



Quarterly Report Fall 2011

Aligning and Streamlining Quality Related Efforts for NC Public Health

The Aligning and Streamlining Steering Committee is a collaboration across local health departments (LHDs), the NC Institute for Public Health (NCIPH), The NC Public Health Incubator Collaboratives, the NC Center for Public Health Quality (NCPHQ), and the NC Division of Public Health (NC DPH).

The Aligning and Streamlining group works together to improve the alignment and consolidation of quality related efforts in an effort to be more efficient and effective in NC Public Health. It is important to note that while some changes will be pilot tested in one or a few incubator collaboratives to refine them, ultimately the change will affect all LHDs after the pilot phase.

Aligning and Streamlining Focus

1. Identify and *eliminate* non-value added activities and *reduce effort* spent on non-value-added but necessary activities.
2. Identify opportunities to integrate and align ongoing and cyclical activities such as: agreement addenda, consolidated agreements and related program monitoring; accreditation; CHA and SOTCH; and quality improvement activities.
3. Improve communication processes at the DPH, NCIPH and NC CPHQ regarding changes related to the above.
4. Transition to a model of technical assistance at DPH that focuses less on oversight, monitoring and quick-fixes to one that focuses more on addressing root causes, systems thinking, prevention, assisting and partnering to improve outcomes while providing excellent customer service.

Impact on Public Health Practice to Date

- **Greater integration of QI and Accreditation to promote quality**
- **Positive impact streamlining accreditation processes for local health departments**
- **Bright Futures roll-out is reducing child health clinic patient wait times across the state (e.g., 21 minute reduction in waiting time in Wilkes County)**
- **New opportunities for aligning and streamlining program monitoring at the DPH have been identified and will be addressed this quarter**

Background

North Carolina's state and local public health agencies devote a substantial amount of time to quality-related efforts which are intended to help us achieve our mission of making North Carolina a more healthy state. Current efforts across public health agencies include: NC accreditation program, agreement addenda, consolidated agreements and related program monitoring; Community Health Assessments (CHA) and State of the County Health Reports (SOTCH); and Quality Improvement. The vast majority of these processes have traditionally been devoted to efforts of quality assurance, data collection, auditing and monitoring.

Moving forward, public health systems in NC and across the nation aim to be focused more on quality improvement -- putting into practice a continuous approach of improving efficiency and effectiveness of programs and services. North Carolina's public health leaders are committed to a system that is continuously improving to meet and exceed the needs of our state's population and public health workforce.

An initial meeting of interested individuals in public health leadership at local and state levels convened in January, 2010, at the State Health Director's Conference to discuss the best approach to align and streamline and continuously improve public health information systems, consulting practices, federal and state program requirements as well as dovetail the work we do with accreditation and quality improvement. The name stuck. This group formed officially in October, 2010, as the designated ***Aligning and Streamlining Steering Committee***.

The Aligning and Streamlining Initiative has grown from this initial gathering to yield an increasing collective impact – we anticipate this impact will expand as the type and number of projects increase.

Goals and Objectives

Our overall goal is to redesign, integrate, and align quality related activities in NC Public Health (including agreement addenda, consolidated agreements and related program monitoring; accreditation; CHA and SOTCH; and quality improvement activities) in order to improve the efficiency and effectiveness of these efforts. Doing so will help us reach the best possible health outcomes for NC communities. By December 31, 2012, we will achieve the following:

- 40% increase in satisfaction with monitoring process by local HD Directors of Nursing (DON's) and QI/QA Coordinators and DPH consultants
- 50% reduction in number of site visit days per local HD and per consultant group
- 50% reduction in the hours of preparation and follow-up time required for each monitoring event by local HD DON's and QI/QA coordinators and by DPH consultants
- 15% increase in number of accreditation requirements that are directly aligned with monitoring process, QI activities, and/or CHA and SOTCH
- 5 QI projects per year in NC CPHQ training programs that target preparation or follow-up from Accreditation, CHA/SOTCH, and/or monitoring activities



Participants brainstorming new strategies during the Bright Futures Kaizen Event



Participants during a planning discussion for Bright Futures

Milestones in the First 9 Months Include:

- Between October and December of 2010, the Streamlining and Aligning Steering Committee was initiated, a charter was agreed upon, and an initial project (Kaizen event for the Bright Futures rollout) was planned by Child Health Nurse Consultants.
- Beginning in January, 2011, the group created a measurement plan and UNC School of Public Health (SPH) graduate students were engaged to survey directors of nursing and QI coordinators as part of a statewide data-gathering effort.
- In the spring of 2011, a Bright Futures Kaizen event was held in Wilkes County.
- Also in spring of 2011, a crosswalk between accreditation standards and program audits was conducted, yielding some areas of duplication that could be eliminated.
- In the summer of 2011, UNC SPH student analysis and recommendations were reviewed and yielded a list of potential improvement projects.
- A second project, ***Efficient use of Administrative Data for Program Audits***, was chartered to begin in August 2011, which will be led by Joy Reed; this project is expected to have a major impact on the efficiency of program audits in **all** LHDs by fall, 2012.

Additional Resources

In furthering the collective work of this group, it is critical to understand and distinguish between quality improvement and quality assurance. For more information about quality and its components, see the *Quality Improvement Primer* where terms are defined as:

- *The primary aim of **quality assurance** is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. Actual processes and/or outcomes are compared to pre-defined criteria or requirements (usually set by experts).*
- ***Quality control** refers to the systematic use of methods to ensure that a service or product conforms to a desired standard. Primary emphasis is placed on monitoring processes and/or outcomes.*
- ***Quality improvement** refers to the betterment or enhancement of a product or service from the customers' perspective. When enhancements are ongoing or occur repeatedly over time, the process is known as **continuous quality improvement**.*

(online at <http://www.mh.state.oh.us/assets/research-evaluation/learning-lab/quality-improvement-primer.pdf>)