps

BACKGROUND OF LHDS

- In 2001, 16 new regional LHDs formed, ranging from 2 to 10 counties
- LHDs now cover entire state
- Regional LHDs have many advantages (economies of scale), but distance and capacity levels can be challenges

PURPOSE OF THE STUDY

• To assess the current status of Nebraska's LHDs in implementing public health quality improvement (QI) initiatives.

• From the practice perspective, QI is one of the standards of accreditation.

STUDY METHODS

• In 2011, the COPH conducted a survey of LHD directors using:

- The QI Taxonomy developed by Bill Riley at the University of Minnesota
- The 2011 Annual Survey of the Multi-State Learning Collaborative – University of Southern Maine.
- NACCHO's 2010 National Profile of LHD Survey

• Survey reviewed by the Nebraska PBRN

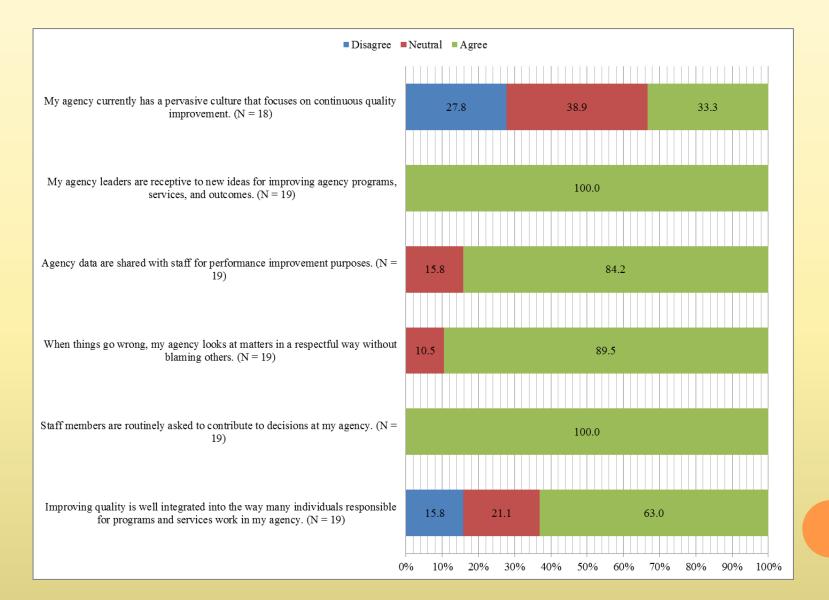
LHD QUALITY IMPROVEMENT SURVEY

- Survey Content
 - Are any QI-related programs, initiatives, or activities currently implemented in the LHD?
 - ✤ If so, what specific QI tools and processes are used?
 - What quality measures (if any) are used, what data are collected for the measures, and how is that data collected?
 - What is the perceived appropriateness of the adopted quality measures and how relevant are they to the practice setting?
 - What is the perceived effectiveness of the implemented QI activities?
 - What are the challenges of implementing the QI activities?

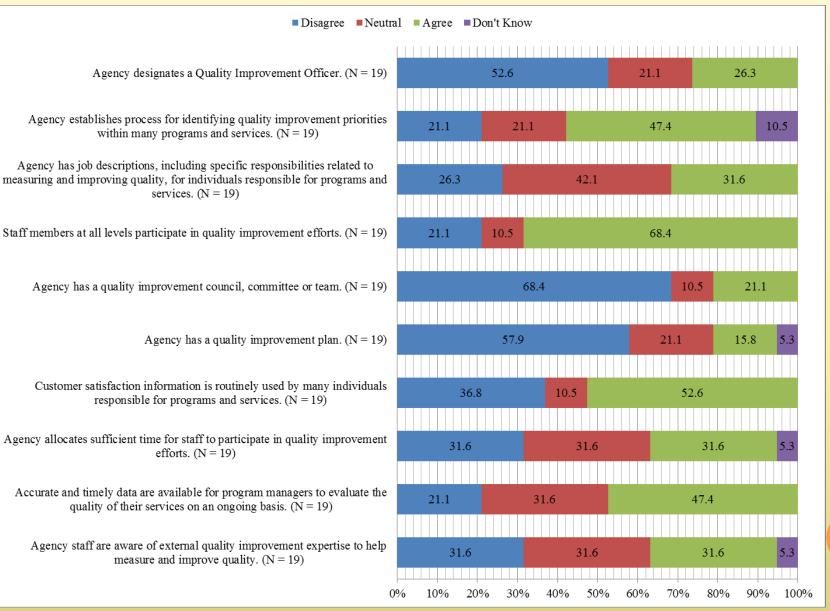
STUDY POPULATION

- Sample
 - Surveyed all 21 LHD directors
- Response
 - Total of 19 responses (90.5% of total sample)
 - * Regional: n = 17
 - Single-County: n = 2

