

Quality Improvement in Public Health: A Collaborative Learning Approach

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Time for Change...

- 15 Health Departments in NJ have actively worked to change this image, through:
 - Participation in learning sessions on quality improvement and its application, culture change, accreditation and more
 - Comprehensive planning, testing and evaluating of new processes
- ..And with essential support from NNPHI




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MLC-3 Background (Multi-State Learning Collaborative)

Managed by the National Networks of Public Health Institutes (NNPHI) & funded by Robert Wood Johnson Foundation

- MLC-1: Performance Assessment and Accreditation of Public Health Departments
- MLC-2: Quality Improvement in the Context of Assessment and Accreditation Programs




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Purpose of MLC-3

- Advance the application of quality improvement methods in public health
- Prepare departments for national accreditation
- Contribute knowledge and lessons learned to national effort




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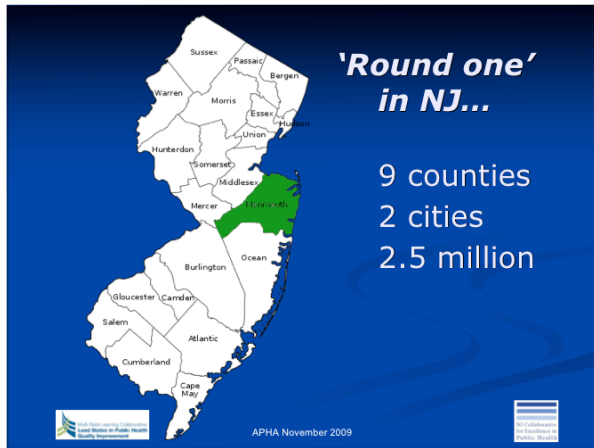
In New Jersey

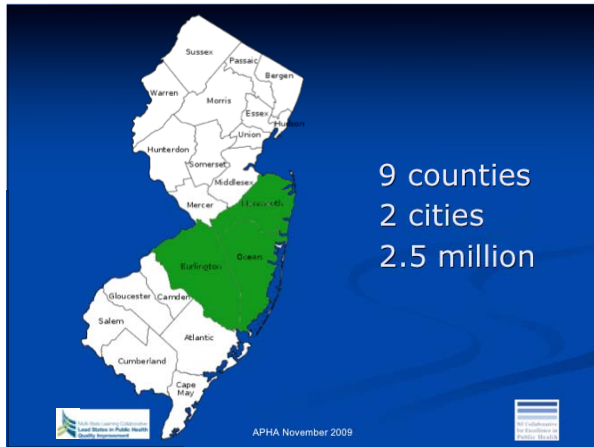
- Grant awarded to NJ Health Officers Association
- Steering Committee members
 - State Health
 - Local and Regional HDs / NJHOA Officers
 - UMDNJ-SPH
- April 2008 - April 2011
- Participating Health Departments:
 - Formed two 'mini-collaboratives'

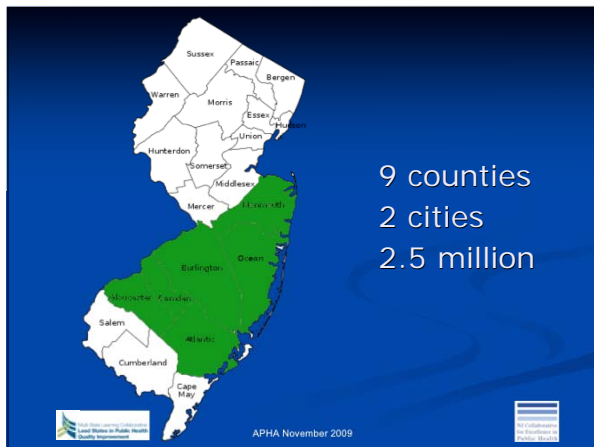


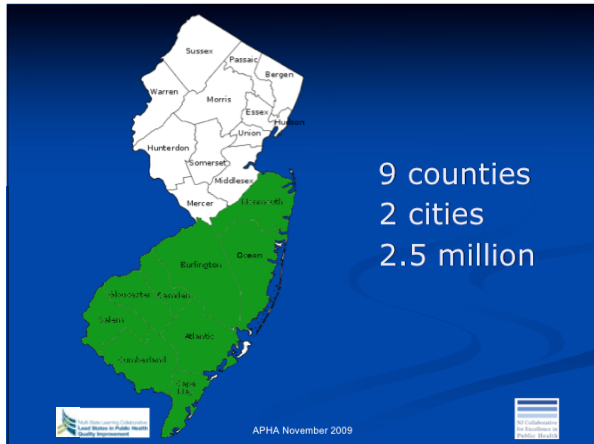
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Target Areas Selected

