

Florida

Moving From Assurance to Improvement

Quality improvement (QI)—a process by which state and local health agencies use data to improve programs, policies, and health outcomes—can help create learning organizations that are adaptable and effective in the current public health environment. If done poorly, QI can have negative connotations that only work to create tension between and within state and local health departments. The Florida Department of Health has worked hard to successfully build a QI system that emphasizes a collegial approach and encourages sharing of information and best practices.

Quality Improvement: Using Peers to Show, Not Tell

When he started working at the Hernando County Health Department ten years ago as its business manager, Michael Sentman remembers a state Department of Health (DOH) quality assessment process that felt almost punitive in nature. “The state would come in to do a site visit and it would be like an audit,” he said.

“The peer review process is very positive. It’s definitely easier to hear suggestions for improvement from those who have gone through the same daily struggles, rather than a state administrator,” said Michael Sentman, a recipient of the peer review process and a trained peer reviewer.

Sentman says the Quality Improvement (QI) team from the state office pointed out concerns, but couldn’t provide adequate assistance on the technical aspects of making needed changes. “They frequently didn’t share any suggestions for change,” he said.

Dr. Dennis Cookro, a physician who has worked as a reviewer for the state since 1988, notes that the QI process used to be “fraught with opinion-based assessments, with issues being brought up during reviews that were more often based on opinions of the reviewer, rather than on statutes, policies, or evidence-based standards.”

To address the ‘us’ and ‘them’ divide that blocked effective QI, in 2000 Florida re-engineered its QI process to include the use of local peer reviewers—successful local agency staff with expertise in a variety of areas. Considered an essential part of the QI team that reviews Florida’s 67 county health departments, peer reviewers are usually selected from outstanding county health departments, have expertise in a variety of areas, and are very familiar with the processes and outcomes of local agencies. The DOH trains reviewers in evaluation, communication, and leadership skills to ensure the

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BEST PRACTICES COMPENDIUM

SLATED FOR FEBRUARY 2005

Michael Sentman, a former business manager at Hernando County Health Department, was formally trained as a peer reviewer by the Florida DOH. He reviewed approximately 12 county health departments over a four-year period. Part of what he enjoyed most about being a peer reviewer was learning about how other county health departments were conducting business. He would often take these lessons learned as a peer reviewer back to his own health department and share information with his coworkers.

The Florida DOH is creating other ways public health professionals can exchange valuable information that will help them improve agency or job performance. The DOH will sponsor its first ever ‘Best Practices’ compendium. Slated for February 2005, the event will give county health departments a chance to formally exchange information about best practices, as well as learn from other state and national resources.

process runs smoothly.

Now, instead of focusing on what a county health department hasn't done or hasn't complied with, peer reviewers, DOH, and county health department staff take a longer look—at an agency's history, current activities, and goals for the future—to assess progress in select health indicators based on Healthy People 2010 as well as consider larger systems capacity and business practices such as strategic plans, customer service, and data and information analysis. This approach emphasizes local public health needs and goals, while maintaining a connection to overall state health goals. The approach has also helped the state maintain a positive relationship with its local health departments.

"The peer review process is very positive. It's definitely easier to hear suggestions for improvement, as well as methods for accomplishing them, from those who have gone through the same daily struggles, rather than a state administrator," notes Sentman.

A History of Using QI to Improve Health

Florida has a long history of utilizing performance management and quality improvement practices, and as a result has seen its fair share of health improvements. Between 1994 and 2003, the state improved health outcomes in several areas, including a decrease in AIDS and TB case rates by over 50 percent. During that period of time, rates for young teen (ages 10-14) births decreased by almost 60 percent. While a number of factors contributed to these improvements, both indicators were among a set of 12 health status outcomes tracked and emphasized from 1994 to 2003 by the state's QI system. The state attributes these changes to a movement away from a focus solely on quality assurance, to a more comprehensive quality improvement process.

In 1998 another significant change in Florida's QI system took place. The Department of Health incorporated The Sterling Criteria for Organizational Performance Excellence into its performance standards and QI system. The Sterling Criteria for Organizational Performance Excellence* were incorporated as a way for Florida's county health departments to implement process improvement initiatives that would help them become stronger, more effective organizations.

Six of the Sterling criteria focus on areas known to be indicators of process excellence in private sector and government organizations. These six categories are: Leadership; Strategic Planning; Customer and Market Focus; Measurement, Analysis, and Knowledge

Management; Human Resource Focus; and Process Management.

The seventh Sterling criterion, which is rated as the most important by Sterling examiners, focuses on Organizational Performance Results. In public health, organizational performance results fall into two basic categories: 1) improvements in community health status and 2) improved efficiency and efficacy in programs and services.

"Efficiency and efficacy are critical to making optimal use of the sparse resources available to address community health improvements," noted Dr. Cookro.

The Miami-Dade County Health Department, a 2002 Governor's Sterling Award* winner, succeeded in increasing employee satisfaction by 14 percent and maintained a customer satisfaction rate of 96 percent between the years of 1999 and 2002. The award is given to both private and public organizations in Florida that excel using The Sterling Criteria.

