

Quality Improvement Update



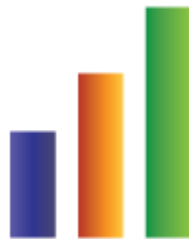
Progress from 11/01/2017-10/23/2018

Introduction:

What is Quality Improvement?

- 🛡️ Quality Improvement is the use of a deliberate and defined improvement process focused on activities that are responsive to community needs and improving population health.
- 🛡️ Quality Improvement is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community.

(Ref: Roadmap to a Culture of Quality Improvement, NACCHO, 2012.)

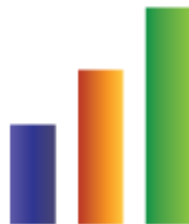


Quality Improvement

Introduction:

Why do Quality Improvement?

- CCPH's biggest resource is its staff. Staff wages and benefits are the majority of the budget for CCPH. With reducing budgets, we need to find more time for existing staff to complete all the work.
- QI is how we evaluate our current processes and make them more efficient so that we can improve quality of service while also saving time.
- Eventually, QI will be integral in all that we do, so we are as efficient as possible. QI is also a PHAB Accreditation requirement.
- Most of the Ohio State government offices have implemented a QI program including Lean methods. Those offices have implemented projects gaining significant efficiency and time savings.



Quality Improvement

Quality Improvement at CCPH

- CCPH established a Quality Improvement (QI) program with the issuance of the QI Plan 800-015-P on 6/9/2016.
- The Quality Improvement Committee (QIC) was formed to oversee the implementation of the QI program at CCPH. QIC Members Include: Terri D., Kim K., Kim C., Chrissy K., Heather M., & Janet C.
- The QIC has been meeting monthly and progressing toward completion of the QI activities (i.e. goals and objectives) listed in the QI plan.



QI Projects 2017-2018

#1: Phone Answering and Routing Project:



Current Issues:

- Callers are choosing the wrong auto-selection
- Callers have more than one request that need answered by more than one division.
- Callers are transferred from clerk to clerk instead of the end user.

Project Objectives:

- Reduce calls to incorrect divisions
- Reduce time of caller on phone with the wrong staff
- Improve customer & employee satisfaction
- Simplify main line auto-attendant

Project Team:

Name	Position Title	Level	Division /Role	
Heather Macdonald	Laboratory Technician	Non-management	Lab	QIPT Consultant/Fresh Perspective
Terri Dzienis	APC Administrator	Management	APC	QIPT Consultant Helper
Ashley Archer	WIC Assistant	Non-management	WIC	Subject Matter Expert
Jil Neuman	PH Clerk II	Non-management	VS	Subject Matter Expert
Connie Standard	PH Clerk I	Non-management	NUR	Subject Matter Expert
Connie Ash	PH Clerk I	Non-management	EH	Subject Matter Expert

QI Projects 2017-2018

#1: Phone Answering and Routing Project:



Improvements implemented:

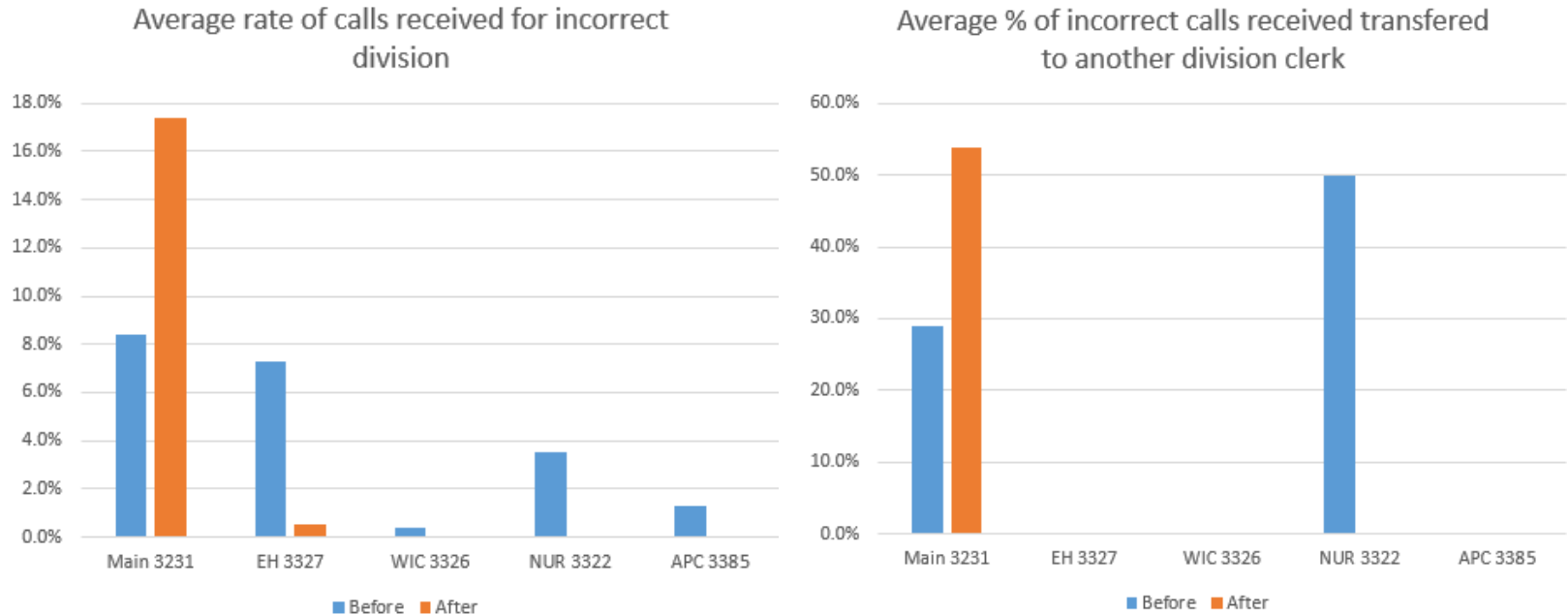
- Standardizing/updating reference sheets for external phone numbers commonly requested and for internal routing.
- Updated policies to allow direct phone number use; these are now on the CCPH website, on business cards, and used in correspondence.
- Updated auto-selection options on main line.
- Added auto-selection to WIC line & EH line.

Results:

- Collected data of improved process and compared it to the baseline data to determine if successful.

QI Projects 2017-2018

#1: Phone Answering and Routing Project:



Conclusions:

- Data improved for divisions but worsened for main line. Indicates sub-optimization occurred.
- More improvement is needed for the auto-attendant which will be a separate project.
- This project is completed.

QI Projects 2017-2018

#2: Improving Immunization Clinics

Project Objectives:

- Improve efficiency (decrease time of process)
- Increase capacity to see patients

Project Team:

Name	Position Title	Level	Division/Role	
Terri Dzienis	APC Administrator	Management	APC	QIPT Consultant
Jil Neuman	PH Clerk	Non-management	VS	Fresh Perspective
Frank Catrone	Staff Nurse II	Non-management	NUR	Subject Matter Expert
Kelli Trenger	Office Manager	Management	NUR	Subject Matter Expert
Patty McConnell	Sanitarian II/ HAN Coordinator	Non-management	EH/OPHI	Fresh Perspective

Improvements Implemented:

- Updated appointment schedule from 20 minute time slots to 40 minute time slots, staggered, in order to accommodate time to check-in patients.
- In-take forms posted online for patients to fill out prior to appointment
- Clerks hand-off printed shot record instead of Nurses.

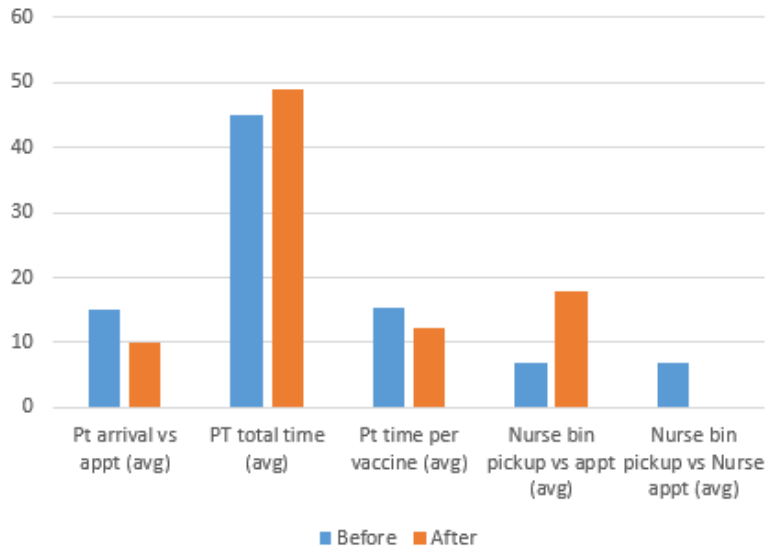
Results: Collected data of improved process and compared it to the baseline