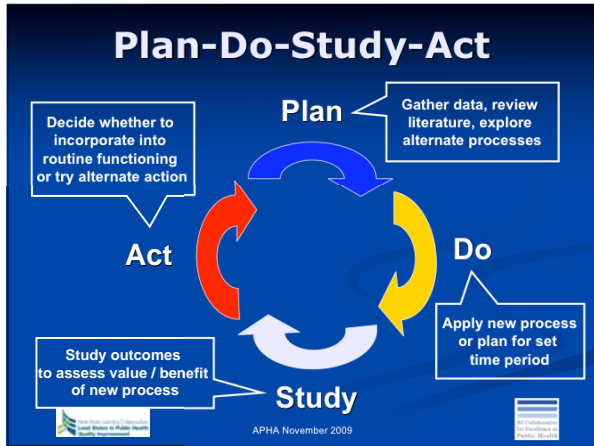
<u>PROCESS</u>	<u>HEALTH OUTCOME</u>
<p>Customer Service and Satisfaction</p> <ul style="list-style-type: none"> ■ Develop customer satisfaction process ■ Process to use results to improve services 	<p>Reduce Incidence of Vaccine-Preventable Diseases</p> <ul style="list-style-type: none"> ■ Increase % of children fully immunized according to ACIP standards

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Mini-Collaborative Activities

- Participated in several learning sessions:
 - QI and Public Health; changing the culture
 - Customer service in the public sector
 - QI Methods: Root Cause Analysis / Fish bone
 - Strategic communications planning
- Reviewed and evaluated relevant literature
- Collectively developed project plans for each target area
- PDSA and Root Cause Analysis were key models

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Monmouth GPHP

PLAN:

- Assessed and selected existing immunization audit form
- Developed sampling protocol of 10% of pre-school population, aged 36 - 60 mos

DO:

- Each dept. performed audits, Feb - May '09
- Assessed local Immunization Exemption reports

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Monmouth GPHP

STUDY:

- 818 records collected
- CoCASA employed by epidemiologist to assess immunization rates
- Reports shared and reviewed by MC members in July

ACT:



- MC is evaluating frequency of repeat audits
- Upcoming NJSIIS implementation will influence decisions

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Monmouth GPHP

Next Steps

- Careful analysis of data to define education effort
- Development of targeted education
- Dissemination of materials as appropriate

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Southern GPHP

PLAN

- Assessed HCP preferred mode of education materials
- "Tip cards" selected as mode of education
- Developed list of 36 objections to immunizations for 'counter' statements

DO

- Divided 'objections' among GPHP participants for response development
- Researched science-based responses; credible sources for additional information





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Southern GPHP



STUDY

- Evaluate each objection response for validity, clarity of message, etc..



ACT

- Pilot tip cards with locally-identified HCPs
- Partner with local vaccine producer to assist with material review/development
- Distribute 'toolkit' in spring to identified providers

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Customer Satisfaction

- Key Activities:
 - Development of customer satisfaction surveys for use in several service areas
 - Application of Epi-Info as a tool to collect and analyze surveys
 - Develop SOPs for routine review of surveys and processes for change



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Improvements

Specifics

- Development of replicable audit process to gather *local* immunization data
- Gathering of reliable baseline immunization data
- Development of educational 'toolkit' that can be distributed regionally and replicated by other departments



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Improvements

Overall

- Improved planning capacity for those involved
- Increased regional collaboration
- Established foundational QI knowledge and application
- Developed unified PH response to anti-vaccination voice



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What We Learned

- PDSA Model is a valuable planning tool
- Working collaboratively can save time / effort...or not
- Strategic planning skills somewhat lacking
- Overestimated capacity to ID clear goals & objectives, and appropriate evaluation methods
- Must allow ample 'practice time' for new models
- Keep it simple!!



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THANK YOU!

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