Quality Improvement 101 for Healthy Start Grantees

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Welcome

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Webinar Objectives

- Outline <u>basic</u> principles of quality improvement

- Examine why quality improvement is important to Healthy Start grantees now

- Introduce four <u>basic</u> quality improvement tools

- Demonstrate application of basic quality improvement principles and tools to a case example

- Provide an opportunity to ask questions

Poll Question

What percentage of the changes made at your program are improvements that can be proven with data?

- ❑ Less than 10%

- ❑ Greater than 10% and less than 25%

- ❑ Greater than 25% and less than 50%

- ❑ Greater than 50% and less than 75%

- ❑ Between 75% and 100%

Basic Principles of QI

In public health, QI is responsive to population health, focused on increased equity, and results in measurable improvements in efficiency, effectiveness, performance, accountability and outcomes.

- Starts with an understanding of the system

- Is data driven

- Includes and encourages staff involvement

- Examines program components and processes rather than individuals

- Includes an emphasis on the consumer/participant

- Is part of an ongoing process

Quality Assurance	Quality Improvement
Reactive	Proactively selects a process to improve
Works on problems after they occur	Works on processes
Regulatory usually by State or Federal Law	Seeks to improve (culture shift)
Led by management	Led by staff
Periodic look-back	Continuous
Responds to a mandate or crisis or fixed schedule	Exceeds expectations
Meets a standard (Pass/Fail)	Exceeds expectations

Why is QI important for Healthy Start grantees now?

- Reduced budgets

- Increased stakeholder demand for accountability

- Increased community need

- Aging workforce

- Accreditation

- Central focus of the Healthy Start Program

- Requirement of the Healthy Start FOA

Understanding the System: THE 5 P's

1. PURPOSE
- Why do we exist as an organization/program?
- Which services do we provide to support our Healthy Start mission?
- What policies/mandates impact our work?

2. PEOPLE /PARTICIPANTS
- Who do we serve?
- What does our participant population look like?
- Who benefits from our services/initiatives?

3. PROFESSIONALS/STAFF
- Who is involved in the "work" of delivering Healthy Start services in our organization?

4. PATTERNS
- What happens over and over again that shows what works and what does not work?
- How well are our processes working (and how do you know? – [data])?
- What patterns emerge (or may emerge) from data about how we provide Healthy Start services?

5. PROCESSES
- What processes are in place?
- How do we do our work?
- What can we do to improve?

Use of Data for Decision Making

- Use performance assessment data to target improvement

- Use data analysis tools to develop information

- Analyze data to identify root cause

- Use data to monitor performance outcomes

Examples of Data Sources

**Qualitative
&
Quantitative**

- Participant records

- Data reports

- Financial indicators

- Participant satisfaction results

- Staff interviews

- Fact finding phone calls

- CBA Worksheets

QI is a Team Activity

- Improvement requires multiple perspectives

    - Leadership endorsement is essential

    - Quality Improvement Champion

    - Administrative staff with authority to make decisions

    - Content experts

    - Front-line staff who understand the ins-and-outs of specific processes
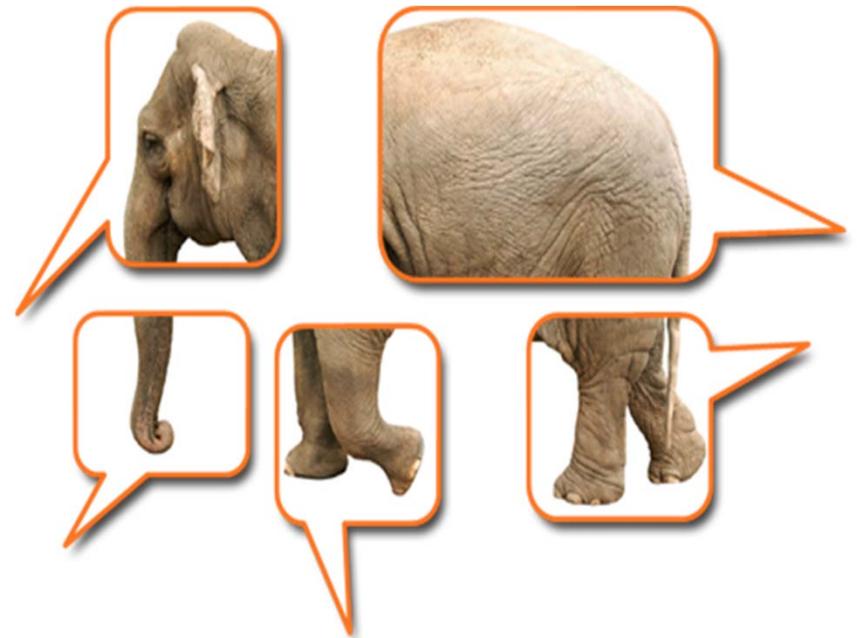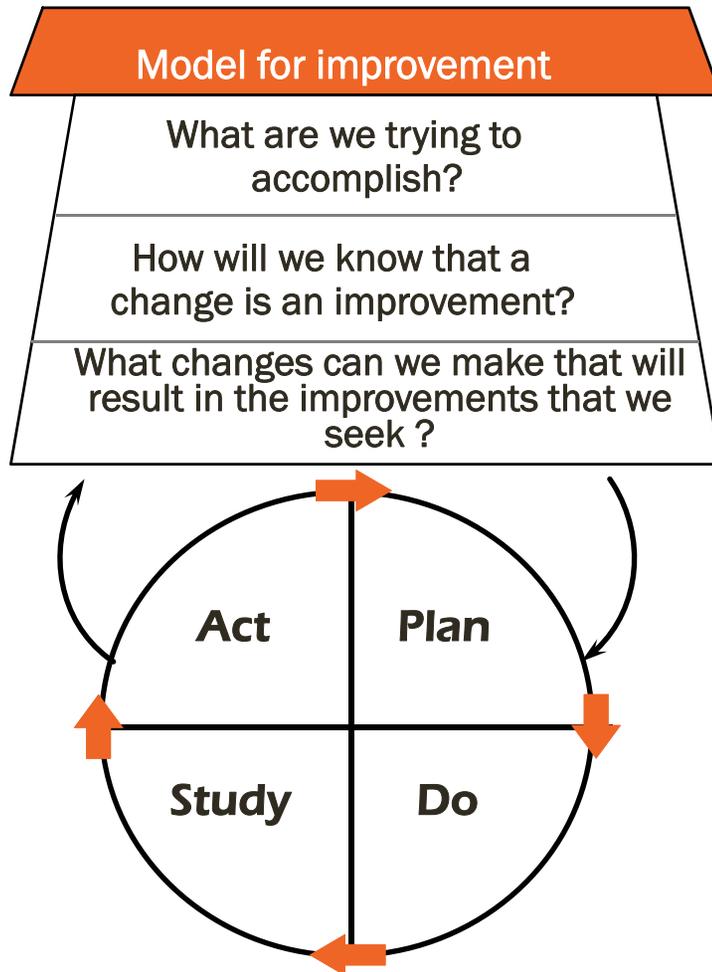
"Check in" along the way

