



QI ON QI: IMPROVING THE QUALITY OF QI PROJECTS

*Public Health Services
County of San Diego*

Jackie Werth, Performance Improvement Manager



OVERVIEW



- History of quality improvement (QI) efforts
- Building capacity and sustaining the culture
 - A three-pronged approach
- What QI looks like at PHS
- Benefits, continuing challenges, and the future



HISTORY OF QUALITY IMPROVEMENT EFFORTS



HISTORY



LIVE WELL
SAN DIEGO

2009

-Beta test for
PHAB



2010

-6 QI projects
as
Operational
Plan goal



2010-12

-Training in
Lean Six
Sigma
offered
across HHSA



2013

-QI Project
Presentations
delivered to
PIM
Committee
(ongoing)



2014

-1st QI Self
Assessment
-QI
Workshop
(Intro &
Culture)
-QI
Knowledge
Hours start
(thru 2015)

HISTORY



LIVE WELL
SAN DIEGO

2015

-QI on QI Project launched
(ongoing)



2016

- 8 QI Projects as Operational Plan goal
- QI SharePoint refreshed
- Consultations and Scoring of QI Projects begins *(ongoing)*
- Achieve Public Health Accreditation (May 17)



2017

- 1st Mid-Year Technical Consultation (March 16, 30)
- 1st QI Resource Fair (June 7)
- QI Tune Up Workshop for Chiefs, PIM Committee (May 31, June 1)
- HHSA receives State Baldrige Award—CAPE (Dec)



2018

- 2nd QI Self-Assessment (Feb)
- 2nd QI Mid-Year Technical Consultation (April 30)
- 25 QI Champions designated
- Quarterly Champion Meetings initiated and Toolkit created
- QI Methods and Coaching for Champions Workshop (May 17, 18)
- 2nd QI Resource Fair (Dec 13)



2019

- Hired Temporary Professional for QI support
- QI Workshop Series for Project Teams (April 25-26; June 20-21)
- Combined Scoring of Projects with QI Champions Meetings (Sept)

BUILDING CAPACITY AND SUSTAINING CULTURE



OUR CAPACITY CHALLENGE



LIVE WELL
SAN DIEGO

How do we meet our goal of conducting at least 8 QI projects a year when there is limited staff capacity to provide the technical assistance that Project Teams said they need to be successful?



BUILDING CAPACITY & SUSTAINING THE CULTURE



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SAN DIEGO

MULTI-FACETED APPROACH

1. Institutionalize provision of technical assistance by embedding QI techniques into project support (QI on QI Project)
2. Designate Champions across PHS, provide training and other resources, and create a collaborative community of Champions
3. Feature unique, applied training opportunities, events, and resources



APPROACH #1:

***Embedding QI techniques through the
QI on QI Project (beginning 2015)***



APPROACH #1: QI ON QI PROJECT



■ AIM STATEMENT:

- Improve overall quality of QI Projects as reflected in an increase in the average scores for Charters and Storyboards to 4.5 on a scale of 5.
- Increase overall score on NACCHO QI self assessment from 3.9 to 4.5 out of 6.

■ THEORY OF IMPROVEMENT:

- If we offer more tailored technical assistance during the course of the project, the quality of projects (in terms of design, results, and timely completion) will improve and QI Project Teams will have greater satisfaction with the support provided.



APPROACH #1: QI ON QI PROJECT



PROPOSED SOLUTIONS

1. Refresh the SharePoint (Performance 2.0) with QI resources and tools
2. Enhance the Charter and Storyboard template to better guide project design and reporting
3. Provide feedback to QI project teams at the beginning, middle, and end of the FY
 - Convene a QI Technical Consultation Panel to provide feedback at the mid-year point
4. Administer a QI Scoring Tool to assess Charters and Storyboards
 - While previously scored by only Performance Improvement Manager (with interns), since 2016-17 began using panels of experienced staff and QI Champions to score



CHARTER TEMPLATE



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SAN DIEGO

AFTER: EXPANDED WITH INSTRUCTIONS

BEFORE:

Quality Improvement (QI) Project
TEAM CHARTER

Team Name:	Version:	Subject:
Problem: Opportunity Statement:		
Team Sponsor:	Team Leader:	
Team Members:	Area of Expertise:	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

Performance Improvement AIM (Mission):

Scope (Boundaries):

Customers (primary and others):

Customer Needs Addressed:

Objectives: SMART - Specific, Measurable, Achievable, Realistic, Time Frame

Success Metrics (Measures):

Considerations (Assumptions, Constraints, Obstacles, Risks):

Available resources:

Key Milestones:

Date:

1

2

3

4

Page 1 of 2

Branch: FY XXXX/JXX

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Quality Improvement (QI) Project
TEAM CHARTER:

Team Name: Last updated: QI Project Name (short title)

Project Name: Multiyear project? ☐ Yes ☐ No

1. The Problem

Problem:

Performance Gap:

Alignment:

Theory of Improvement:

2. The Aim Statement

Aim Statement:

Success Metric:

Additional Project SMART Objectives (only if applicable):

Additional Metrics:

3. The Data and the Tools

4. The Team

Team Sponsor: Team Leader:

Team Members: Area of Expertise:

5. The Scope

In Scope: Out of Scope:

6. The Customer

Primary Customers (Internal and External): Needs:

7. Special Issues to Consider

Considerations:

Resource Issues:

Sustainability:

8. Key Project Milestones

Activity or Action: Target Date:

9. The Stakeholders

Key Stakeholders: Areas of Concern:

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Quality Improvement (QI) Project
TEAM CHARTER
INSTRUCTIONS:

Ask Yourself these Questions:

The QI Team should select improvement metrics based on data and information that identifies unacceptable performance related to least one of the following questions:

- What is a process improvement metric that addresses customer and potential customer?
- What is a process improvement metric that addresses compliance with regulatory requirements or Federal and State regulations or standards?
- What is a process improvement metric that addresses productivity and customer responsiveness?
- What is a process improvement metric that addresses cycle time, efficiency or service quality, or resource employment/efficiency?

