

**County of Los Angeles**  
**Department of Public Health**  
**Fourth Annual Quality Improvement**  
**Summit**



**Quality Improvement Awards**



# *A Look back to Anno 2015*



- Perfect attendance of PI specialists at the monthly PI Team Meetings during 2015
- Program with the highest percent of staff who took the Introduction to QI Module
- Program with the highest percent of “Met the Target” and “Some Improvement” results
- The most collaborative PI Plan/Project
- QI Oscar Statue



# PI Specialist With Perfect Meetings Attendance

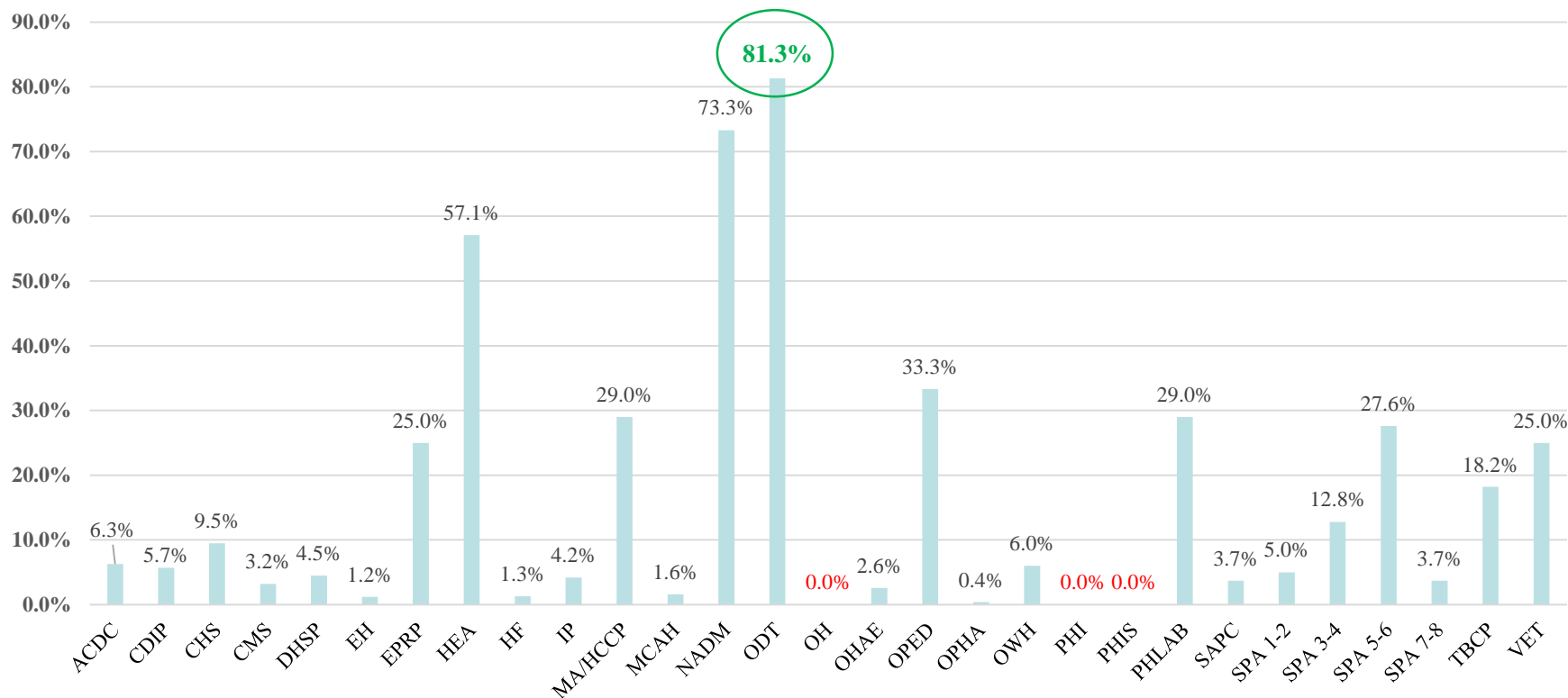
**Golden Medal (11/11) will be awarded to:**  
**Caleb Lyu from Children Medical Services (CMS)**  
**Janette Thompson from Environmental Health (EH)**

