

Systems Approach To Quality Improvement and Staff Development

Facilitators:

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Workshop Goal and Objectives

- **Goal:** Increased understanding of a systems approach to quality management and staff development.
- **Objective 1:** Assimilate key principles of QI, adult learning theory, and participative management as a philosophical framework.
- **Objective 2:** Identify key components of a systems based approach to QI and staff development.
- **Objective 3:** Become familiar with MDCH's approach to QI and staff development.

Agenda

1. Basic principles and philosophy of approach.
2. Key components of a systems approach incorporating MDCH Part D's approach and experience as an example.
3. Review.
4. Feed back.

1. Basic principles and philosophy of approach

How does each field inform your approach to make it more effective?

- A. Quality improvement
- B. Adult learning theory
- C. Participative management/change theory

1.A. Guiding Principles of Quality Improvement

- Set priorities and communicate clearly.
- Infrastructure enhances systematic implementation of improvement activities.
- Most problems are found in processes, not in people.
- Actions are based upon accurate data.
- Improvement is guided by Plan, Do, Study, Act cycles (PDSA) through small, incremental changes
- Involve the patient.
- Do not reinvent the wheel – learn from best practices.
- Utilize a team approach.

1.B. Guiding Principles of Adult Learning

Adults tend to learn more effectively by:

- Tailoring training to their needs,
- Sharing ideas in collaborative problem solving (experiential learning cycle),
- Learning by doing as a focus more than content focus
- Learning based upon their experiences or “where they are at”, and
- Relatively short time between learning session and real life application.

1.C. Guiding Principles of Participative Management – Key To Creating Buy-in

- A participative approach to change leads to more effective and sustained changes than only top down directives.
- Change efforts need champions and commitment by leadership throughout the system to sustain efforts.
- More effective decisions are made by groups/committees and teams that represent different perspectives (horizontal and diagonal levels, multi disciplinary).

1C. continued

- Staff is more likely to take responsibility for changes when they are involved in the decisions that affect them.
- When staff know their job performance review includes participation in quality program, they are more likely to engage.
- Run effective and efficient quality meetings. Always end meetings with what are our next steps, who is responsible, and when will it be completed by. This greatly helps teams to become self-managing.

Common Themes Central to QI, Adult Learning and Participative Management

Understand your working philosophy, vision, and goals.

- Assessment
- Involvement, participatory
- Set clear goals and objectives
- Team approach (multi disciplinary teams, group/peer learning)
- Problem solving approach
- Action oriented
- Continuous assessment to plan next steps (improvement)

2. Key components of a systems approach

- A. QM Plan
- B. System of accountability for QM
- C. Assess needs to determine goals and approach
- D. Develop plan for staff development
- E. Ongoing input, feedback, and evaluation.

2.A. Quality Management Plan

- QM Plan (following components are selective, not comprehensive. See NQC workshop on QM infrastructure for more information on QM Plans.)
 - Assessment
 - Performance measurement data
 - Quality Program (Organization Assessment)
 - Resources
 - Improvement goals and objectives
 - Staff development strategy

2. A. Example of Resource Assessment to identify and leverage resources

- Work with HIVQUAL for Parts C and D; NQC for Parts A and B
- Know when to request TA
- Attend NQC's Training of Trainers (TOT) 3-day workshop
- Locate training resources and materials:
 - www.hivqual.org HIVQUAL Workbook
 - www.nationalqualitycenter.org The Game Guide, Making Sure HIV Patient Self-Management Works, Making Sure Your HIV Care is ...

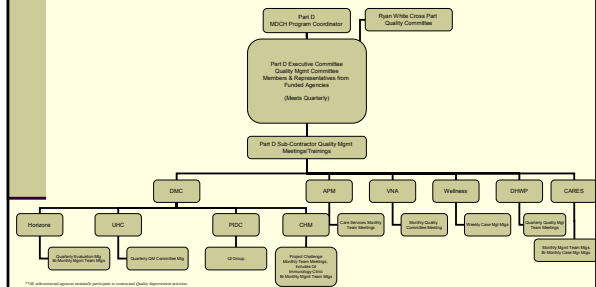
2. A. Example of Resource Assessment to identify and leverage resources, continued

- www.hivguidelines.org Measuring Clinical Performance Measurement, HIVQUAL Group Learning Guide, Making Sure Your HIV Care is the Best It Can Be (Consumer oriented workshop)
- HRSA/HAB: <http://www.hrsa.gov/performance/review>
- www.ihl.org (Institute for Healthcare Improvement)
- Center for Disease Control materials
- Regional and state AETCs

2. B. System of accountability for Quality Program

Systems can be complex. Take the time to create an organization diagram of your quality program. It is helpful to see the whole picture when thinking through your strategy and for communicating to others.

