FOSTERING A CULTURE OF QUALITY WITHIN YOUR ORGANIZATION

NNPHI Conference
May 21, 2014

PREPARING FOR NNPHI 3.0
ENGAGING STAFF IN ORGANIZATION-WIDE
SYSTEMS ASSESSMENT

NNPHI
Conference

OVERVIEW

1. Provide a brief overview of NNPHI history and portfolio of work

2. Share approach that NNPHI is using to refine organizational systems and improve efficiency and effectiveness

3. Highlight prioritized strategies and processes to prepare NNPHI for growth and future opportunities

NNPHI TODAY

- Commenced in 2001

- As of 2014, now 38 member institutes

- Located in 30 states and District of Columbia

- Programming throughout all 50 states

- 20 staff, two offices, one team

- Collectively, PHIs employ over 4,500 staff

- PHIs implement hundreds of millions in programming

National Network
of Public Health Institutes

NNPHI HAS PROVIDED EXTENSIVE MEMBER SUPPORT OVER THE PAST 13 YEARS

Communication about resources / field updates

- **Webinars:** Starting in 2006, has offered between 5-10 webinars annually on specific program topics (e.g., accreditation and QI) to all members; actively promote and encourage participation in national partner and member webinars (5-20 annually); in Summer 2013, launched monthly webinar series (5 webinars to date)
- **Email:** Over 100 "Top 5" emails since 2012; from 2008-2012, 2-5 monthly emails
- **Newsletters and press releases:** Over 30 NNPHI newsletters since 2002 and ~20 press releases since 2011

Opportunities for collaboration

- **Annual meetings and conferences:** 13 annual meetings (with ~230 participants in 2013); at least two conferences since 2006; travel scholarships offered to members for at least one conference of the annual meeting each year since 2009
- **Interest groups:** ~6 topic-specific interest groups (e.g., health informatics, HIA)
- **Workgroups:** ~5 times NNPHI staff has participated in national workgroups to promote PHIs' work on workforce development, accreditation, HIA and other topics

TA for current, emerging and new institutes

- **Financial support:** ~$710K from partnership with RWJF to support emerging institutes
- **Training:** Opportunities for members to attend Accreditation Training to build capacity
- **Staff support:** From 2003-2005, 1 FTE to TA; from 2006-present, ~.5 FTEs dedicated to TA (~80% to emerging and new institutes, 20% to current institutes)
  - At least 20 site visits to Members from 2011-2013
  - Since 2010, provided TA to about 20 interested organizations/stakeholders and connected them to resources and other NNPHII members
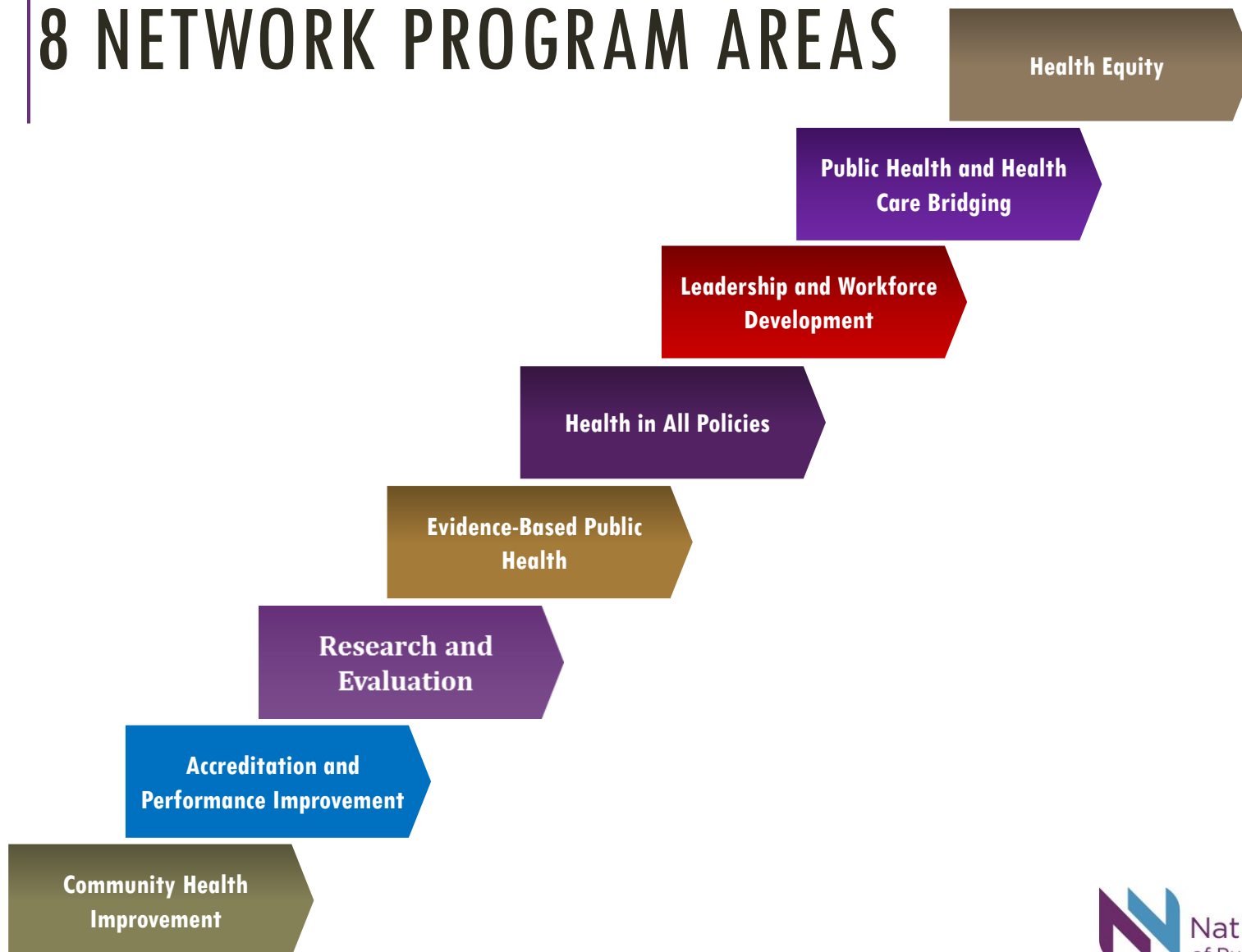
Project leadership

