ADVANCING YOUR QI CULTURE









Facilitator – Jackie Werth, Performance Improvement Manager
Panelists – Nora Bota, Program Manager and Amber Hilliker, Quality Improvement Specialist

Wednesday, October 4, 2023 10:45 AM – 11:45 AM







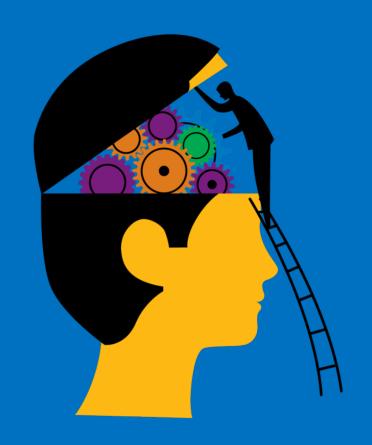


- Achieve operational excellence by improving
 - Processes and operations
 - Client experience
 - Client outcomes
- Integrate performance management and quality improvement; turning opportunity into action
- Ensure staff at all levels, especially those at the frontline, have the tools they need to improve services and outcomes

MENTIMETER

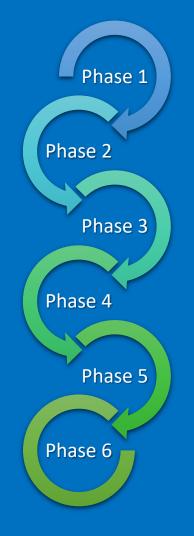






In one or two words, what comes to mind for the QI culture in your health department?

MENTIMETER







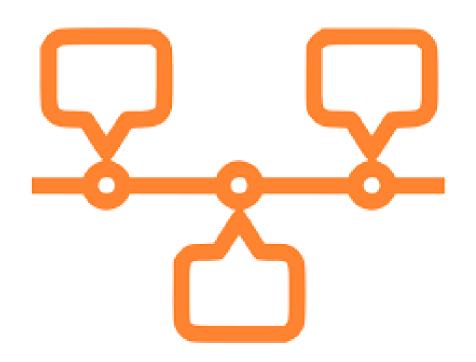
Where are you in your QI Culture Journey (select one of the phases below)?

- Phase 1 No Knowledge of QI
- Phase 2 Not Involved with QI Activities
- Phase 3 Informal or Ad Hoc QI activities
- Phase 4 Formal QI Activities Implemented in Specific Areas
- Phase 5 Formal Agency-Wide QI
- Phase 6 QI Culture





The Evolution of San Diego County's Ql Culture

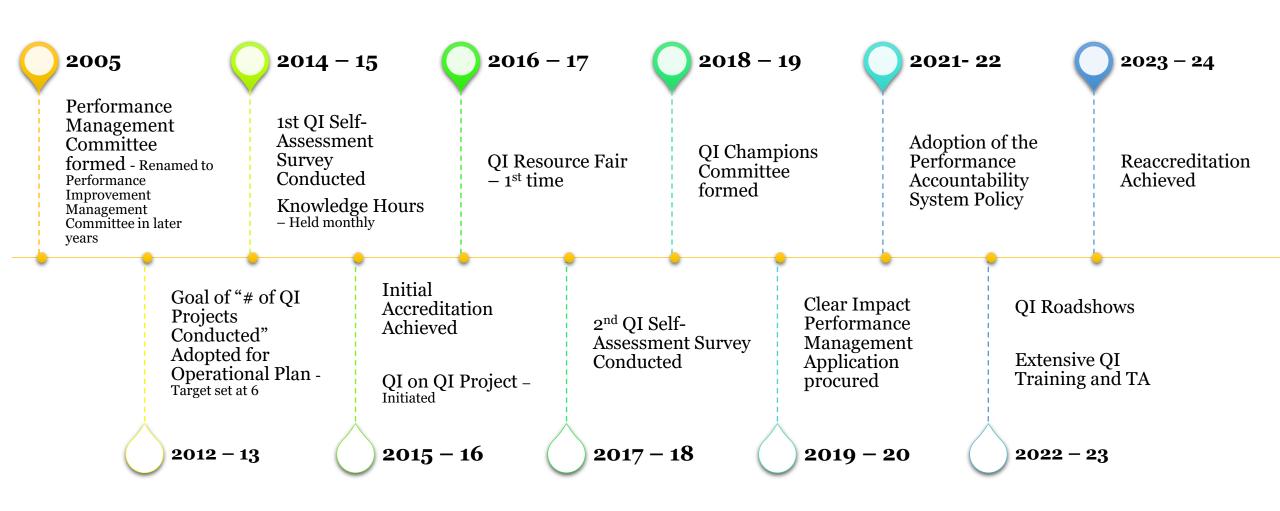


Timeline of Growth

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Timeline of Major Performance and Quality Improvement Events



