

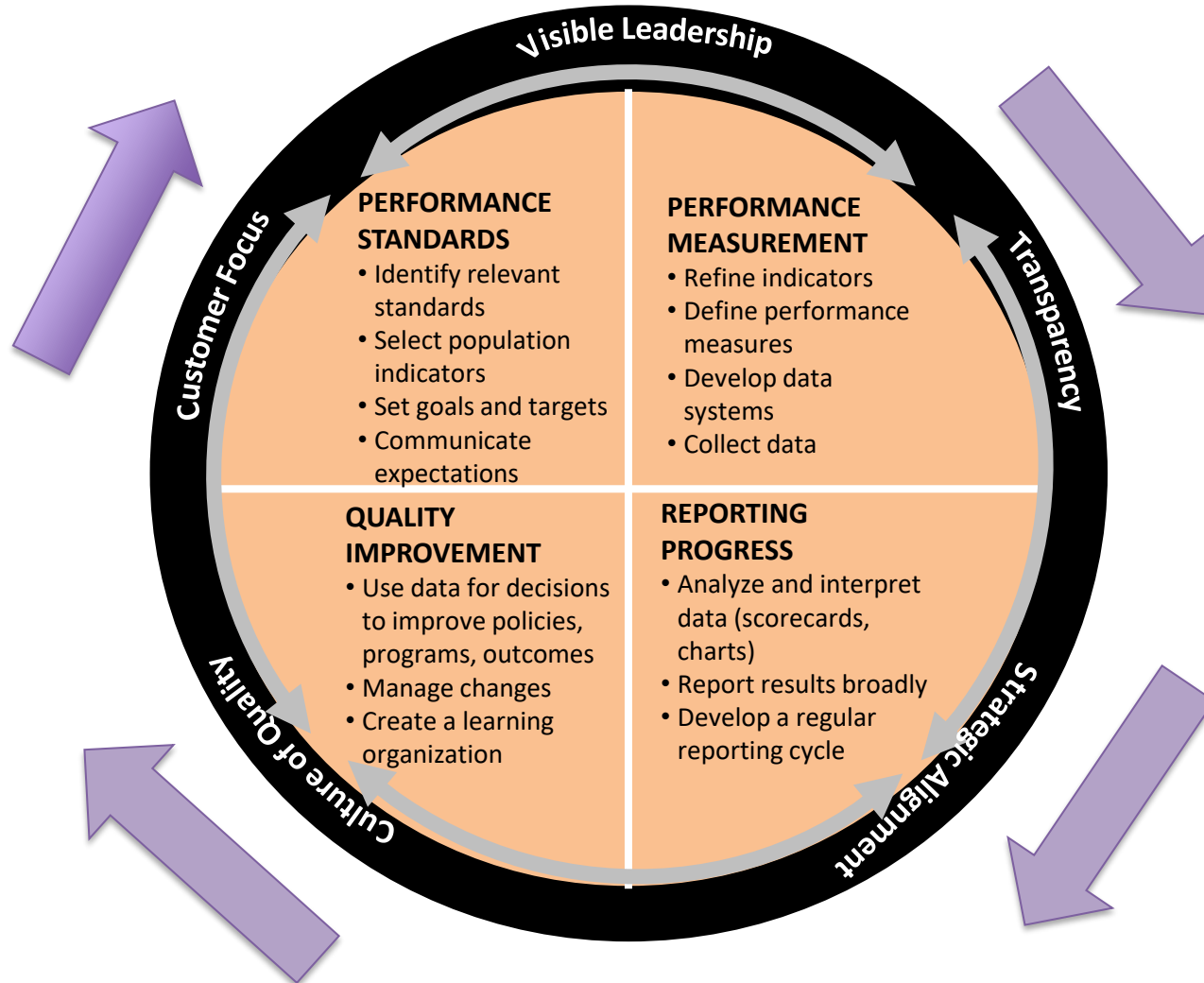


How did we do?

