

Building leadership and capacity to conduct system level QI: Evaluation of a multi-modal strategy

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Presenter Disclosure

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



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Background and Need

- Sustain and build on progress of the Multi-State Learning Collaborative
- National standards focus attention on QI planning and organization-level QI
- Evaluate initiatives intended to build capacity of public health system



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Objectives

- Build capacity to lead organization-level QI
- Integrate QI into culture and operations

Expected Outcomes

- Increased capacity to lead organization-level QI
- Sample QI plans and guidelines
- Actionable evaluation findings

QI Collaborative

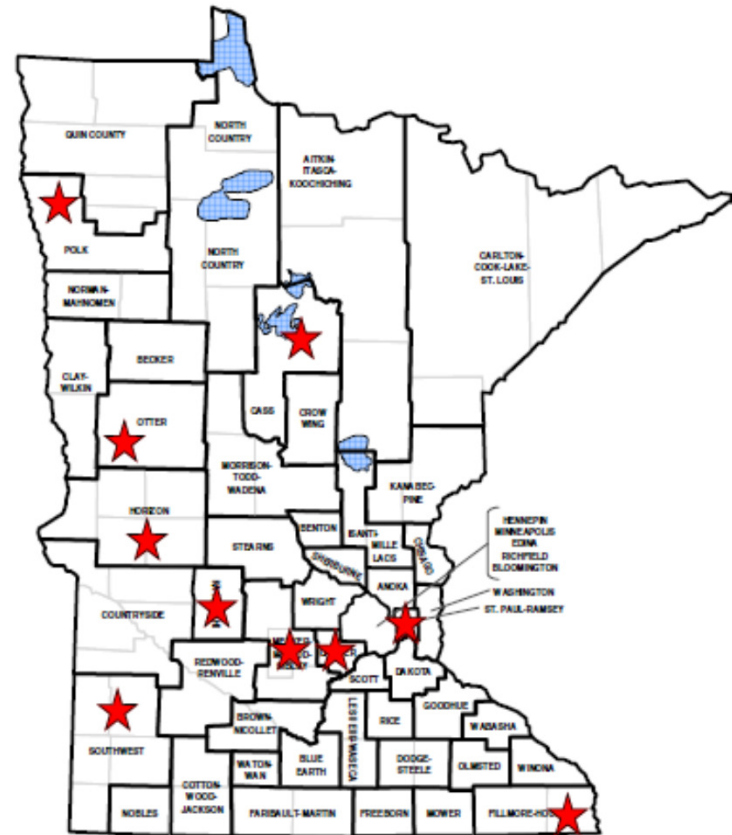
69 participants on 10 teams

Deliverables:

- Assess organizational QI culture
- Develop an organizational QI plan
- Submit monthly reports

Training and technical assistance

\$5000.00 compensation



Evaluation Methods

1. Assembled data on team attendance at each training,
2. Conducted brief evaluations at the conclusion of each webinar,
3. Assessed QI plans for alignment with best practices, and
4. Fielded a post-collaborative electronic survey of all team members.

Trainings

Face to face 1-day kick off

- Widespread participation (n=54, 78%)
- Evaluation findings: High enthusiasm, varied experience, amount & complexity of content