- Know if you are on track to reach your destination

- Make mid-course adjustments

- See how factors affect each other

Model for Improvement:
(AIMS, Measurements & Change Ideas)

Plan

1. Identify and Prioritize Opportunities

2. Develop AIM Statement

3. Describe the Current Process

4. Collect Data on Current Process

5. Identify All Possible Causes

6. Identify Potential Improvements

7. Develop Improvement Theory

8. Develop Action Plan

Do

1. Implement the Improvement

2. Collect and Document The data

3. Document Problems, Observations, and Lessons Learned

Check/ Study

1. Reflect on the Analysis

2. Document Problems, Observation, and Lessons learned

Act

Adopt → Standardize

Adapt → Do

Abandon → Plan
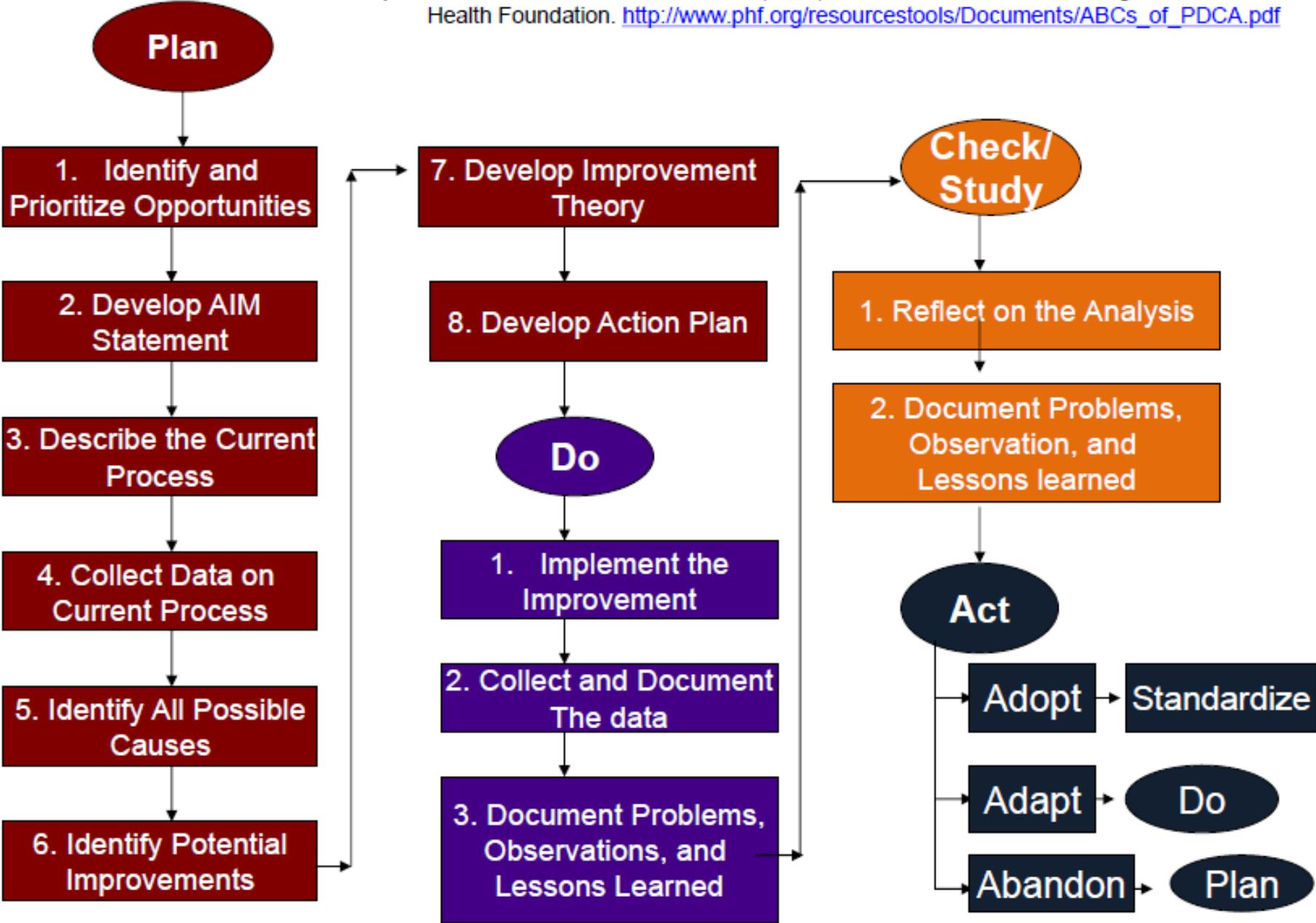
AIM Statement

A commitment to achieve measured improvement:

What?

- Change/intervention you will implement

For whom?

- Target population

By when?

- Deadline when the aim will be achieved

How much improvement (goals)?

