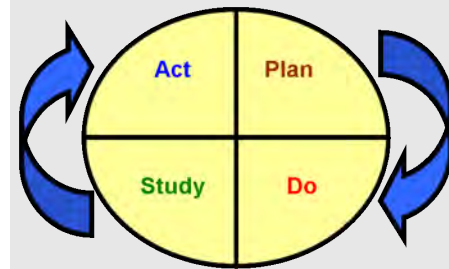


# Quality Improvement in Practice: The Basics and Stories from the Field

National Tribal Forum for Excellence in Community Health Practice

August 31, 2016



Welcome!





1. Describe what quality improvement is.
2. Describe how tribes in Michigan are using quality improvement methods and tools to improve practice.
3. Understand one Michigan tribe's quality improvement journey.

# What is Quality?



- “...the standard of something as measured against other things of a similar kind; the degree of excellence of something.”
- “...the non-inferiority or superiority of something.”
- “...a characteristic of a product or service provided to a customer.”

## Discussion

*What does quality mean to you and your work?*



# Quality Improvement in Our Terms

“QI is the use of a *deliberate and defined improvement process*, such as **Plan-Do-Study-Act**, which is focused on activities that are responsive to community needs and improving population health. It refers to a *continuous and ongoing effort to achieve measurable improvements* in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009).

Proceedings from Accreditation Coalition Workgroup: *Quality Improvement in Public Health*.

# Quality Improvement Is:

- Cyclical
- Built on group consensus not hierarchy
- Supportive not punitive
- Focused on communities improving their services from within
- Rooted in a desire to learn, improve, and ultimately serve customers in a good way



# Quality Improvement Can...



- Streamline processes
- Reduce redundancies
- Cut down on costs
- Eliminate waste
- Enhance ability to meet the needs of internal and external customers/clients
- Increase customer/client satisfaction with services
- Improve outcomes!



# Quality Assurance and Quality Improvement are Not the Same

Quality Assurance	Quality Improvement
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks, "Do we provide good services?"	Asks, "How can we provide better services?"

# PLAN - DO - STUDY - ACT OVERVIEW

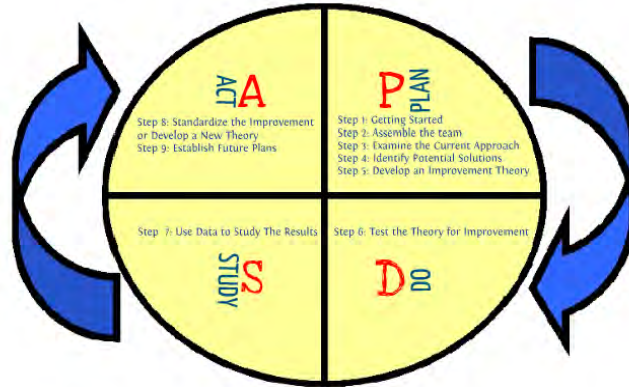
**FOUNDATIONS OF QI**

**Four basic Principles**

- Develop a strong customer focus
- Continually improve all processes
- Involve employees
- Mobilize both data and team knowledge to improve decision making