Timeline of Growth

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Timeline of Major Performance and Quality Improvement Events

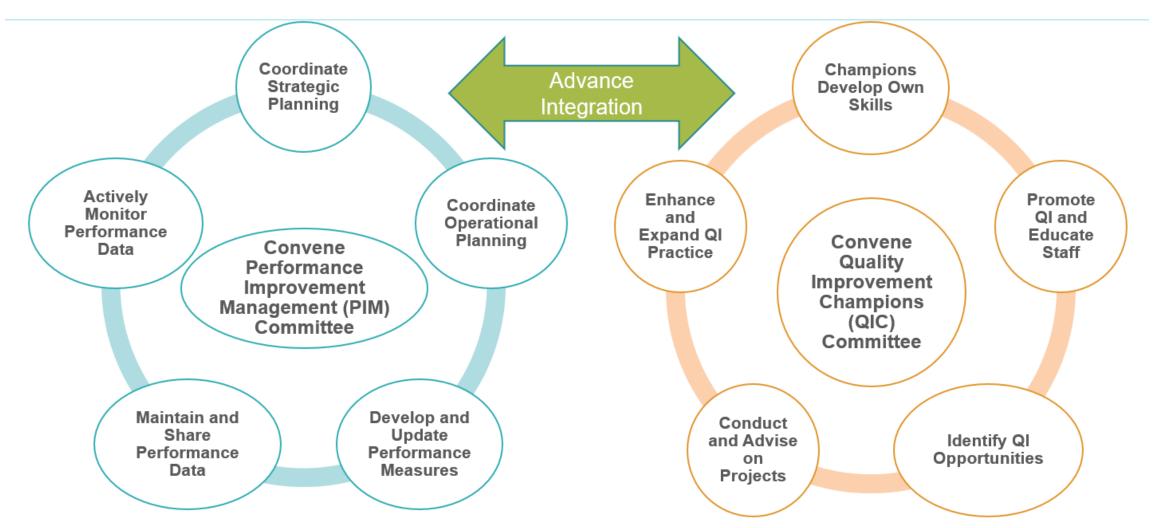
Fiscal Year: June to July	Major Advancement or Event		
2023-24	Reaccreditation achieved		
2022-23	 Launch of QI Roadshows Several series of QI trainings, offered through temps staff 		
2021-22	 Adoption of the Performance Accountability System Policy Training Sessions, Coaching and Consultation Services for Champions and Project Teams (PHW Grant) The PHW Grant funds training and staff support 		
2020-21	COVID-19 response; limited formal QI activity		
2019-20	 COVID-19 response; limited formal QI activity Clear Impact Performance Management Applicate Procured and training sessions held with PHS and training sessions. 		
2018-19	 Workshop on "QI for Project Teams" QI Champions Committee Formed Goal of "# of QI Projects Conducted" Adopted for Operational Plan (target increased to 8) Technical Consultation Panels QI Resource Fair (2018 CSAC Achievement Award received) 		

Fiscal Year: June to July	Major Advancement or Event	
2017-18	 2nd QI Self-Assessment Survey Conducted Workshop on "QI Methods and Coaching for Champions" QI Resource Fair Technical Consultation Panels 	
2016-17	 QI Resource Fair (1st time) Workshop on "QI Tune Up for Supervisors" Technical Consultation Panels QI on QI Project (continues) 	
2015-16	 Technical Consultation Panels (1st time) QI on QI Project (initiated) Performance Management Committee (formed in 2005) renamed the Performance Improvement Management Committee 	
2014-15	 1st QI Self-Assessment Survey Conducted Knowledge Hours (monthly) 	
2013-14	QI Workshop on Culture of Quality and QI Road Map	
2012-13	Goal of "# of QI Projects Conducted" Adopted for Operational Plan (target of 6)	
2005	Performance Management Committee formed (renamed, Performance Improvement Management Committee)	

