

Improving the Quality of Planning Processes



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Open Forum – Washington, DC
September 16, 2010

Objectives for Session

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- Discuss the need, methods and tools for improving planning processes
- Review three phases of quality trilogy and how they relate to each other
- Review the application of QP methods to improve planning processes in local health departments
 - Illinois MLC-3 Collaborative on CHIP
 - Tacoma-Pierce County Health Department



Projects to Conduct Planning

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- Some projects to plan services to address new or emerging issues aren't a good fit for “traditional” quality improvement methods and tools, such as Rapid Cycle Improvement (RCI)
- Excellent for the Collaborative or Breakthrough Method from Institute of Healthcare Improvement (IHI)
- Do benefit from AIM statements and from using the Plan-Do-Study-Act cycle



When is Quality Planning project appropriate?

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- Service/process has never existed before
- Customer requirements are not known
- Existing service/process performance is not capable of meeting customer requirements
- Service/process is ad hoc; extremely variable; never been well defined or worked on before as a whole
- Unstable environment – major market, technology, organizational change
- No performance data exists or would take excessive time/expense to collect data



Quality Planning

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- J. Juran* described three basic managerial processes to manage quality:
 - Quality Planning (QP)
 - Quality Control (QC) and
 - Quality Improvement (QI)

} Juran Trilogy
- Purpose for QP is to provide the organization with the means to provide services that can meet client and stakeholder needs.
- Quality control is needed to stabilize a process and to hold the gains made through QI efforts.

*Juran on Planning for Quality, pg. 11



QP compared with QI

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- How does quality planning differ from project-by-project quality improvement?
 - Juran uses example of an alligator infested swamp and the difference between removing alligators individually (QI) or draining the swamp to remove all the alligators at once (QP).*
 - Another description is the difference between improving an existing work activity, action or intervention and the method used to design a new program or activity.

**Juran on Planning For Quality*



Quality Planning Roadmap*

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- In broad terms, QP consists of developing services and processes required to meet stakeholders' needs
 - Identify stakeholders and their needs
 - Develop an activity or program to address the needs (establish stakeholder related measures)
 - Optimize the program or service activities to meet health department needs
 - Develop a work process to conduct the services and interventions
 - Optimize the work process, prove that it delivers the results needed
 - Implement the program or service in the health department

**Juran on Planning For Quality*



Application in PH

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- PH already has expertise in parts of the quality planning process
 - MAPP, Sector Mapping, Partner Tool, Program Development, many others
- Strengthen QP step of optimizing program to meet HD and stakeholder needs
 - Force Field Analysis, Meeting Effectiveness, Interrelationship Digraph, Failure Mode Analysis, many others
- Strengthen step of optimizing the work processes to achieve desired results
 - Common QI tools-work flows, fishbone diagrams, PDSA cycles
- Implement only after program and work processes have been optimized to deliver results



Quality Planning Cycle

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Define Opportunity & Stakeholder Needs

- Problem/Opportunity to Address
- Identify clients/stakeholders and needs
- Translate stakeholders needs
- Establish performance measures based on needs

Take Action

- Fully implement if expected outcomes achieved
- Initiate QI if outcomes not achieved

Design & Pilot Service/Process

- Develop activity to meet needs
- Establish outcome measures
- Implement service/process

Monitor Impact/Results of Service

- Measure Outputs and Outcomes
- Compare actual results to expected results



Quality Control - Program Performance

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QI – Rapid Cycle Improvement

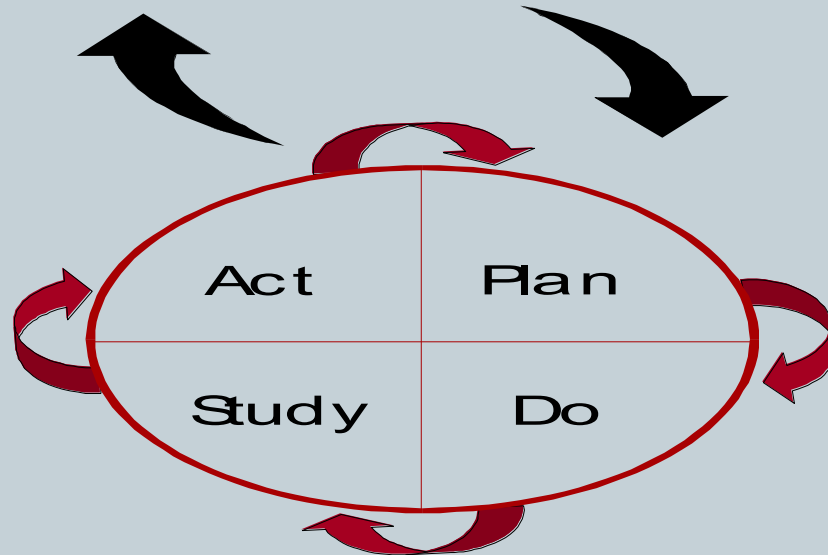
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Model for Improvement

What are we trying to accomplish?

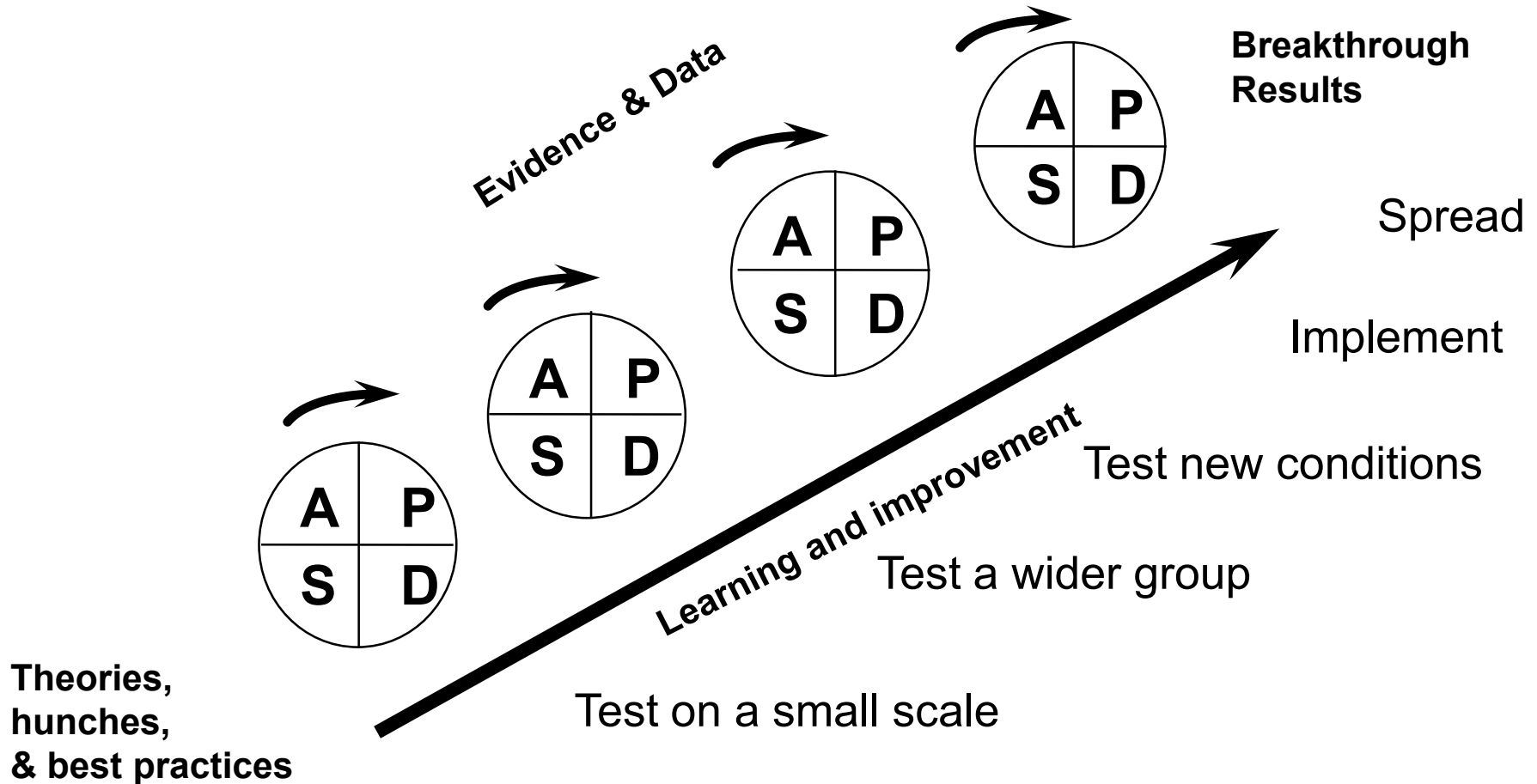
How will we know that a change is an improvement?

What change can we make that will result in improvement?