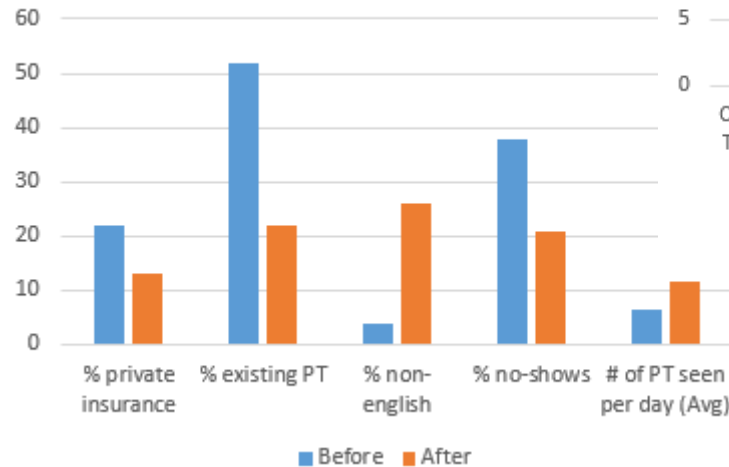
QI Projects 2017-2018

#2: Improving Immunization Clinics

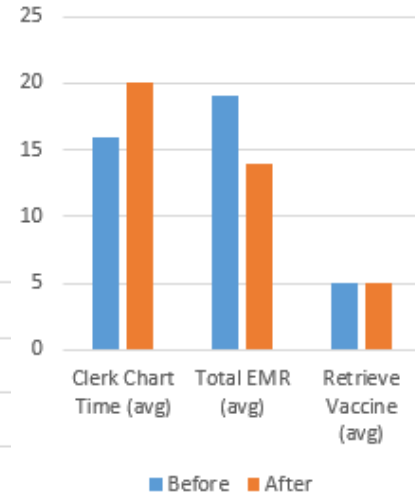
Patient and Appt Times (minutes)



Clinic Demographics (percent)



Staff process times (minutes)



Conclusions:

- Data improved timeliness of when Nurse started with Patient. No changes in processing time.
- Flow of clinic improved, with less stress on staff.
- Data indicates there a need for interpreter services to improve timeliness of non-English patients, which will be a separate project.
- This project is completed.

QI Projects 2018

#3: Kronos Implementation: Attendance and Activities



Current Issues:

- Misplaced forms causing duplication of work
- Data entry / transcription errors resulting in errors in employee paychecks and having to process a correction
- Lengthy process
- Multiple systems and processes for different staff.

Project Objectives:

- Improve data entry efficiency
- Reduce data entry / transcription errors
- Reduce the number of paper records generated
- Reduce overall time spent by staff on the process
- Improve accountability and compliance by having standard methods and policies for entire CPH across all programs

#3: Kronos Implementation: Attendance and Activities

Project Team:

- Division Leaders and Rob Knight, Dawn Miller, and Amanda Archer.
- Include non-management staff to test system and provide feedback.

Project Progress:

- City of Canton Auditors Dept is implementing an upgraded version of their payroll software, Kronos, that allows for electronic submission of time off requests and attendance reporting.
- Kronos will also be used for time-accounting/activities entry
- CCPH is implementing Kronos, so a QI Project was formed to collect data on before and after the software use, and to standardize policies.
 - Team completed SIPOC and current state process map
- This is also a strategic priority to be completed
- Baseline data was collected in Sept-Oct 2017.

QI Projects 2018

#3: Kronos Implementation: Attendance and Activities

Continued Project Progress:

- Updated attendance policies to include alternative work schedules for staff and also allows employees to use vacation in smaller increments.
- Minimal testing of Kronos's full capabilities; several staff members have been completing the attendance/leave reporting electronically through Kronos.

Next Steps:

- Kronos and Auditors to complete updates to system to accommodate CCPH scheduling needs
- Roll-out Kronos to all staff to use for attendance reporting
- Shortly after, Roll-out Kronos to all staff to use for activities reporting
- Collect improvement data.