The Florida DOH encourages county health departments to use the Sterling Criteria to help improve internal organizational processes. "We have seen some dramatic improvements in processes at many county health departments," Lease notes.

As an example, Hernando County Health Department—where Mr. Sentman worked—was having difficulties with customer satisfaction, in part, due to time spent locating medical records. With assistance from the State Office of Planning, Evaluation, and Data Analysis, the county health department evaluated the situation and implemented a new record retrieval system that saved staff time spent searching for the records.

Before the record retrieval system change, the staff documented that they were spending about 21.6 hours a week searching for records. At \$14.88 an hour, this was a personnel cost of \$16,713 per year. After initiating the new system, retrieval time was reduced from 21.6 hours to 2.18 hours a week, for a savings of \$15,026 a year. After implementing the retrieval process, customer satisfaction survey complaints regarding wait time also dropped.

Some Streamlining of Measures Needed

Florida may be ahead of the pack when it comes to using performance management strategies to improve its public health system, but there are still kinks to be worked out.

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*Learn more about The Sterling Criteria for Organizational Performance Excellence and the Florida Governor's Sterling Award at <http://www.floridasterling.com>.

Lease admits that the DOH needs to clarify its system for prioritizing the myriad of agency standards and measures that have been developed to track progress.

For locals, it is very challenging to meet all the requirements of the central office programs, notes Lease.

“To a significant extent, local leaders are expected to set priorities. Yet the staff resources to do so using community needs assessment are not there in most small county health departments,” she says.

Another challenge ahead for Florida: trying to bridge the programmatic approach of the central office with an approach that addresses local needs assessments and planning *across* program areas. To address this problem, the DOH has been encouraging greater use of comprehensive community health planning. A number of county health departments across the state are currently using the Mobilizing for Action through Planning and Partnerships (MAPP) approach to help them with this.

In the spirit of continuous improvement, the Department of Health is working to improve its system for prioritizing site visits to county health departments. Florida plans to move away from doing site visits for each county health

department, which can be costly and time consuming. The DOH is in the process of developing a self-assessment tool, which integrates frameworks from the 10 Essential Public Health Services, indicators from Healthy People 2010, and The Sterling Criteria.

“The hope is that the tool will give the state a clearer view of local health department progress and help each individual county health department to more fully develop their own QI system,” noted Donna Marshall, a nurse and program administrator for the Department’s QI system.

In 2005 and 2006, the DOH will measure progress of its county health departments by evaluating information from the new self-assessments, central office program assessments, and the State Community Health Assessment Resource Tool Set (CHARTS). County progress toward achieving selected state and local community health goals will be determined from health status indicator data.

For more information on Florida’s quality improvement processes, contact Shannon Lease, Director, Office of Performance Improvement, Florida Department of Health, (850) 245-4007. For more information on the Governor’s Sterling Awards, go to <http://www.floridasterling.com> or call (850) 922-5316.

FLORIDA’S STEPS TO QUALITY IMPROVEMENT

1. Each summer the DOH disseminates a county health department QI review schedule. Between 10 and 23 county health departments are reviewed each year.
2. Seven months before a county health department receives an on-site visit from the QI team, the county health department is asked to submit performance information (mission, vision, organization data, strategic plans, training plans, programmatic data, personnel information, successes, needs, etc.).
3. The county health department information is then assessed by the DOH central office programs, which then submit reports to the Office of Performance Improvement (HPI).
4. HPI coordinates a site review of the county health department, clarifying and verifying performance information gathered from the county health department and central office programs. Peer reviewers are a part of the team that carry out site reviews.
5. The QI team provides the county health department with a performance report of select ‘strengths’ and ‘opportunities for improvement.’ If critical issues are discovered, technical assistance teams—with members from other county health departments and the state central office programs—are formed to assist. In the past three years, technical assistance teams have been formed that include expertise in administrative services, nursing, data coding, legal, and management. QI team peer reviewers often lead or serve as members of the TA teams.
6. The county health department and HPI develop an action plan to address the identified opportunities for improvement. The action plan may require state action as well as county health department initiated action.
7. The county health department submits a 6-month follow up progress report.
8. The county health department and central office programs continue monitoring performance.

Discussion Questions

1. How would you describe Florida's process of quality improvement for its jurisdictions?
2. What are the benefits of using peer reviewers in a quality improvement process? Are there any drawbacks?
3. Florida has used a variety of quality improvement processes over the last 15 years. Recently the state has decided to focus on its overall systems by using the Sterling Criteria. Discuss the pros and cons of focusing on improving the system rather than one program area at a time.
4. The seventh Sterling criterion—Organizational Performance Results—is rated as the most important. How does the Florida DOH define this criterion for its public health agencies? Would you define it the same way?
5. Describe the difference between quality assurance and quality improvement.
6. Florida's DOH aims to streamline and prioritize the many agency standards and measures it has developed to track progress. How would you go about doing this?
7. What ideas do you take away from this story about successfully using quality improvement processes?