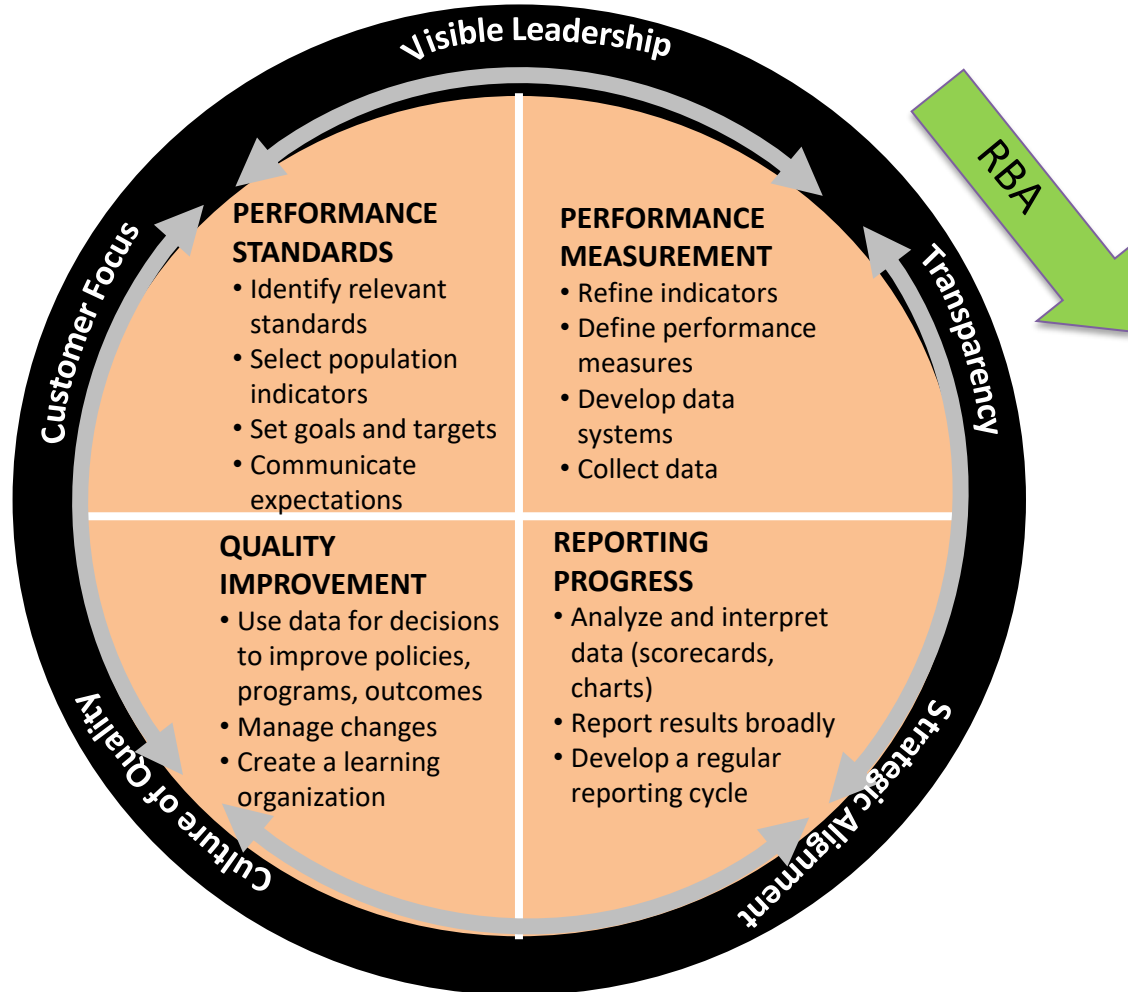
Quality Improvement Team

2019 in Review

DPH Quality Management System (QMS)



