QUALITY IMPROVEMENT TECHNICAL ASSISTANCE

Allen County Public Health, Auglaize County Health Department, Mercer County Health District, Van Wert County General Health District

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MAY 1ST, 2017 – OCTOBER 31ST, 2017

Lead Agency: Auglaize County Health Department

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Introduction

This report describes the Technical Assistance facilitated by the Center for Public Health Practice and was made possible by the Ohio Department of Health (ODH) with funding from the Ohio Department of Higher Education (ODHE) as part of the Ohio Local Public Health Accreditation Support Project.

Project Description

Technical Assistance support was chosen in the area of Quality Improvement for our collaborative group (which serves approximately 220,461 citizens) comprised of Allen County Public Health, Auglaize County Health Department, Mercer County Health District, and Van Wert County General Health District.

We specifically requested assistance in the implementation of the Quality Improvement plan and identification of acceptable QI Projects as it relates to accreditation requirements. The collaborative Departments felt that QI education would be best accomplished with practical, hands-on experience. The current status of our Quality Improvement Plans was that they are developed, but have not been fully implemented.

Project Selection

The area of Quality Improvement (QI) was selected due to our lack of formal training or established history of QI in our agencies. As each of our county health departments went through the Accreditation process the area of QI was identified as an area for focused training. This has caused road blocks in gaining traction to move forward with meaningful QI projects. Our departments are unsure of the selection and planning processes behind QI. Rather than working through the process, we are often too quick to jump to a solution.

Project Activities

The Center for Public Health Practice (CPHP) was the facilitating agency for the Technical Assistance. Once we were notified of the acceptance of our proposed request, a conference call was held with all the collaborating agencies and CPHP to gain feedback on details of our needs.

From that discussion CPHP developed a scope of work for the project. CPHP agreed to facilitate the following with a timeline of May 1st, 2017 – October 31st, 2017:

1. Contribute to a jointly developed implementation plan and timeline for the overall project

2. Participate in distance-based meetings with agency representatives, as needed, for planning and feedback purposes

3. Provide one full-day (up to 8 hours), interactive, in-person workshop for up to 10 representatives from each agency (Auglaize, Allen, Mercer & Van Wert Counties); content to include, but not be limited to:
    o Reinforcement of foundational QI principles

    o Scenario with application of basic QI tools: CPHP staff conducted a scenario involving a Mr. Potato Head toy. A benchmark time of assembling the toy to match a picture was measured. Then participants were guided through the Plan, Do, Study, Act (PDSA) Cycle to try and improve upon the benchmark time.

      o   Discussion of project selection: Participants were encouraged to share their project ideas with the group to gain feedback and answers to any questions they had regarding the proposed ideas.

4. Provide all materials for workshop implementation
5. Provide all access information for online course, *CQI for Public Health: The Fundamentals* and *CQI for Public Health: Tool Time*
6. Conduct up to 4 one-hour webinars (total of 4 hours) for key representatives from each agency to address topics to be determined as related to QI planning and QI Plan implementation.
7. Provide access to a conference call line and Adobe Connect webinar technology as needed
8. Review agency QI Plans as needed to inform training content, webinar discussion topics, and agency consultation focus
9. Administer evaluation of service

The collaborating Departments were expected to:

1. Contribute to a jointly developed implementation plan and timeline for the overall project
2. Participate in regular distance-based meetings with CPHP, as needed, for planning and feedback purposes
3. Provide copies of existing QI Plans for review
4. Manage all workshop and webinar meeting preparation functions and conduct all communication with agency team participants about materials, webinars, logistics, etc.
5. Require all workshop participants to complete the online course, *CQI for Public Health: The Fundamentals*, prior to scheduled workshop (*Tool Time* training optional)
6. Provide ongoing feedback to CPHP for the purposes of quality improvement

The following webinars were provided after the hands-on training to help solidify the information learned and to guide us as we continue with our QI project selection and implementation.