Sequential PDSA Cycles for RCI

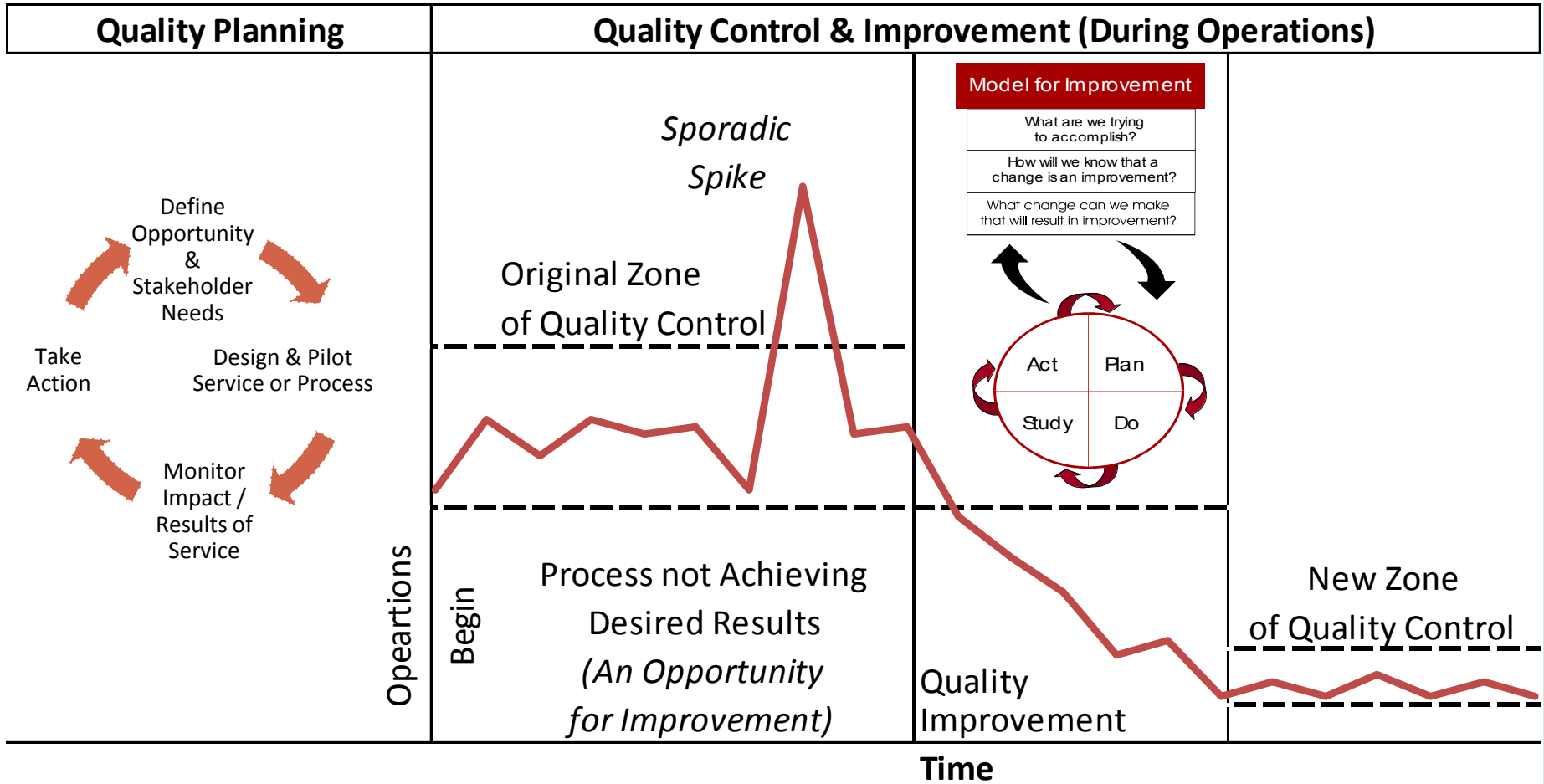
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The Quality Trilogy

(adapted from Juran)

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Examples of Tools for Quality Planning

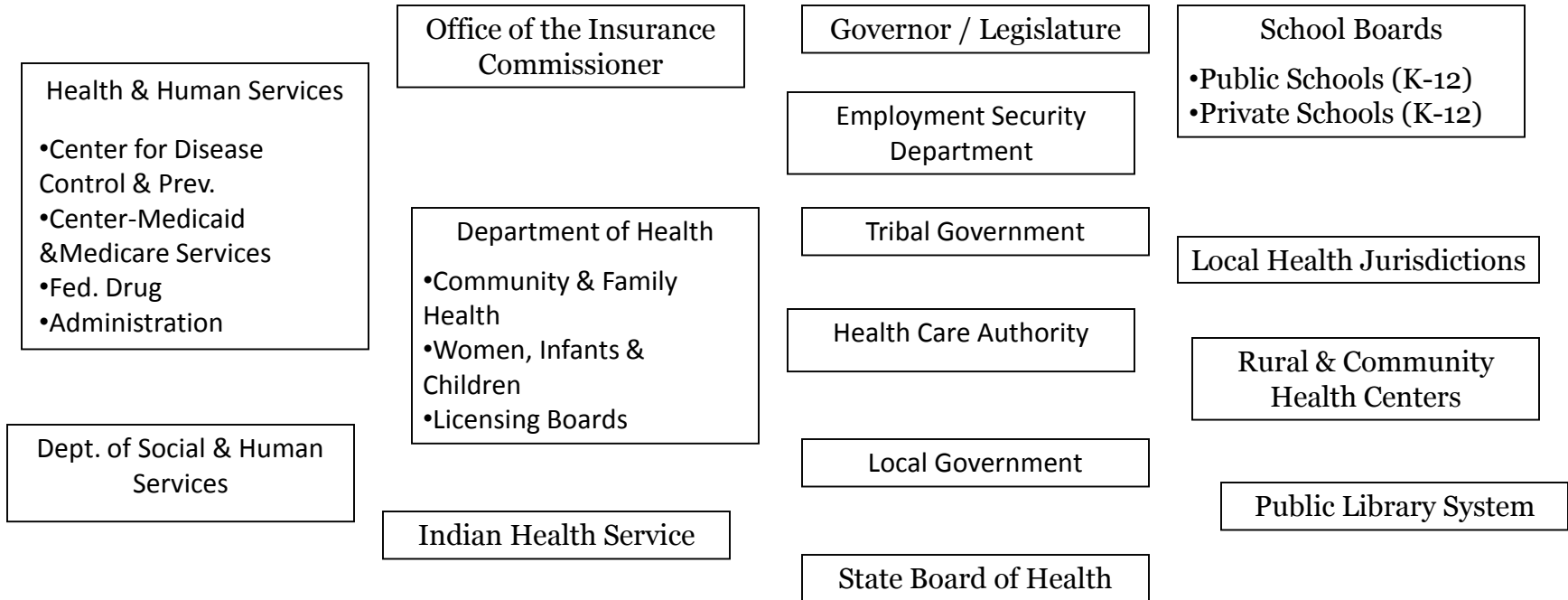
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- Sector Mapping to identify Key Stakeholders and their needs
- Force Field Analysis to identify driving forces and restraining forces
- Meeting Effectiveness Tool to improve the participation and contribution of community partners



Sector Maps for Planning –Public Sector

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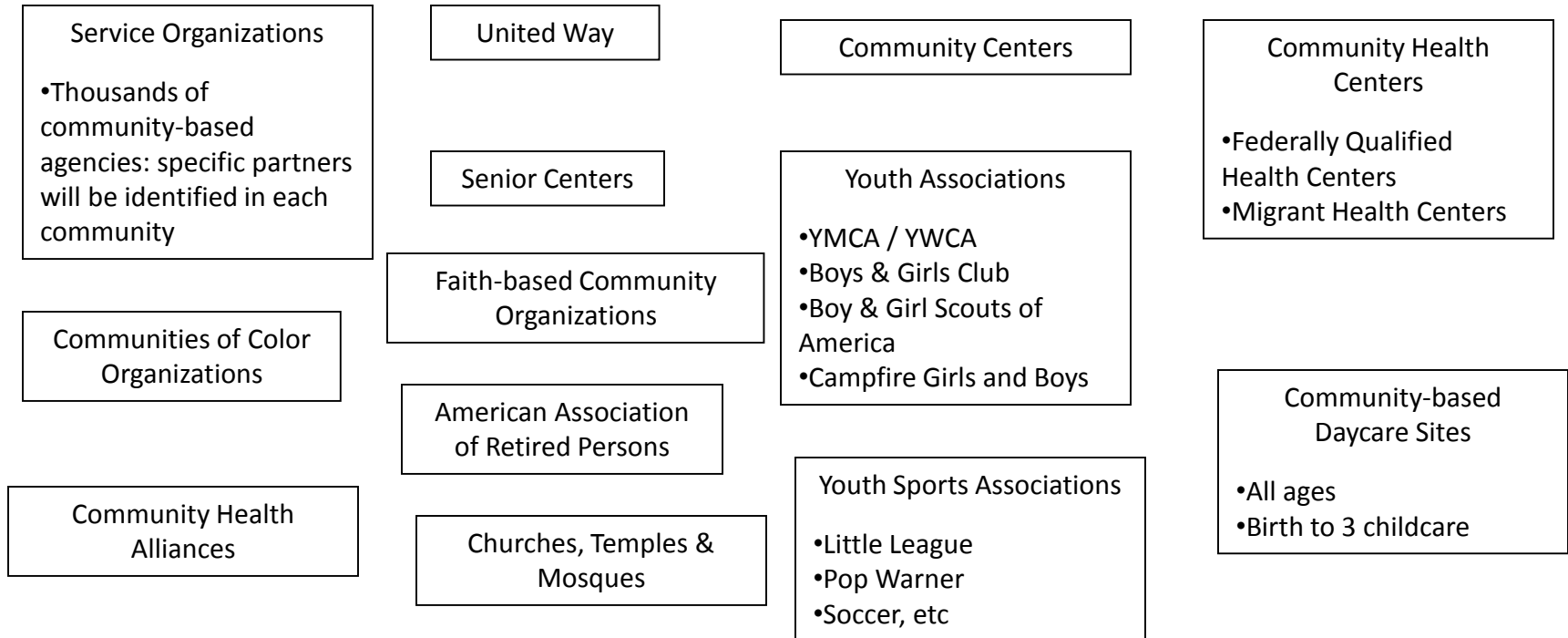


Bullets refer to examples of organizations and are not a comprehensive listing.



Example of Community-Based Sector

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Bullets refer to examples of organizations and are not a comprehensive listing.



Force Field Analysis

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- **Why use it?**
 - To identify the forces and factors in place that support or work against the solution of an issue or problem so that the positives can be reinforced and/or the negatives eliminated or reduced.
- **What does it do?**
 - Presents the positives and negatives of a situation so that they can be compared
 - Forces people to think about all aspects of making a desired change a permanent one
 - Encourages honest reflection and agreement about the relative priority of factors on each side of the “balance sheet”

PH Memory Jogger pg. 63



Force Field Analysis*

*Please Note: positive driving forces
amplitudes have not been substantiated
by quantitative data

Force Field Analysis

Initiating and Maintaining Breastfeeding for up to 12 Months



Example- AIM for Meeting Effectiveness

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- What are We Trying to Accomplish? *Increase the effectiveness of Community Health Improvement Plan (CHIP) coalition meetings and maximize stakeholder participation. We do this in order to increase member engagement and contribution to the implementation of the CHIP.*



Evaluating Meeting Effectiveness

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Evaluating Meeting Effectiveness

Instructions: After each meeting, use this form to evaluate your group's ongoing effectiveness. Have each participant complete the form, and then discuss the results to identify what went well, and what could be improved in future meetings. Please use a scale from 1-5 for each item, with 1 = not very and 5 = to a great extent. (Rating of 5 is best)

- 1. Commitment to the group:** To what extent was I committed to helping to achieve the group's goals for this meeting?

Meeting #

1	2	3	4	5	6	7	8	9	10

- 2. Clear Goals:** To what extent were the goals clear for this meeting?