- Measurable goals
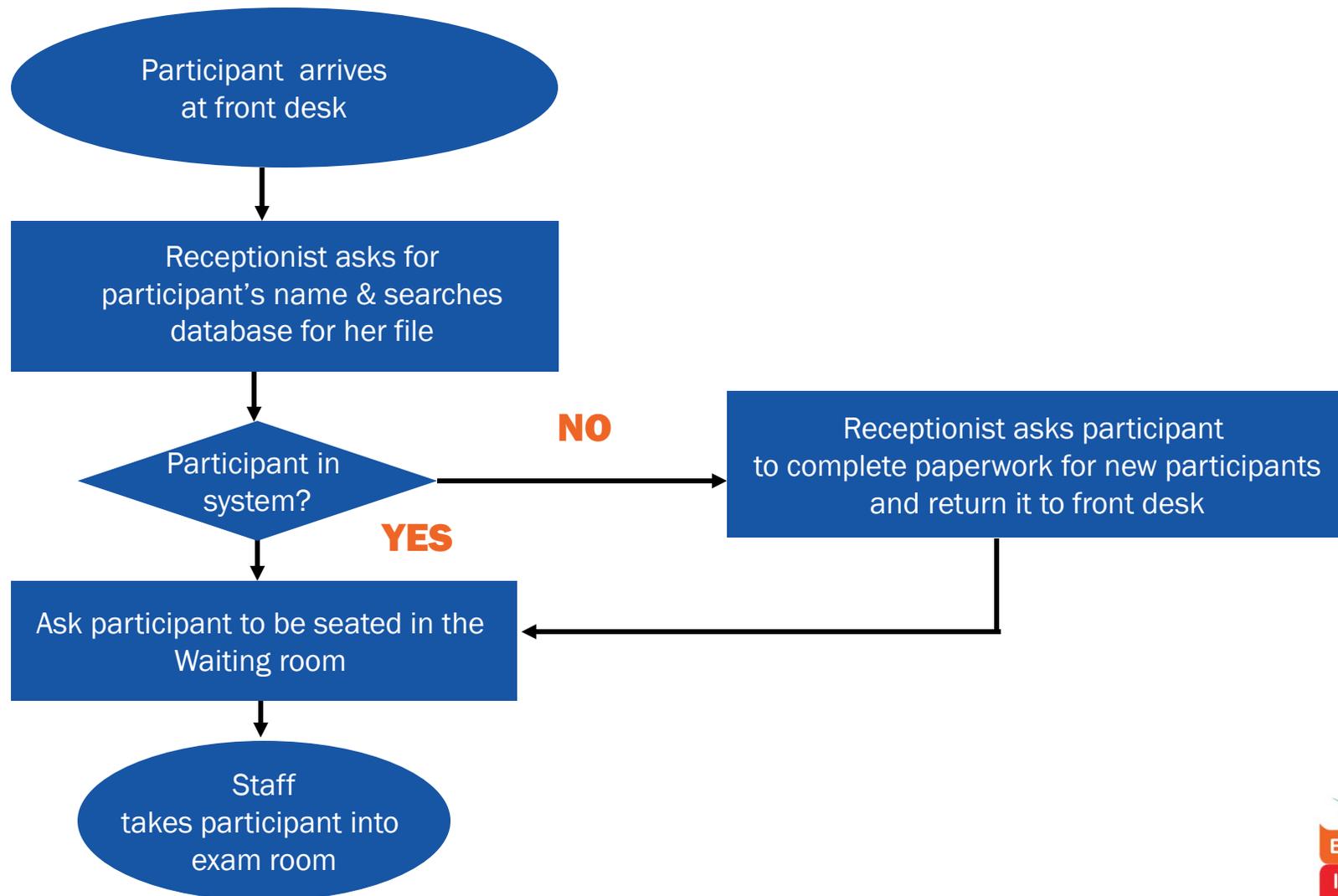
Analysis Tool: Flowchart

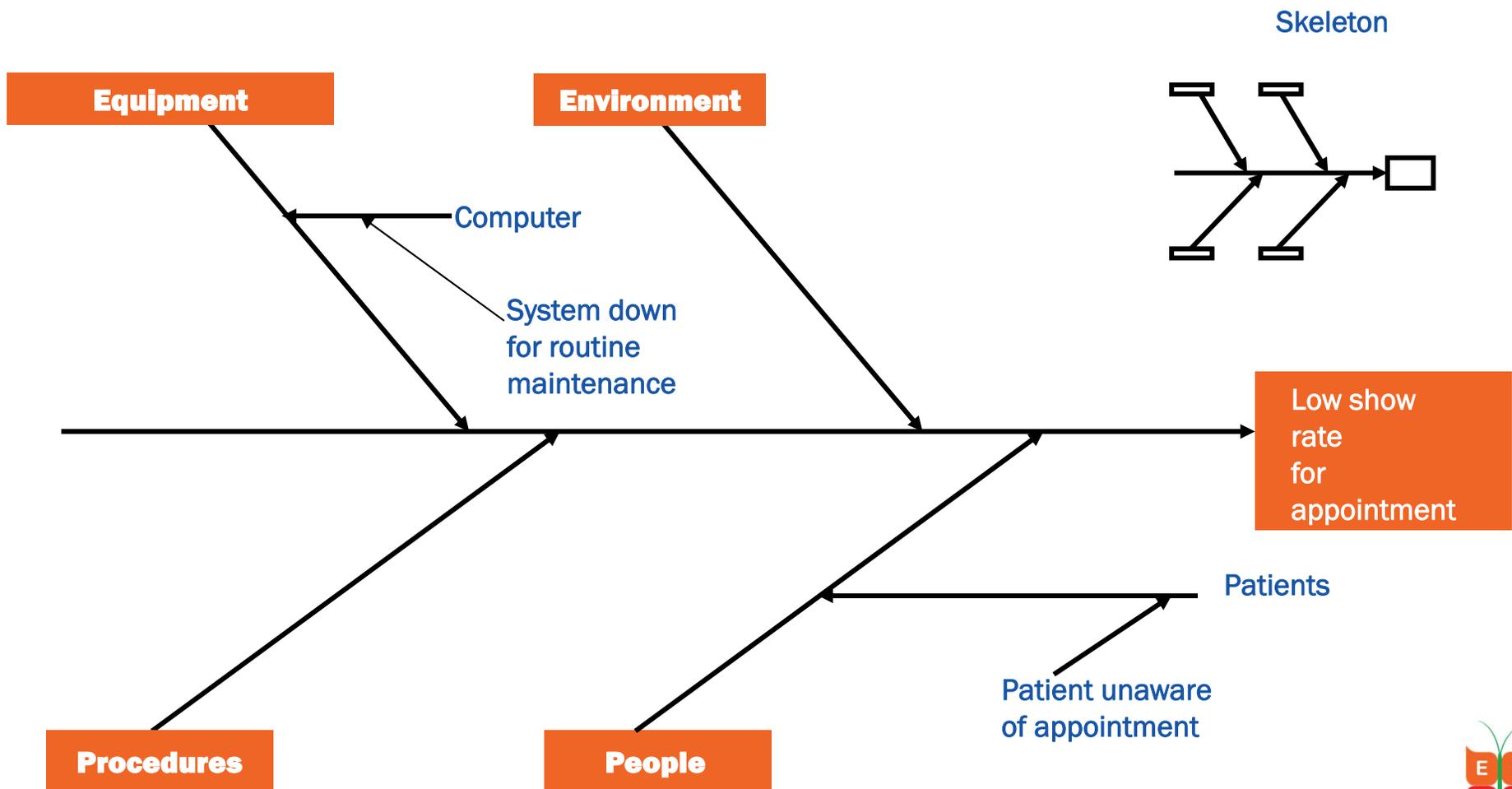Facilitates an organizational focus on your work processes.