Instructions by Section:

1. The Problem

Problem: Describe the problem, use an opportunity statement. This section should summarize the problem from the Branch operations and/or Customer point of view. Provide a logical context of the problem (not opportunity and timeline to which it was identified. Why is this problem an opportunity to improve your process? Include any data that supports the need to address this problem.)

Performance Gap: Use QI project definition something important? For example, is it a safety - problem evidenced by failure to reach an important objective in your strategic plan? Does your project address a failure to meet a performance target in your operational plan?

Alignment: To what is the Live Well San Diego strategy, County Operational Plan, and/or Public Health strategy plan or priority in this improvement initiative closely aligned? This helps convey the importance of your project.

Theory of Improvement: Explain a simple logic that is the "if-then" theory that you will be using. "If we do this (improvement), we expect this improvement." This theory is expected to be a reasonable (not absolute) one - no outliers needed!

2. The Aim Statement

SMART: Aim Statement should be Specific, Measurable, Achievable, Realistic, Time Frame. The "aim statement" is a statement used for the Plan, Do, Study, Act and is the core to a SMART objective.

You should have at least ONE (1) aim statement that reflects the "if-then" theory of your project or process improvement. You may have additional objectives with measures of improvement that reflect what you are trying to achieve. Please do include them below.

Fidelity and use when framing your Aim Statement

- Do not state an aim statement that is too broad. It is better to start small.
- Be ready to focus and refine your Aim Statement (you can change it, or refine, after you collect the data).
- Consider evidence data to evaluate evidence whenever possible.
- Make sure that your Aim Statement is understandable by ANYONE.
- Avoid time limits (system, outcome, and only use active verbs that are clear and not vague).
- Consider an Aim Statement that you can accomplish the team something you have done within six months.
- Numbered target clearly the Aim Statement and help identify measures of improvement.
- Keep your solution out of your Aim Statement.

Success Metrics: List your desired outcomes. These should be directly related to your Aim Statement.

Example AIM Statements: Example Success Metrics

Reduce the time from receipt to an admission diagnosis to contact by community-based providers (CBOs) currently at 8, to 10% less within 6 months by June 2016. % reduction in average document processing time for nursing and 1 by 30% from the current baseline of 8 minutes per day, by December 2015. % increase in customers contacted at all services

3. The Data and the Tools

Provide information about your data sources and measurement methods. Indicate if any new tools need to be created or added to collect data.

4. The Team

Please indicate your Team Sponsor, Team Leader, and Team Members as well as Area of Expertise for all involved in the Project. Also include if any staff have Live Well Signage Training and what level (Yellow, Green, Black Box, etc.).

5. The Scope

In Scope: What will be part of the PDSA in terms of the processes to be tested, locations included in the test?

Out of Scope: What is a number of events because intentional to include or for some other reasons and process or related?

Example: Focus will be on improving satisfaction of customers connected to services in one public health center, tracking for 3 months after the intervention. Will limit tracking to those services for which efforts are most likely to succeed based on input from public health team.

Example: All but one public health center is out of scope; those efforts for services that are not and outcome will be included.

6. The Customer

List your primary customers (both internal and external) and their respective needs.

7. Special Issues to Consider

Considerations: Assumptions, Constraints, Obstacles, Risks

Resource Issues: Are there any resource issues (staff, equipment, etc.) that may impact the success of the project?

8. Key Project Milestones

Activity or Action: Target Date:

9. The Stakeholders

Key Stakeholders: Areas of Concern:

Sustainability: What plan do you have to ensure the sustainability of the project? (e.g., training, communication, etc.)

10. Communication Plan (Who, How, and When)

Your project may have important implications to management, staff and the public. Please indicate how you plan to keep everyone informed of your progress.

STORYBOARD TEMPLATE



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SAN DIEGO

AFTER: VISUALLY APPEALING WITH BRANDING

BEFORE:

APPENDIX A: STORYBOARD TEMPLATE

LOCAL HEALTH DEPARTMENT NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
SIZE: _____
POPULATION SERVED: _____
PROJECT TITLE: _____

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started
Start typing here

5. Develop an Improvement Theory
Start typing here

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
Start typing here

2. Assemble the Team
Start typing here

DO
Test the Theory for Improvement

6. Test the Theory
Start typing here

3. Examine the Current Approach
Start typing here

CHECK
Use Data to Study Results of the Test

4. Identify Potential Solutions
Start typing here

7. Check the Results

9. Establish Future Plans
Start typing here

FY XXXX/XX (Example)

STORYBOARD

LOCAL BRANCH: _____
ADDRESS: _____
PHONE NUMBER: _____
POPULATION SERVED: _____
PROJECT TITLE: _____

PLAN
Identify an Opportunity and Plan for Improvement

1. Describe the Problem
Insert text (remember to present the data that support the problem)

2. Assemble the Team
Insert text

3. Examine the Current Approach
Insert text

4. Identify Potential Solutions
Insert text

5. Develop an Improvement Theory
Insert text

DO
Test the Theory for Improvement

6. Test the Theory
Insert text

Figure 1. Flow chart of current approach (i.e., movement of documents or patients through the current system)