Performance Accountability System







Performance Improvement Management (PIM) Committee





Committee

- Almost 20 years, formed in 2005 (renamed to Performance Improvement Management Committee in later years)
- At least one PIM Representative and one Data Lead per Branch
- Monthly PIM Committee Meetings
 - Quarterly data refresh
 - Operational and Strategic Planning
 - QI Updates



Yearly Clear Impact Training

- In FY 2019-20 Clear Impact Performance Management System procured
- Annual and frequent Clear Impact Trainings
- 1:1 Technical assistance provided to PIM Representatives and Data Leads



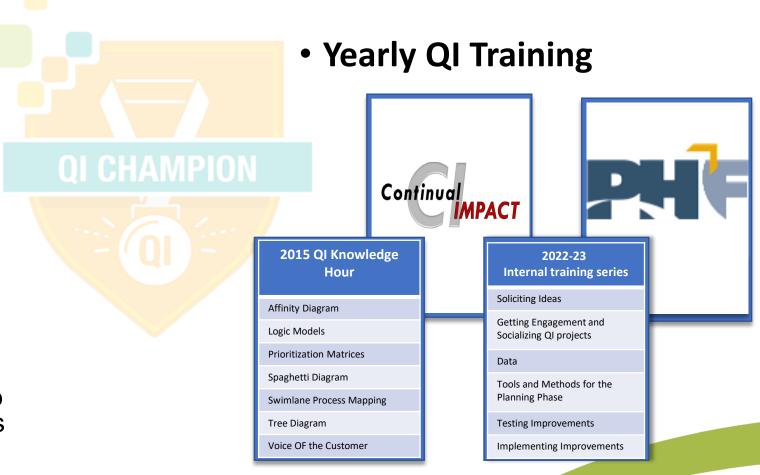
Quality Improvement (QI) Champions Committee





Committee

- Quarterly Committee Meetings
 - Sharing QI Resources and QI experiences
 - Help plan upcoming activities
- Formed QI Champions Committee in 2018
- 2+ Champions per Branch
 - 30 Champions across PHS
- Connect with PIM Committee to identify performance challenges



Sample QI Project Highlights-







Branch	Project Title	Improvement Cycles
Admin	Enhance the Implementation of Document Approval Routing System (DARS)	2018 Stu po 2023 Stu po dy po
	Improve Partner Relay	2023 Act Pla Stu Do dy Do
ccs	Improve Client's Ability to Navigate Available Services	2023 Stu po
	Improve Attendance of Clients in the CCS Medical Therapy Program (MTP)	2021 Act Pla Stu Do 2022 A
НЅНВ	Improve the Utilization of Medical Transportation	2023 Act Pla n stu po dy po
	Improve Ryan White Housing Insecurities Intervention	2021 Act Pla 2023 Act Pla Stu po dy Do
MCFHS	Improve Reporting of Kindergarten Oral Health Assessment (KOHA)	2021 Act Pla 2022 Act Pla 2023 Act Pla Stu Do 2023 Act Pla Stu Do dy Do 2023 Act Pla Stu Do dy Do 2023 Act Pla Stu Do dy
	Standardize Identifications of Eligible Retailers for the Tobacco Retail Licensing Program (TRL)	2021 Stu po 2022 Act Pla dy po dy po
	Improve Utilization of Prenatal Care Network (PCN)	2023 Act Pla
	Align Home Visiting Programs to Ensure Optimal Utilization of Services	2023 Su po
PHPR	Increase Medical Reserve Corp. (MRC) Engagement and Sustainability	2021 Act Pla Stur Do 2022 Act Pla Stur Do dy Do
TBCRH	Improve Contact Tracing Outcomes Report	2022 Act Pla n n n n n n n n n n n n n n n n n n n

Sample QI Project Highlights-





Evolution of a Population Health QI Project Over the Years

Maternal Child and Family Health Services

– Kindergarten Oral Health Assessment



THE TEAM

Nancy Starr (Lead)
Rhonda Freeman
Dr. Thomas Olinger
Corinne McCarthy
Jocelyn Waters
Mireya Bañuelos
Myleen Abuan
Christiane-Rayna

(Christy) Lopez

Maternal Child & Family Health Services Family Health & Prevention Services





The Problem:

- **Tooth decay** is the most common, chronic childhood disease and causes 874,000 school days missed each year.
- The Kindergarten Oral Health Assessment (KOHA) requirement was passed into law in 2005. The requirement is a way schools can support children's readiness and success by identifying children suffering from untreated dental disease

What San Diego County Public Health Services is doing:

- Participation in California Results Based Accountability (RBA) pilot initiative starting 2019
 - Goal of 66% of students submitting a completed assessment
- Departmental Strategic Plan Measure with an aim of 66% of children receiving a KOHA

THE TEAM

Nancy Starr (Lead) Rhonda Freeman Dr. Thomas Olinger Corinne McCarthy Jocelyn Waters Mireya Bañuelos Myleen Abuan Christiane-Rayna (Christy) Lopez

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Cycle 2

PROBLEM

State of California requires that all children entering school have a kindergarten oral health assessment **(KOHA)** by the end of their first year in public school.

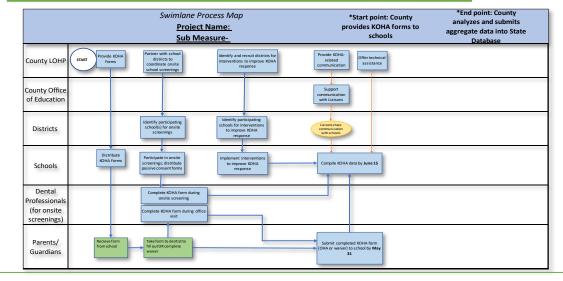
Currently within **CoSD**:

- Only 30% submitted the required form
 25% of submitted forms reported untreated tooth decay
 Higher (35%) in low-income communities

AIM

By the end of the 2022-23 school year, increase the number of children receiving and reporting a kindergarten oral health assessment by 10% in the three selected school districts.

CURRENT STATE ANALYSIS – Swimlane Map



RESULTS

Two school districts were identified with targets interventions launched in each:

- La Mesa Spring Valley (5 schools)
- Julian (1 school)

La Mesa Springs Valley District	Improvements
Dale	 Response rate: from 54% to 100% Assessments: from 53% to 82%
Rolando	 Response rate: from 64% to 73% Assessments: from 28% to 60%

THE TEAM

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QI Population Health Project

- Multiple PDSA cycles reflects a logic model:
 - Seek improvement in schools reporting of assessments, children receiving assessments, linkage to care and treatment of dental disease, improved school readiness
- Currently in PDSA Cycle 3, with the aim to update resources and processes to support implementation of new State KOHA form and strengthen linkage to care.

Results so Far

- Only modest gains in reporting across all districts
- Dramatic gains in districts where interventions were tested.

Future Solutions to be tested

- Diversify schools and districts
- Encourage on-site oral health assessments at schools
- Warm hand off referral system to link children to care



Precent of CoSD Children Receiving and Submitting a KOHA





What Does the Data Tell Us About Our Ql Culture?



QI NACCHO SAT 2.0





NACCHOs QI Roadmap



Foundational Elements

1 Employee Empowerment

E Teamwork & Collaboration

<u>S</u> Leadership Customer Focus

Quality
Improvement
Infrastructure

6 Continual Quality Improvement

QI NACCHO SAT 2.0

Key Terms



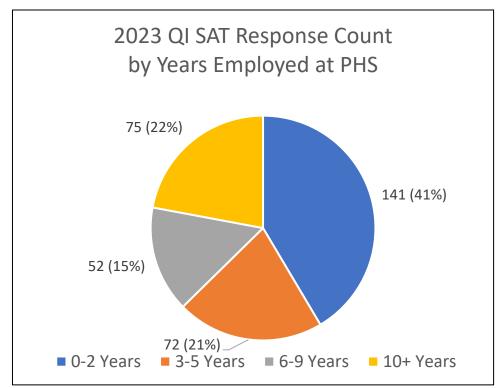


Phases of a Culture of Quality	Foundational Elements	PHS Employee Tier
Phase 1: No Knowledge of QI	1: Employee Empowerment	Tier 1: Front Line Staff/Entry Level
Phase 2: Not Involved with QI Activities	2: Teamwork and Collaboration	Tier 2: Program Management/Supervisory Level
Phase 3: Informal or Ad Hoc QI Activities	3: Leadership	Tier 3: Senior Management/Executive Level
Phase 4: Formal QI in Specific areas	4: Customer Focus	
Phase 5: Formal Agency-Wide QI	5: QI Infrastructure	
Phase 6: QI Culture	6: Continuous Process Improvement	