Meeting #

1	2	3	4	5	6	7	8	9	10

- 3. Communication:** To what extent was the discussion open, with sharing of diverse ideas and perspectives?

Meeting #

1	2	3	4	5	6	7	8	9	10



How Will We Know When We Get There?

Measurements

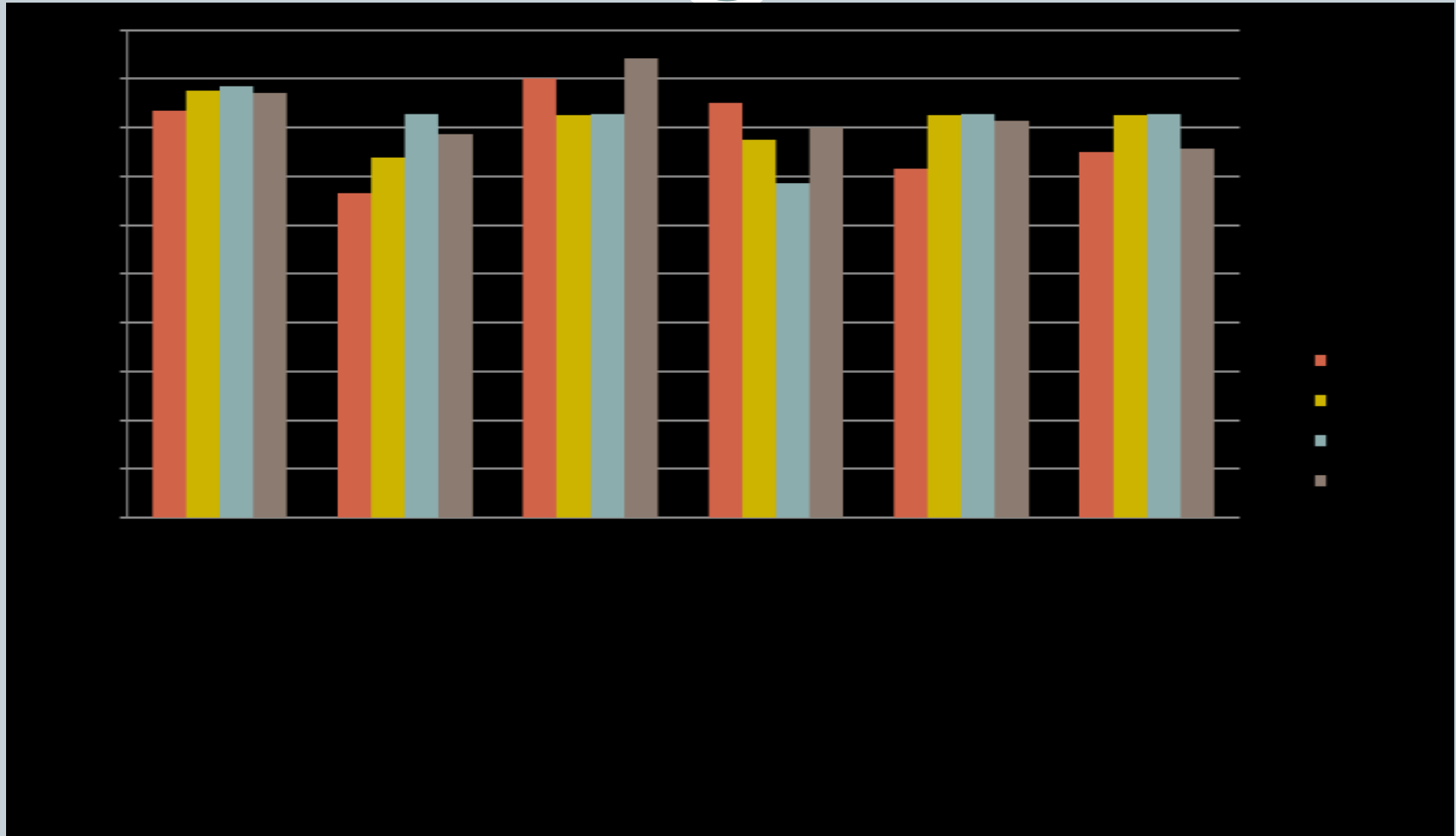
21

- Increase in meeting attendance (% of members that regularly attend)
- Increase in effectiveness (% of members rating meetings as effective or valuable)
- Increase in engagement (% of members rating their commitment as high)
- Increase in participation (% of members that contribute resources to CHIP activities)



Effectiveness Ratings – Adams Co., IL

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In Summary...

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- Using Quality Planning methods and tools can improve public health planning processes
- Build on proven practices from other health departments
- Be intentional about which methods and tools to use for improvement based on the topic and needs
- Remember to plan for holding the gains and sustaining improvement (quality control)





ILLINOIS PUBLIC HEALTH INSTITUTE



Laurie Call

Director

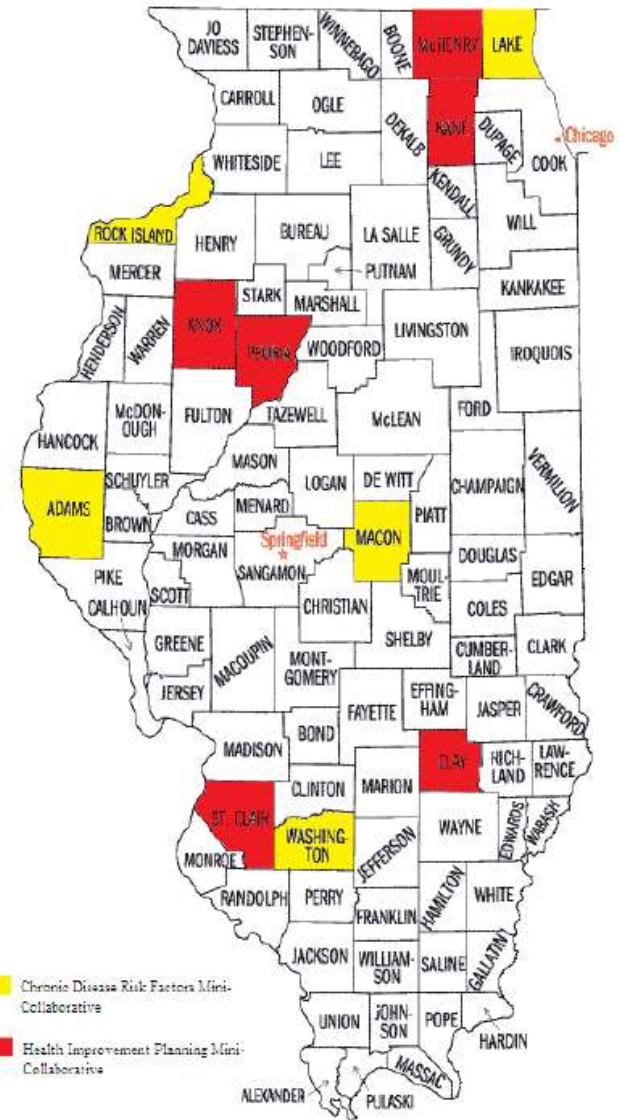
Center for Community Capacity Development

Illinois Public Health Institute

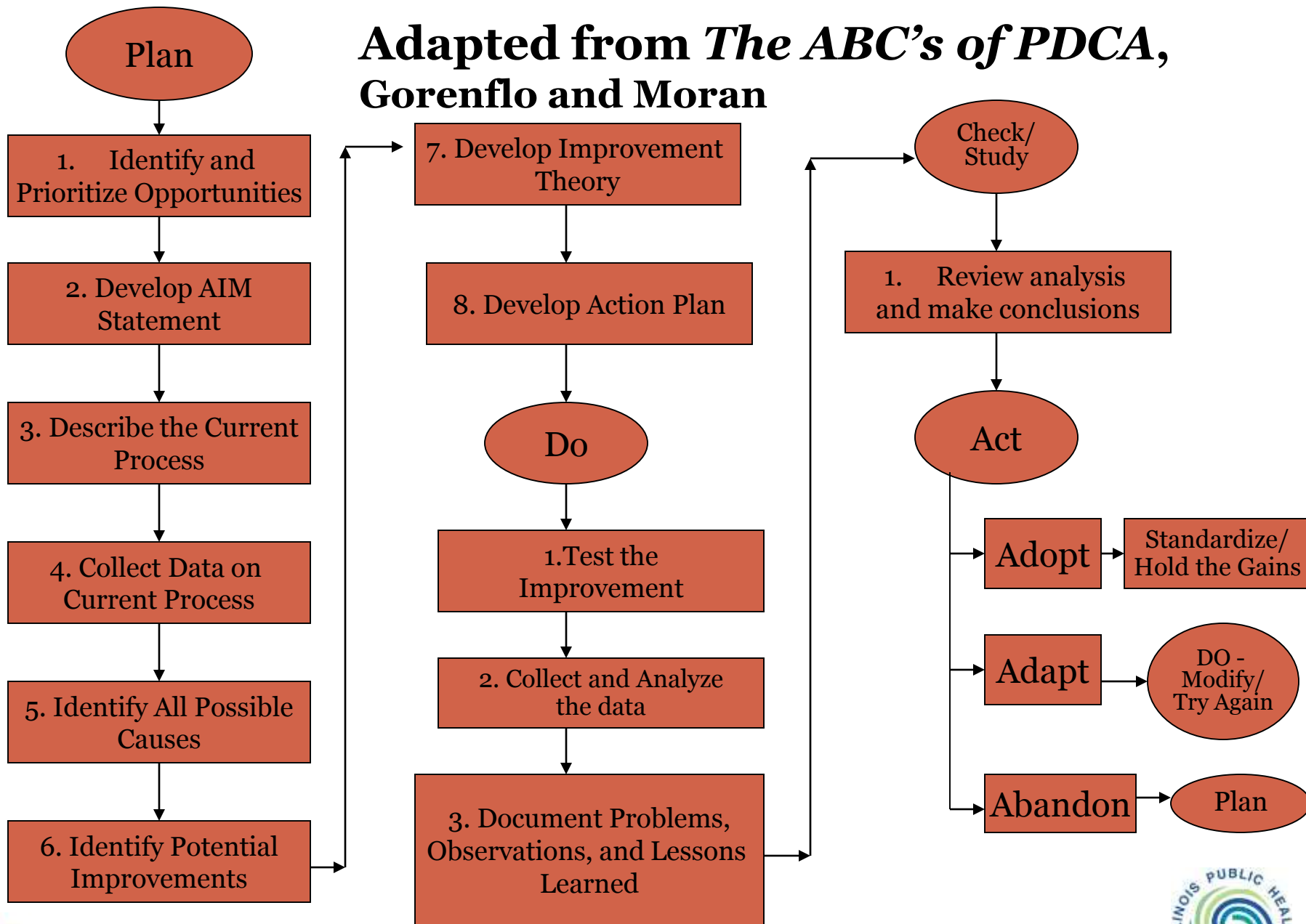
laurie.call@iphionline.org

Illinois QI Learning Collaboratives

- Two Collaboratives, 22-months long, operating simultaneously
- Community Health Improvement Planning (CHIP) - 6 teams (RED)
- Preventable Risk Factors for Chronic Disease (CD) – 4 teams