Figure 2. Basic steps of action plan

STUDY
Use Data to Study Results of the Test

7. Check the Results
Insert text

Figure 3. Results of pre-post test

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
Insert text

9. Establish Future Plans
Insert text

QI PROJECT TITLE
Project Lead and Team Members

PROBLEM

Page 01: Sales

Page 02: Cat 4, Cat 3, Cat 2, Cat 1

Page 03: Series 1, Series 2, Series 3

TEST THE THEORY

QI PROJECT TITLE
Project Lead and Team Members

Page 01: Sales

Page 02: Cat 4, Cat 3, Cat 2, Cat 1

Page 03: Series 1, Series 2, Series 3

TEST THE THEORY

RESULTS

QI PROJECT TITLE
Project Lead and Team Members

Page 01: Sales

Page 02: Cat 4, Cat 3, Cat 2, Cat 1

Page 03: Series 1, Series 2, Series 3

TEST THE THEORY

RESULTS

STANDARDIZE & PLAN

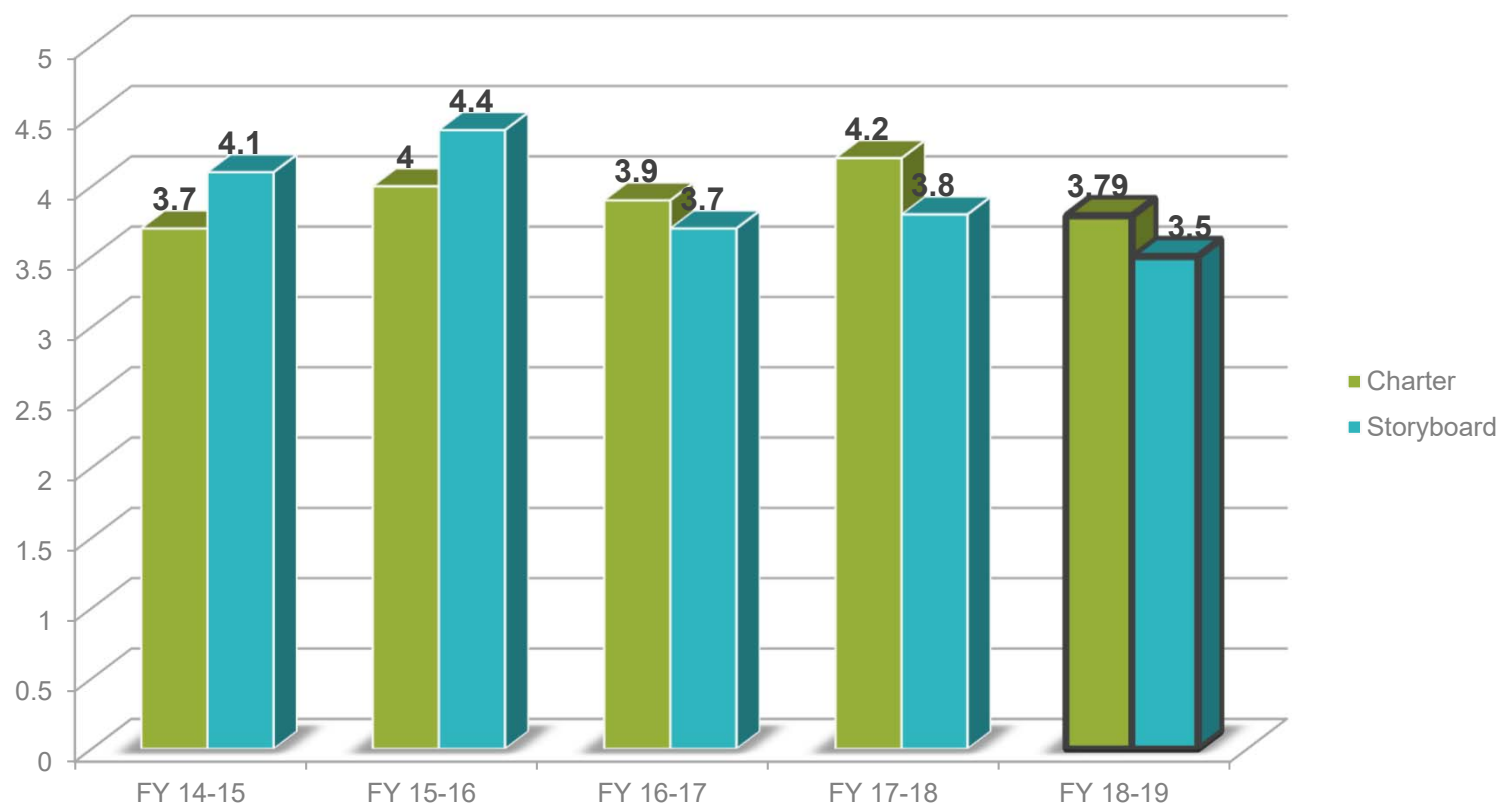
THEORY OF IMPROVEMENT

COMPARATIVE RESULTS



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OVERALL



On a scale of 1 to 5, this is based on the Scoring Tool developed for the QI on QI project, Public Health Services.

SCORING THE CHARTER: THE QUESTIONS ASKED



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PLAN

Key:

Black, Bold Text: Indicates that Score for this question is captured in Total Score.

Black Text: Question is not included in Score but is part of review and included in feedback provided to QI Team.

Was the problem clearly defined?

Is the theory of improvement described?

Is the QI project centered on a performance goal/gap?

Does the team have or collect data to show a gap/need?

Does it address a performance gap related to a priority/key metric included in the Branch operational plan? Or with a specific statute requirement or standard? Is it aligned with Live Well San Diego?

Is the performance improvement Aim Statement clearly articulated (S.M.A.R.T.)?

Is the project properly scoped?

Are the project objectives (S.M.A.R.T.)?

Do the key metrics accurately reflect the outcomes?

Are the key milestones appropriate?

