



QI Pilot Projects



JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

East Central Health District

Coastal Health District





Southeast Health District



Protecting and Advancing the Public's Health

East Central Health Southern District

- Objective:
 - To problem solve Long Wait Time in Teen Clinics
- Measure:
 - Arrival and departure time along with specified intervals during the visit will be measured and analyzed.
- QI Processes:
 - The QI Team has already completed a Process Map and Root Cause Analysis. They have implemented process change and are collecting data.





July Data



JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Total Refill, Initial Visits, and Problems in the Teen Clinic









JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Total Refill, Initial Visits, and Problems in the Teen Clinic



Collaborative Questions and Discussion



- How are you displaying your data?
 - For your QI Team
 - Health Department or Clinic
 - District
- How frequently is your QI Team meeting?
- Next Steps?



Coastal Health District



- Objective:
 - To improve and increase access to HIV testing and counseling.
- Measure:
 - Monitoring number of HIV tests provided.
- QI Processes:
 - The QI Team has already completed a Process Map and Root Cause Analysis. They are currently collecting data.



- Through qualitative methods the team determined that there was a need to improve both internal and external messaging regarding HIV testing.
 - Education of all involved staff occurred on October
 15th
 - External messaging will go live on November 1st.



of HIV tests (Eisenhower location)



Collaborative Questions and Discussion



- How are you displaying your data?
 - For your QI Team
 - Health Department or Clinic
 - District
- How frequently is your QI Team meeting?
- Next Steps?



Southeast Health District



- Objective:
 - To improve HIV Wellness Center data entry and documentation procedures.
- Measure:
 - Careware data comparison to EHR data.
- QI Processes:
 - The QI Team has already completed a Process Map and Root Cause Analysis. They have implemented process change and are collecting data.

Georgia Public Health PBRN

HAB Performance Measures as entered into Careware



JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

HAB Performance Measure	31-Mar-12	20-Jun-12	30-Sep-12	State Averages (June 2012)
Mental Health Screening	0%	36%	68%	56%
Substance Abuse Screening	0%	45%	87%	57%
Toxoplasma Screening	54%	82%	93%	65%
MAC Prophylaxis	82%	74%	77%	47%
Cervical Cancer Screening	49%	62%	56%	39%
TB Screening	81%	89%	92%	73%
HIV Risk Counseling	46%	97%	97%	67%
Chlamydia Screening	62%	90%	86%	49%

(N values vary based on measure)









Collaborative Questions and Discussion



- How are you displaying your data?
 - For your QI Team
 - Health Department or Clinic
 - District
- How frequently is your QI Team meeting?
- Next Steps?





JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Using Data

- Gathering good data and knowing how to use data are fundamental to knowing what needs to be changed and knowing if a change was an improvement.
- Most health departments are already quite familiar with data collection and reporting.
- > Take advantage of the data that you are already collecting!
- > Data-driven decisions are an essential component of QI.





JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Establishing a Baseline

In order to know whether the change you are making is an improvement, you need to know how your process is performing today.

> Do we really have a problem?

Your baseline or historical data can help you answer that question.

> What problem do we really have?

≻ Root cause analysis.





JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Understanding Variation

Common Cause Variation

Processes that exhibit common cause variation are called stable or predictable.

(For example, the amount of time it takes for a client to complete a form may vary effecting a total visit time measurement.)

Special Cause Variation

Processes that exhibit special cause variation are called unstable or unpredictable.

(For example, if the health department fire alarm went off this would cause a large increase in total visit time.)





JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

Control Charts or other data displays

- > Study variations that are either systemic or incidental.
- Identify practices, challenges and problems that impede performance
- Identify need for changes in existing organization policy and procedures
- Identify need for new policies or procedures
- Identify deviations from organization policies and procedures





JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

QI Focus of Change

- Level of Change: Policy and Procedure
- Level of Change: Implementation of Policies & Procedures
 - Small Scale Rapid Cycle PDSA
 - Ownership of performance by everyone
 - Identify and correct problems ASAP
 - Organization Culture





Measuring Improvement

JIANN-PING HSU COLLEGE OF PUBLIC HEALTH

How will you know that a change is an Improvement?

To answer that question you need good data and a strategy for testing your change. In some cases, you may be able to see improvement by observing the process but often a formal strategy is needed.

≻ For example:

- Comparison or control groups;
- Tracking trends over time;
- ➢ Pre- and Post Tests.