- **Project leadership:** NNPHI has contributed to the field and brought visibility to the PHI brand through project leadership in areas including public health services and systems research, accreditation/QI, evidence based public health and HIAs
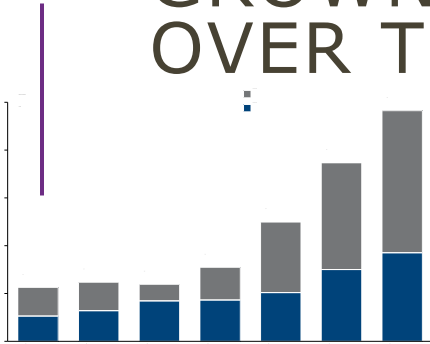
Funding opportunities

- **Grant opportunities:** Over $11M in grant opportunities through NNPHI to PHI members from large funders including RWJF, Pew, CDC and HRSA
- **Brand awareness:** Promotes members and the network by attending, presenting and exhibiting at several (~10) national partner meetings annually

Source: NNPHI data

# 8 NETWORK PROGRAM AREAS

Health Equity

Public Health and Health Care Bridging

Leadership and Workforce Development

Health in All Policies

Evidence-Based Public Health

Research and Evaluation

Accreditation and Performance Improvement

Community Health Improvement

National Network of Public Health Institutes

NNPHI'S TOTAL ANNUAL BUDGET HAS GROWN MORE THAN 300 PERCENT OVER THE LAST SEVEN YEARS

NNPHI HAS GIVEN NEARLY $18M AWAY IN CONTRACTS IN THE PAST SEVEN YEARS; OVER 60% HAS GONE TO MEMBERS
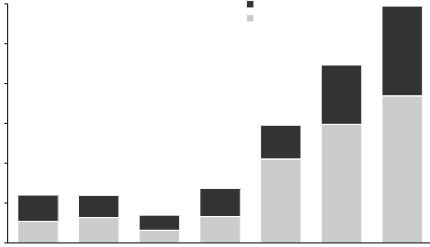
PREPARING THE VISION FOR NNPHI 3.0

- Ginsburg Report – first comprehensive 'customer feedback' process (2011)

- First full-time CEO recruited (2012-13)

- Initial staff driven systems assessment (2013)

- Strategic Positioning process with the Bridgespan Group (2013-14)
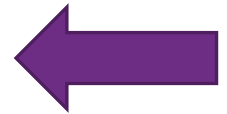
www.ehow.com

SYSTEMS ASSESSMENT

Welcome to our 2013 systems enhancement assessment. This process will inform the next several years of development work as we build NNPHI 3.0.

We value your input; responses will remain anonymous and not be attributable to you.