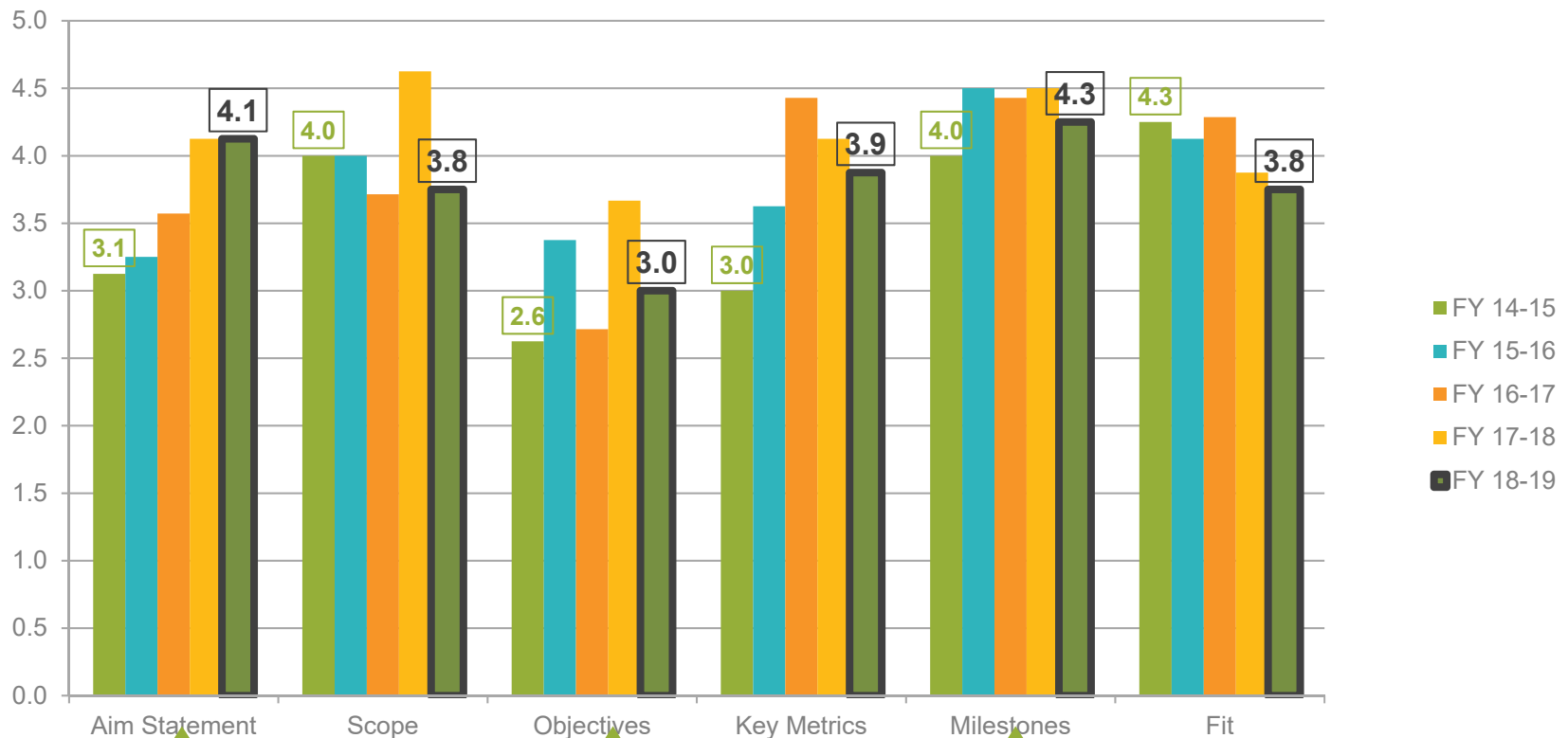
Do the charter components fit together?

Based on the performance improvement Aim Statement and objectives, is the QI project properly staffed?

COMPARATIVE ON CHARTERS



Charters



On a scale of 1 to 5, this is based on the Scoring Tool developed for the QI on QI project, Public Health Services.

SCORING THE STORYBOARD: THE QUESTIONS ASKED



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PLAN, DO, STUDY, ACT

PLAN

Was the problem clearly described?

Was the current approach thoroughly examined?

Is the Aim Statement S.M.A.R.T?
(Specific, Measurable, Attainable, Realistic, Time-Bound)

Does the AIM Statement have baseline data to track progress? (Y/N)

DO

Was an Improvement Theory developed and tested?

Was data collected and documented to show if the change was working?

STUDY

Is it clear that data were thoroughly reviewed and analyzed?

Were improvements achieved and results demonstrated (outcome)?

ACT

If successful, were the improvements standardized?

How well was the project described and how well were the charts and figures incorporated to tell the story?

If not successful, was the improvement or solution revised and the PDSA cycle repeated? *Note: While this question is currently in the Scoring Tool, it has been re-worded here for clarity.*

Key:

Black, Bold Text: Indicates that Score for this question is captured in Total Score.

Black Text: Question is not included in Score but is used to review and included in feedback provided to QI Team.

