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# *The CQI “Movement” in the US*

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*Director, Center for Public Health Quality*



# Overview

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- Describe some key contextual factors re: CQI in US
- Describe how CQI is being applied/spread in US
  - Specific examples from CPHQ experience

# Context – Drivers of CQI in US

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- Increasing recognition of importance of improving population health (eg, Triple Aim)
- Successful application in healthcare settings
- Accreditation focus (eg, MLC, PHAB)
- Having to do “more with less” due to tight budgets

– Randolph and Lea, JPHMP, 2012

# Context – Constraints on CQI in US

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- Lack of knowledge and expertise among workforce
  - Front line staff, managers, leaders
  - Students
- Culture change required
- Paradigms (eg, Program planning)

– Randolph and Lea, JPHMP, 2012

# Context – Leadership Examples in US

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- Funders
  - RWJ, Duke Endowment
- Government
  - HHS (OASH, CDC/NPHII, HRSA), WA DOH, Cabarrus Health Alliance
- Nonprofits
  - PHF, CPHQ
- Professional orgs
  - ASTHO, NACCHO, NNPHI

# Center for Public Health Quality

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## **Mission**

To collaborate with local, state, and national partners to transform the public health system to foster and support continuous quality improvement (QI).

## **Vision**

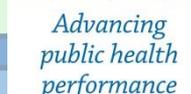
All public health organizations will have an embedded culture of continuous quality improvement that will help achieve the highest possible level of health for all.

# Center for Public Health Quality

## Funders



## Partners and supporting orgs



# Key Strategies

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- Workforce training while making system improvements
  - Use QI methods (Lean, MFI) commonly used by public health system partners
  - Organisational culture and CQI infrastructure
- Use a diffusion of innovations approach
- Evaluation and ROI
- Over-Communication

# CQI: Top-Down and Bottom-Up

## CONTINUOUS QI

### Culture to Support and Sustain QI

- Create the urgency for improvement
- Form a quality council
- Create a vision for improvement
- Communicate the vision
- Remove obstacles, train and empower staff
- Prioritize and create early wins
- Build on successful projects
- Hardwire quality into your culture and strategic plan

### Workforce Capacity to do QI

- Staff have the *knowledge, ability and confidence* to use QI tools/methods to improve their daily work
- Staff feel *supported and empowered* to make suggestions and improve their daily work

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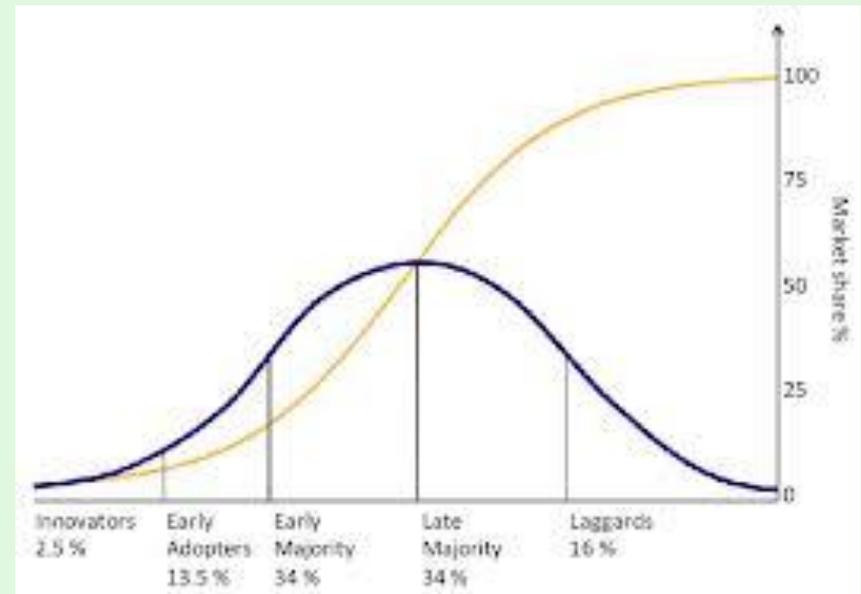
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# Rogers' Diffusion of Innovations