The following principles and goals guide the assessment:
- Build on strengths; keep what's working well
- Engage all staff for maximum effectiveness
- Sustain one team; two office locations (NOLA/DC)
- Adequately protect security of intellectual property, financial data and sensitive data
- Ensure 24/7 access to NNPHI files
- Create seamless interface of all systems for equal access from any workstation
- Increased readiness to support portfolio growth
- Increase NNPHI's office systems capacity
- Build in feedback loops for ongoing enhancement

SYSTEMS ASSESSMENT

Thinking about communications activities, please select the rating that best characterizes your experience:

	Working fine; no changes needed.	Slight to moderate improvement needed; see comments.	Substantial improvement and development work needed; see comments.	No opinion on this item.
Website development and functionality	○	○	○	○
Website updates	○	○	○	○
Social media supports	○	○	○	○
Top Five content and processes	○	○	○	○
Newsletter content and processes	○	○	○	○
Booth presence at conferences	○	○	○	○
Support with graphic design	○	○	○	○

- 9 domains
- 100% participation
- Analyzed by R/E team
- Prioritization using nominal group technique and ToPs Method

STAFF RETREAT

- Mapped organizational milestones - grounded in systems evolution

- Identified unfolding values that have guided practice
  - Collaborative, Deliberate Engagement of Stakeholders
  - Member Driven
  - Loyalty to Population Heath
  - Integrity
  - Entrepreneurial
  - Collaborative sharing – model collaborative practice

- Developed goals and cross functional teams – launch pad for collaborative work

SYSTEMS ASSESSMENT – INITIAL GOALS

- Information systems and technology

    By 12 /2014, NNPHI will have a new & dedicated IT support system

    By 12 /2014, ALL staff will have access to a single sustainable file sharing program / system

- Physical environment and office space

    By, 2014, 100% of staff report improved satisfaction with physical environment & office space. Intermediate Step: Open office in DC

SYSTEMS ASSESSMENT — INITIAL GOALS

- **Membership services**

By 2014, NNPHI will define core functions of Membership Services & determine necessary resources to support it.

- regular meetings engaging member services team / program staff

- increased staff engagement / collaboration with members

- **Program development**

By 2014, with input of members, develop a responsive, standardized process to identify emerging   topic areas,; design & fund new programs, including an evaluation plan & defined measures to record achievement

- enhanced communications

- increased cross-team collaboration

WHAT IS NEXT:

- Continue to realize systems assessment goals

- One team, 2 locations, 38 institutes, multiple projects / initiatives

- Moving towards more specific goals and measures

- Develop "Impact Report"

- Organizational development work group (staff recommendation)

- Gathering input and feedback - Flash action teams, Bi-annual retreats

- Put strategic positioning work in motion

THANK YOU

Fostering a Culture of Quality within Your Organization:
The MPHI Experience

Julia Heany & Robin VanDerMoere

NNPHI Annual Conference

May 19-21, 2014

Learning Objectives

- Understand key strategies that can be put in place at the organizational level to foster a culture of quality focused on increasing efficiency and effectiveness.

- Gain tools and resources that can be adapted for use within their own organization in order to begin or continue fostering a culture of quality.

- Engage in an interactive conversation focused on innovative solutions that can be embraced to foster a culture of quality at the organizational level that is responsive to the nonprofit environment.

Organizational Context

Four Essentials of Quality (Harvard Business Review, April 2014)	
Leadership Emphasis	Managers are told that quality is a leadership priority Managers "walk the talk" on quality When evaluating employees, bosses emphasize the importance of quality
Message Credibility	Messages are delivered by respected sources Workers find that communications appeal to them personally Messages are consistent and easy to understand
Peer Involvement	Most employees have a strong network of peers for guidance Peers routinely raise quality as a topic for team discussion Peers hold each other accountable
Employee Ownership	Workers clearly understand how quality fits with the job Workers are empowered to make quality decisions Workers are comfortable raising concerns about quality

Organizational Context: Mission

- To maximize positive health conditions in populations and communities through collaboration, scientific inquiry, and applied expertise which:
  - Carry the voices of communities to health policy makers, scientists, purchasers, and funders;
  - Advance the application of scientific health practices in communities; and
  - Advance community capacity to improve health and reduce disparities among population groups and geographic areas

Organizational Context: Servant Leadership

Organizational Context: Strategic Planning

- Strategic Planning
  - Exploration of agency history and evolution
  - Identification of organizational challenges
  - Plante Moran study
  - Strategic planning with organizational units
  - Succession planning