Adapted from *The ABC's of PDCA*, Gorenflo and Moran



Plan

Identify and Prioritize Opportunities

Develop AIM Statements

Describe the Current Process

Collect Data on Current Process

Identify all Possible Causes

Identify Potential Improvements

Develop Improvement Theory

Develop Action Plan

Types of Goals for Improving CHIP in Illinois

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MAPP Strategic Issues have at least one strategy map/related measurable objectives w/ strategies for action to improve community health

PH System partners will commit resources to implement CHIP to improve community health

Use of data to generate and align community resources with effective strategies to reduce obesity

Increase external (outside LHD) leadership and ownership of CHIP development/ implementation to increase community health

Increase diversity, commitment and productivity of the CHIP team and their ownership of implementation of the CHIP to increase community health

AIM Development

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- Same process was used for CHIP teams
- Multiple iterations of AIMs
- Baseline data was challenging/
different for teams to grasp

Quality Improvement Project Rapid Cycle Improvement AIM Statement

Quality Improvement Project: _____

Step 1: What Are We Trying to Accomplish? (A brief statement of the aim)

Step 2: How Will We Know That a Change is an Improvement? (Potential measures of success, including implications for future improvements that build on the improvements made in this project)

Long term

Medium term

Short term

Step 3: What Changes Can We Make That Will Result in an Improvement?

How did you identify this opportunity, with what data, from what source(s)? Brief description of the problem with any data currently available

Initial hypotheses and description of data needed to focus the project and the development of an intervention. Are you aware of benchmark data or best practices?

Impact/overlay with other programs and activities

Who are the stakeholders (internal and external) and what are their concerns

Step 4. What baseline data do we have for this Aim?

Types of Baseline Data for QI/QP of CHIP

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- Comprehensive System Partner Lists
- Previous CHIP Committee Participants
- Previous Participation Levels/Roles by Organization, Individual
- Previous Resources (amount/type) Contributed by Organizations
- Process Documentation (How were things done?)
- Community Health Plan Progress
- Past Meeting Evaluation Results/ Feedback
- Etc.....



Stakeholder Analysis

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- Identify Stakeholders
 - Identify Stakeholder Needs
 - Establish Performance Measures Based on Needs
 - Develop Activities and Services to Meet Needs
- Adapted from Joseph Juran, “Juran on Quality Planning”*
- This information caused some teams to revisit their AIM statements and measures.

Partnerships Information Form

Name of Group:

General Purpose:

Who attends this meeting?

Are the minutes readily available? Yes No

Does this group have a website? Yes No
If yes, what is the website address?

Who should attend from KCHD?

Time/Frequency of meetings

What priority does it address?

Is this group a 501c3? Yes No

Is there a political need to be at this meeting? Yes No
If yes, what is the specific need?

What is the level of collaboration?

What will happen if KCHD is not present?

Are there are dues to pay? Yes No

General Comments:

Kane County



Stratification of Community Health Division Partnerships					
	Networking	Coordinating	Cooperating	Collaborating	
211 Workgroup	1				
Activate Elgin				1	
African American Health Fair			1		
AOK		1			
APCC	1				
Aurora Funder's Consortium	1				
Campañeros			1		
Care for the underserved, Elgin	1				
Chicago Metro Dental	1				
CLOCC	1				
CRT	1				
DUI Task Force			1		
East Aurora Weed & Seed			1		
Elgin Livable Communities	1				
FHP			1		
Fit for Kids				1	
FVUW - Community Impact		1			
FVUW - Success by 8 Committee		1			
Health & Welfare	1				
Health Initiative Council	1				
HLC				1	
IBCCP		1			
IFLOSS	1				
ILPHI - Community Planning Collaborative				1	
IPLAN Implementation	1				
Kane County Board - EEC	1				
Kane County Board - HSC	1				
Kane County Board - PHC	1				
Kane County Health & Wellness Coalition				1	
KCHAIN	1				
MH Awareness Sub Committee			1		
MH Council	1				
MH Data Sub Committee	1				
MH Resources Sub Committee	1				
NIPHC - Suicide Surveillance Task Force	1				
NIPHC (Epi)		1			
Provena Mercy Mission Committee	1				
Provena St. Joe's Mission Committee	1				
Red Ribbon		1			
Regional Health Care Safety Net	1				
Ride in Kane			1		
School Wellness Team	1				
Senior Advisory Council	1				
West Aurora Weed & Seed			1		
West Towns	1				
Total	26	6	8	5	45

Kane County



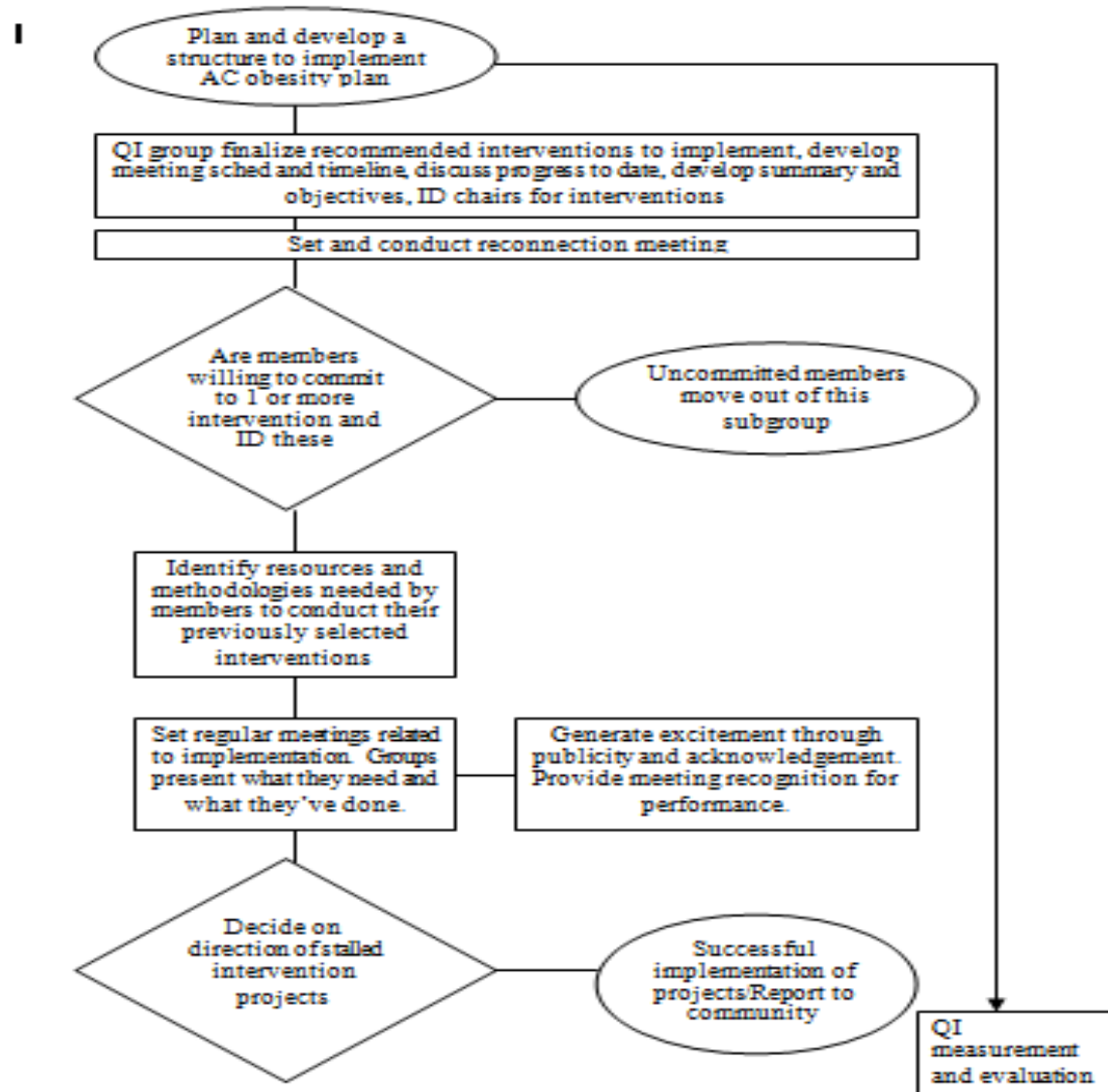
Community Health Committee Formation

How

(every 5 years)