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- Compatibility
- Relative advantage
- Observability
- Trialability
- Simplicity
- Diffusion curves
- Adopter types



# Workforce: QI 101 Program

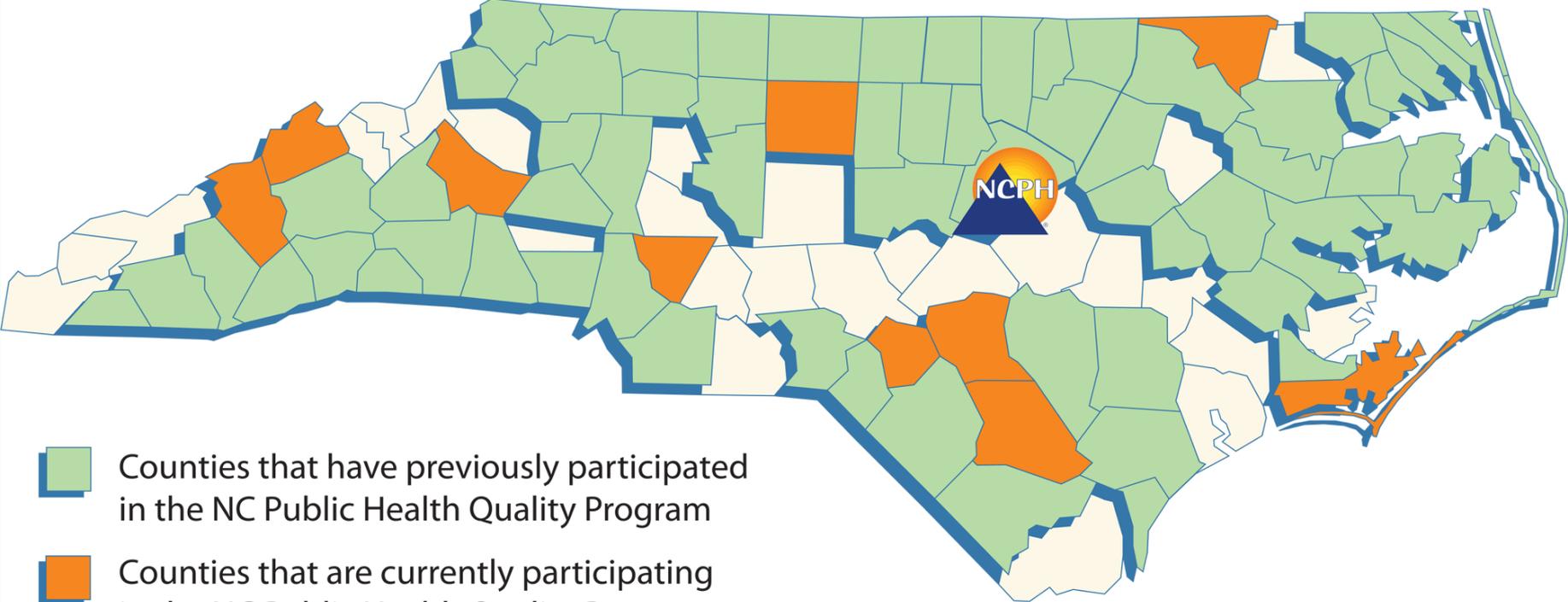


# Workforce: QI 101 Program

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- A modified IHI BTS Collaborative designed to train a team in each agency while making improvements
- Modifications:
  - Kickoff meeting and ongoing contact with Sr. Leaders
  - Each team selects their own project
  - Two 2-day workshops plus an onsite Lean Kaizen
  - 6-8 months of experiential training with coach

# Local Health Units: Progress To Date



 Counties that have previously participated in the NC Public Health Quality Program

 Counties that are currently participating in the NC Public Health Quality Program