**Three Key Questions**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?



**FOUNDATIONS OF QI**

**QI is about:**

- Process
- Data
- Learning

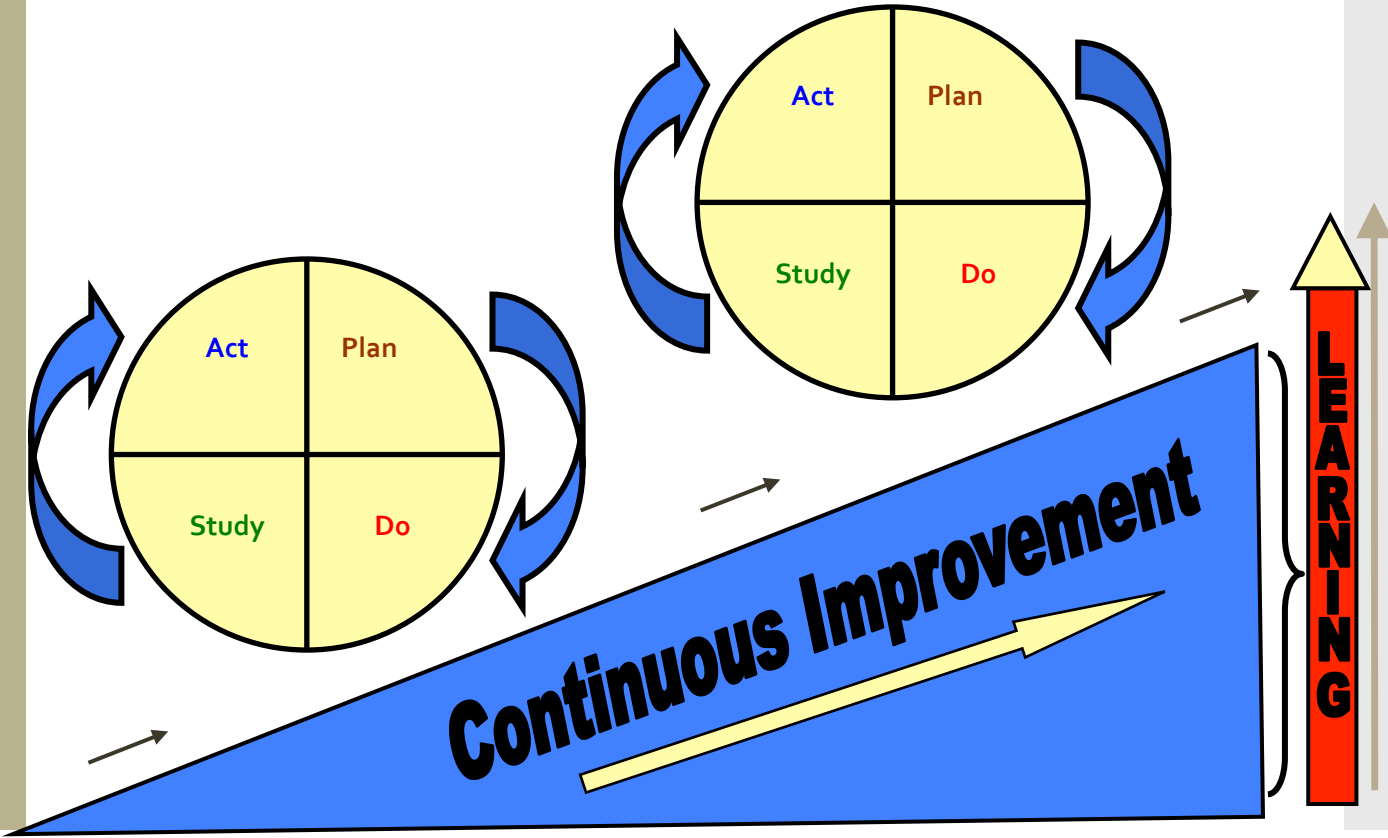
**PDCA is...**

<b>4</b> Stages	Designed to improve existing processes.	Rooted in data.
<b>9</b> Steps		

