

Creating a Culture of Quality;

What

Continuous Quality Improvement

Looks Like in Action

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Objectives

- Participants will gain an introductory understanding of Continuous Quality Improvement and the ability to explain quality improvement to others.
- 2. Participants will have the tools and knowledge to apply to a PDSA cycle.
- 3. Participants will understand how creating a "Culture of Quality" can improve <u>all</u> elements of service delivery.





Continuous Quality Improvement

Definition

"QI is the use of a *deliberate and defined improvement process*, such as **Plan-Do-Study-Act**, which is focused on activities that are responsive to community needs and improving population health. It refers to a *continuous and ongoing effort to achieve measurable improvements* in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community."

Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009). Proceedings from Accreditation Coalition Workgroup: Quality Improvement in Public Health.

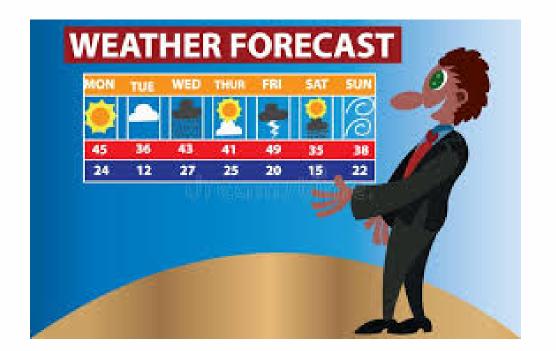




Okaaayy...

Let's think of it as Informed Decision Making

CQI is making improvements, based on the data you have available.





What Can CQI Do?

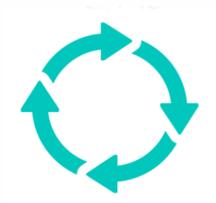
- ✓ Streamline processes
- ✓ Reduce redundancies
- ✓ Cut costs
- ✓ Enhance ability to meet the needs of internal and external customers
- ✓ Improve customer satisfaction with services
- ✓ Improve Outcomes







CQI



Cyclical



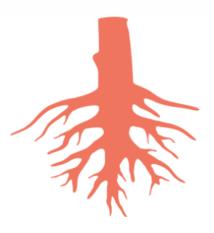
Built on group consensus not hierarchy



Supportive not punitive



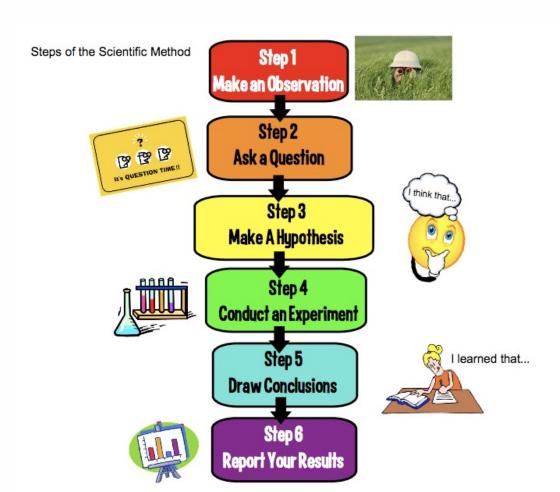
Focused on organizations improving their services from within



Rooted in a
desire to
learn,
improve, and
ultimately
serve
customers



Remember the Scientific Method?







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PDSA Cycle

PLAN, DO, STUDY, ACT

Steps:

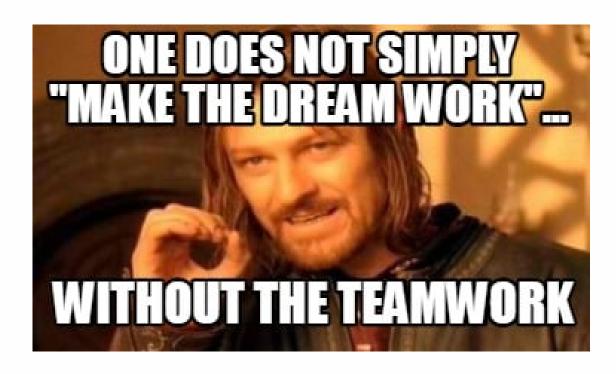
- 1. Identify the Opportunity
- 2. Assemble the Team
- 3. Examine the Current Approach &
- 4. Develop the Problem Statement
- 5. Identify Potential Solutions
- 6. Develop an Improvement Theory
- 7. Test the Theory
- 8. Use Data to Study the Results
- 9. Either Standardize the Improvement or Develop a New Theory
- 10. Establish Future Plans







Gather Your Team



CQI and "Creating a Culture of Quality" is not a solo act!

It must be done together!

Each member offers a different perspective and different ideas; that only strengthens it!

Don't be afraid to think "outside the box!"

Create a regular schedule for meetings!



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What Does the Data Say?



- What are you doing well?
- What isn't so hot?
- Where are you meeting your goals?
- Where are you falling short?