 NCPH NC Division of Public Health QI programs

# Example QI 101 Project Results

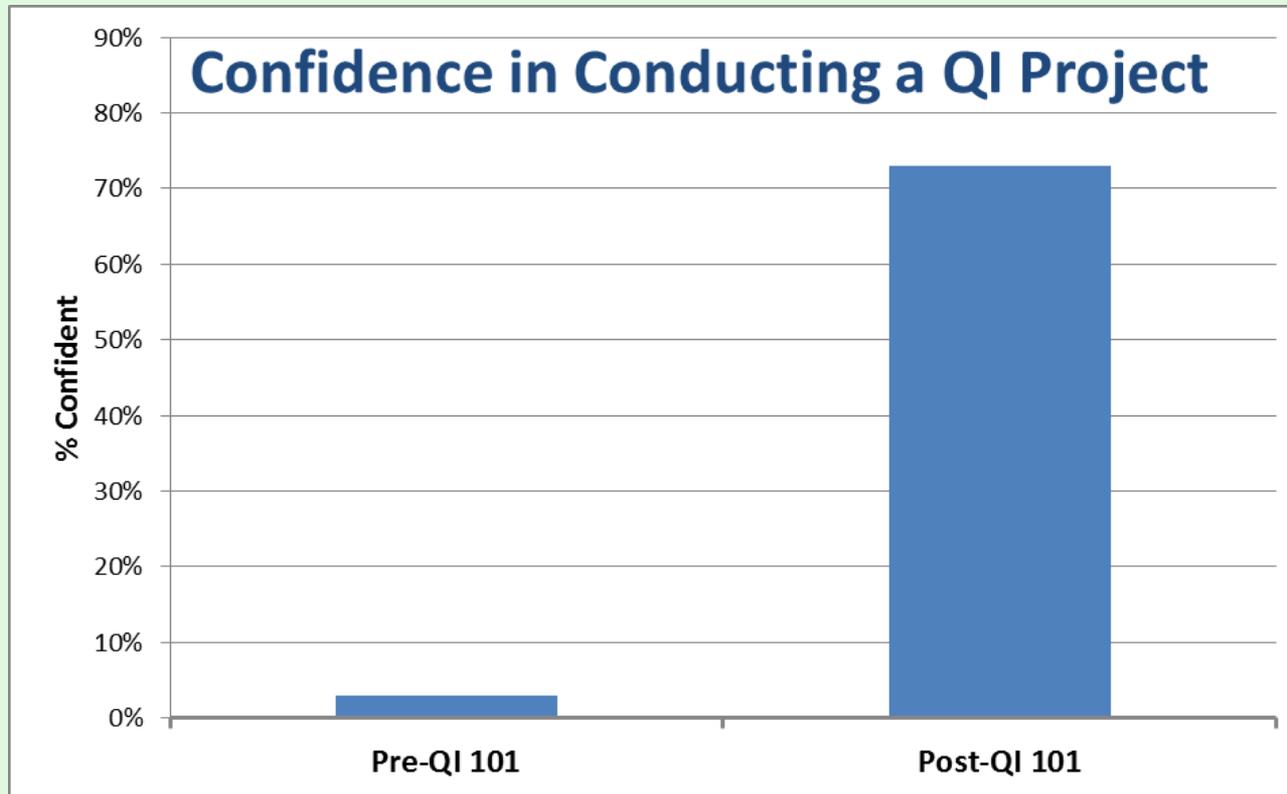
## Improving Clinical Services

- Increased immunization rates for children 2 years old and younger by 21% (from 71% to 86%)
- Reduced total clinic time for clients in Child Health by 40%, from 2.5 to 1.5 hours (savings per visit of ~\$200)
- Improved show rates for WIC clinic from 70% to 92%

## Enhancing Program and Operational Services

- Increased postpartum breastfeeding among WIC clients from 32% to 49%
- Increased percent of seniors in the county who had assembled or added to their preparedness kit by 28% (from 29% to 37%)
- Reduced average “look-up time” for septic permits from 30 minutes to less than 2 minutes

# QI 101 Evaluation Results



## Other results:

- 96% of participants shared QI methods and tools with co-workers
- 60% shared with 7 or more co-workers
- 5-10% increase in organizational culture scores

# ROI Estimates in NC

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- Average 2 year economic impact per project
  - LHUs = \$164,300
  - State Programs - \$299,000
  
- Total economic impact
  - 54 LHUs = \$8,872,000
  - 14 State Programs = \$4,186,000