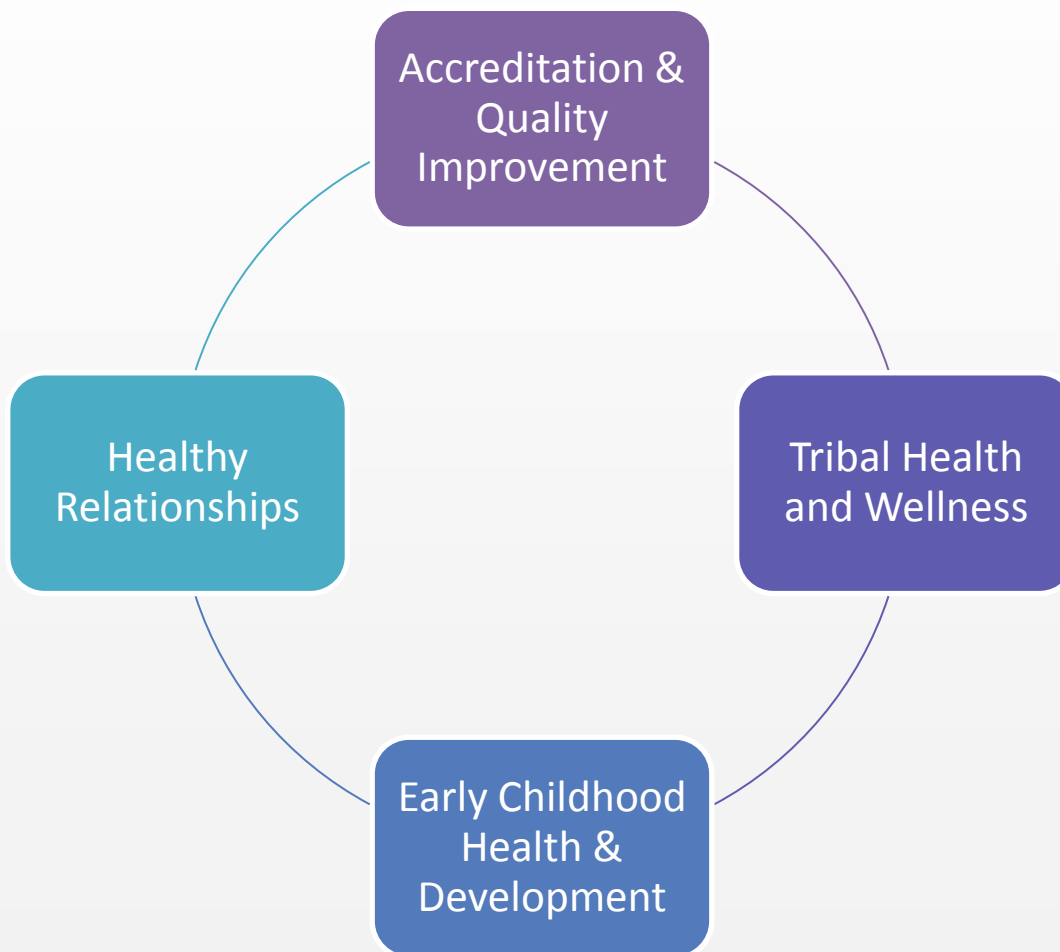# Organizational Context – Organizational Design Improvements

Program Division Action Plan

Recommendation	Example Strategy	Example Completed Action
Share resources and best practices across programs	Establish learning collaboratives by content area	Financial Analyst Network has been established to ensure consistent practices
Create and implement standardized project management best practices	Provide project management training to program directors and project coordinators	Project management training was offered for 40 employees from the Program Division
Reduce work load for Program Directors, key staff	Review organizational structure of each program area	Identified the need for additional high level staff who can lead projects
Continue to build program capacity to implement quality projects and create quality products	Identify professional development needs of program directors/staff	Incorporated into program director performance evaluations