Useful to:

- Describe or document new or existing processes

- Highlight bottlenecks, duplication, areas of complexity

- Organize participant flows, strategies, decision rules.

- Begin to make a detailed plan of what each step looks like

- Identify key problems/unclear areas within system to determine focus for "test" ideas

FLOWCHART EXAMPLE

Participant arrives at front desk

↓

Receptionist asks for participant's name & searches database for her file

↓

Participant in system?

NO → Receptionist asks participant to complete paperwork for new participants and return it to front desk

YES

↓

Ask participant to be seated in the Waiting room

↓

Staff takes participant into exam room

Analysis Tool:
Fishbone or Cause-and-Effect Diagram

Skeleton

Equipment

Environment

Computer

System down
for routine
maintenance

Low show
rate
for
appointment

Patients

Patient unaware
of appointment

Procedures

People

Prioritizing Factors Using the Sphere of Influence

Things over which we have control

Things we can influence but not control

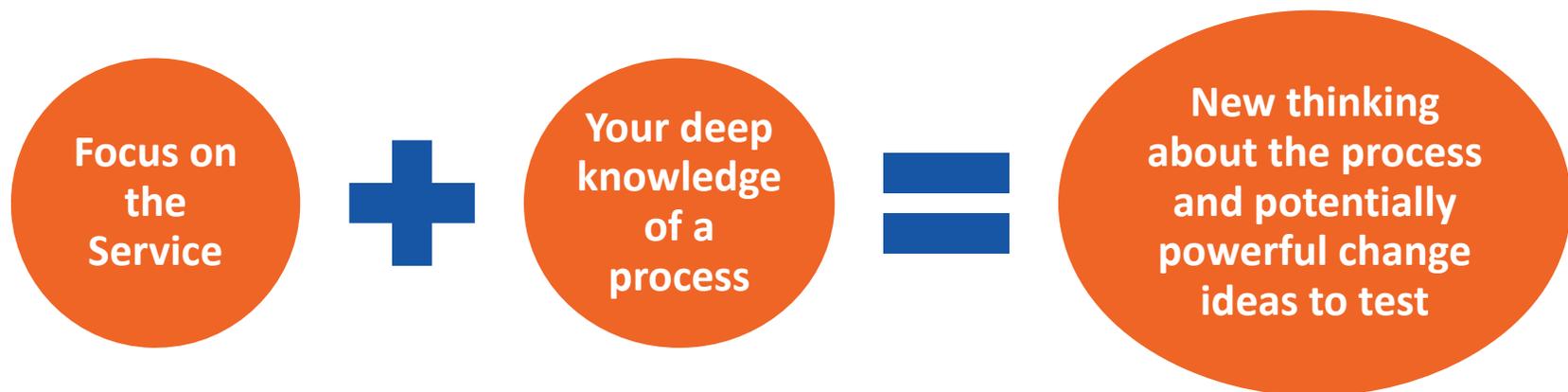Things outside our control and influence
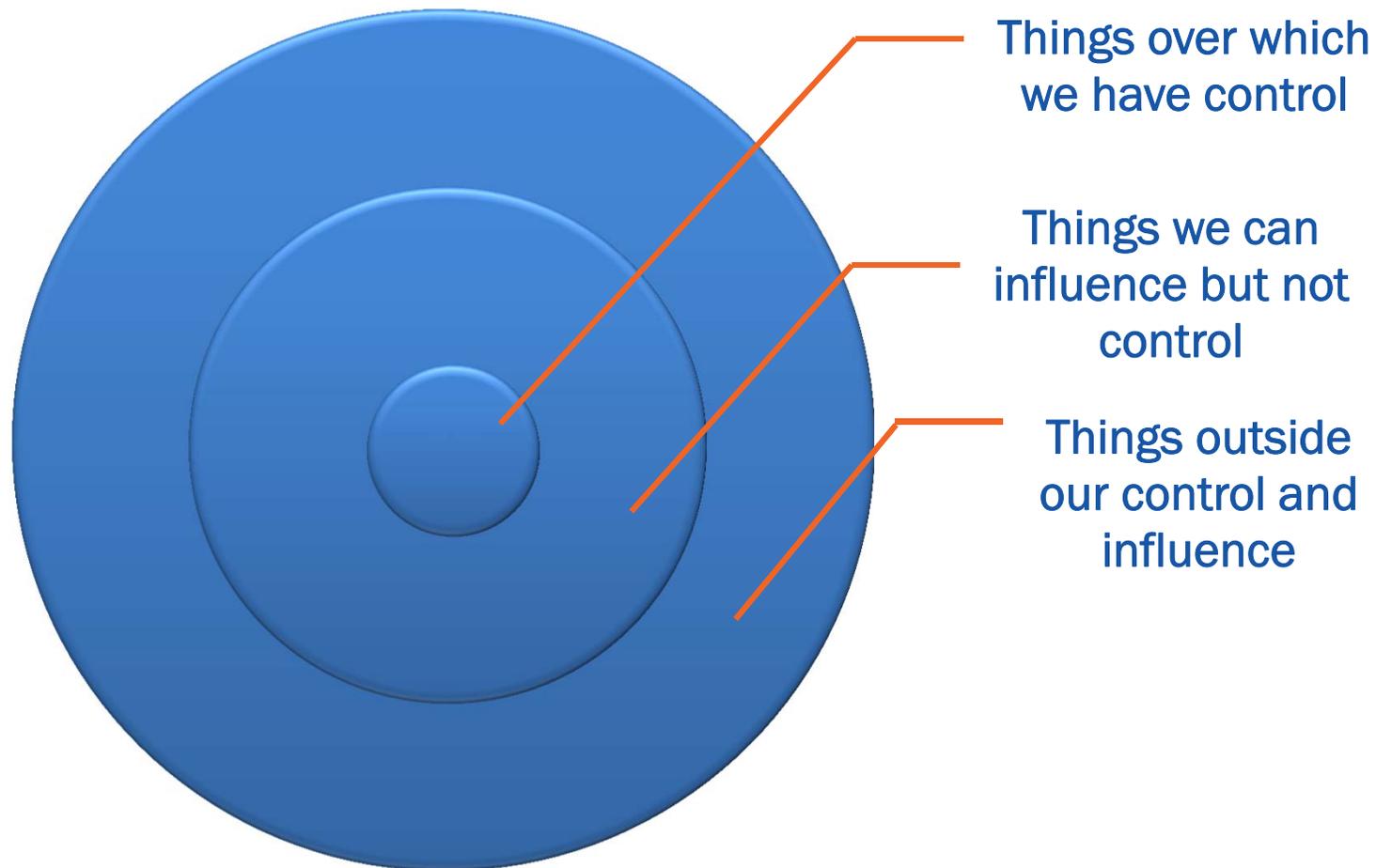
Where Do Change Ideas for Improvement Come From?