- **A Quality Improvement Journey:** This session shared the QI journey of a local health department. Information discussed included the evolution of QI activities, resources for "newbies", fitting it all in, engaging staff, and lessons learned. Time was allotted for participant question and answers with the speaker following the presentation

- **Building a Culture of QI:** This session highlighted the importance of establishing and maintaining a culture of QI within an organization. Common challenges faced as well as methods to address such challenges were discussed and culture building resources were shared.

- **Selecting the Right QI Project:** This session focused on best practices for selecting QI projects and how to establish agency informed selection processes. Common challenges faced as well as methods to address such challenges were discussed.

- **Next Steps: What do you need to succeed?:** This session addressed the specific needs of each agency regarding next steps in their QI process. Agencies were encouraged to ask questions, discuss challenges and provide feedback to one another. This session was in the format of a facilitated discussion and included proposed next steps for each agency.

Project Products/Outcomes

Auglaize County Health Department had a total of 10 staff members participate in the interactive QI workshop held on July 17th, 2017. From this workshop and the subsequent webinars after, our QI team was able to identify 2 projects.
  o Efficient Vaccine Ordering project focuses on improving the efficiency of our private purchase vaccine ordering. This is an administration project chosen to satisfy requirement of accreditation. The main goal of the project is to decrease staff time involved with each order.
  o Rabies Compliance project focuses on improving the percentage of animal owners that comply with the required rabies vaccine time frames. Efforts being made to educate owners and supply resource information so they can meet the 17 day requirement to have their animal vaccinated against rabies. This was selected as our program specific QI project for accreditation requirements.

Moving forward we have required all staff complete the *CQI for Public Health: The Fundamentals*, and provided them with QI Project Proposal Forms. Staff will be able to propose projects throughout the year to the QI Team who will then evaluate each proposal for feasibility based upon the QI Project Criteria Sheet. Project selection, progress, and final report will be shared with all staff and the Board of Health during our regularly scheduled meetings.

Mercer County Health District (MCHD) stated this training provided a valuable opportunity for nearly half of their staff to experience structured QI training provided by third party expert instructors. The primary outcome is an increased number of MCHD staff members who have a basic understanding of QI following the PDSA cycle. MCHD continues to promote professional development of staff members in QI both through additional training and by increasing the number of staff members who have participated in at least one QI project.

Allen County Public Health (ACPH) had Leadership Team and QI Council members attend the QI workshop on July 17, 2017, which helped staff gain a better understanding of QI tools and concepts. Several of the tools shared at the training are now available for all staff on the ACPH intranet site. The webinars provided ideas for training and building a culture of QI at ACPH. One of the outcomes was to build up what people already do and reinforce the QI concepts by implementing a "Just Do It" process/reporting form to capture the "small" QI projects. One of the best outcomes was as a result of a suggestion at the "Next Steps" TA session: the QI Council led an interactive training on QI concepts at the 2018 All Staff Training Retreat. As a result of this training 96% of staff who completed an evaluation agreed or strongly agreed that the activity assisted with understanding QI principles.

Lessons Learned

Auglaize County Health Department: One of the surprising results from the training and webinars was that how much our department does in the way of QI but not in a formalized process. This technical assistance has shown our staff that QI does not need to be overly complicated and can be incorporated into the majority of our daily tasks.

Mercer County Health District (MCHD): The Mr. Potato Head exercise made the point that training staff in QI techniques can be made easier by using simple examples that are not necessarily related to the job. The tennis ball exercise illustrated how we can sometimes over think simple process adjustments that can have a profound impact on the outcome and/or efficiency of the process. We also learned to keep an open mind and not to immediately dismiss potential solutions that seem unconventional. In an ideal world, it would be nice if the training could be offered twice, so even more people could attend.

Allen County Public Health: As ACPH was at the beginning stages of establishing a culture of QI, the project assisted with providing staff a broader understanding of Quality Improvement. If we were starting over, we would include more hands-on group activities for all staff and perhaps a couple times a year early in the process of training to build interest, engagement and enthusiasm. We might also consider doing some brainstorming for QI projects with all staff and starting with several "easy win" projects to involve more staff. It would also help make QI more approachable for staff.