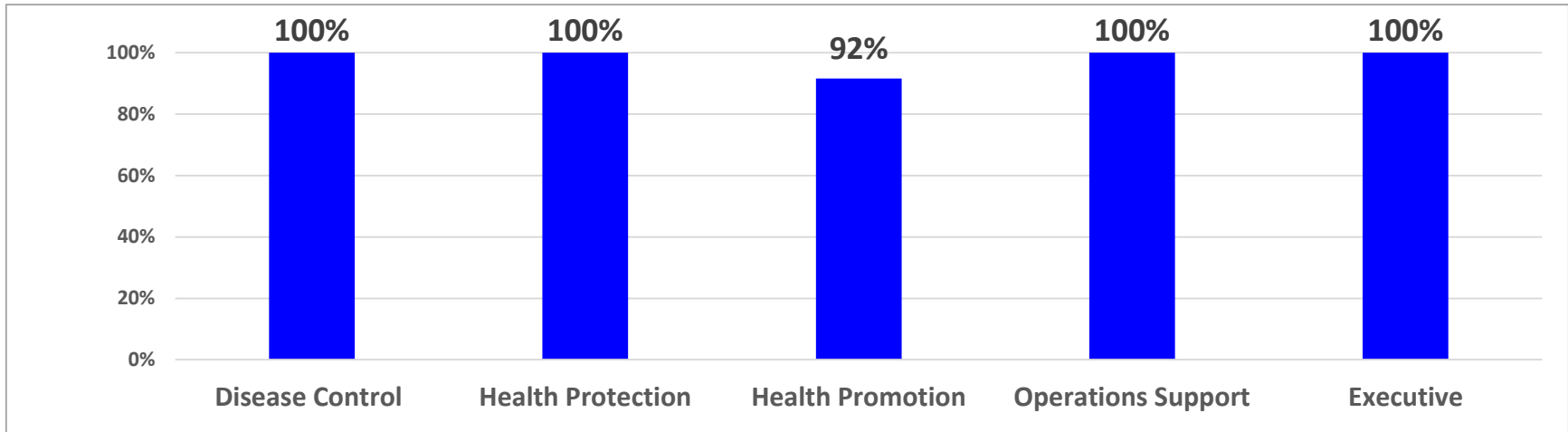
DPH Quality Management System (QMS)