Mini-QI Project for EH Division 2018

EH Division: Improve Food Inspection Frequency

Project Objectives:

- Improve regular tracking of completed food inspections.
- Improve frequency of food inspections so they are more spaced out

Project team: Jim A., Rick M. Brian G. Kim C., Maria H., Nejla S.

Improvements Implemented:

- Established monthly food inspection goals for each inspector
- Track inspection progress on visual display board
- Review progress monthly to make adjustments as needed

Results and Conclusions:


- Need to fine tune goals to take into account complexity of inspection
- Some improvement of inspection frequency occurred, but more time will tell.

Progress on Other QI Plan Goals


#1: Complete one customer satisfaction survey:


 SWAP program completed customer survey in August 2017.

#2: Advanced QI Training for QIC members and others:

 The remaining QIC members that didn't already have advanced QI training, Kim K and Chrissy K, attended Lean Ohio Boot Camp January-February 2018. Others interested, Rob K and Linda M, attended Lean Ohio Boot Camp April-May 2018. NACCHO accreditation grant funding was used to pay for these trainings.

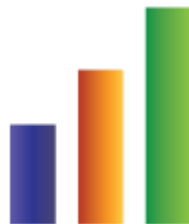
#3: Develop and implement Performance Management System (PMS):

 This has been assigned to the Accreditation Domain 9 Team and Division Leadership Team to complete

 This completion of this goal will be discussed in detail in a separate presentation.

Quality Improvement Exercise

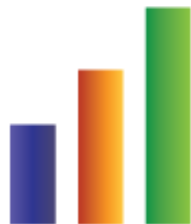
- 🛡️ Let's do an exercise to show the benefits of quality improvement.
- 🛡️ Each of the quality improvement committee (QIC) members will be facilitating this exercise.
 - 🛡️ QIC: Terri D., Kim K., Kim C., Chrissy K., Heather M., & Janet C.
- 🛡️ We will break into groups of 2 tables each. Please follow the instructions of your facilitator.



Quality Improvement

Quality Improvement Exercise

- 🛡️ Exercise debrief.
- 🛡️ This exercise is a really simple way to show the efficiencies and consistencies gained when you standardize work. In other words, when you have written work practices/procedures for staff to use.
- 🛡️ This is one of the reasons why more policies and procedures are being written at CCPH.



Quality Improvement

QI Plan Expiration Activities

- 🛡️ The 2016-2017 QI Plan expired 12/31/2017. This triggered several activities the QIC was responsible to complete.
- 🛡️ **QIC Operations Effectiveness:**
 - 🛡️ The QIC evaluated the QIC operations and determined no changes were needed in Feb 2018. They updated the meeting frequency to a minimum of 10 out of 12 per year for flexibility.
- 🛡️ **Evaluate QI Projects:**
 - 🛡️ The QIC used the assessment checklist to evaluate the in progress QI projects in Feb 2018. They identified several changes needed to the forms.
- 🛡️ Evaluate the 2016-2017 QI plan effectiveness against the effectiveness targets, which includes assessing completion of QI goals and objectives and conducting QI maturity survey.
- 🛡️ Develop the 2018-2020 QI plan

QI Plan Effectiveness

- A QI maturity survey was completed by 88% of CCPH staff in December 2017. When compared to the survey completed in August 2016, there was a 10% increase in maturity, which shows the QI program achieved its effectiveness target.

	Points received / total points possible	
	Baseline Data (August 2016)*	Progress Data (December 2017)
Culture	12 / 20 = 60%	13 / 20 = 65%
Capacity & Competency	7 / 15 = 47%	10 / 15 = 67%
Alignment & Spread	8 / 15 = 53%	9 / 15 = 60%
Total	27 / 50 = 54%	32 / 50 = 64%

Effectiveness Goal	Measure	Data Source	Target	Results		Compare to Target
				Base	2017	
Improve staff QI maturity	Show improvement of staff maturity compared to baseline	Every two year QI maturity assessment (to be completed by 12/31/2017) compared to baseline assessment	Any increase in maturity	27/50 = 54% (8/26/16) [See table above for details]	32/50 = 64% (1/4/18) [See table above for details]	10% increase

QI Plan Effectiveness

- QIC assessed the completion of the QI plan goals and objectives and compared to the effectiveness target. As seen, we were below the target of 100%, but the QIC still feels the effort was effective since maturity increased.