Organizational Context: Our Structure
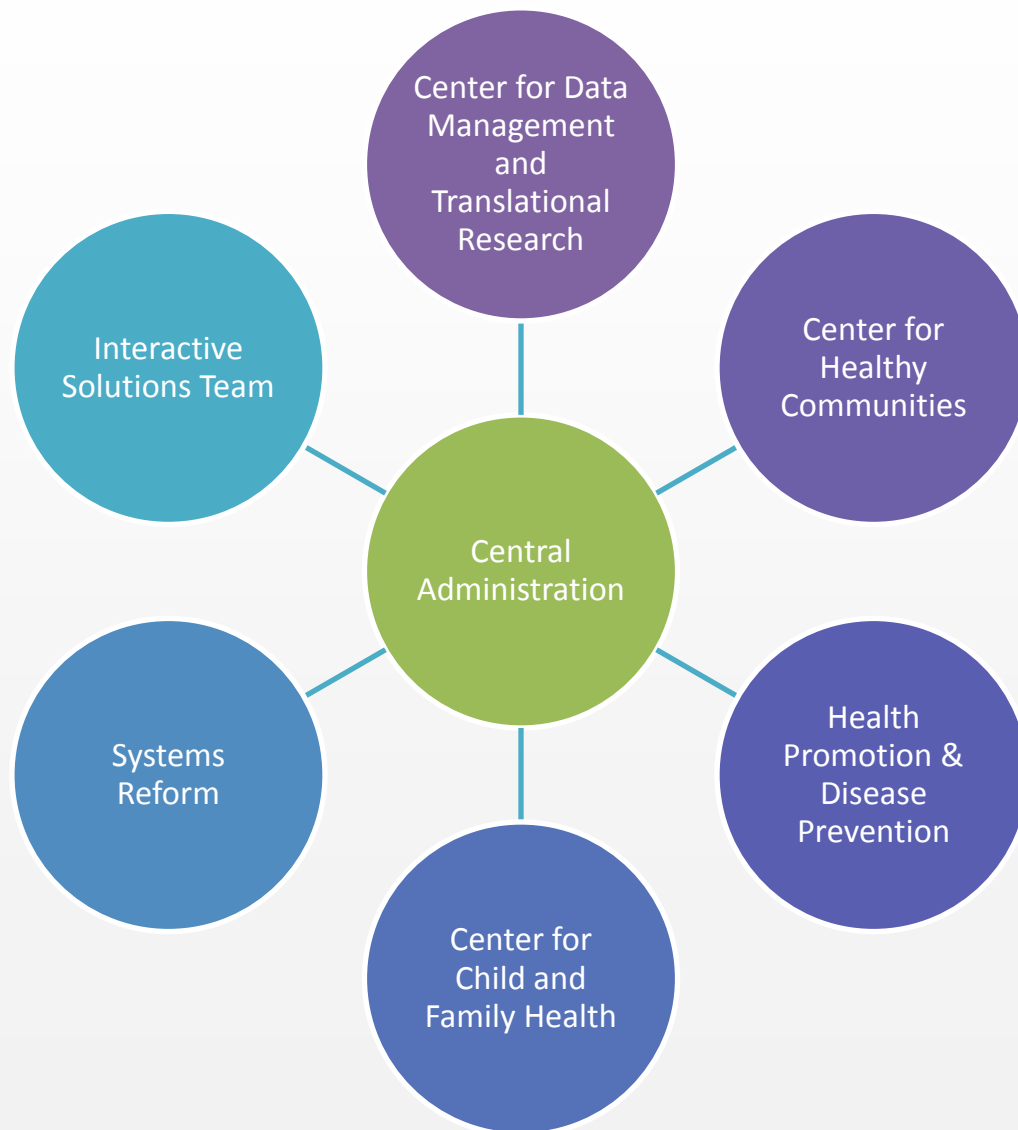
MPHI – Center for Healthy Communities (CHC)

- Accreditation & Quality Improvement
- Tribal Health and Wellness
- Early Childhood Health & Development
- Healthy Relationships

Accreditation & Quality Improvement

- Supports capacity building in:
  - Performance Management
  - Quality Improvement
  - CHA/CHIP
  - Strategic Planning
- Reaches across program areas to engage with:
  - Local, State, and Tribal Public Health Agencies
  - Tribes
  - Home visiting programs
  - Other human service providers

But do we practice what we preach?

Decided it was time to…

- Engage our QI champions
- Train staff in QI
- Talk quality all the time
- Use coaching to spread QI skills
- Use proactive problem solving
- Celebrate accomplishments
- Introduce performance management
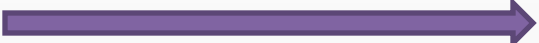
Approach

- Achieve goals & solve problems that both:
  - Really matter to staff
  - Align with MPHI's mission
- Quality starts with:

Getting Started on Performance Management

- Someday we'll be here ⟹

- But here's where we're starting…

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM
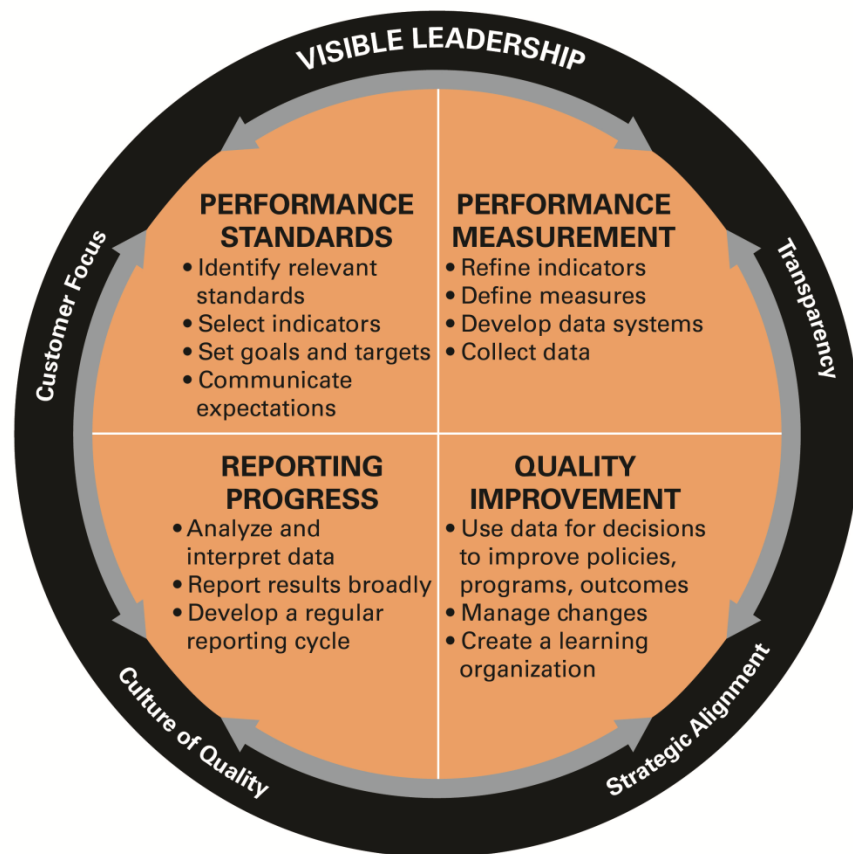
Getting Started on Performance Management

- Focused Conversation
  - To identify milestones and successes

- Consensus Workshop
  - To build consensus about our challenges

- Action Planning
  - To develop goals, objectives, strategies, & performance targets

- Data collection
  - To understand our current status (financial, staffing) & gather input (staff survey)

- Staff engagement
  - Because this ONLY makes a difference if it matters to the people doing the work every day

Getting Started on Performance Management

Goals: For each program area and for program operations			
Objectives	Strategies	Current Status	Performance Target
That align with our mission, solve a problem that has been identified by staff, and are SMART	▪ That have a good chance of working ▪ That are realistic	Where we are throughout the year	Where we hope to be at the end of the year

Example Program Wide Goal:

Implement strategies to foster a positive and productive work environment.

Example Objectives	Strategies	Current Status	Performance Target
By September 30, 2014… Provide 3 new resources to support incorporating physical activity into the work day.	- Survey staff to gage interest and preferences - Assess cost of equipment & assess availability of funding - Purchase equipment - Promote its use	2 new resources available	3 new resources available
Identify and celebrate program accomplishments during one staff meeting each quarter.	- Add agenda item to 4/12 staff meetings - Develop plan for facilitated conversation - Discuss program accomplishments - Document program accomplishments	0 conversations 0 listings of program accomplishments	4 conversations 1 listing of program accomplishments

Example Accreditation & Quality Improvement Goal:
Build OAQI's portfolio in QI, PM, and/or Accreditation

Example Objectives	Strategies	Current Status	Performance Target
By September 30, 2014... **Secure funding for one additional OAQI-related project in FY15.**	• Develop project concepts • Identify funding opportunities • Develop proposals in response to RFPs or in response to an open funding opportunity	0 proposals funded	1 proposal funded
Increase staff training in CHA and CHIP methodology and facilitation	• Review staff development plans • Identify external training resources • Identify funding & send staff to training • Provide internal training to staff	0 additional staff trained	3 additional staff trained

Example Healthy & Safe Relationships Goal:
Foster a collaborative research and evaluation partnership with MPHI Programs interested in pursuing funding opportunities related to Healthy and Safe Relationships.