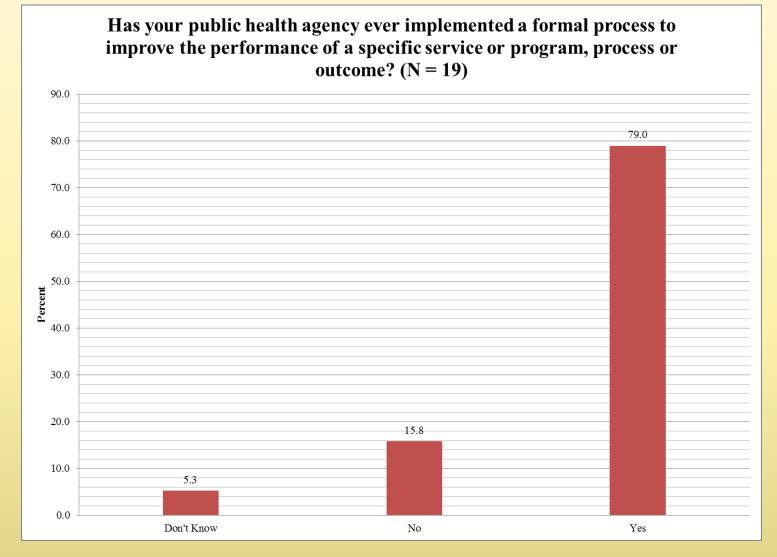
QUALITY IMPROVEMENT: AGENCY CULTURE



QUALITY IMPROVEMENT STRATEGIES

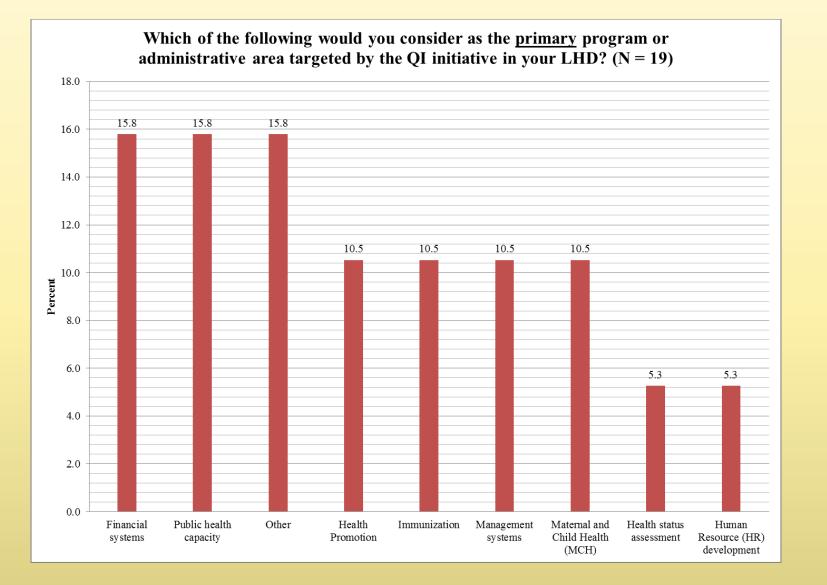


QUALITY IMPROVEMENT ACTIVITIES



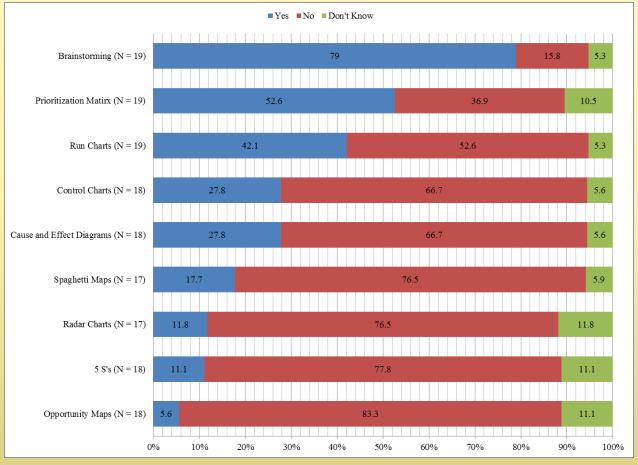
• In the past 12 months, a median of 3.0 (N = 8) formal projects has been implemented in LHDs.