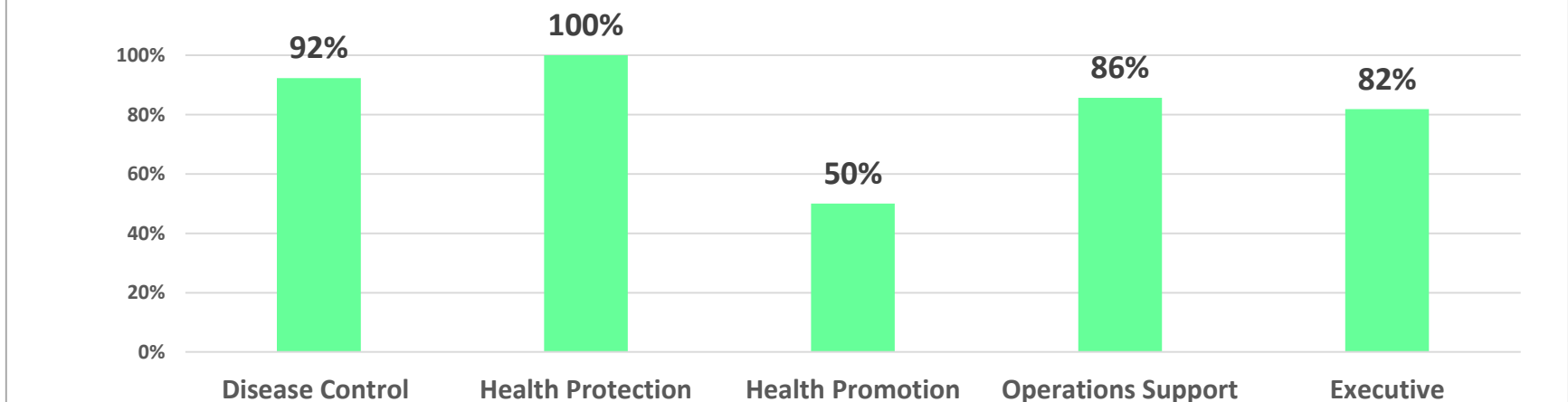
Results-Based Accountability, by Bureau



Percent of Programs with a RBA Meeting, by Bureau



Percent of Programs with Completed Codebooks, by Bureau





Public Health Measures

An Overview

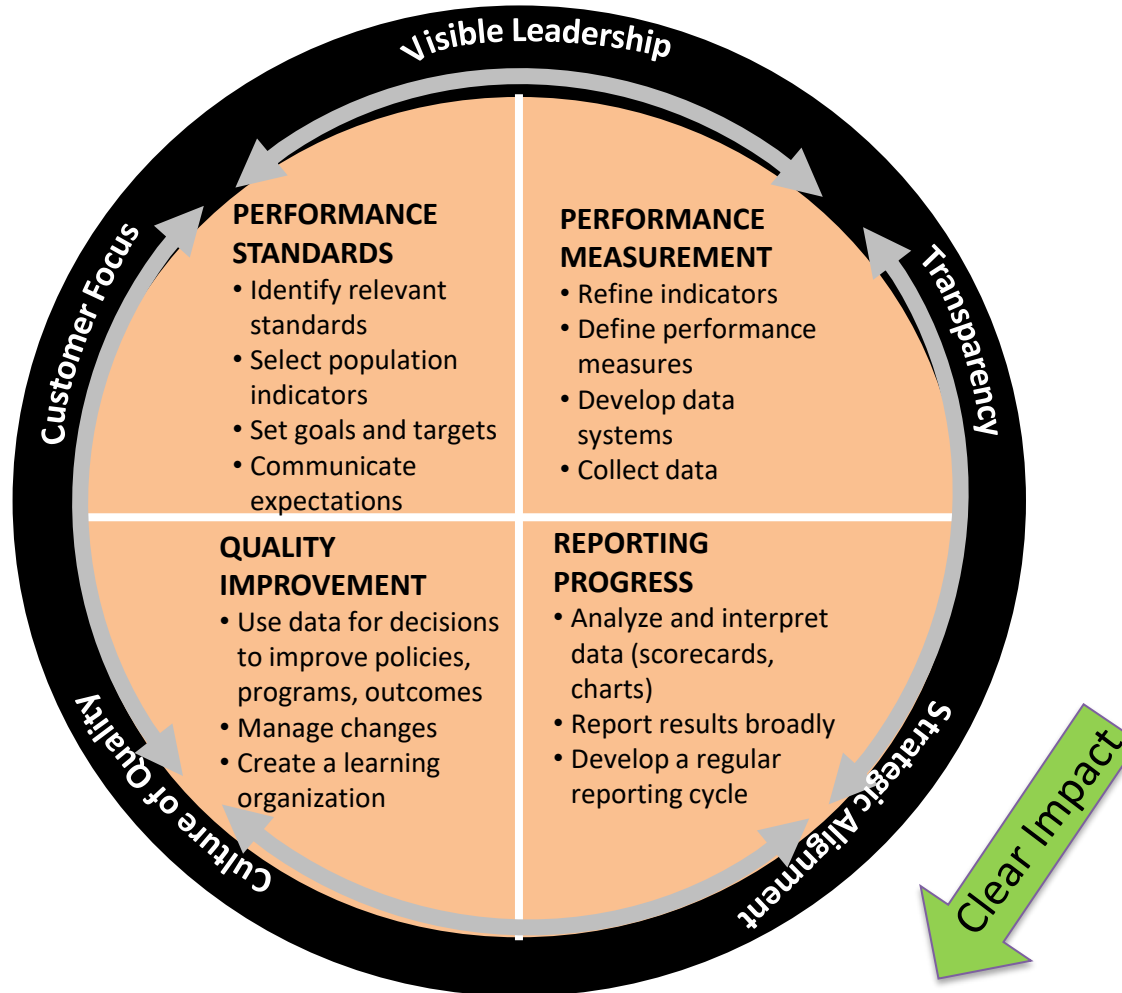
Population Indicators

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

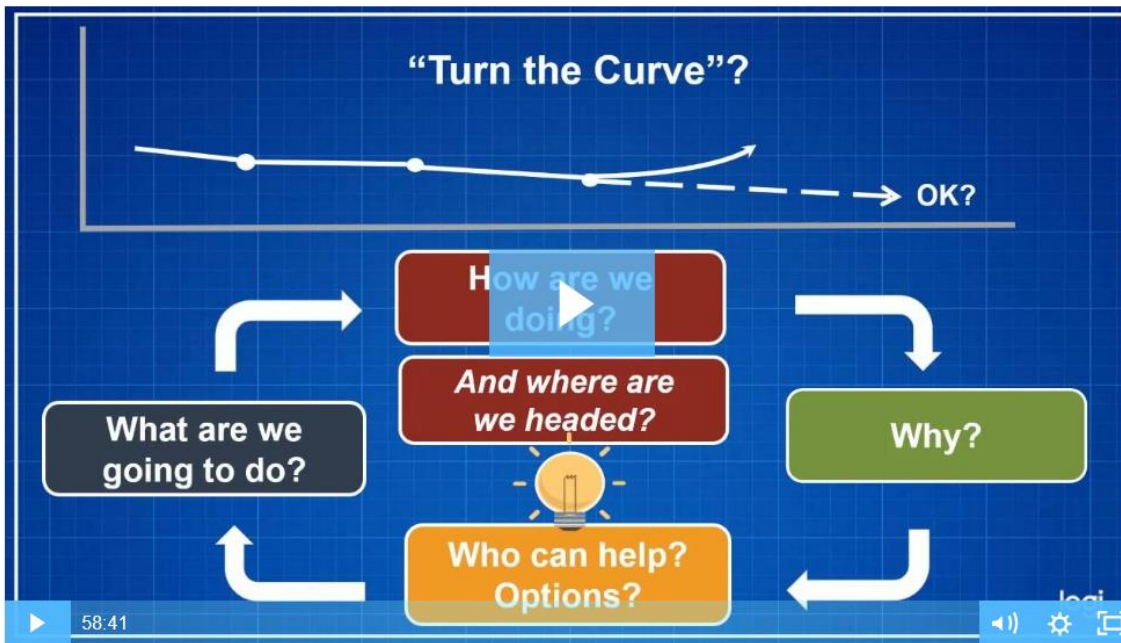
Performance Measures

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

DPH Quality Management System (QMS)



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



“Turn the Curve”?