Workflow Analysis Adams County

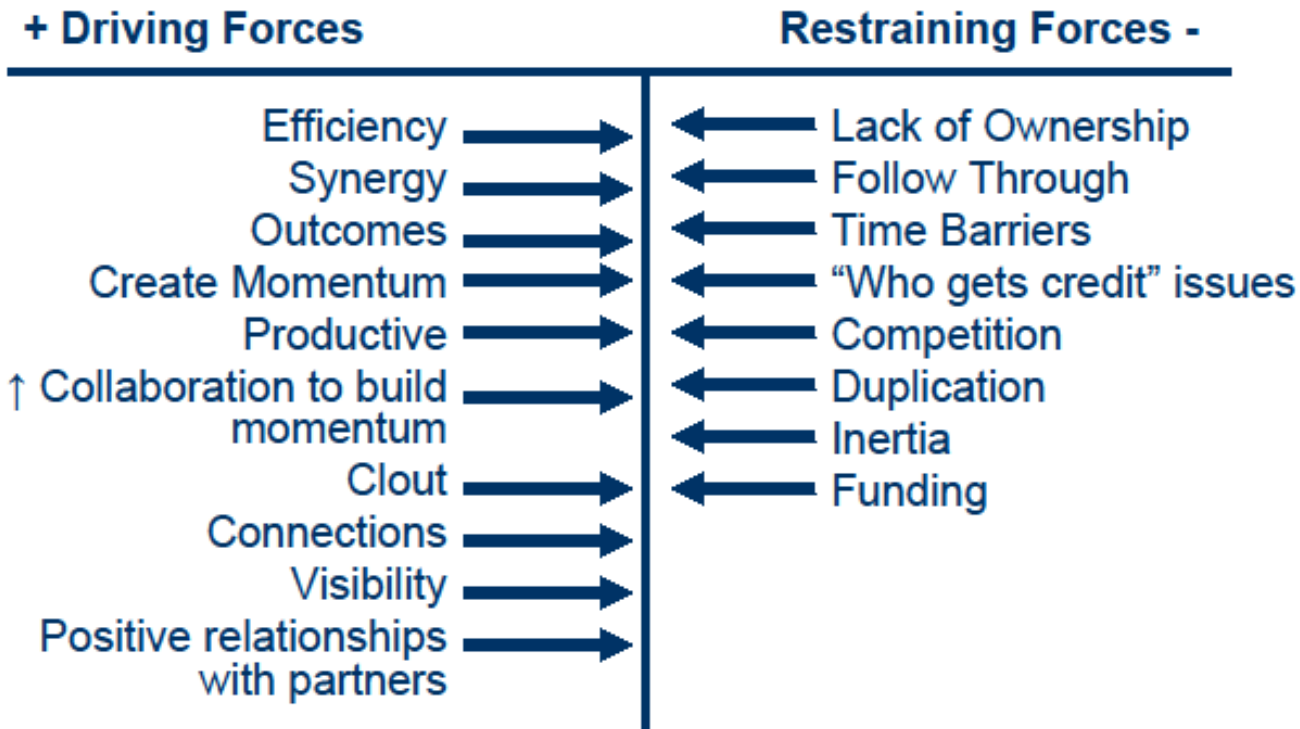


Kane County Community Partnership QI Project

Force-Field Analysis

Ideal State:

We participate in meaningful community partnerships that are productive and objective-based with appropriate from agencies creating mutually beneficial outcomes.



Prioritizing Forces of Change

- Measurable outcomes↑ 5
- Follow through↓ 5
- Productive↑ 4
- Positive relationships w/ partners↑ 4
- Duplication↓ 2
- Lack of ownership↓ 2
- Visibility↑ 1
- Efficiency↑ 1
- Funding ↓ 1

Kane County July 20, 2009

Down arrow signifies restraining force, up arrow signifies driving force

Clay County Health Department

QuILT Force Field Analysis – Health Improvement Planning

Ideal state: High level participation by collaborative partners in health improvement planning and implementation.

+ Driving Forces

Restraining Forces -

Philosophically, people believe in health improvement ▶▶

Small community advantage of knowing people / issues ▶▶

Participation will improve quality of life/health ▶▶

Health improvements will save money ▶▶

Collaboration will minimize duplication of services and fill service gaps ▶▶

Increased access to resources through collaboration ▶▶

High level of media interest draws public interest which leads to positive public relations ▶▶

◀ Results are not immediate – delayed gratification

◀ Immediacy of intervention is not a great concern

◀ Restricted funding sources – lack of monies available for use in health priority areas

◀ Poor economic conditions = decrease in employer support for participation in non-essential activities

Shared Ownership of CHP

Driving	Restraining
<ul style="list-style-type: none"> • Common recognition of need for change • Poor health outcomes • Racial/ethnic disparities • Need for coordinated community planning • Need for reduced system costs • Paradigm shift to prevent • Everyone has need for health/strategic planning 	<ul style="list-style-type: none"> • LHD certification requirement/timeline • Different <ul style="list-style-type: none"> – agendas/interest – self-ID – silos • Perceived redundancy • No trust/competition • Rush to problem Id • Up-front costs

Peoria County

Unproductive Planning Process

Ideal State: To provide a coordinated and productive planning process.

+ Driving Forces		Restraining Forces -
Healthier Knox County	→ ←	Lack of knowledge about the process
Diverse workgroup	→ ←	Lack of diversity
Committed workgroup	→ ←	Lack of commitment
Productive workgroup	→ ←	Lack of productivity
A community that collaborates	→ ←	Lack of interest
Unduplicated resources	→ ←	No rewards seen
More knowledgeable workgroup	→ ←	Lengthy process
Partners are implementing plan/change	→ ←	Lack of teamwork
Healthy governmental policies	→ ←	Dominating personalities
More visibility in the community	→ ←	Improper facilitation
Community buy-in/excitement	→ ←	No tangible end
Achievement of long-term goals	→ ←	Going through the motions
Correct focus of plan	→ ←	Goals too lofty
Realistic planning goals	→ ←	No measurable short-term changes seen or realized
	→ ←	Information too complicated

Knox County

What are the issues associated with recruiting community members to actively participate in the MAPP process?

Asking all appropriate individuals and agencies.

Doesn't participate because they were not asked

Selecting an appropriate venue

The location of the meeting is not convenient

Meeting location is inconsistent and gets confusing

Individuals have difficulty getting transportation

individual/business time constraints

The project entails too much of a time commitment

The amount of workload expected of them is too great

They do not have time in their schedule to participate

The time of the meetings is inconvenient

Always conflict in my schedule with the meetings

I can not get the time away from work

Communication with individuals and agencies.

It is not clear who the contact is at the Health Department

Who they communicate with at the Department changes all the time

Not sure the boss will let them participate due to limited staff

They are not comfortable because they don't know anyone else

The way we communicate (e-mail, etc.) is not convenient to them

Were not responsive because of how they were asked to help (letter, etc.)

Could not because the right individual at the agency was not asked first

Too much communication that is not clear and comes via different modes

Education of resulting in buy-in of individuals and agencies

They do not understand how or why their input fits in the project

They have general apathy about the health of their community

The project was not justified to them as a valid use of their time

They did not understand the MAPP process and it seemed too confusing

There was no incentive for them to participate and provide their time

There was no understanding of how the project or result affects them

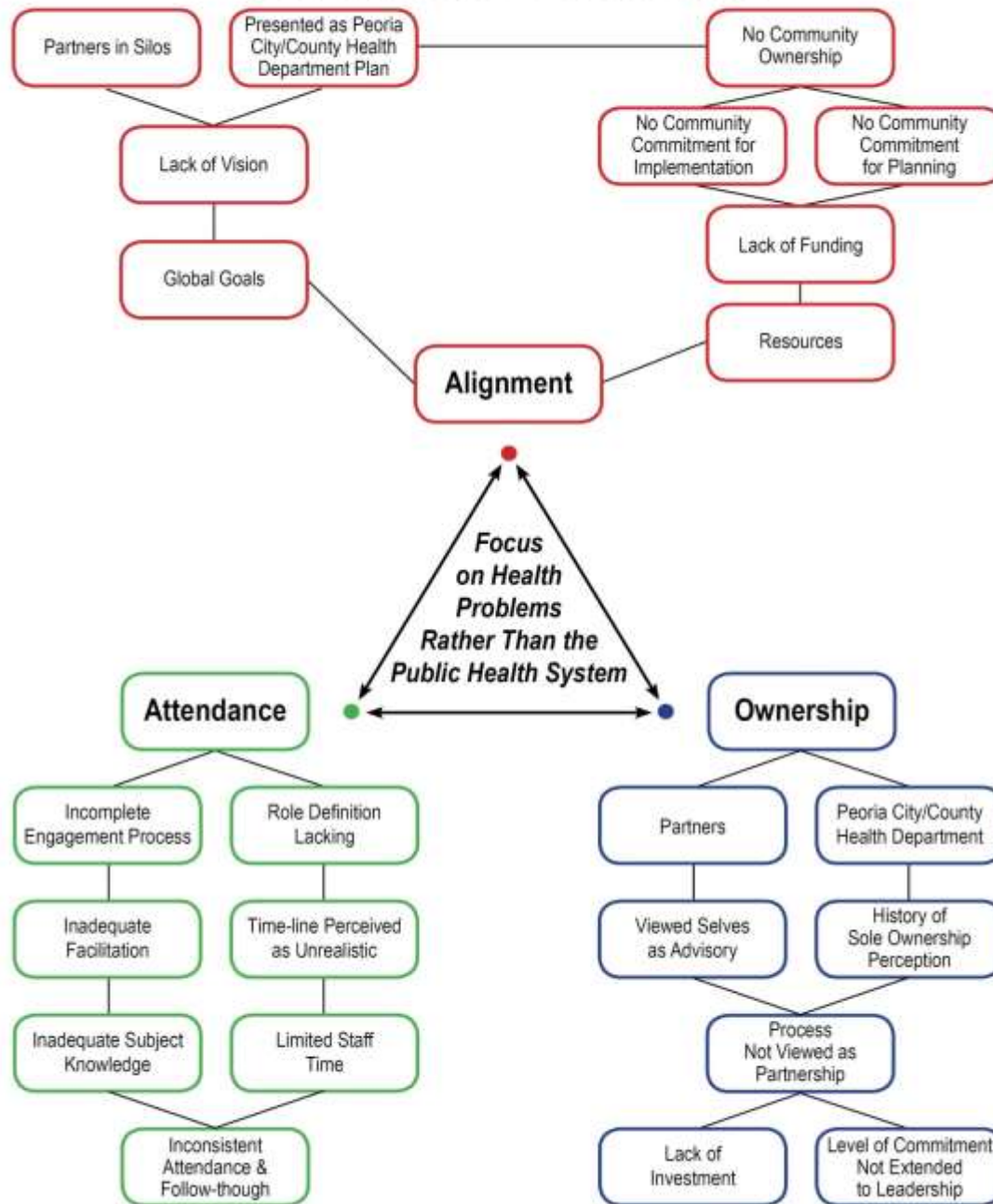
The project just isn't important to them, not a priority