Status of QI Goals and Objectives as of 12/31/2017*					
Original deadline:	Total #	# completed by original deadline	# completed in 2016 after deadline	# completed in 2017 after deadline	# still in progress for 2018
3 rd Quarter 2016	4	3	0	1	0
4 th Quarter 2016	11	1	0	7	3
4 th Quarter 2017	11	6	0	0	5
TOTAL:	26	10	0	8	8

Effectiveness Goal	Measure	Data Source	Target	Results		Compare to Target
				Base	2017	
Complete all QI Plan goals listed in section L. of this document	Completion of goals by deadlines	QIC assessment	100%	n/a	Goals completed (10+8)=18 18 / 26 = 69%	69%

QI Plan Effectiveness

- QIC assessed the effectiveness of website and social media communication strategies. Since there was an increase in usage, the effectiveness target was achieved.

	Baseline Data (Feb 2017)	Progress Data (Dec 2017)	% Change
CCHD QI main page hits	1088	4083	275%
CCHD QI Project #1 page hits	22	453	1959%
CCHD QI Project #2 page hits	3	401	13267%
CCHD Facebook page likes	1378	1878	36%
CCHD Twitter followers	33	44	33%

Effectiveness Goal	Measure	Data Source	Target	Results		Compare to Target
				Base	2017	
Effectiveness of website and social media communication strategies	Show improvement of views	QIC assessment of website and social media views compared to baseline data	Any increase in views	See Feb 2017 data in table above.	See Dec 2017 data in table above.	All types increased (lowest by 33%). See table above of exact % of each type.

QI Plan Effectiveness

- Since there was no completed QI projects by 12/31/2017, the QIC was not able to measure the effectiveness of QI efforts, so the target was not achieved.
- The QIC assessed the completion of the QI training goals. As seen, we were below the target of 100% since the new hire training plan is still in progress.
- QIC still feels the effort was effective since maturity increased.

				Results		Compare to Target
Effectiveness Goal	Measure	Data Source	Target	Base	2017	
Measureable success with QI efforts	% of AIM Statement objectives achieved in completed QI Projects	QIC 800-015-08-F (QI Project Review Criteria Checklist) assessment	50%	n/a	No AIM statements found; no projects completed	0% (none completed)
Completed all QI training goals listed in section J.3. of this document	Completion of goals by deadlines	QIC assessment	100%	n/a	4 / 7 = 57%	57%

2018-2020 QI Plan

- 🛡️ The QIC revised the QI plan and attachments based on the effectiveness evaluation and QI plan expiration activities outcomes.
- 🛡️ The 2018-2020 QI Plan 800-015-P was approved on 9/19/18 (located on CCPH website).
- 🛡️ Highlights of the revisions made:
 - 🛡️ Changed from 2-year to 3-year plan
 - 🛡️ Established new set of goals and objectives
 - 🛡️ Added flexibility and clarification
 - 🛡️ Revised several forms to add consistency and simplification
- 🛡️ Reminder: Different types of QI projects
 - 🛡️ Large QI Project: CCPH-wide or multi-division team
 - 🛡️ Mini QI Project: Division-specific and single-division team
 - 🛡️ Just-Do-It solution: Division-specific simple problems/solutions

2018-2020 QI Plan

- Submitting ideas for QI projects is simple! There is now a simplified form to use (or just email the same information), that can be submitted to any QIC member.



Canton City Public Health

Canton City Public Health
FINAL

800-015-03-F: QI PROJECT IDEA FORM

Submitted By:	Submitted Date:
Program/Process to be improved:	Division(s) Responsible for Program/Process:
What is the project idea?	
What data/information gave you the project idea?	
What problem will this project idea address?	

2018-2020 QI Plan

- Just-do-it solutions now have a simple form to document them.
- These are for division-specific process problems with simple known solutions.
- Most divisions make regular process improvements, so this form is only needed to document the most successful of those.



Canton City Public Health

800-015-06-F: QI JUST-DO-IT SOLUTION FORM


Not every problem with a CCPH process requires a full-blown large or mini Quality Improvement Project. Some process problems are small and the answer to improving the situation is clear.

*A process problem arose and **YOU** came up with a solution, so you decided to **Just Do It!***

Name:	Date:
What was the problem?	
What did you do to improve it?	
How's it going now?	



2018-2020 QI Plan Goals & Objectives

 The 2018-2020 QI Plan goals and objectives are listed on attachment 800-015-14-A. There are 29 total objectives.