**Start now.  
Start today.  
Just start.**

**Public health will be better because you did.  
Best wishes on your quality journey!**

# Continuous Improvement and Learning



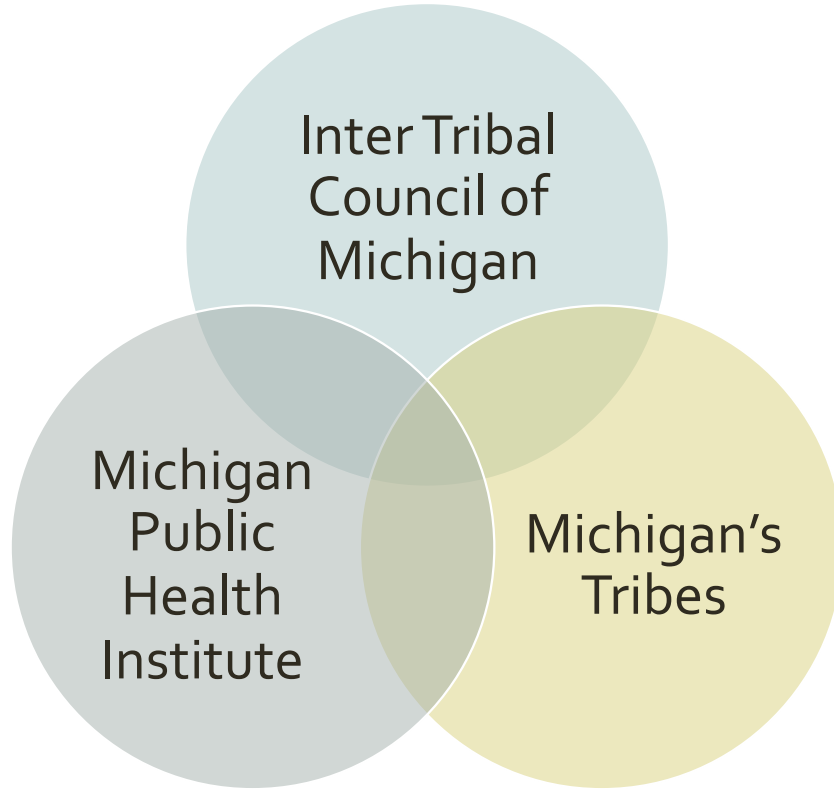
# Quality Improvement Resources

- Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook  
<https://www.mphiaccredandqi.org/qi-guidebook/>
- Public Health Memory Jogger II – Public Health Foundation:  
[http://www.goalqpc.com/products\\_detail.cfm?ProductID=41](http://www.goalqpc.com/products_detail.cfm?ProductID=41)
- PHQIX – Public Health Quality Improvement Exchange:  
<https://www.phqix.org/>

# Questions and Answers



Quality  
Improvement  
with Michigan  
Tribes:  
Collaboration



## Building Capacity for QI: Current Efforts

- Upper Peninsula (UP) Tribal Breast Health Coalition and Quality Improvement Learning Collaborative Project (CDC)
- State Partnership Initiative Tribal Colon Cancer Quality Improvement Collaborative (Office of Minority Health DHHS)
- Tribal Colon Cancer QI Learning Community (MDHHS)
- Racial and Ethnic Approaches to Community Health (REACH) Prevention and Public Health Funding : Journey to Wellness (CDC)

# UP Tribal Breast Health Quality Improvement Project

- Funded through the Tribal Public Health Capacity Building & QI Program
  - Authorized by the Public Health Service Act and under Executive Order 13175 (tribal consultation)
  - Established by US DHHS CDC Office for State, Tribal, Local and Territorial Support (OSTLTS) which houses the Tribal Support Unit
  - ITCM received a 5-year cooperative agreement (2013-2018)
  - Designed to improve **public health infrastructure**

*"Ensure that all tribal health systems have the necessary infrastructure to provide essential public health services in an effective manner."*

*(Healthy People 2020)*



# UP Tribal Breast Health Quality Improvement Project

- Focus on building capacity in 3 key areas:
  1. A capable and qualified workforce
  2. Up-to-date community and population data and state-of-the-art information technology systems
  3. The ability to assess and respond to public health needs

*“Tribal public health infrastructure is strengthened when each tribe, as an independent sovereign government, adopts local strategies to meet its public health challenges.”*

*(CDC, 2013)*

# UP Tribal Breast Health Quality Improvement Project: Background

- Breast Cancer accounts for a large portion of cancer diagnosis among AI women in Michigan; 26% compared to 17% cervical; 14% lung, 9% colorectal and 34% other.
- AI women in Michigan are diagnosed at younger ages (56.98 years of age) compared to the general population (62.23 years of age).
- 36% of AI women in Michigan are diagnosed with late stage breast cancer under the age of 50 compared to 25% of the general population

*Disparities of Cancer Incidence in Michigan's American Indians: Spotlight on Breast Cancer.* [2014 Jun 15; 120\(12\): 1847-1853.](#)

UP Tribal  
Breast Health  
Quality  
Improvement  
Project:  
Objectives

1. By September 30, 2018, increase breast cancer screening rates by 20% among women age 40 – 59 within the target population.
  - *Note: this objective was updated in the fall of 2015 to expand the age range to 59 from 49 per new guidelines*
2. By September 30, 2018, decrease the time span between breast cancer screening, diagnosis, and treatment for AI women within the target population.

Up Tribal  
Breast Health  
Quality  
Improvement  
Project:  
Where are we?