# CQI Capacity: QI Advisor Program

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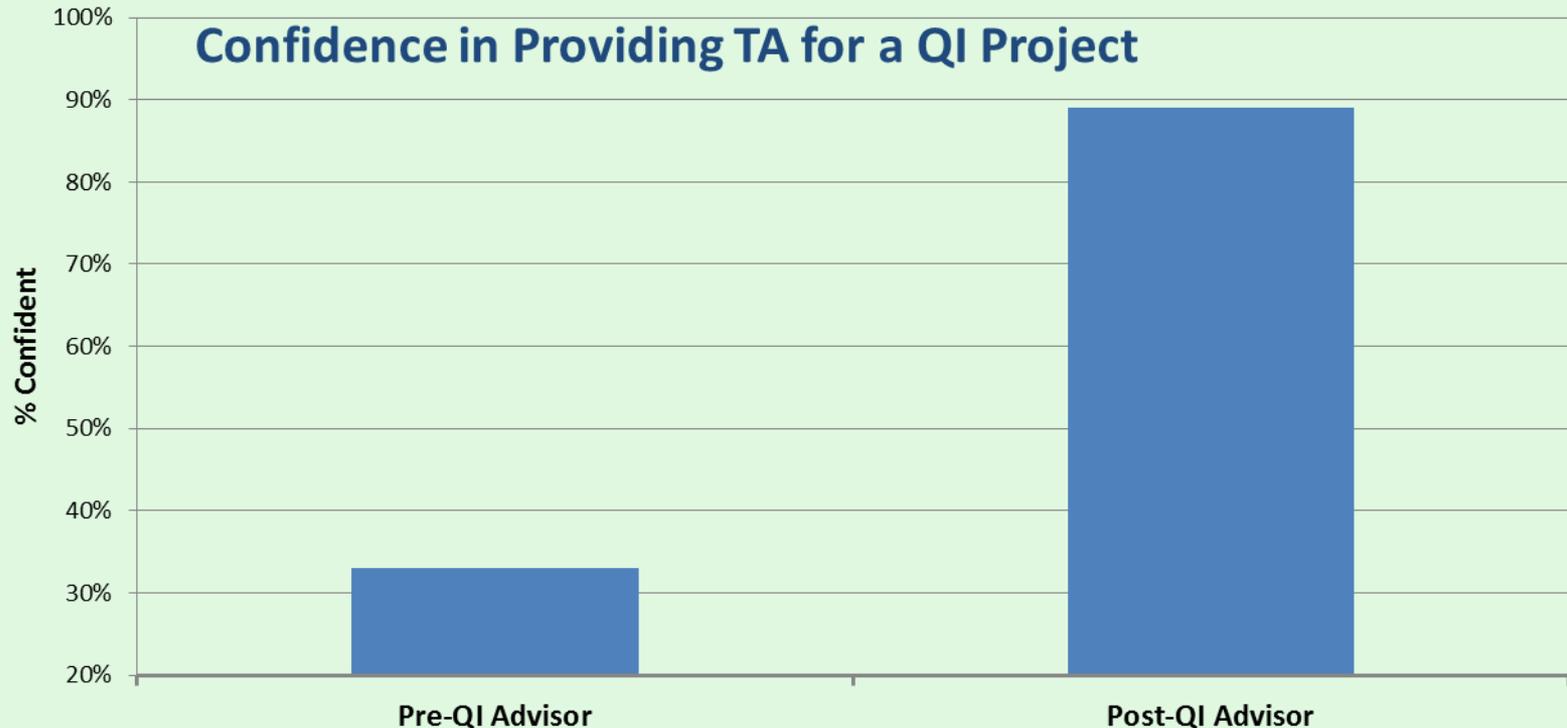


# QI Advisor Program

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- Purpose - build continuous improvement capacity across public health system
- Provides advanced QI training for QI 101 participants tapped to lead CQI efforts
  - mentor and facilitate improvement teams on ongoing basis
  - assist agency leadership (their participation required) with developing the infrastructure and culture for CQI
- Feeds into a life-long learning network