What anecdotal data is available?





What's The Problem?

Examine the current approach:

- What's the process that's occurring now?
- What's the outcome?
- What outcome do we want?

PROBLEM STATEMENT

Note: *CQI is used to improve EXISTING processes!





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BRAINSTORM!



Anything you can think of that could potentially explain WHY it's happening the way it is

- No idea is a bad idea
- Out of the Box is why you invite different perspectives
- > Get as many ideas down as you can



Create your AIM Statement

A concise, specific, written statement that defines precisely what the team hopes to accomplish with its CQI efforts.

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- > Time specific
- > Defines the specific population that will be affected and who is to carry out the effort
- Is measureable; includes a numerical measure for the target

Structure of an AIM Statement:

By (month, day, year), **the** (program/department name) **will** (increase or decrease) **the** (process/outcome targeted for improvement) **from** (# or %) **to** (# or %).

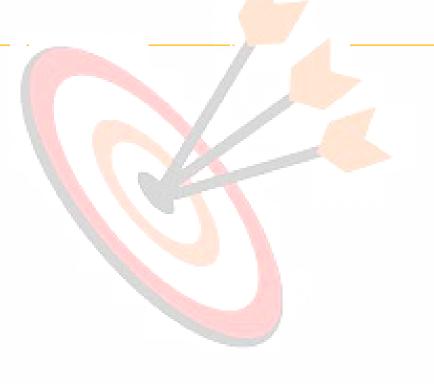




AIM Statements...

- > Do not include SOLUTIONS
- Can EVOLVE as the project evolves
- ➤ Are <u>SMART</u>



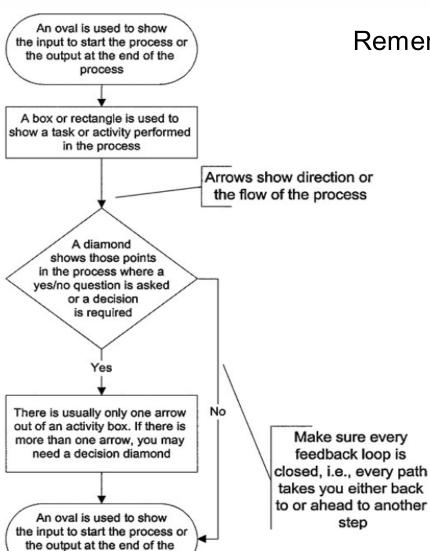




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Process Mapping



process

Remember—we are improving outcomes by improving PROCESSES

Discuss as a group what is currently done.

- How does it flow?
- Where are the decision points?
- Which areas get sticky if a certain situation comes up (like someone being gone)?
- Who's responsible for each step?
- Is there a clear beginning and ending?



DEPT. OF HEALTH AND HUMAN SERVICES

er Lives.