Example Objectives	Strategies	Current Status	Performance Target
By September 30, 2014 Meet at least twice a year with MPHI staff across programs interested in healthy and safe relationships to discuss potential research and evaluation ideas	▪ Identify interested Program Directors, Program Coordinators, and Project Coordinators ▪ Invite staff to meetings to discuss ideas	1 meeting held	2 meetings held
Submit two collaborative grant applications, one focused on adolescent health & well-being and one focused on reproductive health & well-being	▪ Develop project concepts ▪ Identify funding opportunities ▪ Contact other programs to discuss interest in co-pursuing funding opportunities ▪ Develop & submit proposals	1 proposal submitted	2 proposals submitted

Example Tribal Health and Wellness Goal:

Support capacity-building among tribes and tribal organizations for planning, implementing, and evaluating culturally-adapted best practices and evidence-based public health approaches in tribal communities.

Example Objectives	Strategies	Current Status	Performance Target
By September 29, 2014... **Conduct 3 trainings with staff from tribes and tribal organizations**	• Provide training on CHNA, CHIP, and QI to tribal staff • Provide training on The Community Guide and evidence-based strategies to tribal staff • Provide training on evaluation, data collection, performance monitoring to tribal staff	**MET: 3 trainings provided**	3 trainings conducted
Assist 3 tribes in identifying, completing, and submitting applications for funding to support CHNA/CHIP, accreditation readiness, QI	• Identify relevant funding opportunities • Discuss funding opportunities with tribal staff • Provide TA or consultation to tribal staff to complete proposals/applications	**2 tribes assisted**	3 tribes assisted

Example Early Childhood Health & Development Goal:
Disseminate results of early childhood health and development projects.

Example Objectives	Strategies	Current Status	Performance Target
By September 30, 2014 **Disseminate early childhood development work at 2 national conferences**	■ Identify appropriate venues ■ Collaborate with partners to develop concepts for abstracts ■ Submit abstracts to appropriate venues	1 presentation completed	2 presentations completed
Publish 1 article on early childhood development research in a peer reviewed publication	■ Develop an article that describes the results of the home visiting quality improvement collaborative study ■ Develop an article that describes the process of developing life course indicators	0 articles published	1 article published

Getting Started on QI

- Training all staff on QI basics

- Distributing the QI Guidebook

- Engaging more staff in our QI work with clients

- Identifying improvement opportunities

- Completing internal QI projects
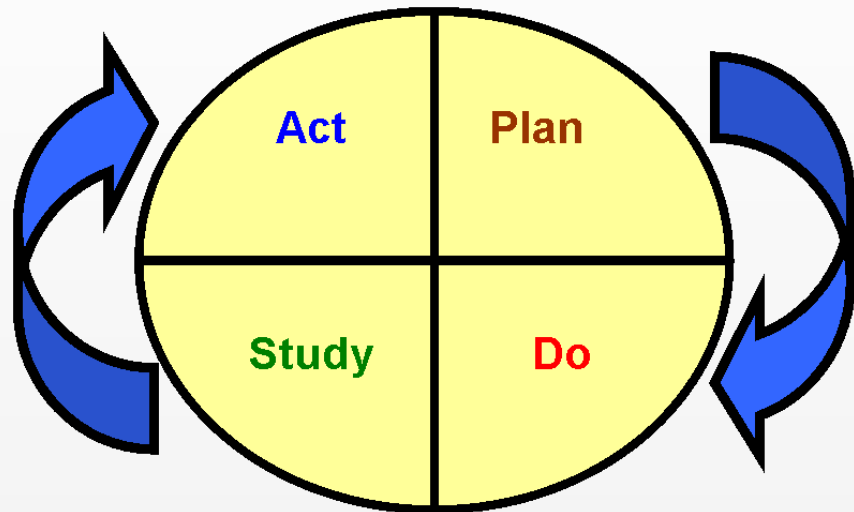
QI Project Example:
Leading Ladies 360 Review Team

Getting started
- Response rate to 360 review forms is low

Assemble the team
- Team members were recruited through a program wide request, they decided on roles, & met bi-weekly
- Aim: By 8/31, CHC will increase the percent of 360 review responses received to 50% or greater of those to whom it was distributed.

Examine current approach
- Staff feedback indicated that the 360 review form was difficult to respond to because of the way the questions were framed
- Staff feedback indicated that the 360 form took too much time to complete
- Through process mapping, using a fishbone diagram, and using data, the group determined that the form itself was the root cause of the problem.