# QIA Evaluation Results



## Other results:

- 100% providing TA for at least one QI project in their agency
- Average number of projects supported = 4

# Communication is Key

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- JPHMP QI Issue and other publications
- National and state presentations (e.g., APHA, NC SHD conf, COPPHI)



# Communication is Key

The screenshot shows the homepage of the Center for Public Health Quality (CPHQ). The browser window title is "Center for Public Health Quality Home - Mozilla Firefox". The address bar shows "www.centerforpublichealthquality.org". The page features a navigation menu with "Training and Support", "QI Toolbox", "Consultation & Technical Support", and "Public Health iMap". A "Welcome" section highlights the creation of 450,000 public health problem solvers. A sidebar on the left contains a navigation menu and a newsletter subscription form. At the bottom, logos for BlueCross BlueShield of North Carolina, CDC, and The Duke Endowment are displayed.

**CPHQ** Center for Public Health Quality  
 — Center for Public Health Quality —  
[www.centerforpublichealthquality.org](http://www.centerforpublichealthquality.org)

CPHQ's mission is to collaborate with local, state, and national partners to transform the public health system to foster and support continuous quality improvement (CQI). We achieve this by providing training and tools, sharing what works in public health, promoting performance measurement, leading strategic QI initiatives, and engaging leadership to drive organizational change.

**Issue 34** **July 16, 2013**

**Message from the Director**

Public health colleagues,

We hope you are having a great summer! I was just reflecting on my own experience this summer, and realized that it has been one of the busiest I can remember. I suspect many of you are experiencing the same feeling, and is likely what "doing more with less" feels like as it becomes the new normal.

When we ask people about their greatest barriers to doing QI work, the competing priorities and time pressures are often by far the number one barrier. And these days, not surprising, it is an even more common challenge. We often hear something along the lines of "we recognize that doing QI work is important, but we are just so busy that we don't have the time."

The key point here, which is easily overlooked, is that they sure as heck can't afford the time that is wasted on a daily basis using inefficient processes. Why? Because these processes waste huge amounts of resources (usually our human capital) on an **ongoing basis**. The amount of wasted time that accrues over time can be staggering, whereas the time to use QI methods and tools to streamline the process is finite; it ends in a few weeks or months depending on the complexity of the process being addressed. In addition, there are other "costs" to continuing to operate inefficient processes, things like decreasing staff morale, increasing customer complaints, high amounts of stress for managers and staff, and worst of all, learned helplessness, a feeling that nothing can be done about the poor performance by the team. Well executed QI work produces tremendous amounts of intangible benefits by addressing these hidden "costs."

In this month's newsletter, there are several topics that highlight why we sure as heck don't have time to waste on using inefficient processes. For the "show me the money" folks out there, we highlight the enormous return on investment from our QI training programs at the state and local levels. If you want to learn more about some of the intangible benefits of QI work, read Chris Ogden's excellent summary of why she invests in QI. And, like I said, it's a busy summer, so there are many other important events to highlight this month which you will enjoy perusing.

If you have broken or inefficient processes and can't afford to keep using them, don't hesitate to get in touch with us. We will work with you to figure out how we can help you improve them and reap the many benefits of better processes, each and every day.

  
 Greg Randolph  
 Director, Center for Public Health Quality

**In This Issue**

- Why Invest in QI- Christine Ogden
- CPHQ's Early Return on Investment Results Are In
- Institute of Medicine Report Featuring Quality Measures for Public Health Released
- CPHQ Highlights QI Initiatives at COPPH Meeting
- CPHQ Strengthens Vital Partnerships for New Proposals
- QI Lunch n' Learn Series Featuring "Change Management"
- DPH QI 101 Wave B Workshop 2
- First Cappel L. Stanley PH QI Internship Awarded
- QI Question of the Month

# Summary

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- Experiential workforce training essential
- Partnerships essential
- Keep the long view in mind (Rogers' Diffusion principles, CQI infrastructure and culture )
- Measure key results (esp. ROI and efficiency)
- Social marketing (fun, easy, popular)

# Questions?

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[centerforpublichealthquality.org/](http://centerforpublichealthquality.org/)