OK?

How are we doing?

And where are we headed?

Why?

Who can help? Options?

What are we going to do?

58:41

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

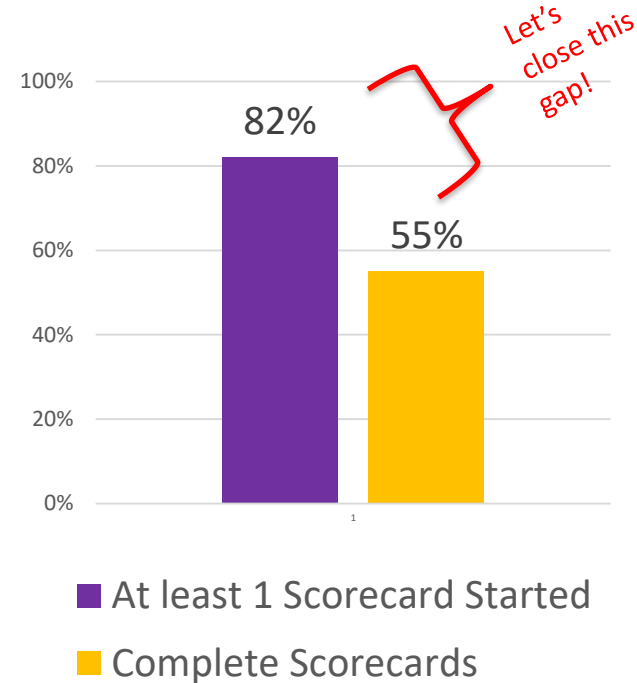
- Result or Outcome
 - What you are working towards attaining
- Indicator/Measure Graph
 - Shows history and where indicator/measure is going if you do nothing different
- Story Behind the Curve
 - What factors could influence the graph's curve in both positive and negative directions? (root causes)
- 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