Root Cause Analysis



Above the surface you see the **Symptoms** of the problem

Dig deeper to find the Root Cause of the problem





The Upstream Story

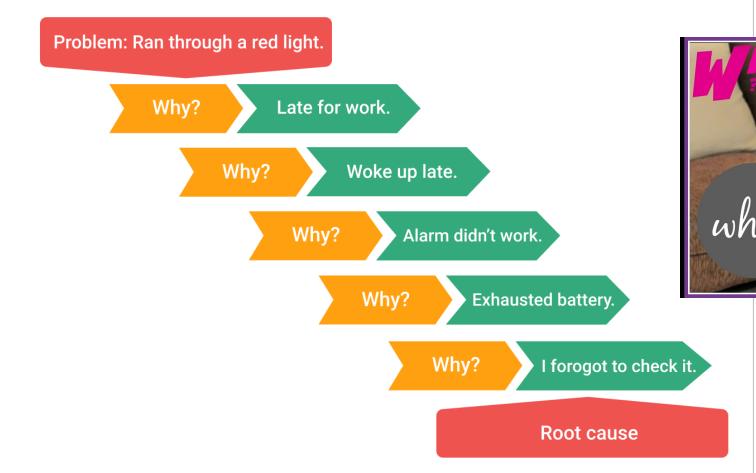




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Root Cause Analysis – 5 Ys



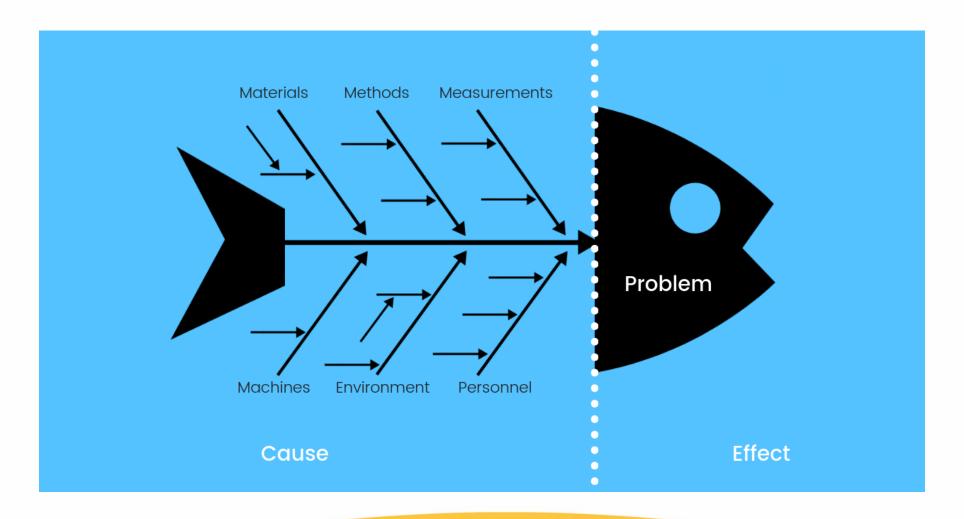


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Root Cause Analysis – Fishbone Diagram





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Finally – We can discuss potential SOLUTIONS!



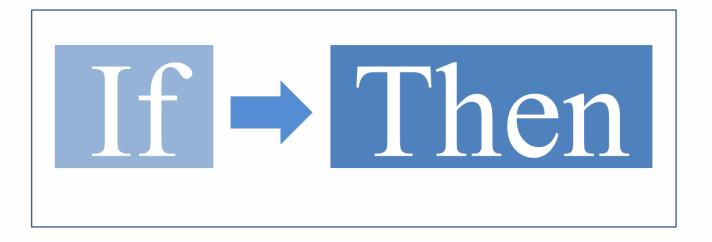


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Develop an Improvement Theory

- What do you think will happen?
- ➤ How will you know?



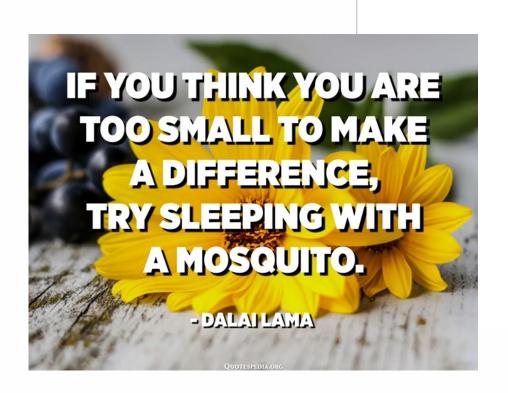
"If we _____, then we predict ____ will happen."

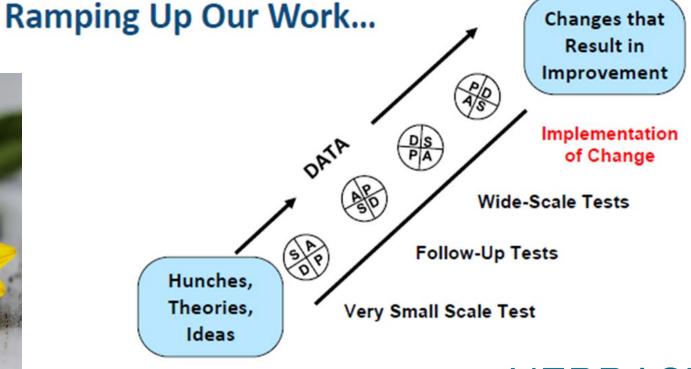
- Develop a Strategy to test it
- ➤ What? How? When? Who?
- Changing ONLY ONE THING AT ONCE





Baby Steps



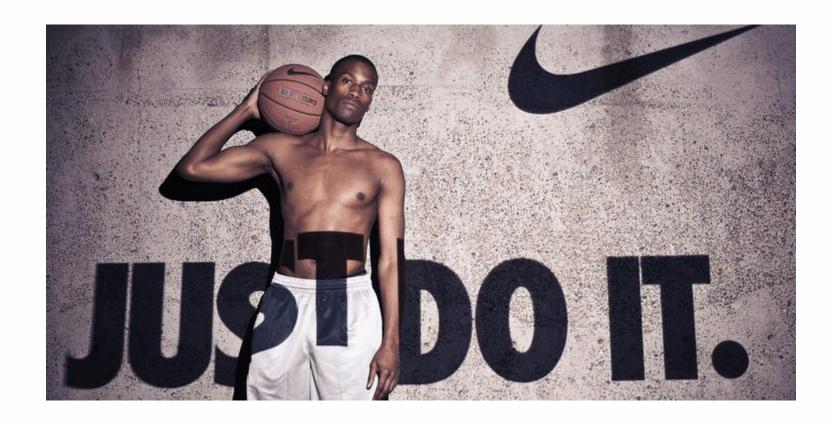


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TEST & TRACK



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Study the Results



Celebrate WINS!

Standardize & Spread

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Culture of Quality





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