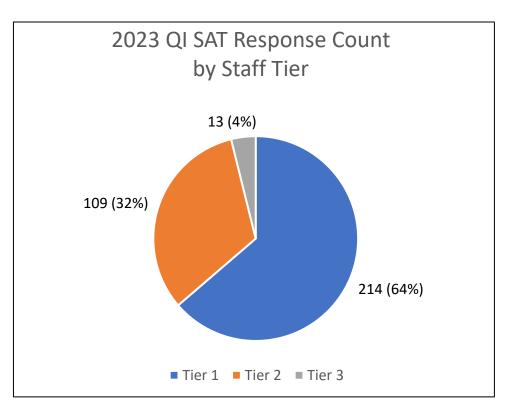
Characteristics







Question 1: How many years have you worked at County of San Diego County Public Health Services? N=340/705; 48%



Question 13: Please select your tier of employment. N=336/705; 48%

Overall Results





Overall Scores

2014 (Tier 2&3 Staff), 2018 (All

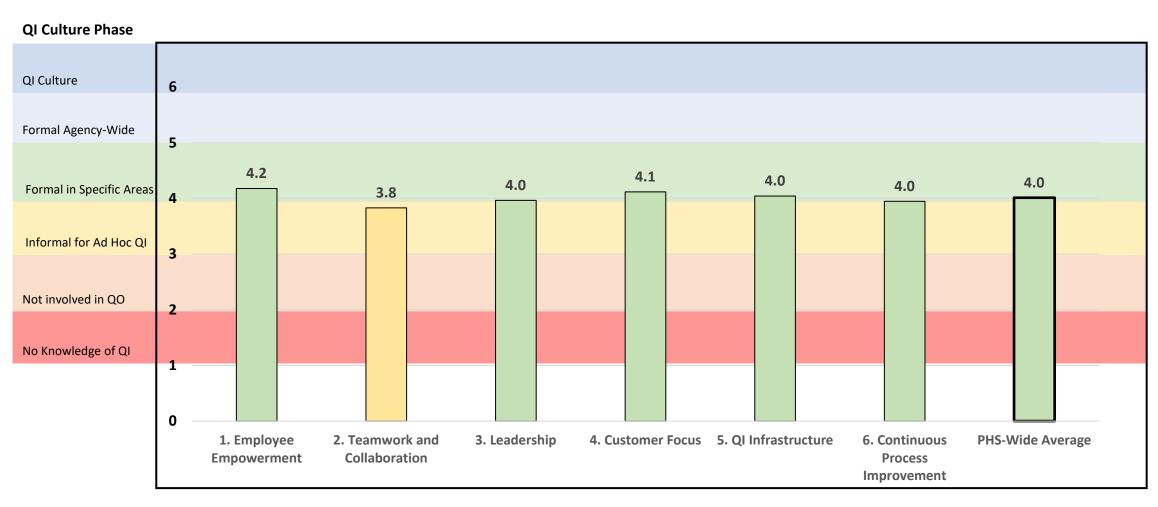
Tiers) vs. 2023 (All Tiers) **QI Culture Phase** QI Culture Formal Agency-Wide 4.1 4.0 3.9 Formal in Specific Areas Informal for Ad Hoc QI Not involved in QO No Knowledge of QI 2014 2018 2023

The 2018 and 2023 response count only includes complete survey responses. **2014** n<58 **2018** n=181/454; 40% **2023** n=299/705; 42%