**Silver Medal (10/11):**  
**Ibtisam Sirhan from Chronic Disease Injury and Prevention (CDIP)**  
**Linda Quilizapa from Health Education Administration (HEA)**  
**Julia Heinzerling Immunization program (IP) and**  
**Elizabeth Cordero from Public Health Laboratory (PHLAB)**

**Bronze Medal (9/11):**  
**Susan Hathaway from Communicable Disease Control and Prevention (CDCP)**  
**Olga Vidorchick from SPA 1 & 2**  
**Tiffany Romo from SPA 3 & 4**  
**Lindsey Lastra from SPA 7 and**  
**Marcy Fenton from Division of HIV and STD (DHSP)**



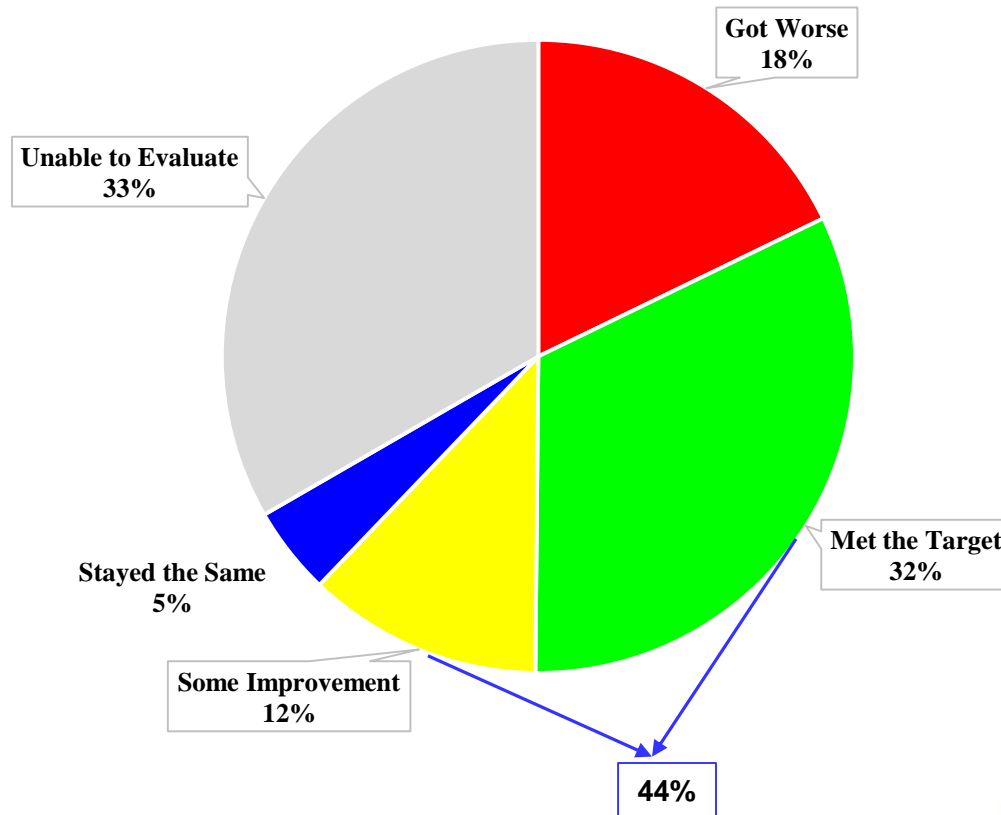
# Program with Highest Percentage taking the Introduction to QI Module



Denominator = 3,755 (Number of staff reported by program in the Report Card FY 2014-2015)



# Program with the highest percent of “Met the Target” & “Some Improvement” Performance Measure Results



Note: Programs eligible if have 10 or more performance measures.



# Program with PI Project that is the most collaborative across programs

## PERFORMANCE IMPROVEMENT STORY BOARD



PROGRAM NAME: Public Health Laboratory  
 PROJECT TITLE: Increase Rapid Laboratory Confirmation of *M. tuberculosis* complex by the Use of Nucleic Acid Amplification Tests (NAAT)  
 DPH STRATEGIC GOAL/OBJ.: Goal 5.1: Improve effectiveness in preventing and controlling infectious diseases. Obj. 5.1.(a)(b)(c)  
 PROJECT TIMELINE: December 2013 thru December 2014  
 PI SPECIALIST: Elizabeth Cordero  
 EMAIL/PHONE NUMBER: [ecordero@ph.lacounty.gov](mailto:ecordero@ph.lacounty.gov) / (562) 658-1344

**PLAN**  
 Identify an opportunity and Plan for Improvement

### 1. Getting Started

The PHL Quality Improvement Project was to increase the number of TB NAAT performed by targeting high risk sites. In the past, most patients did not get a TB NAAT test ordered to confirm disease and start treatment but rather received confirmation of disease by culture which can take more than 1 month.