MDCH – Ryan White Part D Quality Management Accountability Chart



2. C. Assess learning needs of key individuals, committees, teams for staff development to determine goals and approach

Look at your diagram: Think strategically.

- Identify key individuals (stakeholders) who can help or hinder your efforts. Garner their support or diminish their effect.
- Identify committees, teams, groups who are central to moving your QM program forward.
- Assess their needs for staff development.
- Determine staff development/training goals and approach.

Activity: Draw Your QM Diagram

- Take a few minutes and draw your diagram that depicts accountability and reporting relationships in you QM Program.

2. D. Plan for Staff Development

Staff development and training are strategies for achieving Quality Management Program goals and objectives and should become part of your QM Plan.

- Conduct initial needs assessment to better understand context.
- Design training sessions based on needs assessment results and work schedules. Set realistic goals and expectations.

2.D. Example 1: MDCH Part D Approach To Staff Development and Improvement in Care

- 3 hour quarterly meetings
 - 1 hour for project management, group updates and discussion
 - 60-90 minutes for training
 - 30 minutes wrap up and next steps.
 - Time between meetings to apply learning and implement quality projects or other quality work.

2.D. Example 2. MDCH Part D – Agendas for 18 months

- Planning, Measuring, and Conducting QI Projects-January 2007
- Application of Continuous Quality Improvement (CQI) Tools-April 2007
- Applying PDSA Methodology –July 2007
- Cross Parts Quality Indicators and the Impact on Part D Programs-October 2007

2.D. MDCH Part D Program – Agendas for 18 months, continued:

- Casual Analysis and Increase Understanding of Plan Do Study Act (PDSA) Methodology through Participant Exchange-January 2008
- QI Project Reporting Format and Understanding the Use of Story Boards –April 2008
- Evaluating Quality Improvement (QI) Results with Key Stakeholders and Sustaining Improvement –July 2008

2.E. Ongoing input, feedback, and evaluation.

- Integration of Quality Management and training meetings

Examples.

- Ask for participants input to agenda.
- Ask for feedback at the end of the meeting.
- Use facilitative style and if/when appropriate rotate facilitators.
- Include report back on work accomplished.
- Degree of adherence to meeting ground rules.

2.E.

- Performance measurement data
 - Reach consensus on performance measures, who is responsible for data collection and reporting, submission dates.
 - Share, discuss, and reach agreement and understanding of results.
 - Reach agreement on areas for improvement.
- Use measurement as an ongoing guide to assess the degree to which improvement strategies are working.
- Ultimately, improvement in care can be demonstrated through – data, storyboards.

2.E.

- Training evaluation (based on observation, level of engagement, ability to use tools and implement PDSAs, results showing improvement)

Examples:

- Keep content to what is essential.
- Practice skills during session
- Application of quality tools in their own settings
- Sharing experiences/tools at next meeting and engaging in mutual problem solving

2.E.

- Sharing of performance measurement data
- Participants/staff training others in tools
- Presentation of storyboards (of their QI Projects) for peers, for leadership, at cross parts meetings, at external conferences, for submitting to HIVQUAL Program and National Quality Center.

2.E. Example 1: MDCH Part D's Experience with Storyboards and Their Importance

List # of storyboards and topics by provider

Results: How much improvement?

What was learned?