- Understanding of processes and causes
  - Data, consumer/participant feedback
- Evidence-based practices, guidelines
- Benchmarking – superior performers
- Brainstorming, judgment, 'best-guess'
- Creative thinking, innovation
- Expert opinion
- "Change concepts"

Change Concepts

- Eliminate Waste
- Improve Workflow
- Optimize Inventory
- Change the Work Environment
- Enhance health worker/participant relationship
- Manage Time
- Manage Variation
- Design Systems to Avoid Mistakes

Focus on the Service + **Your deep knowledge of a process** = **New thinking about the process and potentially powerful change ideas to test**

(Institute for HealthCare Improvement)

Tips to Maintaining Successful Change Processes

- Set a focus - Is this a focused intervention?

- Maintain regular focus, meetings e.g., use of TIP cards, staff meetings

- Create a sense of urgency – Is this important?

- Engage everyone in the process – are the key players involved? Is there anyone else who should be part of this process?

- Provide resources – Flow chart, TIP sheets, TA

- Empower staff and leadership – is this doable?

- Practice fact-based decision-making

Example: Healthy Baby US

Data Driven Process

Late Entry into Prenatal Care (after 1st trimester):

- 20% for Hispanics

- 26% for black/African Americans

- Both rates are > than the national benchmark of 16% and the severe benchmark of 20%.

Indicator	Agency Data	Healthy People 2020 Goal
Low Birth Weight (% < 2,500 grams)	8.3%	7.8%
Premature Births (< 37 weeks gestation)	13.6%	11.4%
Fetal Death Rate (rate per 1,000 deliveries ["fetal" is defined as > 20 weeks gestation until the absence of life at delivery])	6.5	5.6
Neonatal Death Rate (rate per 1,000 live births ["neonatal" = from the time of birth through the first 28 completed days of life]	4.7	4.1
Infant Death Rate (rate per 1,000 live births ["infant" is defined as from the time of birth through the first year of life]) *significantly worse for the black/African American population (15.3), > than double the rate for the white and Hispanic population subsets.	6.3	6.0

Improvement Theory

"if... we reduce barriers to accessing care, then... we will have a positive effect on women obtaining earlier prenatal care.

This in turn will have a positive impact on reducing poor birth outcomes."

AIM Statement

AIM:

By November 2014, agency Healthy Baby US will improve access to prenatal care services by increasing the percentage of pregnant women receiving their initial prenatal medical exam within 2 weeks of a positive pregnancy test, from a baseline of 4% to 75%.

_____

What:

- Improve access to prenatal care services

For whom:

- Pregnant women receiving their initial prenatal medical exam within 2 weeks of a positive pregnancy test
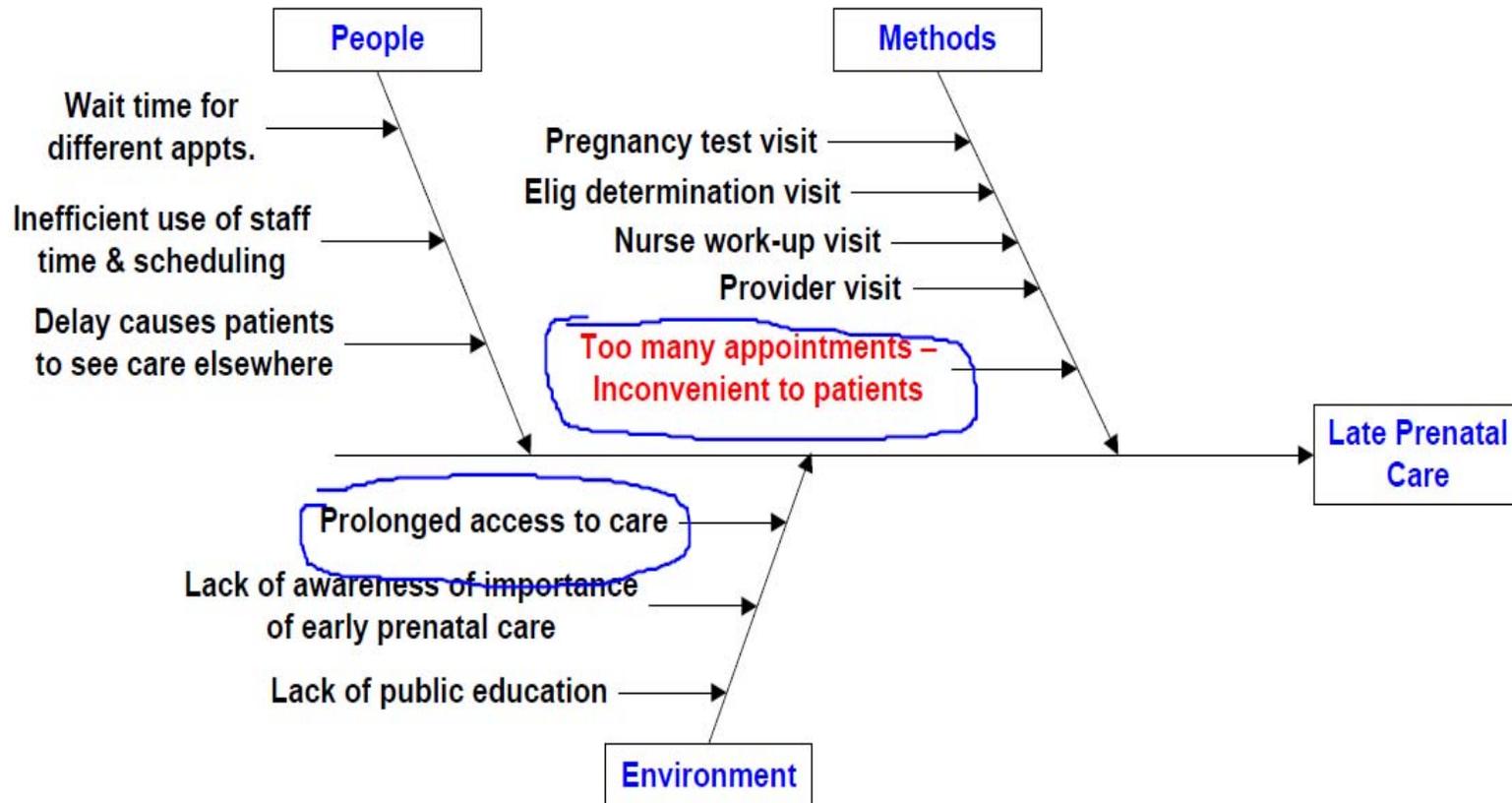
By when:

- November 2014
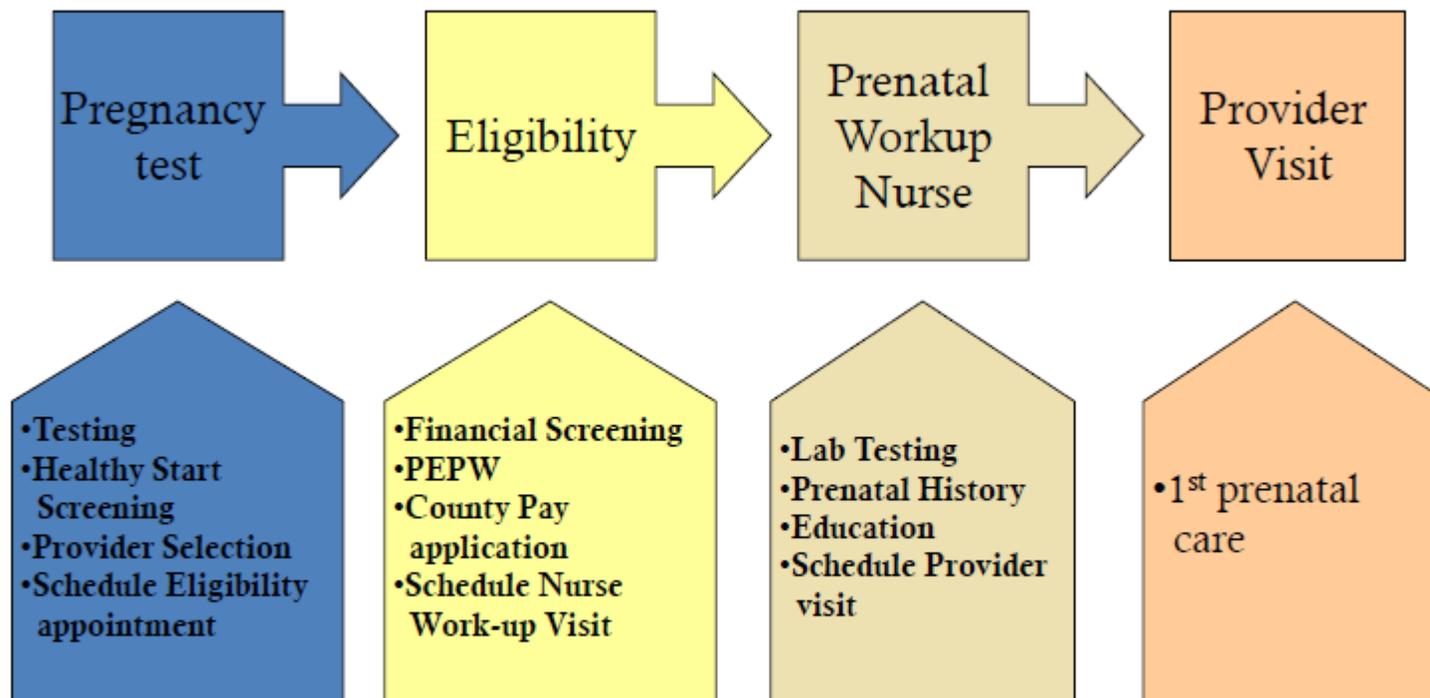
How much improvement (goals):