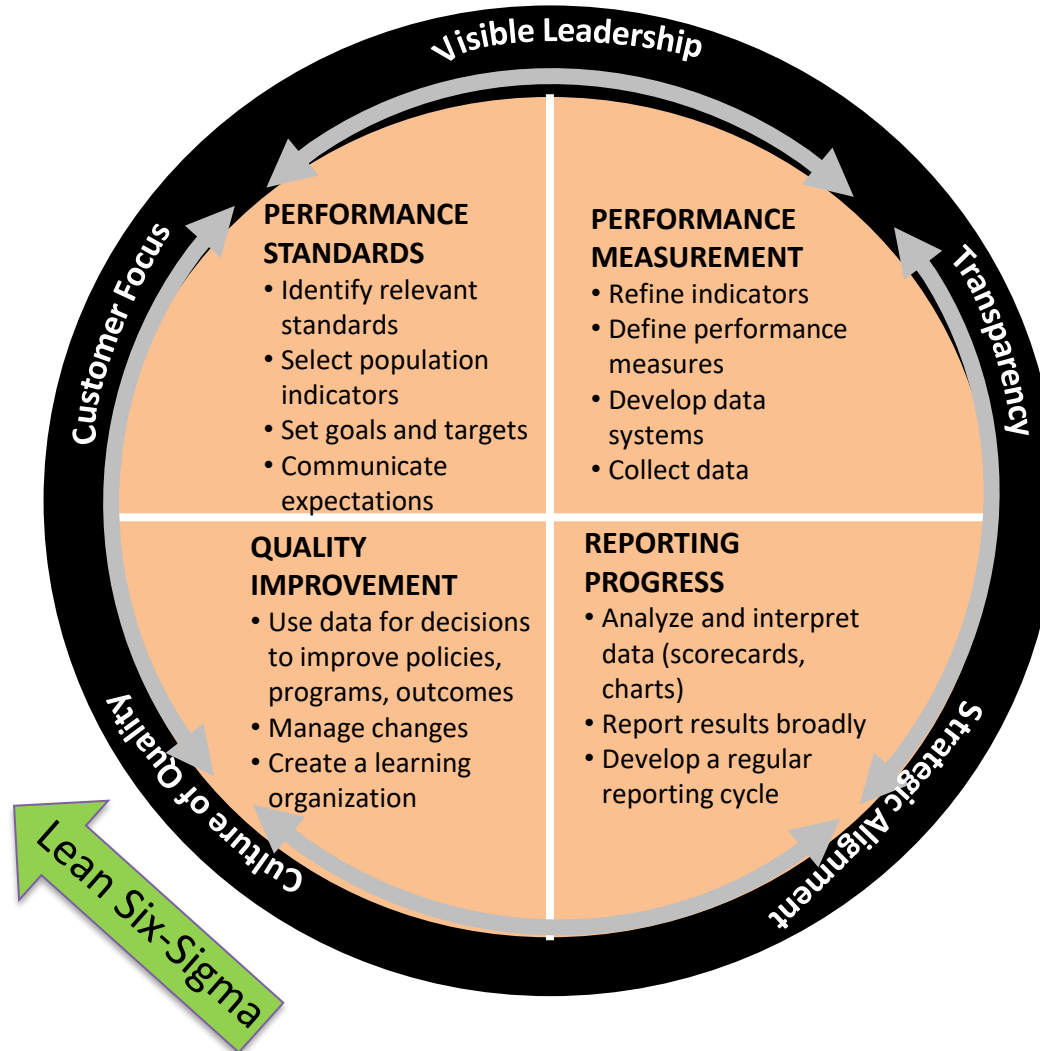
Public Health Measure Reporting with Clear Impact Scorecard

- 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



DPH Quality Management System (QMS)



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
- SPA 3
 - TB Workflow Improvement