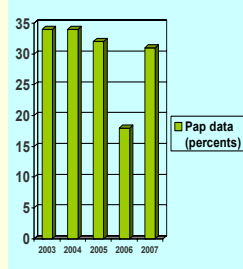
- importance of presenting data
- having agency specific quality indicators to guide work
- storyboard format worked for them; tried out
- importance of seeing progress over time
- sharing of results with non quality staff at own agencies for continued buy-in
- sharing results with other stakeholders

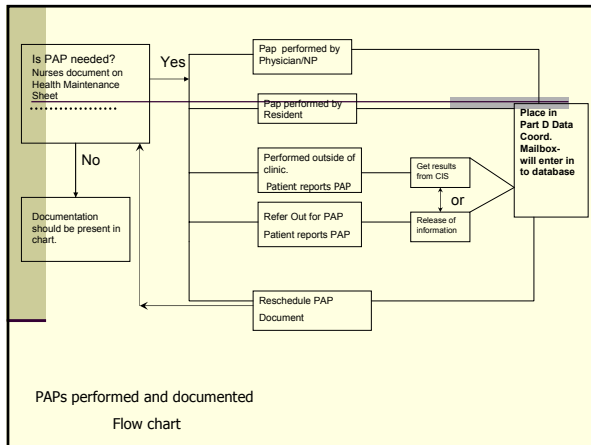
MDCH Part D Story Board Presentations by Providers-Examples

- Improvements on Pap Smears/Pelvic Exams-
 - Large Urban Medical Center Medical Infectious Disease Clinic in Southeast Michigan
 - Case management agency in Mid-Michigan

**MDCH Part D Story Board Presentations by Providers-
Large Urban Medical Center Medical Infectious Disease
Clinic in Southeast Michigan**

Provided services for approximately 495 women in 2007.
Very Poor Pap numbers
2003-2004 staff person allocated for PAPs
2005-2006 no staff allocated for PAPs
2006-2007 began improvement project





**MDCH Part D Story Board Presentations by Providers-
Large Urban Medical Center Medical Infectious Disease
Clinic in Southeast Michigan**

- 1st quarter 2007
- 313 ♀ seen
- 28 PAPs performed
- 62 ♀ current (28.75%)
- 0 referrals documented
- 4th quarter 2007
- 284 ♀ seen
- 23 PAPS performed
- 80 current (36.27%)
- 26 referrals documented
- 1st quarter 2008
- 288 ♀ seen
- 15 PAPs performed
- 129 ♀ current (50%)
- 20 referrals documented
- Percent Change
- 1st quarter 2008 over 1st quarter 2007— 60%
- 1st quarter 2008 over preceding quarter—39.81%

MDCH Part D Story Board Presentations by Providers-Exams-Case management agency in Mid-Michigan

Pap Smear/Pelvic Exam project			
Name:			
Goal	Increase number of women with annual Pelvic exams & Pap smears by 40%. Actual improvement = 73% 16 eligible women out of 22 received pap/pelvic	22 eligible women	16 women received pap/pelvic exams
Baseline	Only 2 out of 2 women received pap/pelvic.	1/1/07	9%
Start Result	Call pls. the day before their appointment to remind them. 13/22	3/1/07	60%
Start Result	Assisting clients with making appointments to get pap/pelvic exams. 17/22	1/1/07	77%
Start Result	Provide transportation assistance/or take to appt. 18/22	6/1/07	73%
Start Result	Do follow up call to make sure client got pap/pelvic exam done. 14/22	5/1/07	64%

3. Review

- Use a participative approach to quality program management
- Develop a QM Plan and Training Plan that considers the needs of management and grants (accountability); the individuals and groups who make/block decisions; those in charge of making improvements.
- Use of Annual Organization Assessment Tool (HIVQUAL Part C/D; NQC Parts A/B and NQC Checklist for QM Plans) for your providers.
- Integrate multiple and ongoing training opportunities with quality management

3. Review continued

- Develop others to take initiative and responsibility
 - Participatory approach to training and needs assessment
 - Co-Facilitation Model
 - Handing over responsibility
 - Each one teach one (staff turnover)
- REMINDER: Your quality management program is about improvement in care! and
- BE PATIENT, change takes time!

4. Feedback

- Use of Brainstorm to get feedback
 - Itemized response technique
 - What went well today?
 - What could be improved?
- Listing of participants' responses to:
 - What will you take home and try?
 - What are your recommendations for MDCH Part D Program regarding next steps?