- Increase from a baseline of 4% to 75%

Fishbone Diagram: Root Cause Analysis
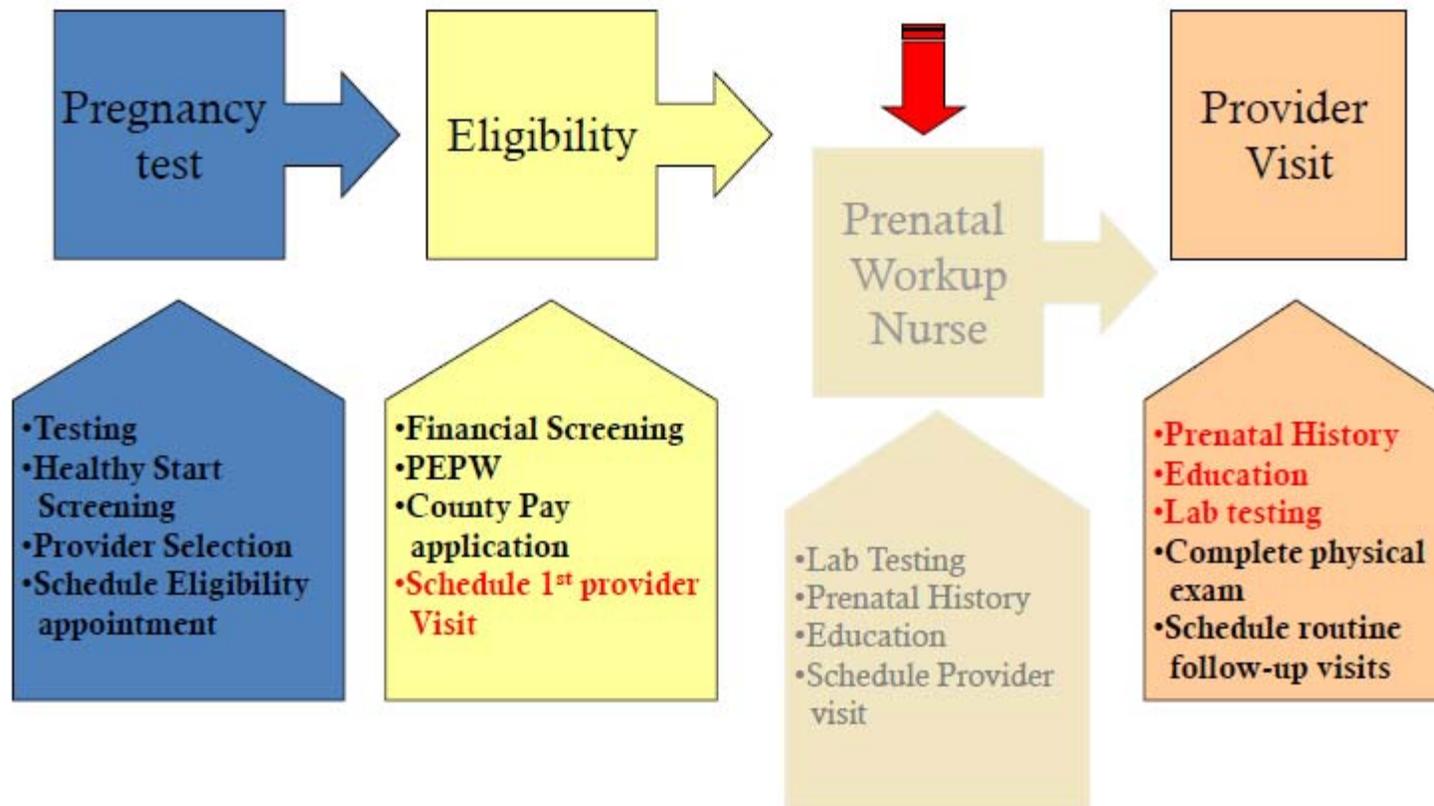
Initial (Current State) Flow Chart

Root Cause

- Artificially imposed barriers to make the system work for the agency and not necessarily for the participant.

- This cause was then further reduced: too many separate, specialized visits in the prenatal admission process.
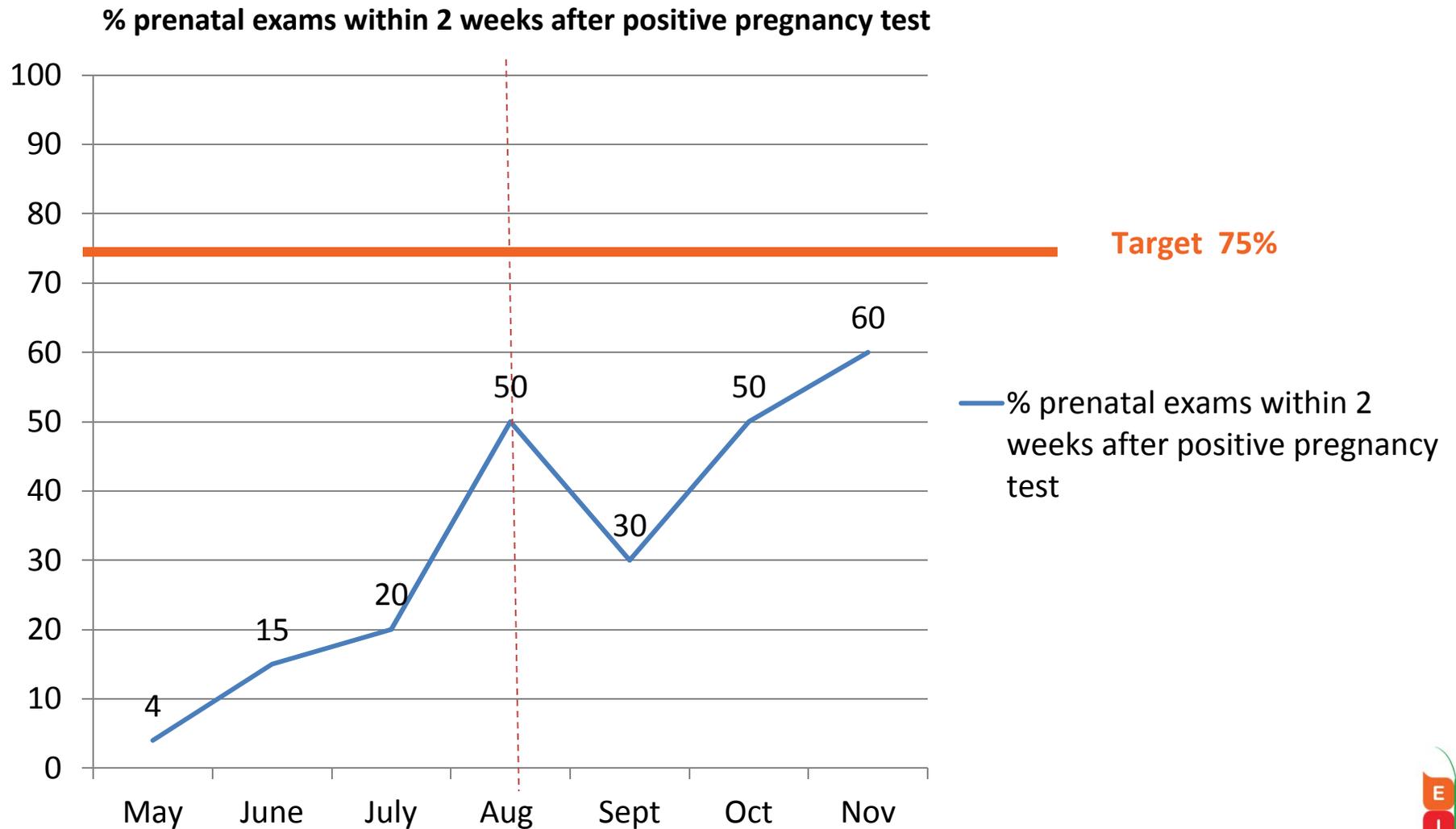
Revised Flow Chart