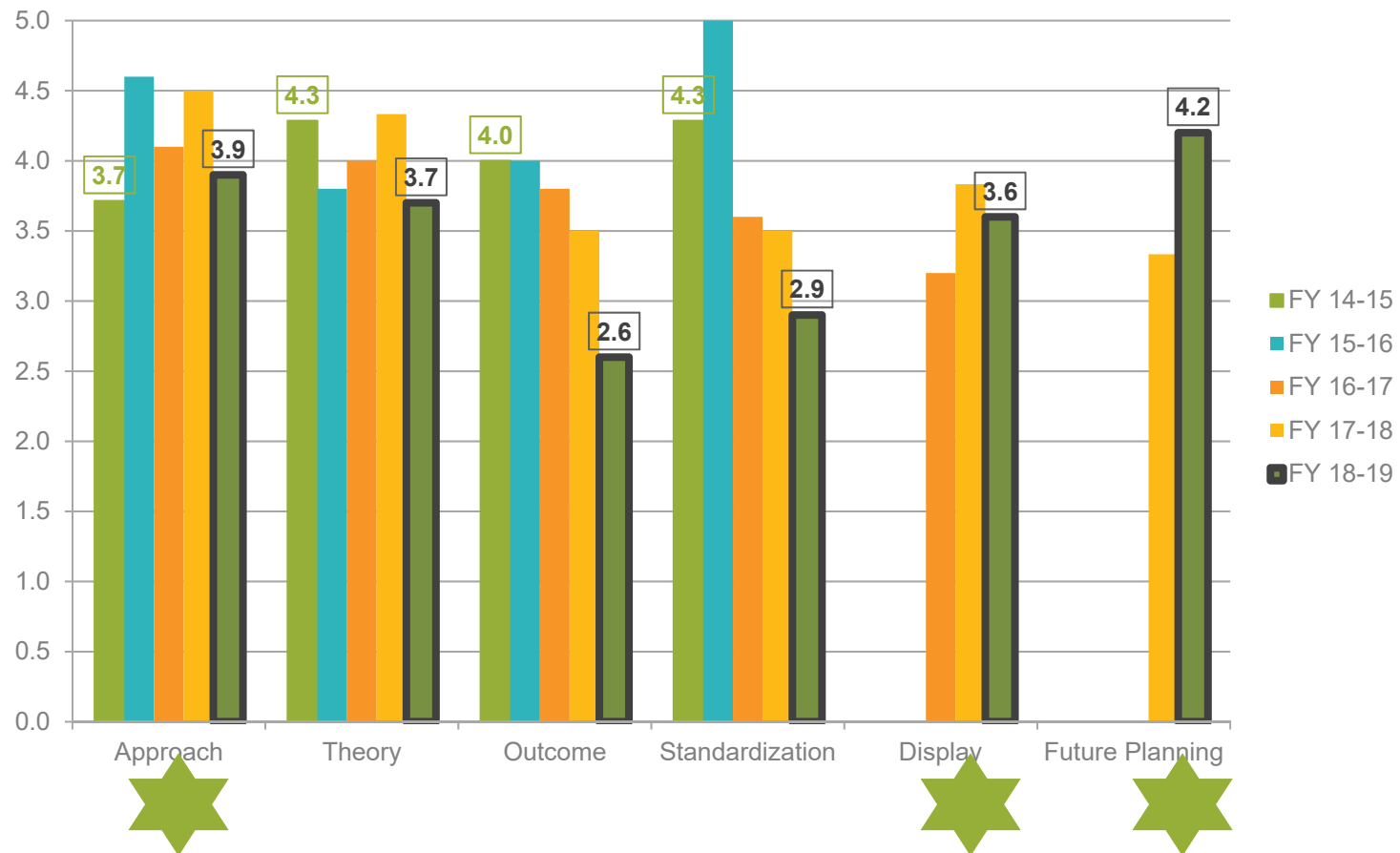
Black, Orange Text: This is a question that may consider capturing in future.

COMPARATIVE FOR STORYBOARDS



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Storyboards



“Display” was only evaluated beginning in FY 16-17. “Future Planning” was only evaluated beginning in FY 17-18 and only applies when the project was not successful during its first PDSA cycle and team needed to circle back to the planning stage.

ANALYSIS OF RESULTS FOR QI ON QI



NO IMPROVEMENT OVERALL, ONLY FOR SOME ELEMENTS

- Average scores for both Charter (3.8) and Storyboard (3.5) for FY 18-19 Projects have not improved since FY 14-15, and far below the target of 4.5.
- Observations about some elements:
 - For Charter, three elements (Aim Statement, Objectives, and Key Metrics) scored better in 2018-19 than baseline year.
 - For Storyboards, three elements (Approach, Display, and Future Planning) also scored better in 2018-19 than first year assessed. However, score for Outcomes is disappointing (2.6 in FY 18-19).
- Lack of improvement is likely due to:
 - Variability in how Scoring is conducted, with more rigor applied every year.
 - Continuing challenges that teams face in designing and executing at least one PDSA cycle for 8 projects each year.



APPROACH #2:

***Designate and develop champions and
build a collaborative community
(beginning 2018)***



DESIGNATING CHAMPIONS AND PROVIDING TOOLS



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Annual Training to Develop Skills



Candidates for Workshop:

QI METHODS and COACHING FOR CHAMPIONS

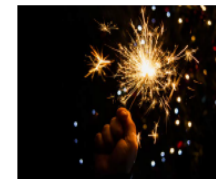
A Two-Day Workshop for PHS Staff to Serve as QI Champions

Thursday, May 17 and Friday, May 18: 8:30 am to 4:30 pm.

Participants must attend both days

Tool to Generate Project Ideas within the Branches

Sparking Quality Improvement Project Ideas!



Background: This document is to help you start thinking about improvement opportunities within your Branch! Take a few moments to think about the things in your everyday work that seem overly complex, confusing, or that simply frustrate you or the customers that you serve.

As your Branch Quality Improvement (QI) Champion, I need your help! [Champions identify themselves here and indicate where ideas should be placed—bulletin board, box, or email.]

There is no right or wrong answer. Your ideas will simply help identify opportunities ripe for applying QI Tools to make it easier for you to do your job, serve clients better, and to help all of us reach our goals in Live Well San Diego.

See the backside of this page to help "ignite ideas" for where to go or how to know there is a QI opportunity.

Standard Power Point to Introduce QI to Branch

QI OVERVIEW



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- What is QI?
- How can we advance QI throughout PHS?
- Why we need you?
- How can we help as Branch Champions?
- What do we want from you?

