Embracing a Culture of Performance Improvement (PI)

Heather Readhead, MD, MPH
Yon Silvia Shin, RN, PHN MSN/MPH
Julia Heinzerling, MPH
Emily Peach, MPH
Joseph Truong, MPH, MPA

May 2012
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• Objectives
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Program Plan

- Mission: to improve the quality of public health practices/services to improve health outcomes
- Strategy: program management & accountability
- Framework/Theory/Terminology
- Goals:
  - to change knowledge, skills, behaviors
  - to motivate DPH to use them
Plan Goals & Objectives

• Change knowledge, skills, behaviors
  – Training & implementation tools
  – Technical assistance for projects
  – Communicate progress/results

• Motivation for organizational change

  Change is mandatory. Progress is not.
  – Leadership
  – Incentives
  – Pilot projects
Program Structure

• QI Division, under DPH Medical Director
• PI Team - representatives from DPH programs
• PI Team Workgroups—Training, PDSA, Data
• Executive leadership/advisory group

• Terminology Challenge: Thus far, QI and PI have been used interchangeably within DPH.
A program within a program…

• Create a program plan:
  – mission statement
  – goals & measurable “SMART” objectives
  – tasks & timelines

• Know your grant deliverables.

• Know the skills of your staff/workgroup.
Training – Needs Assessment

• Survey stakeholders: QI director, staff, DPH learners = end-users, etc.

• What resources already exist?
  – Within our department of public health
  – Within other departments of public health
  – Within the world of healthcare/business

• What do we need to create or assemble?
Training – Needs Assessment

• “In-house” resources we may not know about:
  – QI/PI-trained staff
  – QI/PI trainings offered to employees
  – QI/PI work already being done

• External resources:
  – What is out there (reports, guides, powerpoints, eLearning modules)?
  – Is anything evaluated?
  – Which do we want to use/promote?
Training – Needs Assessment

• Self-assessed capacity & empowerment
• Obstacles to implementation
• Desired training for targeted staff:
  – Topic
  – Format
  – Duration
  – Continuing education units
  – Certification
Training – Curriculum

• NOT – “What do I want to teach?”

• INSTEAD – “What do you want your students to be able to do when they finish your training?”
  ➔ NOT : academic slide presentations
  ➔ INSTEAD: practical skills training

After this training, the student will be able to do…
Fill in the blank with action verbs, on-the-job tasks…

• Your goal is a competency-based curriculum!
Training – Curriculum & Lessons

• For each competency, break it down into the steps needed to learn and apply:
  – WHY – attitude & motivation to learn
  – WHAT – knowledge & content to learn
  – HOW – skills, practice, application ➔ ACTIVITIES

• Then, break it down into discrete lesson plans:
  who, what content, what format, what take-away tools, when, where…

• The script comes LAST.
Training – Learning Theory

BLOOM’S TAXONOMY: domains & levels of learning

- **Affective domain:** WHY – receiving/awareness, responding, valuing, prioritizing, internalizing

- **Cognitive domain:** WHAT – recall/remember, comprehend meaning, apply/use concept, analyze/evaluate, create – design & implement!!!

- **Psychomotor domain:** HOW – perception, readiness to act, imitation, habit/proficiency, skilled response – can face challenges, adaptation/creation

LEARNING STYLES: hearing, reading, seeing, doing
Paving a Path toward Performance Improvement

New resources to help Programs reach their own performance improvement goals:

• Tools to improve staff knowledge of performance improvement principles, roles, and resources

• Streamlined process for providing PI support, tools, training and technical assistance
The PI Roadmap

Tools for Navigating the PI Process

• Written PI plan to guide Department and Program PI efforts

• Training and online tools

• Uniform system for managing PI support requests
  - Process map
  - PI Support Request Form
Three Steps Toward Improved Performance

Step 1: Review the PI plan and complete PI training.

Step 2: Identify a PI opportunity and submit a PI Support Request Form to the Division of QI.

Step 3: Complete the support option recommended by the Division of QI.

- Short-term Technical Assistance
- Training
- Longer term Support for a PI Project
The Final Destination: A PI Project in Every Program

The new PI plan, training, and TA encourage adoption of:

- **The 4-Step Model**: Identify an aim for improvement, develop a plan to address the improvement need, measure impact, and adjust your plan.

- **PDSA Cycles**: Test a promising change rapidly on a small-scale, learn how it works, and refine (as needed) before implementing it broadly.
The Role of Data Management

Accurate, timely, and accessible data can help Public Health Programs and stakeholders:

- Identify PI needs
- Test process changes
- Compare outcomes between Programs, Departments and regions
- Improve decision-making at the Department and Program level
PI Measurement can Enhance Organizational Effectiveness

• Each DPH Program tracks population indicators and performance measures.
  - 74 population indicators
  - 227 performance measures

• Measures should be:
  - evidence based
  - archived/storage for analysis
  - used for change or improve the care/service
Building the Performance Improvement Application

• **Data Workgroup formed to develop a PI Application**
  - Led by the Office of the Medical Director, with representation from 31 DPH programs

• **Aims of the PI Application**
  • Centralized, more efficient data tracking
  • Generate cause-effect diagrams, process maps and graphics for storyboards and reports
  • Aggregate and track results
  • Use data to learn from other Programs
PI Application Key Features

• Easy import and export options
• Query capability for data management and analysis
  - Standardized reports at the push of a button
  - Tracks indicators over time
• High impact visual representations of data
  - Bar graphs, trend lines, dashboards, etc.
  - Import capability for GIS mapping
• Future interface with Business Intelligence Software
Good Data In = Great Outcomes

The data we collect will also help DPH programs determine meaningful things to measure and improve.
Data Management (Cont.)

- Performance Measures/ Population Indicators
- Ability to Improve your Services/Treatment
Building a PI Infrastructure

Challenges and Lessons from the PDSA Group

The collaborative process takes time.

• Program involvement makes it more likely that resources are relevant and used.

• Build sufficient time for Program input into timelines.

Department and Program priorities lead to starts and stops. Maintain momentum by:

• Keeping Programs informed through emailed updates.

• Encouraging volunteers to keep projects moving between meetings.
Building a PI Infrastructure

Challenges and Lessons from the PDSA Group

Limited staffing impacts capacity to participate.

- Defer meetings that are not needed and allow participation by phone.
- Simplify forms and processes.
- Help Programs improve systems that can save time.

PI expertise within the Department varies.

- Recruit a PI liaison from each Program.
- Assess training needs. Offer beginner and advanced options.
- Create a repository of tools.
- Tailor TA and support to Program needs and resources.
Lessons Learned

• Leadership from top
• First direct, then inspire
• Focus
• Perseverance not brain surgery
• Accountability
• Start with people
  – Reward and recognition
  – Low performers

Any major change takes courage and patience.
Next Steps

• Release PI plan, process map and PI Support Request Form

• Launch Training Program

• Marketing Campaign

• Finalize Data Application
Thank You