Family commitments and responsibilities

They have outside family responsibilities that conflict with scheduling

They would require child care in order to participate

CHIP Flowchart • Peoria County



Peoria County



Plan

Identify and Prioritize Opportunities

Develop AIM Statements

Describe the Current Process

Collect Data on Current Process

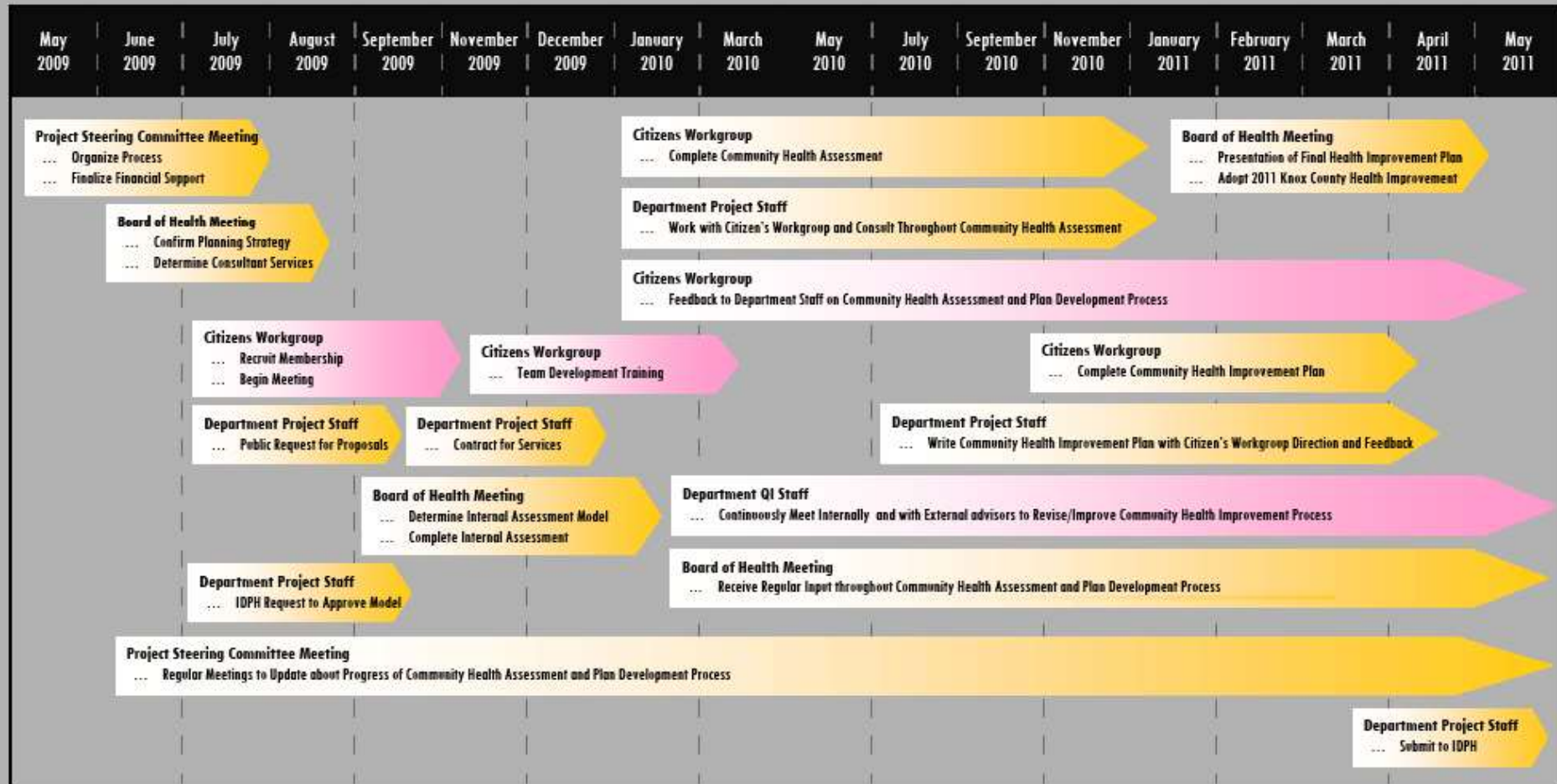
Identify all Possible Causes

Identify Potential Improvements

Develop Improvement Theory

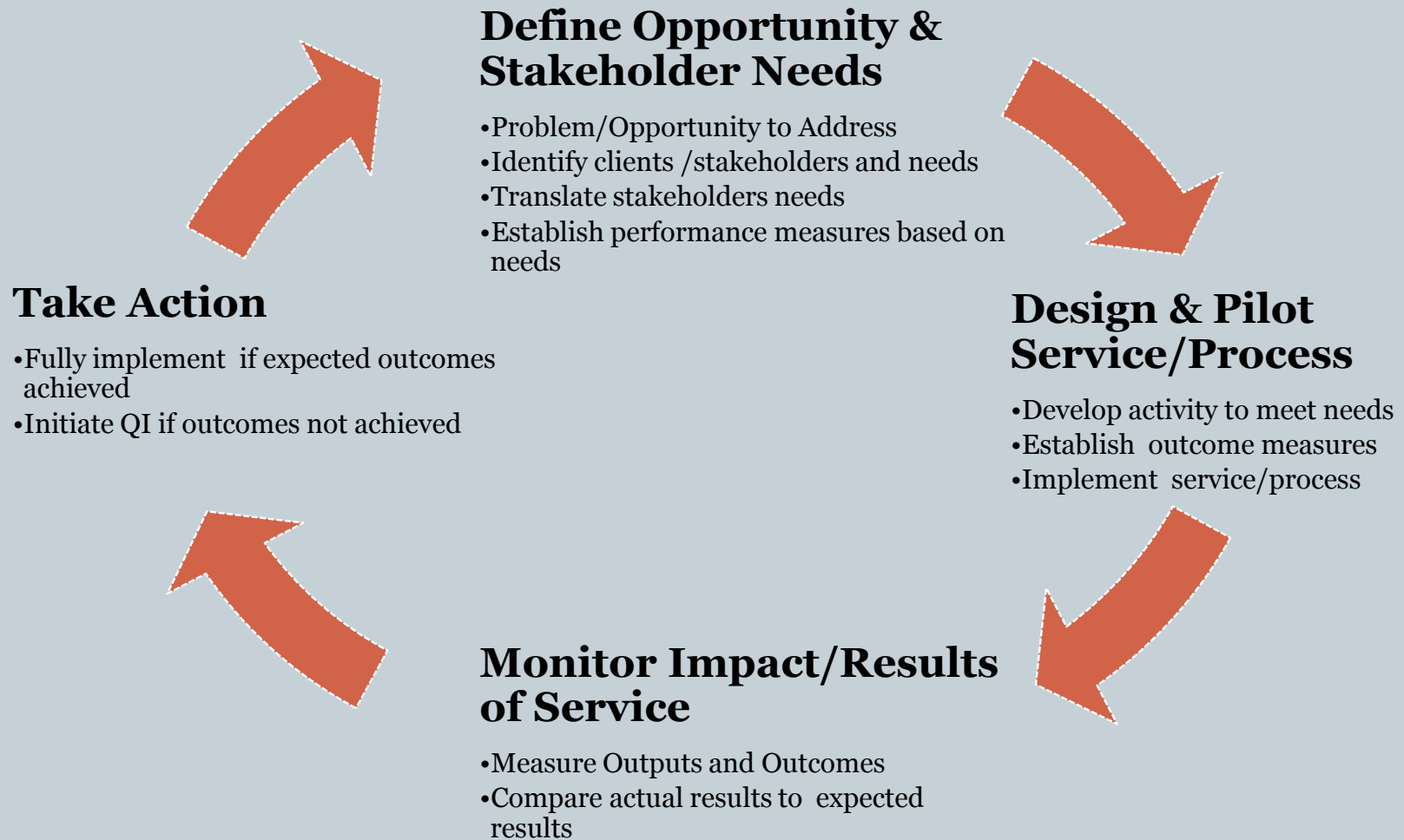
Develop Action Plan

Illinois Plan for Local Assessment of Needs [IPLAN] Knox County Health Department: Round 4



Quality Planning Cycle (repeated)