### 2. Assemble the Team

Public Health Laboratory (PHL) Director, DHS OVMC Medical Director, PH Microbiology Supervisor II (Admin), PH Micro Supervisor I (Molecular epidemiology unit), Microbiologists (Mol. epi testing personnel), TB control staff, CDC consultant, PHL and DHS IT personnel, DHS and LAC USC physicians.

### 3. Examine the Current Approach

The current method of NAAT testing by the MTD test had system disadvantages. With the introduction of the TB real-time PCR (TB-PCR) the expectation was to remove some of these barriers. In

- Cross-train testing personnel
- Monitor work load and turn-around-time (TAT).
- Simplify the ordering process.
- The TB RT-PCR is now performed for 12 CHS clinics and 3 County hospitals

### 5. Develop an Improvement Theory

Through collaboration with the Los Angeles County TB Control Program, reach out to health care providers from Community Health Service clinics and the Department of Health Service hospitals to inform them of the benefits on the use of NAAT procedure to increase the use of NAA tests and simplified the ordering process.



**DO**  
 Test the Theory for Improvement

### 6. Test the Theory

- Train additional testing personnel
- Order larger stock of test reagents with long shelf-life
- Hold meetings with health care providers to increase the use of NAA tests
- Hold meetings to decrease barriers in the ordering process
- Increase test frequency of the TB PCR to 5 days per week

- Increased number of tests allowed earlier detection of TB from patient samples

**ACT**  
 Standardize the Improvement and Establish Future Plans

### 8. Standardize the Improvement or Develop New Theory

- Monitor Turn-around-time and TB NAAT workload on a monthly basis.
- Train additional testing personnel.
- Work with TB control to provide additional training and outreach to medical providers about TB NAAT testing for high risk

## Public Health Laboratory



# Program with most innovative PI Project



# Innovation Judging Criteria

- Alternative Data Sources
- Utilizes tools from QI Toolbox
- Involves Partnership
- “Outside of the box” strategy
- Topic that is new to DPH

Each criteria is 20 points if fully met; 10 points if partially met; and 0 point of not met.







## Increasing Mandatory Training Completion Rates among Immunization Program Staff

AIM Statement: To increase the number of Immunization Program County staff who have completed selected mandatory training sessions to 90% by June 30, 2014  
DPH Strategic Goal 6.1: Maintain a skilled, competent and empowered workforce

### PLAN

Identify an opportunity and Plan for Improvement

#### Getting Started

The Immunization Program (IP) developed a plan to increase the number of County staff who completed the following sessions to 90% by June 30, 2014:

- Core Functions of Public Health course (2-hour or 8-hour course): Employees and Supervisors
- Drug Free Workplace: Supervisors
- Workplace Injury Training: Supervisors

Completion rates were lower for these classes, based on data submitted for the 2012 Public Health Report Card.

#### Assemble the Team

The Immunization Program assembled the following team:

- Lucinda Clare, Training Coordinator
- Julia Heinzerling, PI Specialist

The team coordinated with IP's Program Director, Deputy Director, Ops. Director, and Unit Directors to identify and test improvement strategies.

#### Examine the Current Approach

- Staff members identify and complete mandatory sessions and submit a certificate of completion to the Training Coordinator.
- The Training Coordinator enters course dates (based on certificates received) into a database. No credit for courses not in the database.
- Reminders for mandatory classes are sent to staff by the Training Coordinator, when received from ODT.

#### Root Cause Analysis

##### Staff Knowledge

- No routine training orientation process
- No routine or automated reminders
- Limited staff awareness when training requirements change

##### Learning Net (LN) Issues

- Deactivated accounts
- Limited staff knowledge
- LN doesn't include all courses
- Training Coordinator can't run LN reports



### Identify Potential Solutions and Develop an Improvement Theory

The team predicted that implementing the following strategies would increase completion rates. These were designed to improve tracking, address technical challenges, improve staff and supervisor awareness of requirements and trainings, and address access issues.