Pregnancy test
- Testing
- Healthy Start Screening
- Provider Selection
- Schedule Eligibility appointment

Eligibility
- Financial Screening
- PEPW
- County Pay application
- Schedule 1st provider Visit

Prenatal Workup Nurse
- Lab Testing
- Prenatal History
- Education
- Schedule Provider visit

Provider Visit
- Prenatal History
- Education
- Lab testing
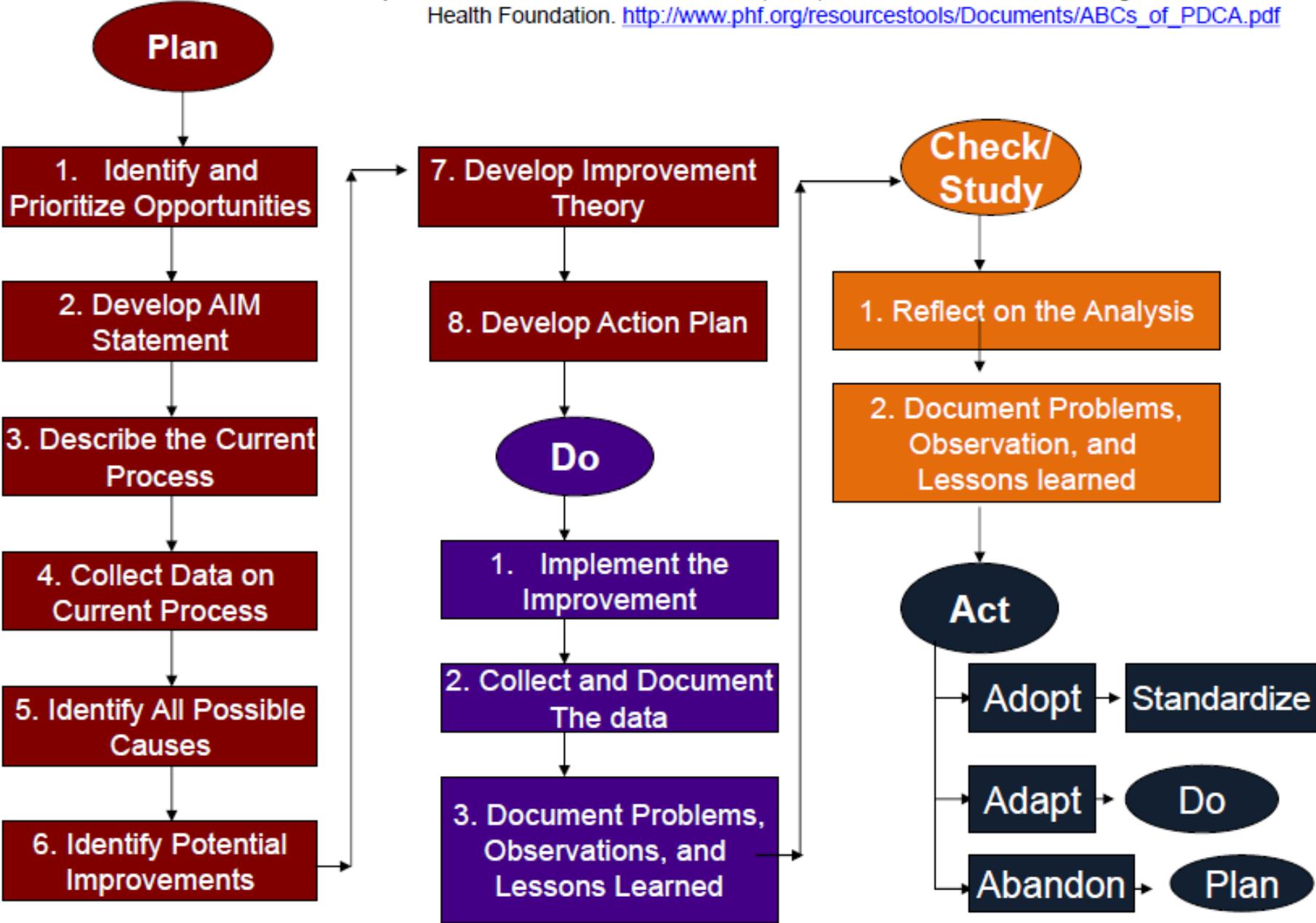- Complete physical exam
- Schedule routine follow-up visits

NOTE: This revised process flow chart drops the prenatal nurse work-up visit and adds the steps in that visit to the Eligibility and Provider visit steps.

Results

% prenatal exams within 2 weeks after positive pregnancy test

Target 75%

— % prenatal exams within 2 weeks after positive pregnancy test

(Data points: May 4, June 15, July 20, Aug 50, Sept 30, Oct 50, Nov 60)

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Resources

Institute for Healthcare Improvement

- http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Public Health Quality Improvement Exchange (PHQIX)

- https://www.phqix.org/

NNPHI Public Health Performance Improvement Toolkit

- http://nnphi.org/tools/public-health-performance-improvement-toolkit- 2?view=file&topic=59

NACCHO QI in Public Health

- http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm

Michigan Public Health Institute QI Guidebook

- https://www.mphiaccredandqi.org/qi-guidebook/

Public Health Foundation (PHF) Performance Improvement Learning Series Catalog

- http://www.phf.org/consulting/Pages/Performance_Improvement_Learning_Series_Catalog.aspx

Poll Question

Are you interested in a regional training on QI that focuses on one of the Healthy Start benchmarks?

- ❑ Yes

- ❑ No

- ❑ Don't Know

Questions?