Canton City Public Health
FINAL

800-015-14-A: QUALITY IMPROVEMENT GOALS, OBJECTIVES AND MEASURES WITH TIME-FRAMED TARGETS

Goal	Objective/Activity	Performance Measure	Person(s) or Team Responsible	Timing Target(s)
Organizational Culture	Conduct QI Maturity Survey (800-015-09-A) assessment of all staff. Then compare to the Roadmap to determine human and process characteristics.	Documentation of survey and results	QIC	To be completed by 12/31/2020
	Improve the QI Maturity survey by: <ul style="list-style-type: none"> Research other QI Maturity surveys (e.g. from the Roadmap) available. Evaluate the questions available on those to determine if they are more aligned with trainings offered and QI Plan effectiveness evaluation Update or rephrase the QI Maturity survey questions to be more aligned. Keep survey to between 10-20 questions. Enter the survey questions into an available free electronic survey tool. 	Documentation of revised QI Maturity survey 800-015-09-A	QIC	To be completed by 06/30/2020
	<ol style="list-style-type: none"> Research possibility of offering incentives for QI participation (e.g. Jeans day, time off, etc). Propose program options to DLT to determine feasibility and approval. If DLT approved, implement QI incentive program. 	Documentation of incentive program	QIC and DLT	<ol style="list-style-type: none"> To be completed by 06/30/2019 To be completed by 09/31/2019
Capacity and Competency	Expand the initial PMS to include one performance metric per program for at least 25% of the programs per division for all the divisions.	Documentation of PMS	DLT	To be completed by 12/31/2020
	Introductory QI training <ol style="list-style-type: none"> QIC to find and select online/free a new QI intro training that is more aligned with the QI skills assessment, lean concepts and QI Maturity Conduct intro training for all staff needed 	Documentation of training	QIC	<ol style="list-style-type: none"> To be completed by 12/31/2018 To be completed by 06/30/2019
	Intermediate QI training <ol style="list-style-type: none"> QIC to find and select online/free QI intermediate training that is aligned with the QI skills assessment, lean concepts and QI Conduct intermediate training for all staff needed 	Documentation of training	QIC	<ol style="list-style-type: none"> To be completed by 12/31/2019 To be completed by 06/30/2020

2018-2020 QI Plan Goals & Objectives

- 🛡️ Highlights of goals and objectives to be completed between 2018-2020:
 - 🛡️ Improve QI maturity survey
 - 🛡️ Find more training opportunities for intro, intermediate, and QI tools
 - 🛡️ Improve QI skill assessment
 - 🛡️ Complete 2 large QI projects by 06/30/2020.
 - 🛡️ Each division to complete either one mini-QI project or one just-do-it solution by 12/31/2020.
 - 🛡️ Each division conduct one customer satisfaction data collection by 06/30/2020.
 - 🛡️ Expand the initial performance management system to develop more performance measure for each division



CCPH Staff Responsibilities



🛡️ All Staff have the following QI responsibilities:

- Participate in training to develop understanding of QI
- Identify areas for improvement for QI Projects
 - Submit ideas to any QIC member
- Suggest improvement actions for your area
- Participate on QIC and QI Project Teams (QIPT), as required
- Apply QI principles and tools to daily work

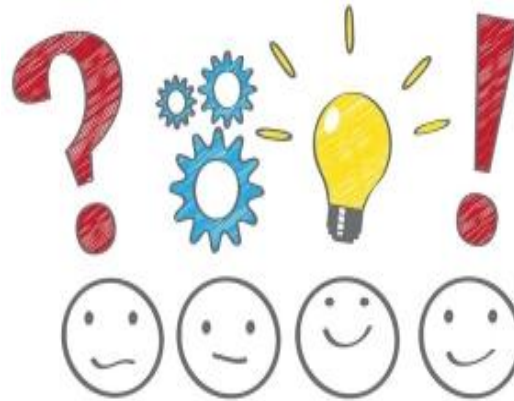


Conclusion

- 🛡️ Our goals for the upcoming year will be:
 - 🛡️ Work on completing the 6 QI goals/objectives due by 12/31/2018
 - 🛡️ Work on completing the 9 QI goals/objectives due by 09/30/2019
- 🛡️ Quality Improvement is an ongoing process. We will always be seeking more QI project ideas and will continue to seek ways to provide additional QI training for staff.



Questions?



Presenter Information:

Terri Dzienis

APC Director

(& QIC Chairperson)

Canton City Public Health