Strategy	Activities
<b>Improve Tracking</b>	
<ul style="list-style-type: none"> <li>• Update missing courses in the IP training database</li> </ul>	<ul style="list-style-type: none"> <li>• Compare Learning Net and training database data</li> <li>• Request that staff submit certificates for courses that are in the Learning Net but not recorded in the IP training database</li> </ul>
<ul style="list-style-type: none"> <li>• Explore the potential to use the Learning Net exclusively or import into the IP database</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify which courses are in the Learning Net</li> <li>• Attempt to export Learning Net data</li> </ul>
<b>Address Technical Issues</b>	
<ul style="list-style-type: none"> <li>• Reactivate Learning Net accounts</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with ODT to rectify Learning Net account issues</li> </ul>
<b>Improve Staff and Supervisor Awareness</b>	
<ul style="list-style-type: none"> <li>• Provide staff and supervisors with information regarding DPH requirements and resources</li> <li>• Help staff and supervisors identify mandatory missing courses</li> </ul>	<ul style="list-style-type: none"> <li>• Provide staff and supervisors with information regarding mandatory courses, sessions, Learning Net, and tracking</li> <li>• Inform supervisors of staff members' completed courses</li> <li>• Review training requirements in the annual performance evaluation</li> </ul>
<b>Address Access Issues</b>	
<ul style="list-style-type: none"> <li>• Address challenges regarding limited course capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Explore whether additional sessions will be added for courses that reached capacity</li> <li>• Encourage supervisors to complete the Sup. Dev. Program</li> </ul>

### DO

Test the Theory for Improvement

#### Test the Theory

- Staff Reminders
    - Worked with HR and ODT to create a list of upcoming training dates
    - Developed training flyer, with Learning Net instructions
    - Emailed staff training table, upcoming trainings, flyer, & request to submit certificates
  - Instituted a protocol to discuss training requirements at PE
  - Obtained Director approval to encourage sups. to complete the Sup. Dev. Program
- 
- Updated Immunization Program training database
    - Identified discrepancies between the Learning Net and the IP database
    - Shared discrepancy list with staff and asked them to submit Learning Net certificates
    - Updated training database with certificates received
- 
- Updated list of upcoming mandatory trainings
  - Requested that HR and ODT add sessions for full classes
  - Supervisor Reminders
    - Added reminder for supervisors to discuss mandatory training to PE reminders
    - Gave a list of staff members' completed courses to supervisors, with the mandatory training table and list of upcoming trainings

- Updated upcoming training list and flyer
- Created personalized training reports of missing mandatory classes for staff
  - Provided to supervisors to discuss with staff
  - Distributed with mandatory training table, upcoming training list, and training flyer

Cycle 4

### CHECK

Use Data to Study Results of the Test

- Sent reminder, flyer, mandatory training table, and list of upcoming classes to all staff → No staff provided certificates of completion following the reminder
- Requested that staff submit certificates for courses in the LN but not the training database → 28 courses updated in the Immunization Program training database
- Requested that supervisors complete Sup. Dev. Program → 1 Supervisor completed and 1 Supervisor enrolled
- Provided Supervisors with list of supervisee's completed courses (Cycle 3) and missing courses (Cycle 4) → Staff submitted certificates, had LN accounts reactivated, and enrolled in mandatory trainings

#### Completion rates increased:



### ACT

Standardize the Improvement and Establish Future Plans

- Standardize the Improvement
  - Provide list of missing courses to Supervisors at least twice annually
  - Continue reminders for Supervisors to review training at PE
  - Remind staff to enroll in courses at the beginning of the year
  - Encourage supervisors to complete Supervisory Dev. Program
  - Rectify discrepancies between Learning Net & Program database
- Establish Future Plans
  - Explore data imports and automated overdue/reminder reports
  - Ops to provide new staff with a training packet upon hire
  - All staff to be required to submit certificates by email





Thank you very much for your support and collaboration over 11 years.

We will continue to strengthen our relationship and further propel us towards new quality improvement activities in 2016.