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Do

Test the Improvement

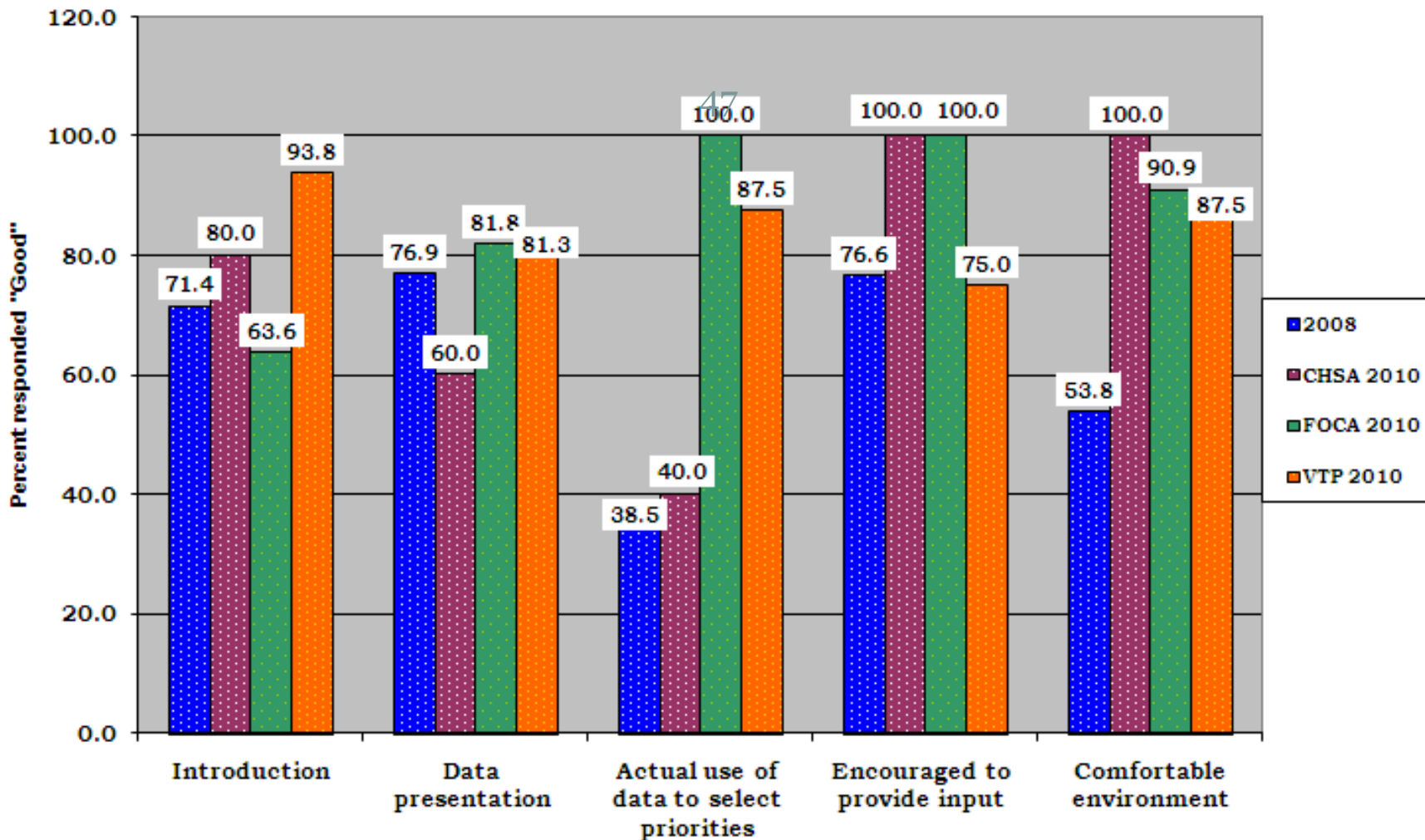
Collect and Analyze the Data

Document Problems, Observations, and Lessons Learned

Study

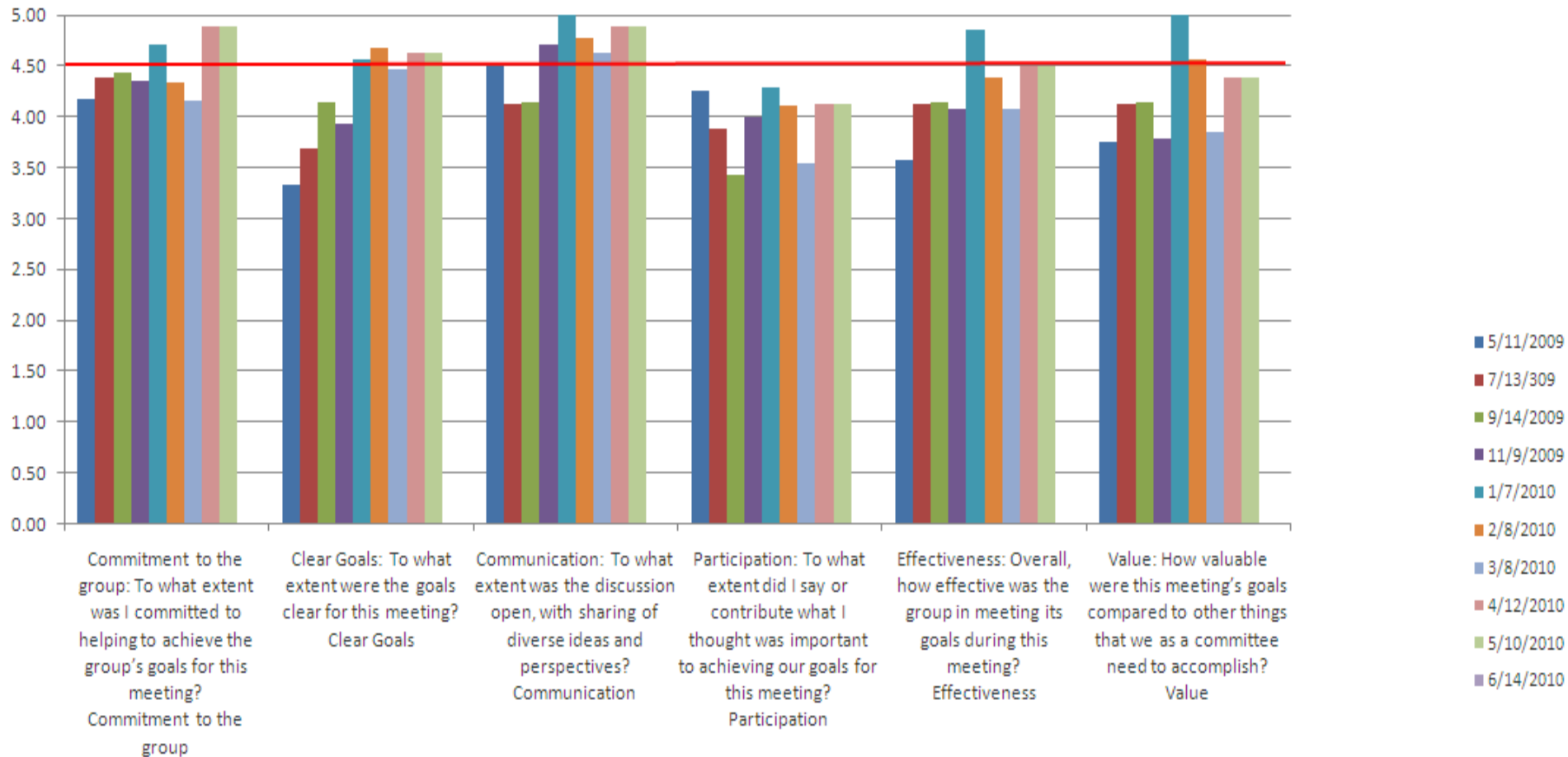
Review Analysis and Make Conclusions

Comparison of 2008 and 2010 Processes (%)