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



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

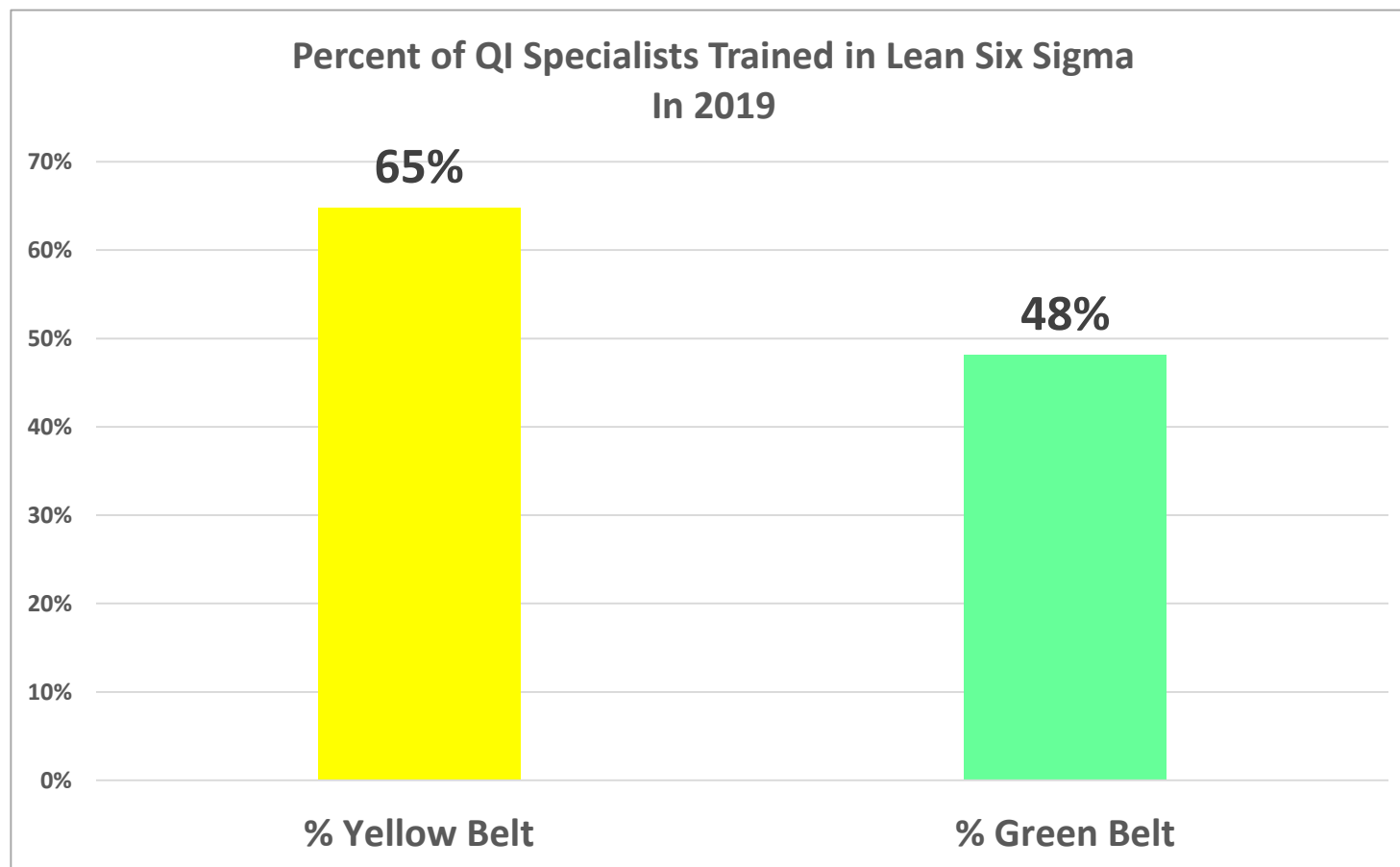
- Focused on reducing process defects and variation so outcome is standardized

DMAIC & PDSA Overlap



Plan			Do	Study	Act
Define	Measure	Analyze	Improve		Control
Identify and Prioritize Improvement Opportunities, Problems, and Processes <ul style="list-style-type: none"> Group Assessment: SWOT analysis/brainstorm Trend line graphs, bar charts Patient input: surveys, focus group, interviews Prior experience 	Describe measures and starting point for QIP <ul style="list-style-type: none"> Measure Data Collection results and Visualizations Bar charts Histogram Line graphs Describe current Process under study <ul style="list-style-type: none"> Flow Chart process diagram Check sheet 	Identify Root Causes <ul style="list-style-type: none"> Cause and Effect Analysis (Fishbone) Drilled down data to patient level reasons 5 Whys Ranking and Voting Identify and Prioritize Improvements <ul style="list-style-type: none"> Select criteria 5 How's Driver Diagram Decision Matrix 	Develop Action Plan <ul style="list-style-type: none"> Implementation Plan (variations of Gantt Chart) Display New Results <ul style="list-style-type: none"> Performance Measures Testing of interventions Other measures Collect Data on Improved Process <ul style="list-style-type: none"> Observations Integrated care plans Check sheet Histogram Pareto Chart Describe Improved Process <ul style="list-style-type: none"> Flow Chart 		Adopt <ul style="list-style-type: none"> Sustain gains Standardize Work Continue <ul style="list-style-type: none"> Monitoring of PM results spread Identify new interventions or improvement theories Adapt <ul style="list-style-type: none"> Revisit "Do"/"improve tools Abandon <ul style="list-style-type: none"> Revisit "Plan"/"Analyze" tools
Develop Project Goals <ul style="list-style-type: none"> AIM Statement or Project Charter 	Agree on Improvement Theory <ul style="list-style-type: none"> Refined QI Project AIM Statement based on new information 				

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?

15-Minute Break