Overall Results







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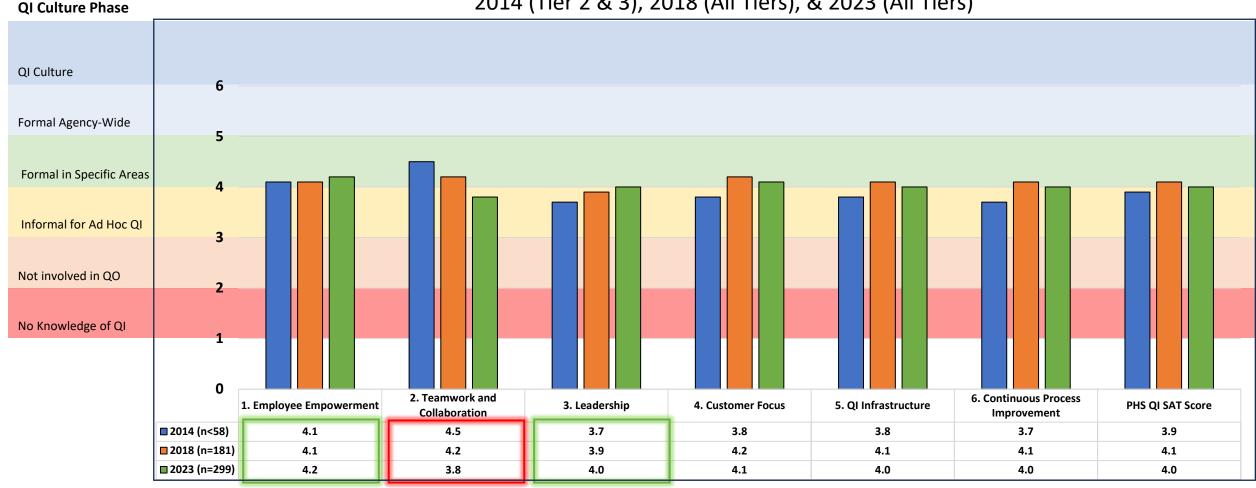
Comparison to Prior Years (2014 & 2018)





PHS Wide Foundational Element Scores

2014 (Tier 2 & 3), 2018 (All Tiers), & 2023 (All Tiers)



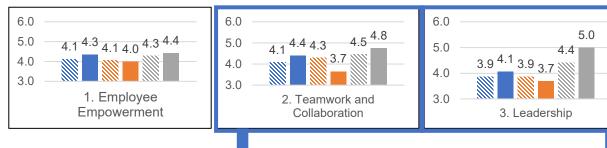
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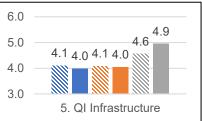
All Employee Tier Comparison



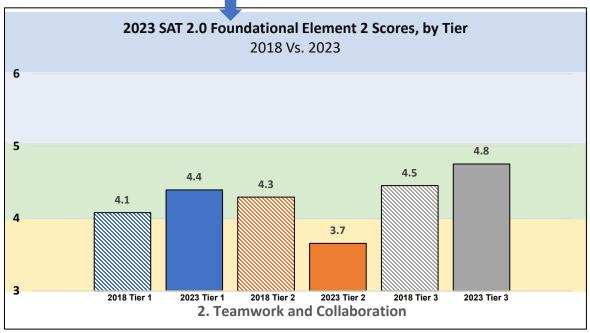


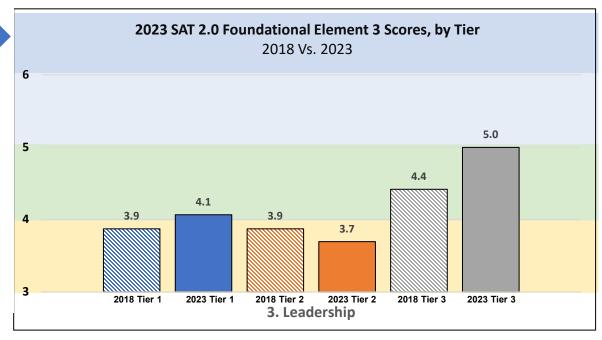












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2014-2023 QI SAT Survey Results

Summary of the Evolution Over the Years





	2014	2018	2023
Survey Administratio n	Because QI NACCHO SAT survey unwieldy, convened focus groups of Tier 2 and 3 only	 Adapted QI NACCHO SAT survey so shorter All Tiers surveyed Added questions for PIM Committee 	 Utilized new improved QI NACCHO SAT 2.0 All Tiers surveyed Added questions for QI Champions
Actions We Took Based on the Results	 Focused on skill development of QI Project Leads and Champions by procuring vendors to offer formal annual workshops Offered technical assistance to Branches to conduct at least one QI project each year TY.GOV/HHSA 	 Focused on building capacity within the individual Branches by: Forming the QI Champions Committee Getting Champions to engage Branch teams and solicit project ideas Beginning FY 21-22, new grant dollars enabled us to expand support by hiring temporary staff to build QI program 	 Continue to benefit from infusion of additional staff support offering consultations, expansion of resources, peer activities and other learning events Address SAT survey findings related to building teamwork and Tier 2 engagement Develop a plan to identify priorities for QI across all PHS processes