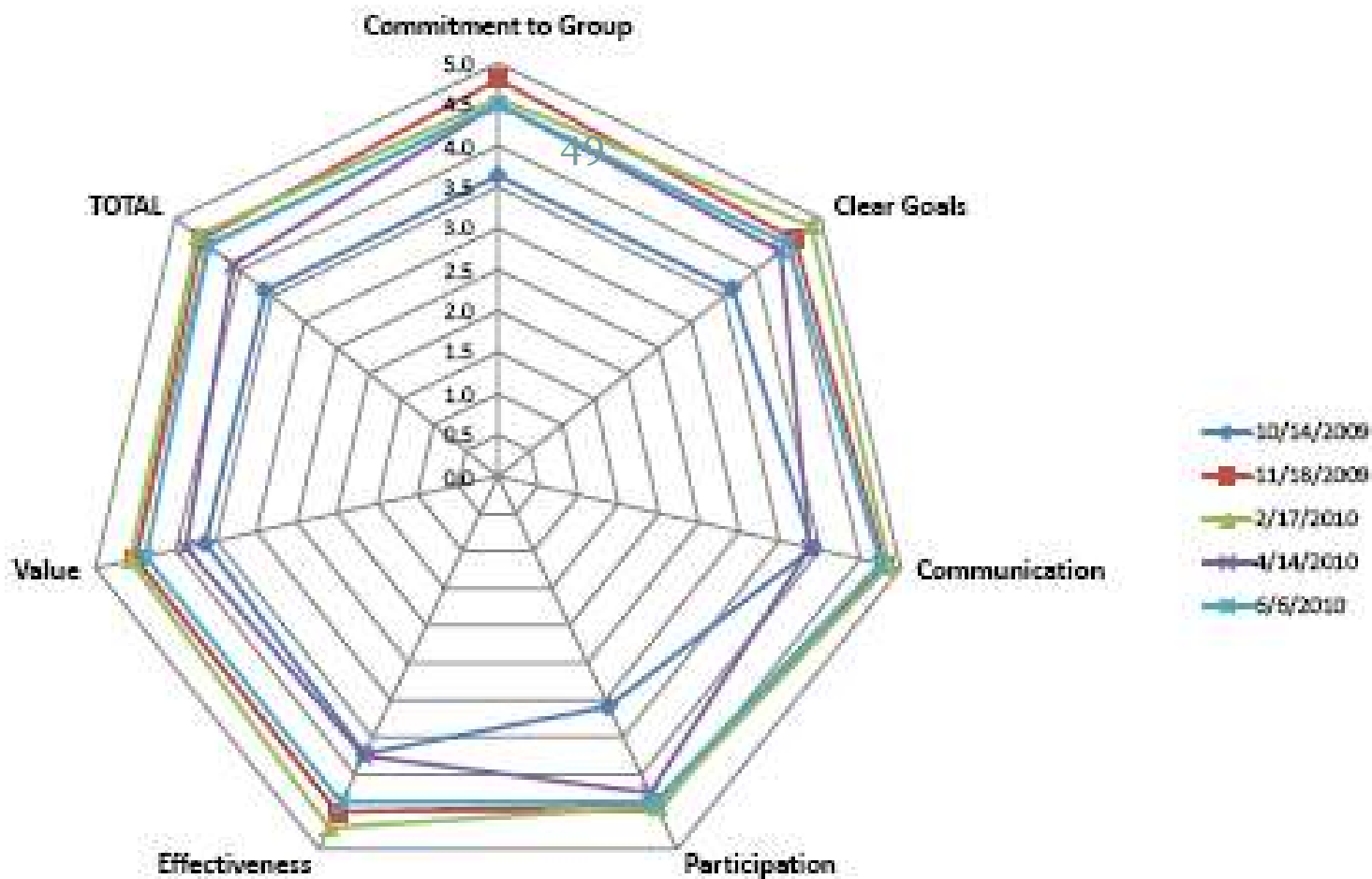


Comparing Participant Evaluation Data Peoria County

Meeting Effectiveness Measurements Adams County



Meeting Effectiveness Tool 10/14/09 to 6-16-10



Act

Adopt

- Standardize
- Hold the Gains

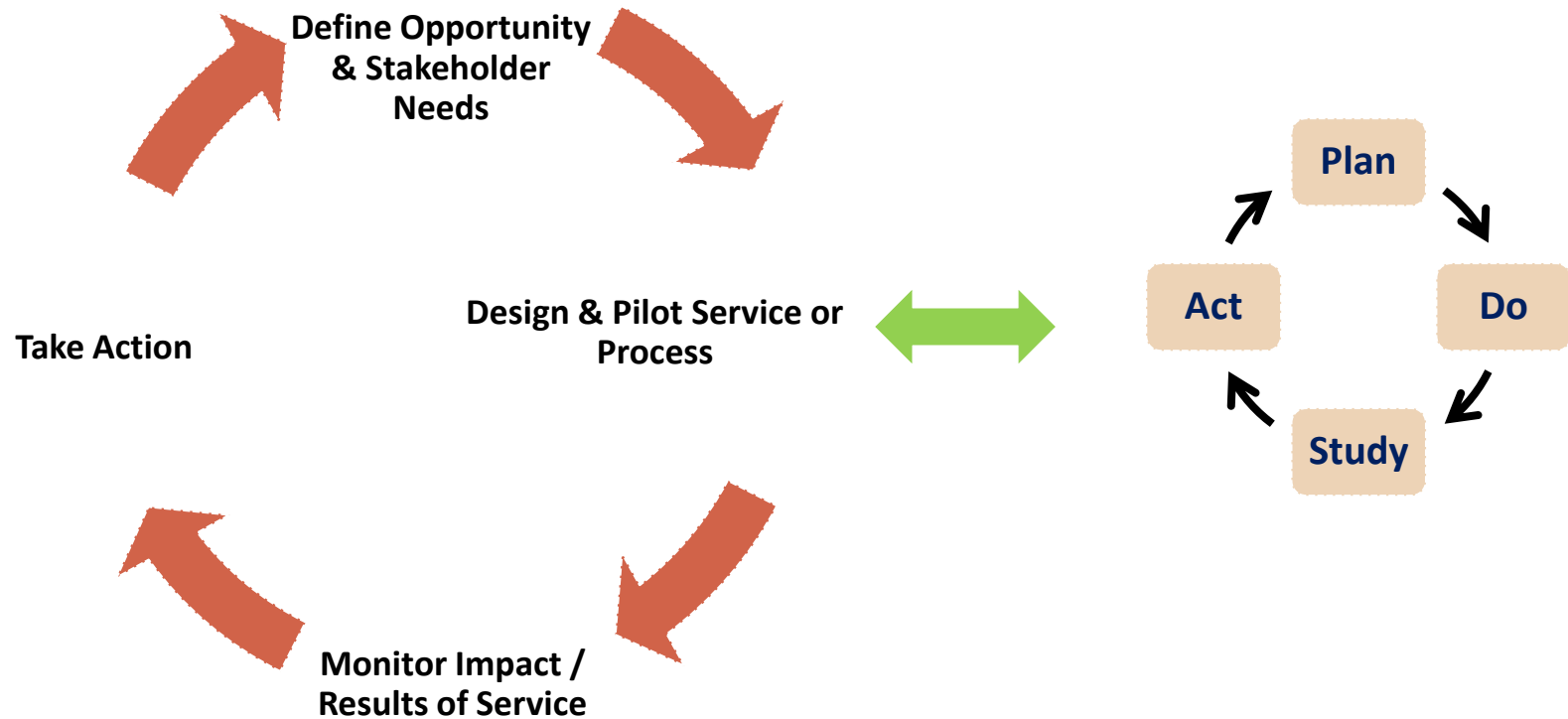
Adapt

- DO
- Modify/Try Again

Abandon

- Plan
- Repeat Cycle

Quality Planning Cycle with QI Infused

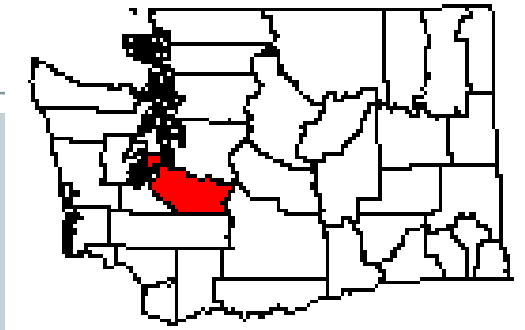


Resources and Sharing

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- Visit IPHI Website for more project related information: www.iphionline.org
- Webinars are posted on the IPLAN Website under *Public Health Quality Improvement Webinars* and can be found here:
<http://app.idph.state.il.us/Resources/training.asp?menu=3>

Pierce County, Washington



Public Health Quality Model

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Assess

- Consider goals and current performance
- Prioritize opportunities



Define

- Problem/Opportunity
- Process to be addressed
- Measure(s) of success

**Community
Health
Improvement
Planning**

Evaluate

- Monitor progress
- Act on exceptions

Analyze

- Analyze process/data
- Identify Root Cause(s)

Change

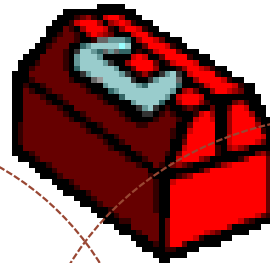
- Develop solutions
- Manage and Implement Change

**Community
Health
Assessment**

Same Basic Method ... Different Applications

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QI



QC
Toolbox



The QI-QP “Hybrid” Project

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- Projects can start with a QI approach and not find narrow “root” causes
- Large portions or even all of the process may need to be re-designed
- Even standard QI projects can sometimes benefit by “borrowing” from the QP toolbox

“The Liger is pretty much my favorite animal”
-- Napoleon Dynamite

Quality Planning Project Steps

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Assess

1. Assess organizational goals and current performance
2. Determine most important problems/biggest opportunities

Define

3. Define problem/opportunity
4. Define process(es)/service to be addressed
5. Define measure(s) of success
6. Define stakeholders, customers and team

Analyze (Diagnose)

7. Determine customer needs
8. Translate customer needs into service features
9. “Benchmark” other service providers

Change (Implement Solutions)

10. Consider service/process design options
11. Determine supplier requirements
12. Determine “best” integrated design
13. Prevent Failure
14. Manage Change
 - Social
 - Technical
15. “Hand-off” to operations – including Evaluation plan

Evaluate (Control)

16. Monitor performance against measures
17. Maintain process (if working)
18. Enter Quality Improvement Cycle



Tacoma | Pierce County

Health Department

Healthier. Safer. Smarter.

Why Obesity Prevention?

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- Two of our 12 departmental (strategic) performance measures
 - Percent of adults who are obese.
 - Percent of youth who are physically active for at least 60 minutes per day.
- One of our three priority health indicators
 - Percent of adults who are obese (significantly higher rate than state average AND significantly worsening trend)



Tacoma | Pierce County

Health Department

Healthier. Safer. Smarter.

Physical Activity & Nutrition Program

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Decrease adult & childhood obesity

SCHOOLS

SNAP Ed

policies, systems & programs

Safe Routes to School

systems & programs

Improve School Meals

policies, systems & programs

School Wellness Policies

policies, systems,
environmental change &
programs

COMMUNITY

Community Gardens

policies, systems,
environmental change &
programs

Healthy Retail Stores

systems and environmental
change

ACHIEVE (Community Coalition)

policies & systems change

PLANNING/GOVT.

Comprehensive Plans

policies & environmental
change

Non-Motorized Transportation and Complete Streets

policies & environmental
change



Tacoma | Pierce County

Health Department

Healthier. Safer. Smarter.

Application of QP: Consultation for City Planners

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- Original concept: Hire a temporary, part-time health educator to provide consultation services to city planners to include built environment concepts into next round of plans.
- QP tools used: customer interviews
- Results: Customers didn't need the services; program not implemented.



Tacoma | Pierce County

Health Department

Healthier. Safer. Smarter.

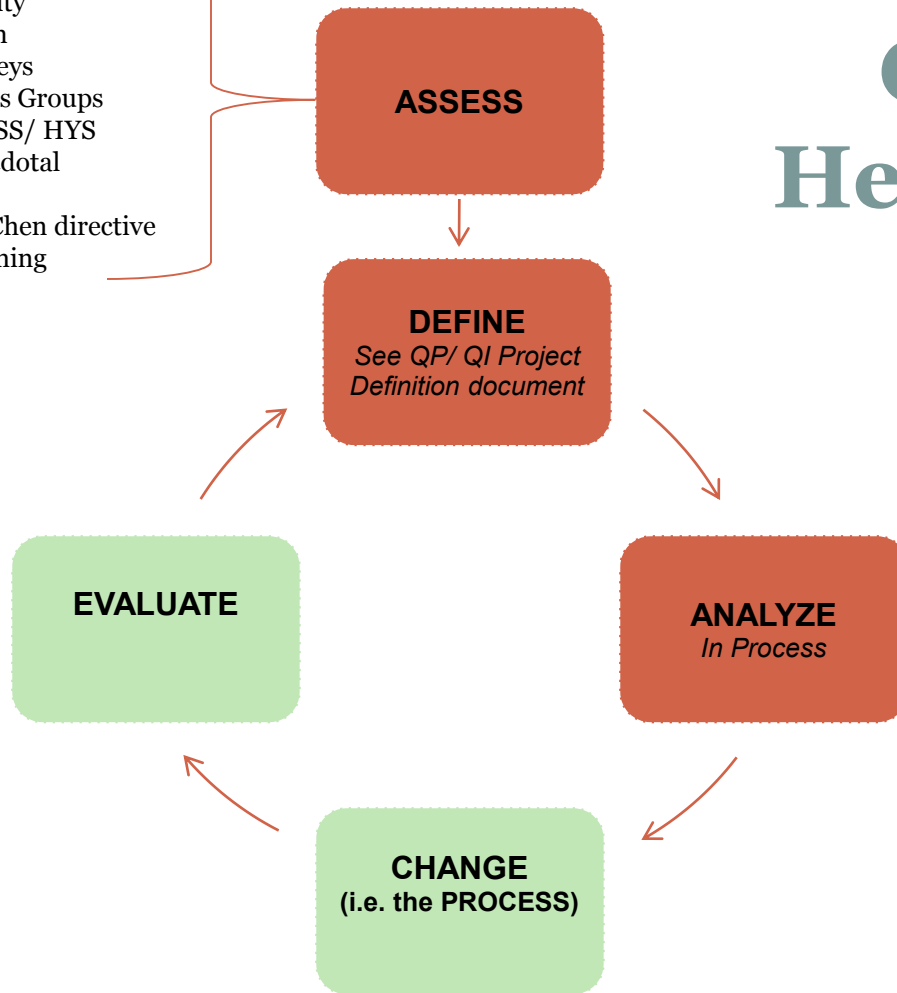
Application of QP: Healthy School Grants Program

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- Original concept: Offer mini-grants to school districts to choose from a menu of “best practice” policies and systems-level interventions
- QP tools to be used: customer needs analysis, benchmarking, process controls, performance measures
- Results: TBD

QP Model: Healthy School Grants

- Momentum
- Opportunity
- Evaluation
 - Surveys
 - Focus Groups
 - BRFSS/ HYS
 - Anecdotal
- Political
 - Dr. Chen directive
- PAN Planning



Customer Needs

- ACHIEVE 5 Strategies
- Informal conversations with project team/ schools

Benchmarking

- Evidenced based best practices
 - Topic areas
 - How to strategies



Solutions and Controls

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Harder to sustain performance

- Documented paper process
- Controlled electronic process
- Training
- Performance Aids
- Audits
- Reminders
- Check lists
- Measurement feedback
- Hard controls

Easier to sustain performance

Control Examples

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- Reminder signs
- Automated messages
- File “Out” cards
- Forms
- Tracking boards/electronic tracking
- Check sheets
- “Kanban” inventory controls
- Required electronic fields
- Exception reports
- Control charts (and other graphic measurement tools)



Tacoma | Pierce County

Health Department

Healthier. Safer. Smarter.

What questions do you have?

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