- Currently wrapping up the third year of the grant
- Two tribes are finishing up their PDSA cycles and two are getting going on their cycles
- Many lessons have been learned along the way!

# Keweenaw Bay Indian Community: UP Tribal Breast Health QI Journey



## Our QI Team Members



- Carole LaPointe, Sponsor
- Kathy Mayo, Leader/Meeting Scheduler
- Mary Dee Shanahan, Facilitator
- Michelle Maki, Scribe/ Subject Matter Resources
- Micah Petoskey, Data Expert
- Brenda Brunk, Document Manager
- Denise Maki, Document Manager
- JoAnn Stark, BCCCP Coordinator
- Lori Swetich, BCMH Radiologic Technologist

## Why This Project Matters to Us

- We wanted to learn about Quality Improvement and start a QI team.
- The realization that women ages 40 to 59 are not getting the preventative testing they should.
- If this project could save one woman from cancer, it is definitely worth it.

# PDSA Cycle 1

Problem Statement	Final Aim Statement	Improvement Theory	Results
<p>Women between the ages of 40-49 are not getting their annual breast health screening.</p>	<p>By June 2015, KBIC Women's Health QI Team will increase by 20% women between the ages of 40-49 who receive a screening mammogram.</p>	<p>If we implement standard office procedures for scheduling WHC appointments, then we predict mammograms and follow up will be completed in a timely manner.</p>	<p><u>Baseline:</u> 0 out of 52 (0%) mammograms completed for women between the ages of 40-49 <u>Comparison:</u> 5 out 52 (9.6%) mammograms completed for women between the ages of 40 -49 between Jan-May 2015</p>



## PDSA Cycle 2

Problem Statement	Final Aim Statement	Improvement Theory	Results
<p>Women between 40-49 are not getting their breast health screening due to a lack of knowledge regarding the importance of screening.</p>	<p>By December 31, 2015, KBIC Women's Health QI Team will increase by 20% women between the ages of 40 to 49 who receive a mammogram screening during the months of December 2015, and January, February, March 2016.</p>	<p>If we increase health education/ awareness of mammograms to women 40-49, then we will have an increase of completed mammograms in this age group.</p>	<p><u>Baseline:</u> out of 36 women due 0 (0%) women screened  <u>Comparison:</u> out of 36 women due 6 were screened (16.6%)            A survey was developed &amp; sent to women ages 40-49. After reviewing the surveys the group decided that lack of education of breast health screening was not the problem.</p>

# PDSA Cycle 3

Problem Statement	Final Aim Statement	Improvement Theory	Results
<p>Women between the ages of 40-59 are not getting their annual breast health screening.</p>	<p>By July 31, 2016 KBIC Tribal Breast Health QI Team will increase completed mammograms by 15% through contacting patients via telephone reminders <u>and</u> <u>personal contact</u> related to mammograms versus sending out monthly birthday card reminders.</p>	<p>If we do reminder telephone calls and/or personal reminders to women who are overdue for their mammogram for a mammogram referral, then we will see a 15% increase of completed mammograms in women between the ages of 40 to 59.</p>	<p><u>Baseline:</u> 24.5% (41 out of 167) mammograms completed ages 40-59 <u>Comparison:</u> 34.1% (57 out of 167) mammograms completed ages 40-59 All 9.6% of women who received their annual mammogram responded to the verbal reminders rather than mailed reminders.</p>

## Success Achieved through Our PDSA Cycles

- Increased knowledge of Quality Improvement methodology and tools to use for all team members.
- Increased awareness of how work is completed in the different areas of our health center.



## Lessons Learned through Our Experience

- Learning how to collect data and measure data.
- In order to improve a process, a process already has to be in place.
- Administration has to buy in to the QI projects or they go to the way side.
- Everyone on the team has to be committed to their part or it leads to hardship for the whole team – everyone plays a role.
- Fun to work through different strategies to work toward the goal (aim).
- It takes time!

## Plans for the Future

- We have new team members, & we will continue to work on QI projects every month. We will expand the team after learning the QI methodology and tools to continue with QI for years to come.
- We are currently working on a REACH-Journey to Wellness QI project.



# Questions and Answers



# Presenter Contact Information

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