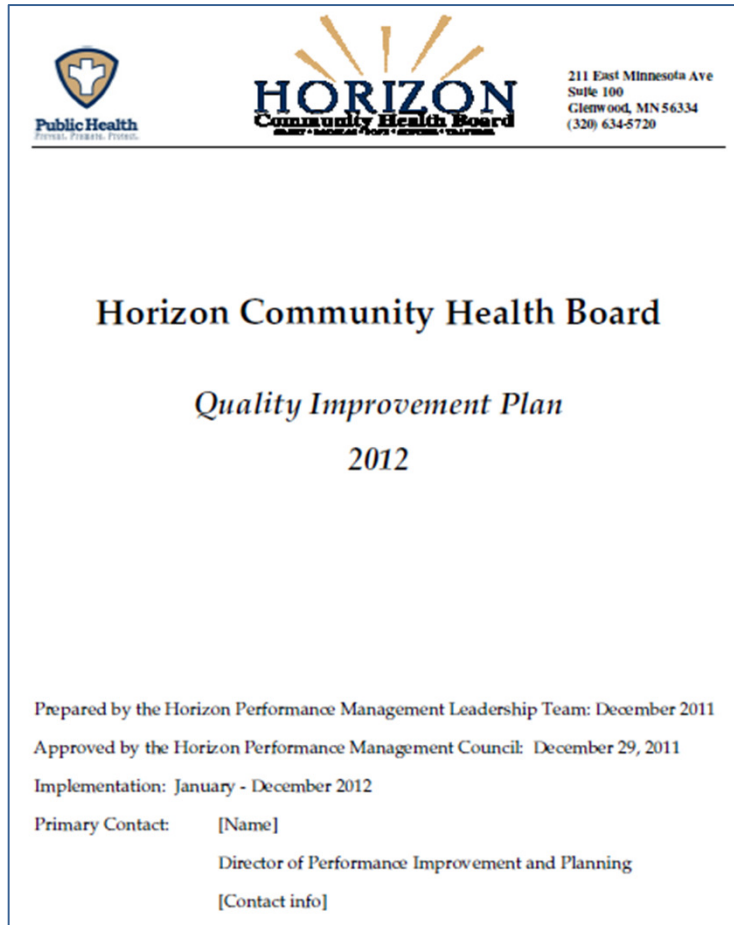
Four webinars

- All teams were represented on all four webinars (n=10, 100%)



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QI plan review



Key elements desired in plan:

- Purpose and scope
- Structure
- Process to Id QI projects
- Planned QI efforts/timelines
- Goals, objectives & measures
- Monitoring progress & results
- Training & communication
- Evaluation & sustainability