Quarterly Meetings



APPROACH #3:

Feature unique, applied training opportunities, events and resources



SHAREPOINT



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**Available to QI
Champions and
members of the
Performance
Improvement
Committee**

**Resources
by PDSA**

**Champions
Meeting
Materials**

QI Projects

**Tools and
Templates**

**Workshop
Materials**

WORKSHOPS THAT PROVIDE PROGRESSIVE SKILL DEVELOPMENT



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Quality Improvement Tune Up
for Public Health Services
County of San Diego, Health & Human Services Agency
Trainer: Amanda McCarty, Public Health Foundation

Agenda
May 31st and June 1st, 2017
9:00-3:30 PM
San Diego Room, Health Services Complex

9:00 AM to 10:30 AM

Introductions & Overview of the QI Tune Up

- Today's purpose and objectives for the future
- Where we are
- Where we want to be in the next 2-5 years

PM/QI Refresh including levels of QI

- Organizational Culture of Quality Assessment
- Empowerment, teamwork, leadership commitment, customers, infrastructure
- What is our QI mission? How does it tie in with our strategic plan, CHIP,

MORNING BREAK (10 minutes at 10:20 AM)

10:30 AM to 12:00 PM

QI Teams

- Developing collaborative action planning – training to completion – Select Questions Checklist
- Communication Skills to sell QI throughout the health department (elevator pitch)
- Teaming Selection – getting the right people on the right project

QI Tune up

- Review and Enhance some of the basic tools with new approaches
 - AIM Statement adding ROI (How to measure success and demonstrate value)
 - Force Field Diagram - enhanced with the Diagnostic Force Field Analysis

LUNCH ON YOUR OWN (One Hour at 1:00 PM)

1:00 PM to 2:20 PM

Quality Culture Inhibitors

- Inhibitors Exercise

New Tools to Help Enhance Practitioner Skills

- Kata (Continuous PDCA Model)
- Cause and Effect Diagram add the Analytic Cause Tree
- Bottleneck Analysis

AFTERNOON BREAK (10 minutes at 2:20 PM)

2:30 PM to 3:30 PM

Developing and Being a Change Leader

- Dealing with resistors
- Enhancing QI Culture Action Planning
- Wrap Up



Candidates for Workshop:

QI METHODS and COACHING FOR CH

A Two-Day Workshop for PHS Staff to Serve as QI

Thursday, May 17 and Friday, May 18: 8:30 am
Participants must attend both days

Please Note that Location of Training is Different Each Day:

May 17: County Operations Center, Overland Avenue, Building 5530, Training Room 124
May 18: Seville Plaza, 5469 Kearny Villa Road, Room 3700

What are the Expectations for Champions Going Forward?

Champions will serve as the key contact points within the individual branches and be expected to:

- Develop knowledge of key Branch processes and help identify improvement needs

Tune Up on Tools to Skill Development of Champions to Dedicated Time for Teams to Work and Get Feedback on Projects

Tuberculosis Control & Refugee Health	16. Rosalinda Betancourt, Communicable Disease Investigator 17. Claudia Guzman, Clinic Supervisor 18. Lorena Gonzalez-Fabiny, Supervisory Communicable Disease Specialist 19. Rona Rullan Tagonan, Public Health Nurse II
Public Health Preparedness & Response	20. Catherine Blaser, Public Health Nurse Supervisor
Public Health Services Administration	21. Nick Beatman, Temporary Expert Professional 22. Nora Bota, Community Health Program Specialist 23. Samantha Hasler, Graduate Student Intern 24. Caroline Mosher, Administrative Analyst II 25. Jackie Werth, Performance Improvement Manager
Medical Care Services Division	26. Dr. Jennifer M. Tuteur, Deputy Public Health Officer



QI WORKSHOPS FOR PROJECT TEAMS

Session 1: April 25 (9am to 4:30pm) and April 26 (half day—9am to 12:30pm)

Session 2: June 20 (9am to 4:30pm) and June 21 (half day—9 am to 12:30pm)

Location: TBD

WHAT: A hands-on, in-depth training in which Project Teams can make progress on their QI Projects (current or new) while receiving expert consultation and training on a variety of methods and tools.

WHO: Each Branch can send up to 5 staff who comprise a Project Team that is currently working on a QI Project for 18-19 and/or designing a new QI Project for 19-20. At least one of the QI Branch Champions should participate as a member of the Project Team. Participants must attend both sessions (exceptions will be made only if there are special circumstances).

BY: Amanda McCarty, a consultant to the Public Health Foundation, an Assistant Professor in Health Services Administration, and formerly with the Bureau for Public Health in West Virginia, is our trainer. She is already familiar with our QI work here as she has led workshops for PHS over the past several years.

HOW TO ENROLL: Branch Chiefs, with assistance from the QI Champions, to identify up to 5 individuals who that are part of an existing or new QI Project Team. Email these names to Jackie Werth by Friday, April 12th, 2019. Up to 5 team members only, including at least one QI Champion!

Session 2 in June 2019

- Teach-back exercise on basic methods and tools
- Check-in on project status, problem-solving, and successful implementation of PDSA cycles
- Techniques for creating and coaching effective teams
- Approaches to building QI capacity and integrating QI tools into everyday work



QI RESOURCE FAIR



QI Resource Fair Public Health Services Health & Human Services Agency County of San Diego December 2018



*Storyboard Presentations
Games Based on QI Methods
Scavenger Hunt
QI Video Loop
Prizes and Snacks*

WHAT QI LOOKS LIKE AT PHS



2018-19 QI PROJECTS:

8 PROJECTS; 7 CONDUCTED



Topic	Lead Branch/ Project Lead
1. Improve quality of submission of specimens to the Public Health Laboratory	<u>EISB</u> Dr. Syreeta Steel Jeff Johnson
2. Automate the preparation of the <i>Live Well San Diego</i> Community Health & Well-Being data system	<u>PHS Admin, CHSU</u> Leslie Ray Ryan Smith
3. Ensure timely acquisition of equipment for CCS children <i>*This is Year 2 of this Project</i>	<u>CCS</u> Dr. Portia Rich Kristen Dimou Judith Garces
4. Improve Accuracy and Timeliness of Federal Title XIX Time Studies	<u>MCFHS</u> Rhonda Freeman
5. Link newly diagnosed individuals to HIV primary care within 30 days (Phase 3) <i>*This is Year 3 of this Project which is integral to the Getting to Zero initiative.</i>	<u>HSHB</u> Patrick Loose Malek Gherbouai Kirk Bloomfield
6. Improve new surveillance for LTBI reported by civil surgeons <i>Project on hold due to delays in implementing new system.</i>	<u>TBCRH</u> Dr. Graves Dr. Moore
7. Streamline PHS Executive approval process <i>*This is Year 2 of this Project</i>	<u>PHS Admin</u> Nora Bota
8. Improve Points of Dispensing (POD) training effectiveness and POD partner satisfaction with onboarding process	<u>PHPR</u> Liz Hernandez Melissa Dredge Catherine Blaser

