How did we do?

Quality Improvement Team

2019 in Review



DPH Quality Management System (QMS)

Visible Leadership





RBP

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DPH Quality Management System (QMS)

Visible Leadership

PERFORMANCE **STANDARDS**

Customer Focus

- Identify relevant standards
- Select population indicators
- Set goals and targets
- Communicate expectations

QUALITY **IMPROVEMENT**

- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- College of Otality • Create a learning organization

PERFORMANCE **MEASUREMENT**

- Refine indicators
- Define performance measures
- Develop data systems
- Collect data

REPORTING PROGRESS

- Analyze and interpret data (scorecards, charts)
- Report results broadly
- JUDUL BIND BOOK • Develop a regular reporting cycle

Results-Based Accountability, by Bureau



Percent of Programs with a RBA Meeting, by Bureau





Public Health Measures

An Overview

Population Indicators

- Total # = **57**
 - Disease Control = **32**
 - Health Promotion = **12**
 - Health Protection = **13**
 - Operations = 0
 - Executive Office = **0**

Performance Measures

- Total # = **240**
 - Disease Control = 108
 - Health Promotion = 24
 - Health Protection = 38
 - Operations = 45
 - Executive Office = 25
- Туре
 - % MCH = **12%**
 - % WELL = **50%**
 - % ABO = **38%**



DPH Quality Management System (QMS)



Clear Impact Scorecard[©]





Solutions Scorecard

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Creating Your Accountability Blueprint - Aligning Your CHA, CHIP, and Strategic Plan for Maximum Health Impact



Webinar Title: Creating Your Accountability Blueprint – Aligning Your CHA, CHIP, and Strategic Plan for Maximum Health Impact Original Date: 10/1/2019 Automate Your Accountability Blueprint with Clear Impact Scorecard



One System to Simplify and Streamline Public Health Initiatives

SEE A DEMO

www.clearimpact.com

Scorecard Elements

- Result or Outcome
 - What you are working towards attaining
- Indicator/Measure Graph
 - Shows history and where indicator/measure is going if you do nothing different

COUNTY OF LOS ANGELES

- Story Behind the Curve
 - What factors could influence the graph's curve in both positive and negative directions? (root causes)
- Partners
 - Key partners and how they can help turn the curve
- Strategy
 - Activities being done to turn the curve + new activities to try
- Action Plan
 - Specific steps to take to turn the curve
- Notes on Methodology (optional)
 - Explanation of how measure data collected, frequency, or definition



Public Health Measure Reporting with Clear Impact Scorecard

Demo DHSP

- 36 (82%) Programs have created at least one scorecard
- 24 (55%) programs with **complete** scorecards
 - Measures & data entered
 - Notes fields completed
 - Under the Curve Story
 - Partners
 - Strategies
 - Action Steps



- At least 1 Scorecard Started
- Complete Scorecards

COUNTY OF LOS ANGELES

Public Hea



DPH Quality Management System (QMS)

Visible Leadership PERFORMANCE PERFORMANCE Customer Focus **STANDARDS MEASUREMENT** ransparency Identify relevant • Refine indicators standards • Define performance Select population measures indicators • Develop data • Set goals and targets systems Communicate Collect data expectations QUALITY REPORTING PROGRESS **IMPROVEMENT** • Analyze and interpret • Use data for decisions data (scorecards, to improve policies, CURVE OF ORBITE JUDUL BIND BOOKS charts) programs, outcomes • Report results broadly Manage changes • Develop a regular • Create a learning reporting cycle organization Lean Six Siema



Model for Improvement (PDSA)

- Contracts & Grants (Ops Bureau)
 - Improving Solicitation References Response
 Rate & Time
- Curtis Tucker Health Center (Disease Control Bureau)
 - Reducing Patient Lab Results Calls
- Martin Luther King Jr. Health Center (Disease Control Bureau)
 - Field Vaccination for People Experiencing Homelessness
- Division of HIV & STD Programs (Disease Control Bureau)
 - Clinical Quality Management Plan– Improving Agency Submission Rates

Lean Six Sigma (DMAIC)

- CMS (Health Promotion Bureau)
 - Adolescent Transition Care Plan
 Form Workflow
- Martin Luther King Jr. Health Center (Disease Control Bureau)
 - Increasing Attendance for Teen Talks

- SPA 3
 - TB Workflow Improvement



Defined Approaches to QI

Model for Improvement

- Process improvement rooted in PDSA cycle
- Uses a focused, three-step approach plus tests of change

Lean

- Focuses on eliminating waste and creating value for the customer

Six Sigma

Focused on reducing process defects and variation so outcome is standardized

DMAIC & PDSA Overlap



Plan			Do	Study	Act
Define	Measure	Analyze	Improve		Control
Identify and Prioritize Improvement Opportunities, Problems, and Processes • Group Assessment: SWOT analysis/brainstorm • Trend line graphs, bar charts • Patient input: surveys, focus group, interviews • Prior experience Develop Project Goals • AIM Statement or Project Charter	 Describe measures and starting point for QIP Measure Data Collection results and Visualizations Bar charts Histogram Line graphs Describe current Process under study Flow Chart process diagram Check sheet 	Identify Root Causes • Cause and Effect Analysis (Fishbone) • Drilled down data to patient level reasons • 5 Whys • Ranking and Voting Identify and Prioritize Improvements • Select criteria • 5 How's • Driver Diagram • Decision Matrix Agree on Improvement Theory • Refined QI Project AIM Statement based on new information	 Develop Action Implementation of Gantt Chart) Display New R Performance Testing of intermeasure Other measure Other measure Collect Data on Observations Integrated care Check sheet Histogram Pareto Chart Describe Improve Flow Chart 	n Plan on Plan (variations esults Measures erventions ires Improved Process e plans ved Process	 Adopt Sustain gains Standardize Work Continue Monitoring of PM results spread Identify new interventions or improvement theories Adapt Revisit "Do"/"improve tools Abandon Revisit "Plan/"Analyze tools Presenting results to stakeholders Storyboard Celebrate Success!



Lean Six Sigma Trainings





2020 QI Plan New Goals

Goals

100% of Programs will have complete Scorecards and they will be posted on the DPH intranet

100% of QI Specialists will have their Yellow Belt Certificate

75% of QI Specialists will take the Green Belt course and 50% will have their Green Belt Certificate

At least 1 QI Project in each Bureau; Projects based on:

- 1. Performance measure results
- 2. Customer satisfaction survey results



- Review program scorecards with your colleagues & program/bureau director
 - 1) What are your strategies & action plans for each indicator and measure?
 - 2) Do any indicators/measures need a QI project to identify and/or test new strategies?