QI plan review

Scores ranged from 34% to 73% of 170 points possible

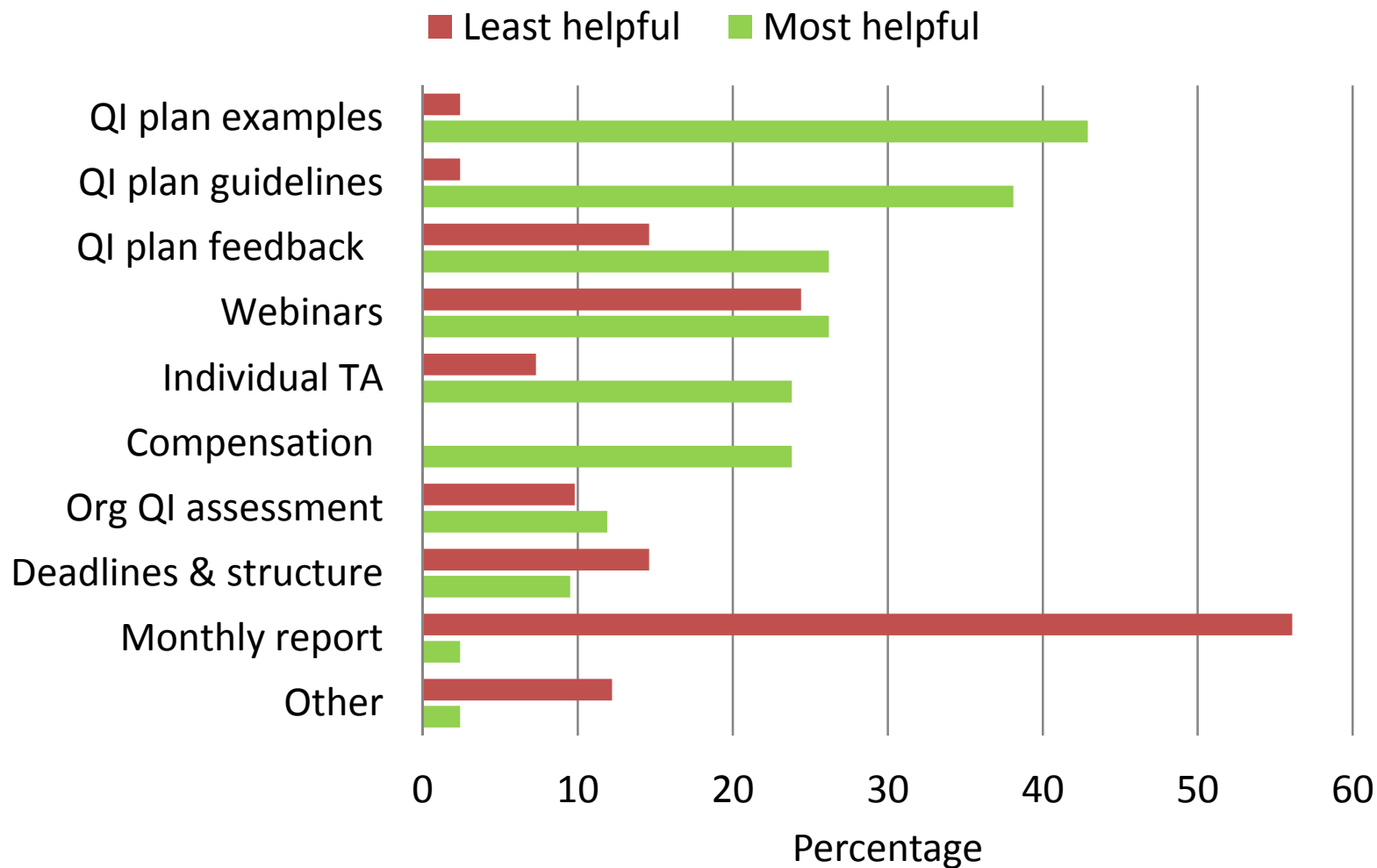
Some areas were consistently strong

- Tools for project proposals and tracking
- Purpose and scope
- Structure, composition and operations of QI council

Some areas could be consistently strengthened

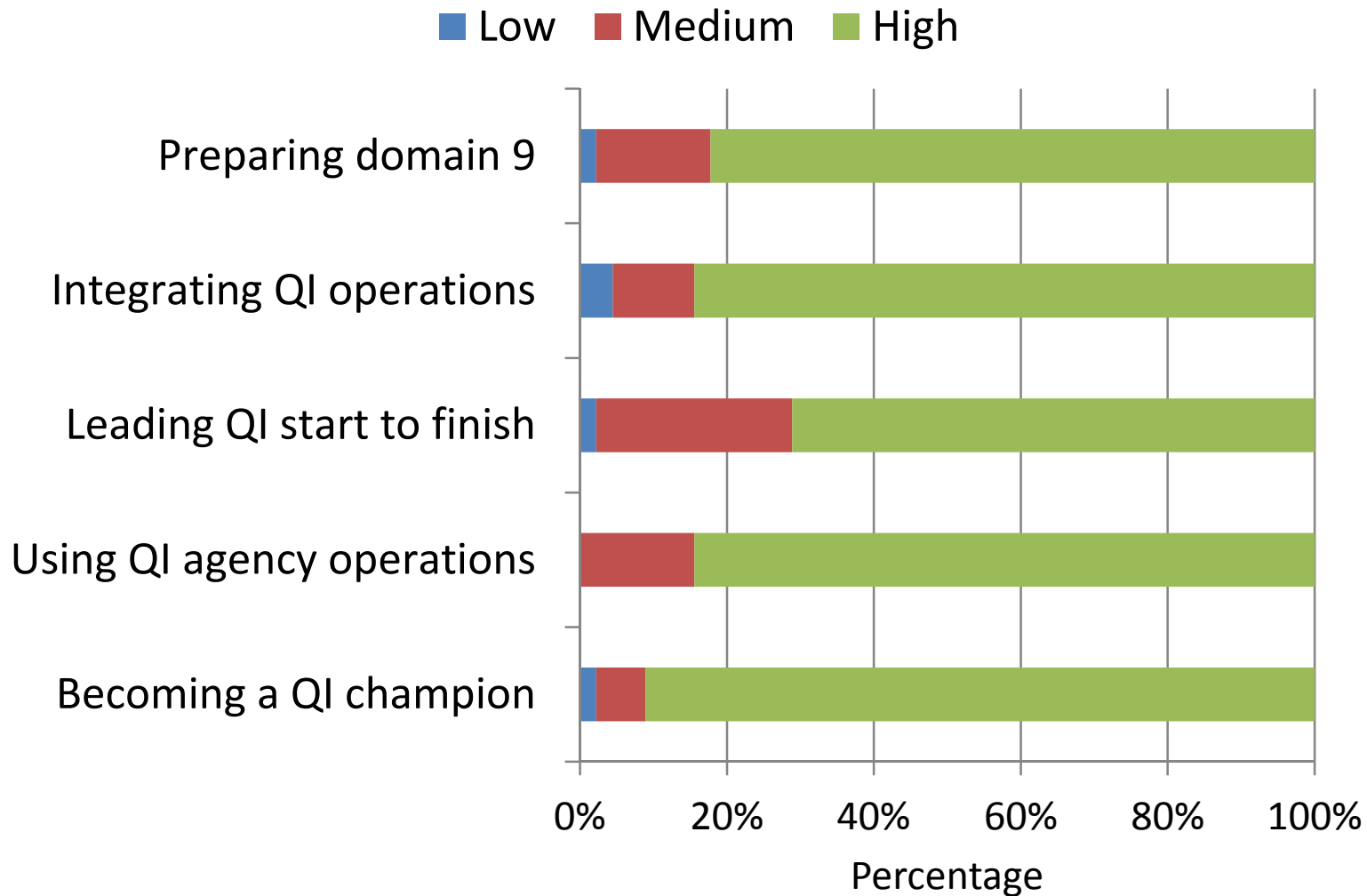
- More explicit resource allocation
- More detailed training and communication plans
- More direct link to performance management