NEW 2019-20 QI PROJECTS: 10 PROJECTS UNDERWAY



Topic	Lead Branch/ Project Lead
1. Eliminate delays in registering out-of-hospital births	<u>EISB</u> Nick Beatman
2. Improve timeliness and completeness of entries to Monthly Operations Report (MOR) & Accomplishments Report (AR)	<u>PHS Admin</u> Jason Sabet Nora Bota
3. Reduce the amount of time spent processing invoices for Medi-Cal Administrative activities	Leilani Fernandez
4. Improve accuracy of tracking information technology (IT) assets	Wendy Hrubovcak Jeff Jimenez
5. Streamline processing of Services Authorization Requests (SAR) for California Children's Services (CCS)	<u>CCS</u> Jennie Zhang/Rowena Fernandez Judith Garces
6. Improve timeliness of occupational/physical therapists in completing CCS documentation of therapy	
7. Improve school and district participation in the Kindergarten Oral Health Assessment (KOHA) Program	<u>MCFHS</u> Tom Langan
8. Improve consistency and completeness in the collection of local breastfeeding data	Alison Sipler Rhonda Freeman
9. Enhance capacity for visits to the Sexually Transmitted Diseases (STD) clinics by piloting express visits (Rosecrans STD clinic)	<u>HSHB</u> Lorena Perez Kirk Bloomfield
10. Improve treatment initiation for persons with Latent Tuberculosis Infection (LTBI) by piloting one-stop shop services (South Region Public Health Center)	<u>TBCRH</u> Dr. Graves Dr. Moore

BENEFITS, CONTINUING CHALLENGES, AND THE FUTURE



BENEFITS



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- Several projects have led to significant outcomes
- Evidence that QI culture is getting stronger per self assessment
- More projects initiated this year (10)
- Small scale projects being initiated, reflecting success of Champions and demystifying QI
- Growing satisfaction with training and technical assistance provided