Advancing to Phase 5







Foundational Element 1: Employee Empowerment



Foundational Element 1 – Employee Empowerment







- Ensure there is a QI Champion in each Branch to help staff
- Clarify the role of staff in QI and performance management and their importance as part of the Performance Accountability System
- Develop an inventory of training and resources readily accessible via SharePoint
- Help staff to identify process improvement opportunities and apply QI to improve their workplace
- Recognize and reward staff for their QI project achievements





Foundational Element 2: Teamwork and Collaboration



Foundational Element 2 – Teamwork and Collaboration





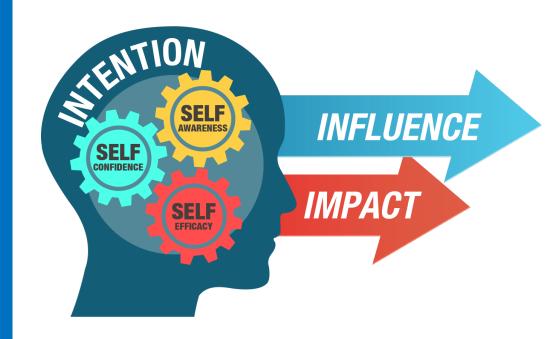


- Informal groups of employees formed for problem solving and innovation
- Formal QI projects teams are formed throughout PHS with an annual performance measure of 10 QI projects per year
- Several forms of peer sharing and learning exists including best practices and QI successes
 - Annual Peer Review
 - Annual QI Resource Fair
 - Quarterly QIC Committee meetings
 - Bi-Weekly QI Office Hours
 - Workshops





Foundational Element 3: Leadership



Foundational Element 3 – Leadership

County Score:



- The County has strong management excellence through its General Management System
- The Agency has been successful in applying the Malcolm Baldrige Performance Excellence Criteria
- The Public Health Officer has made a strong commitment to performance management and QI, instituting goals for number of completed QI Projects each year and supporting capacity building for all staff

General Management System







Foundational Element 4: Customer Focus



Foundational Element 4 – Customer Focus







- Customer service data routinely collected PHS-wide and by Branches
- Both internal and external customers are regularly surveyed
- QI Champions are encouraged to use customer data (H.E.A.R.T.) and feedback to identify performance improvement opportunities
- Many QI projects center on addressing inequities faced by our customers and communities
- PHS has consistently scored over 4.5 on a scale of 1-5 (5 being highest) on customer satisfaction, reflecting a strong customer focus





Foundational Element 5: QI Infrastructure



Foundational Element 5 – QI Infrastructure







- Adopted a Performance Accountability System that is central to a plan and policy
- The staff are at the center of the System, as members of the PIM and QI Champion Committees with clear roles and responsibilities
- A robust planning process is undertaken every other year, referred to as a Strategic Review process, in line with Baldridge
- Through a centralized performance management system, data are refreshed quarterly, and Scorecards are disseminated to all staff





Foundational Element 6: Continuous Process Improvement



Foundational Element 6 – Continuous Quality Culture







- Since 2012, the Public Health Officer set goal of a certain number of QI projects to be completed each year, currently target is 10 QI projects per year
- QI project results are shared through presentations to PHS staff at Senior Managers and QI Resource Fairs, and documented in an Annual Accomplishments Report that is shared with the Board of Supervisors and the public
- An inventory of training and resources is readily accessible via SharePoint, available to help staff with every day problem solving, in addition to formal QI projects
- The Performance Improvement Management and Quality Improvement Committees work together to ensure that performance gaps are addressed through QI projects.
 Integration of their activities has been a big emphasis
- With the Public Health Infrastructure Grant, efforts will be taken to identify and prioritize
 QI opportunities across all processes





Next Steps for Public Health Services

Advancing to Phase 5 of a QI Culture

- Develop a QI Plan that identifies and prioritizes PHS processes for QI
- Foster stronger teamwork and collaboration
- Encourage staff to apply QI practices in their daily work



We Want to Hear from You





What is your health department doing to support a strong QI culture?



Contact Us If You Want to Know More





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THANK YOU



The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and re-accredited by the Public Health Accreditation Board on August 21, 2023.