Participant ratings of helpfulness by component of the collaborative, n=42 (61%)

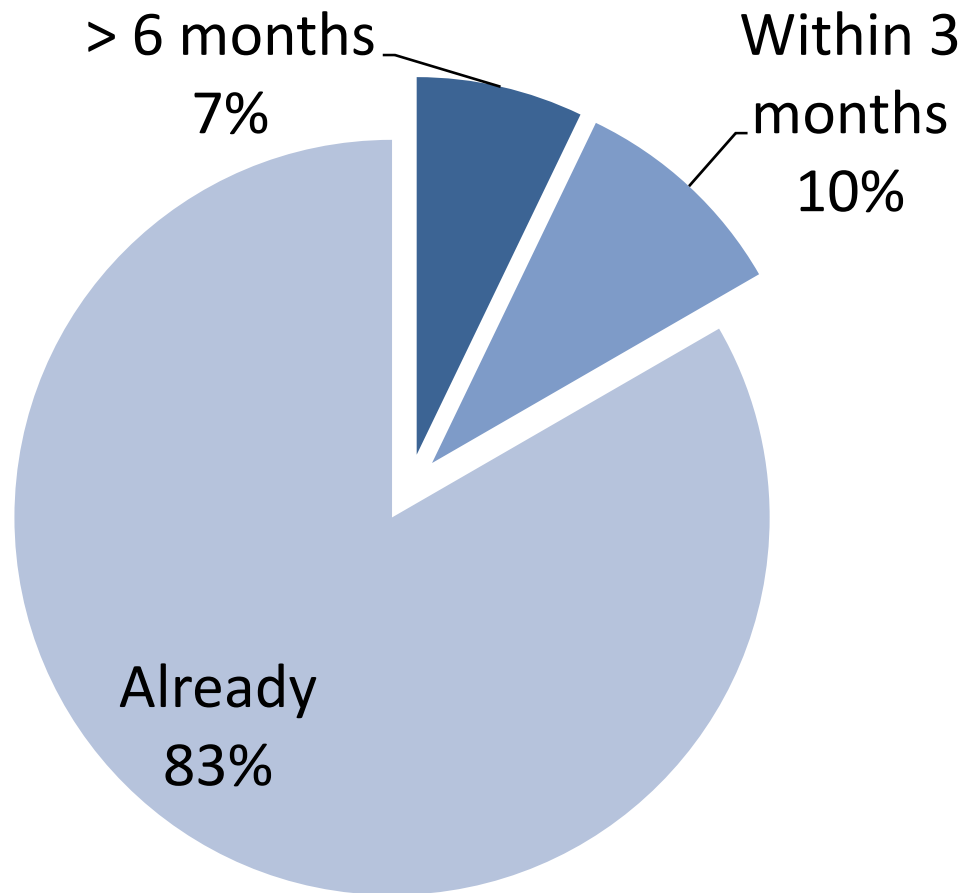


Respondents identified two most and least helpful components

Achievement of learning objectives (n=45)



Intent to implement the QI plan (n=42, 61%)



Overall Results

- Participation in trainings was consistently high.
- All teams completed all deliverables.
- Majority of respondents reported high levels of learning.
- Amount and complexity of information was an issue for many.
- QI plan guidelines and examples identified as most helpful.
- Monthly reports identified as least helpful.
- Respondent ratings on helpfulness of webinars were mixed.
- QI plan scores varied across teams.
- Almost all respondents reported that their organizations are already implementing their plans.



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Conclusions

In 5 months, local health departments with modest experience in QI can form teams, produce QI plans and begin implementing those plans.

For many, development and implementation of QI plans that meet the national standards will require a long-term commitment.

Examples and guidelines developed during this collaborative may be useful to others.



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Next Steps

Examine implications for future training and capacity development

Examine the relationship between the quality of the QI plan and other health department characteristics and/or outcomes



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