5. Addendum

- Storyboard Template
- Example of a Storyboard (A Good Start)

Storyboard Example-A Good Start

Hutzel Women's Hospital
Detroit Medical Center
Detroit, Michigan

Wayne State University School of Medicine

Perinatal Infectious Disease Clinic (PIDC)

Background

- Began in 1991 by Dr. Theodore Jones
- Only care clinic in the state of Michigan dedicated solely to the care and treatment of women who are HIV positive and pregnant
- Patients referred from throughout the metro after pregnancy confirmation and infection confirmed

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37

Background continued

- Primary goal is management of the HIV infected pregnant woman to prevent mother to child transmission
- Only National Institute of Health sponsored research site in the state of Michigan (IMPAACT)

Staff

- Dr. Theodore B. Jones-Medical Director
- Tamika Watson RN, BSN, MAOM Clinical Coordinator
- Ernestine Brown RN, BSN Research Nurse
- Misty Graham- Medical Assistant
- Brenda Lucas-Patient Advocate
- Evelyn Postell-Franklin-Patient Advocate
- Tiffany Jones-Case Management

Performance Improvement Project

- Increase the performance and documentation of pelvic exams from 74% to 99%
- Increase the performance and documentation of pap smear results from 74% to 99% every 6 to 12 months

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40

Factors Affecting Pelvic/ Pap Smear Performance

- Team had not develop a system for tracking when exams were due for patients seen in clinic
- No tracking sheet for when exams last done
- Slow follow-up after exams done for results
- Some client's care outside DMC after delivery

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41

Pap Smear Project Implementation/Plan

- Team made aware of everyone's role in the improvement process
- Tracking sheet/flow-chart developed to track date of test/ results, follow-up (if needed), and next appt. due date
- Results tracked monthly and changes made as identified

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42

Pap Smear Project Implementation/Plan (cont.)

- Identified patients who needed paps prior to scheduled clinic visit
- Called and schedule patients for exams who are due for a pap but not scheduled in the clinic
- Included clients attending adherence class usually seen in PIDC
- Follow-up on results done by end of week test done (Friday)

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43

Pap Smear Project Implementation/Plan (cont.)

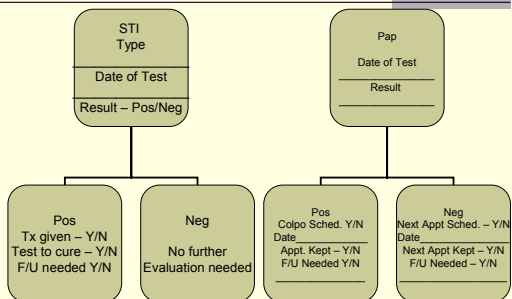
- CIS system checked monthly for results on patients not seen in PIDC who were due for paps
- Reinforced with patients importance of getting bi-annual to annual exams

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44

STI/Pap Smear Flow Chart

Patient Name _____



Pap Smear Project Results

- 1st Quarter – 90% documentation
- 2nd Quarter – 92% documentation
- 3rd Quarter – 95% documentation
- 4th Quarter – 100% documentation
- 62 female clients in clinic and adherence class
- 52 female clients seen in clinic
- 42 eligible and received paps/pelvics

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46

Next Steps...

- Additional performance project identified for increasing colpo follow-up after abnormal results
- Implementation Plan:
 - Educate on need for colpo
 - Questionnaire on why appt. missed
 - Educational literature disturbed
 - Staff to schedule appt. for colpo

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47

Blank Storyboard Template

- IMPROVEMENT PROJECT STORYBOARD
TEMPLATE
(insert title of project)
- Team / Facility Name

**Blank Storyboard Template,
continued...**

- Project Background
- Describe rationale for selecting project

**Blank Storyboard Template,
continued...**

- Explain Improvement Project Goal

**Blank Storyboard Template,
continued...**

- List Improvement Project Team Members

**Blank Storyboard Template,
continued...**

- Plan/Do
 - Describe your findings when you reviewed the original process (area for improvement)
 - Describe the tests of change you selected
 - Describe the measures you used to evaluate your tests of change

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continued...**

- Do/Study
 - Concisely describe what happened during your tests of change, using quantitative and qualitative data

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continued...**

- Study
 - Describe your observations and further modifications of your tests of change

Blank Storyboard Template, continued...

- Act
 - Describe your plans for implementation or further investigation

Blank Storyboard Template, continued...

- Additional Activities and Accomplishments (OPTIONAL)
 - Use this slide to share additional gains in quality improvement achieved that you would like to highlight – e.g., a presentation to the facility QI Committee, implementation of a quality newsletter, etc.

Contact Information

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