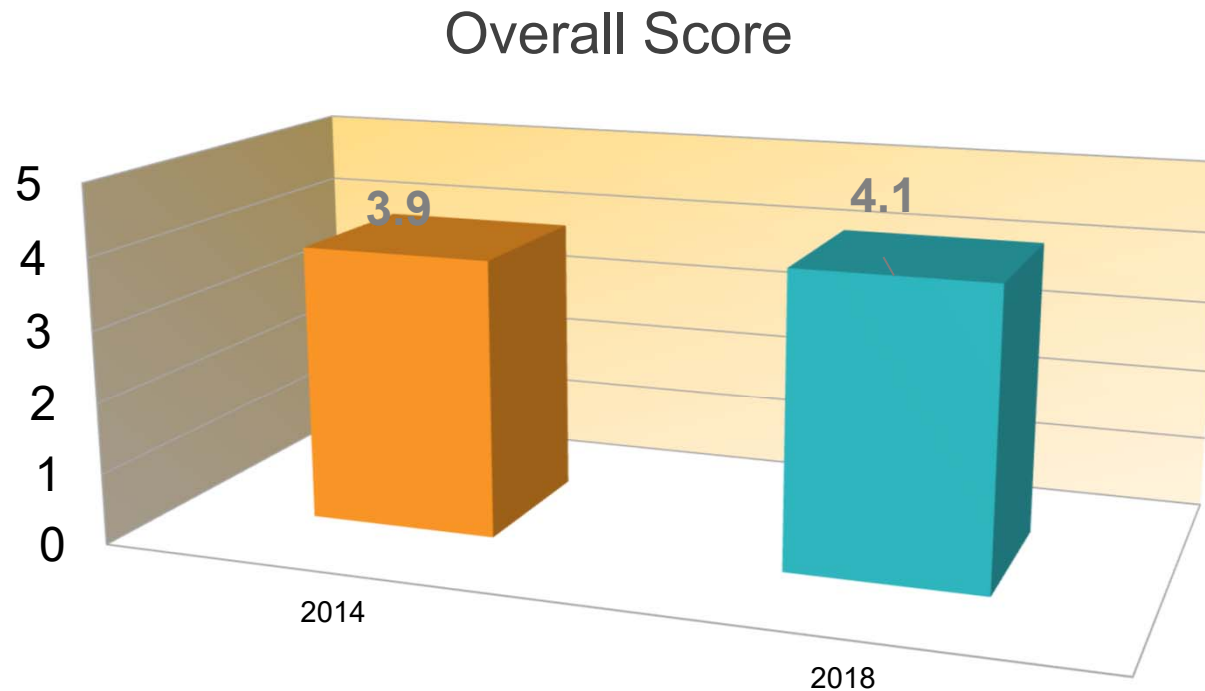


HIGHLIGHTS OF PROJECT OUTCOMES



QI Project	Approach	Outcomes
Link foster children to medical and dental exams in a timely manner	Process mapping to streamline and standardize communication and follow-up across Regions with parents, providers, caregivers, and public health and child welfare staff.	Compliance rates continue to improve, surpassing State target of 90% (97% for medical; 90% dental, as of July 2019)
Link newly diagnosed individuals with HIV to care within 30 days	Designing a rapid linkage care protocol which continues to be adjusted as barriers to linkage to providers are encountered.	Achieved and maintaining 85% target as of FY 18-19, even after the length of time to connect was shortened to 30 days.
Redesign core health data to better meet demand	Developing a map of current data request and validation process. Root cause analysis identified need to obtain direct access to data and reduce manual manipulation of data by automating to extent feasible.	Reduced time spent processing data from 6 months to 2 weeks; and FTE needed for this task from 4 to 2, as of FY 18-19.
Reduce the average processing time to determine pregnancy status for clients with Hepatitis B to prevent perinatal transmission.	Process and affinity mapping to identify solutions to test. Solutions relying on providers to report cases not as successful as internal solutions—creating a WebCMR report and assigning staff member to follow-up with providers.	Average time to pregnancy determination was reduced to only 5 days (much less than over 100 days as was the case up to April 2017 when solution was introduced).
Ensure that youth in the California Children's Services program (transitioning to adult model of care) are prepared for the transition.	Analyzing transition planning process before and after face-to-face interviews introduced and comparison of scores using a readiness instrument.	Increase from an average score of 70 to 90 percent in terms of knowledge, behavior, and skills needed for transition, beginning in FY 15-16.

QI Self Assessment: Overall Score by Year Assessed



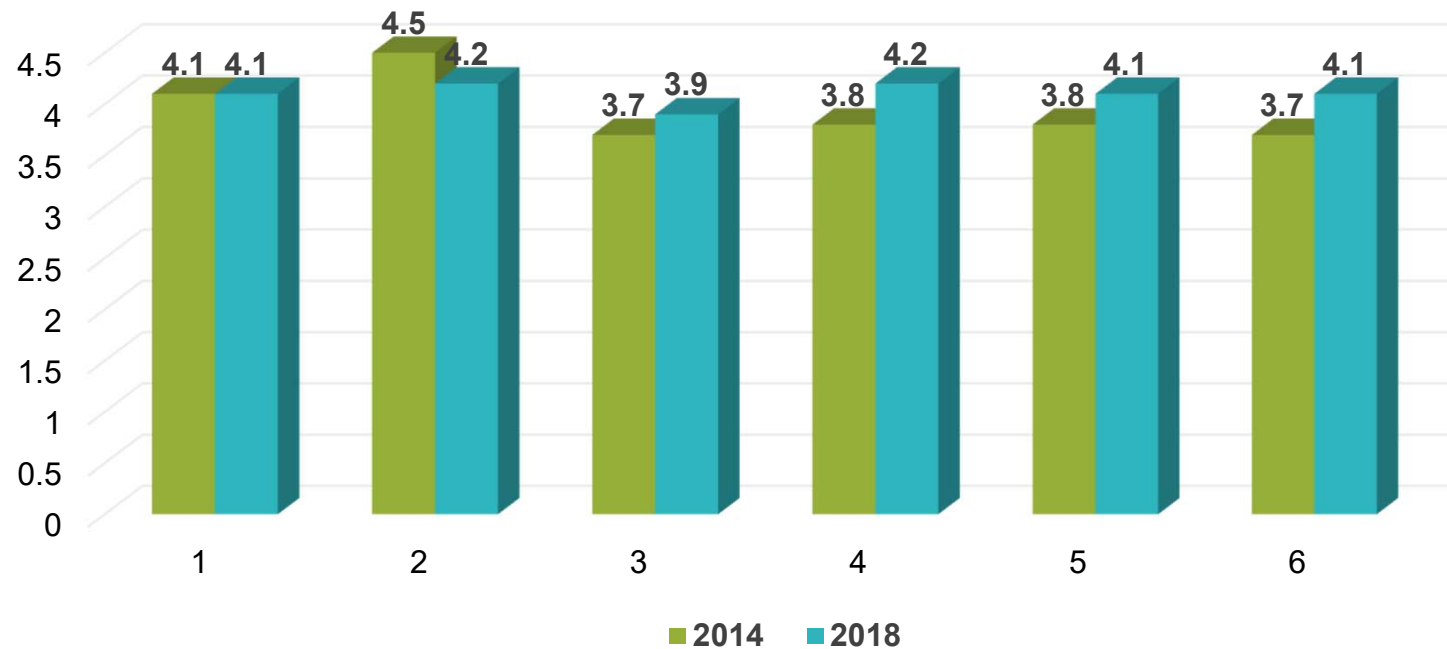
Phase 3: Informal or Ad Hoc QI (focus groups of Tier 2 and Tier 3 only)

Phase 4: Formal QI in Specific Areas of the Organization (survey of all Tiers)

QI Self Assessment: Foundational Element Scores by Year



Element Scores by Year



- 1: Employee empowerment and commitment
2. Teamwork and collaboration
3. Leadership
4. Customer focus
5. QI infrastructure
6. Continuous process improvement

CHALLENGES



- Involving leaders, engaging employees, and promoting team collaboration
 - Assessment elements that are relatively low or did not score higher in 2018 compared to 2014
- Difficulties scoping projects so is feasible to complete a PDSA within a year
- Obtaining baseline data when often it must first be collected (doesn't already exist)
 - Impacts the framing of a strong Aim Statement
- Increasing comfort of staff in applying a variety of tools to address ongoing, everyday challenges
- Identifying more population QI projects, as PHAB is recommending



THE FUTURE



- Strengthen integration between performance management and QI in how performance issues are identified, analyzed, and addressed
- Identify staff with data expertise to provide ongoing support to QI project teams
- Continue to improve upon the QI on QI Project, including refining the scoring tool, with the goal of demonstrating real improvement in project design and impact
- Strengthen the QI collaborative community among Champions, and the capacity of Champions to advance QI in their respective Branches



On May 17, 2016, the County of San Diego Health and Human Services Agency Division of Public Health Services received accreditation from the Public Health Accreditation Board.