PRIMARY PROGRAM OR ADMINISTRATIVE AREA TARGETED FOR QI

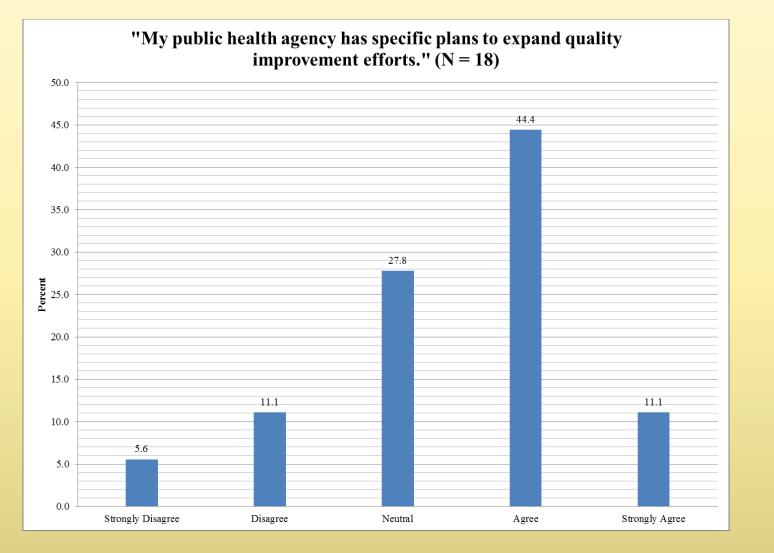


QUALITY IMPROVEMENT TECHNIQUES

47.1% (n = 8) of LHDs indicated that QI techniques were used for any QI program or intervention.



QUALITY IMPROVEMENT PLANS



CHALLENGES

• Infrastructure

- *"Getting started"*
- [Need for] "an experienced, dedicated staff person to help with education and the process" (Respondent)
- Resources
 - Time
 - Money
 - Staff and Staff Knowledge
- Training
 - [Need for] training in applicable QI measuring systems" and "techniques" (Respondent)
- Data Limitations
 - Collection
 - [Need for] "access to appropriate data for the best measures" (Respondent)

OPPORTUNITIES AND BARRIERS

■ Disagree ■ Neutral ■ Agree ■ Don't Know				
QI activities are typically effective in my public health agency. $(N = 18)$	16.7	33.3	33.3	16.7
My public health agency has specific plans to expand quality improvement efforts. ($N = 18$)	16.7	27.8	55.6	
My public health agency currently has a high level of capacity to engage in quality improvement efforts. (N = 18)	:	55.6	27.8	16.7
My public health agency currently has aligned our commitment to quality with most of our efforts, policies and plans. (N = 18)	22.2	16.7	61.1	
Before initiating a quality improvement effort, short-term, intermediate and long term desired targets are established. $(N = 18)$	33.3	27.8	38.9	
Staff integrates lessons from successful quality improvement efforts into daily practice. (N = 18)	5.6 16.7 77.8			
When a quality improvement effort succeeds, there are sufficient resources to sustain improvements on an ongoing basis. $(N = 18)$	27.8	33.3	33.3	5.6
Quality improvement efforts mostly happen in only one program area of my public health agency. $(N = 18)$	61.1 16.7 11.1 11.1		11.1	
0	0% 10% 20%	30% 40% 50% 6	0% 70% 80%	90% 100%

FUTURE RESEARCH

- A recent RWJF funded project will build on the information from the QI survey.
- The purpose is to examine the relationship between QI readiness and accreditation readiness based on the size of the regional health departments
- In-depth site visits will also be conducted in four regional LHDs
- Final results will be published by March, 2013

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