MPHI®

Identify potential solutions	• Develop a new form based on staff feedback, & reviewing example 360 feedback forms
Develop an Improvement Theory	• If we revise the 360 review form, then the number of responses to the request for 360 reviews will increase
Test the Theory	• Revise form • Pilot new form with next 4 staff reviews • Gather data about response rates & staff satisfaction with the form
Study the Results	• The average response rate was 62%, a 17% improvement from the average response rate at baseline • Staff were satisfied with the form, but also suggested some additional improvements
Standardize & Establish Future Plans	• The new form was revised again based on staff feedback • The new, new form is now used for 360 reviews

Michigan Public Health Institute
Center for Healthy Communities

Leading Ladies 360 Review Team

MPHI
Center for Healthy Communities

Team Members:
Eneke Mwakasisi– Team Leader
Stephanie Fluegeman– Data Manager
Jessie Jones– Facilitator
Robin VanDerMoere– Document Manager
Carrie Seroka– CHC Liason
Kristin Nelson-Garcia– Story Board Developer and Meeting Scheduler
Kaitlyn Sievert– Scribe

Quality Improvement Story Board
Improving the 360 Review Process

Act | Plan
Study | Do

Plan
Identify an Opportunity and Plan for Improvement

1. Getting Started

In response to a low number of completed 360 review forms, a QI team was established to troubleshoot barriers to completing review forms and creating a solution to provide higher quality, useable data to be used at 360 reviews for staff.

Response Rates for 360 Review Forms Baseline
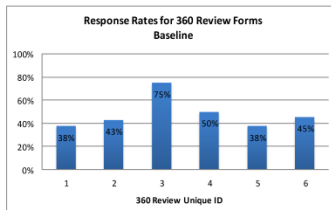
Problem Statement

Response rate to 360 review forms is low.

2. Assemble the Team

Team members were recruited through a program-wide e-mail asking for staff to join the effort.

Once a team was formed, participants met and decided which roles they wanted to play on the team.

Bi-weekly team meetings were used to discuss each step of the Quality Improvement process, troubleshoot steps in the process, and to provide feedback for documents created for the new 360 review form.

Aim Statement:

By August 31st, CHC will increase the number of 360 review responses received by supervisors to 50% or greater of those to whom it was distributed.

3. Examine the Current Approach

Baseline data was gathered by working with Human Resources to determine the response rate and to identify the number of reviews occurring each month. Supervisors and staff were asked to report the length of time between the review request and the due date for their 5 most recent reviews, as well as the number of requests they received during that period. Supervisors were also asked to report the number of staff they sent the request to, how many reviews were returned, how many times reminders were sent, and the number of times deadlines were extended.

To determine what possible barriers exist for those asked to complete 360 review forms, a survey was distributed to CHC staff. When asked why they did not complete a 360 review, 47% responded they were too busy, and 40% responded that is was difficult to answer the questions the way they were currently framed. Additional feedback was given stating that sometimes they were asked to complete a review for someone whom they have only worked on a single task with throughout the year, or that they did not know enough about the individual and their work to give an adequate evaluation.

Process Map

Fishbone

The team developed a process map to depict the current process being used to distribute and collect 360 reviews, and also developed a fishbone diagram to examine possible root causes to the problem.

4. Identify Potential Solutions

After reviewing potential root causes identified on the fishbone diagram, it was determined that creating a new form for 360 reviews would be the first step in improving response rates. A new form was drafted and piloted during August 2013. The new form included more quantitative questions and fewer qualitative questions. It also included sections specific to project coordinators and supervisors so staff were only required to answer questions relevant to their relationship with the person being reviewed.

5. Develop an Improvement Theory

if then

If we revise the 360 review form, **then** the number of responses to the request for 360 reviews will increase.
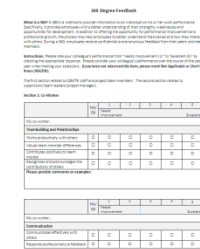
Do
Test the Theory for Improvement

6. Test the Theory

After all of this information was examined, the Leading Ladies 360 review QI team worked to develop a new 360 review form that included less qualitative questions, but asked more pointed quantitative questions related to specific areas/capacities where the reviewer and reviewed may have worked together. The areas included teambuilding and relationships, communication, work performance, and overall impressions of coworkers, in addition to leadership and client responsiveness for supervisors, team leaders, and project managers.

To begin development of a new 360 review form, the Leading Ladies 360 review QI team researched and reviewed 360 review forms being used by other programs within MPHI as well as organizations outside of MPHI. After exploring existing options, the team created a hybrid of other forms which included Likert scale questions as well as open-ended questions for reviewers to provide additional information. The form was reviewed and edited by the team before it was submitted to the Program Director for feedback. Once approved by the Program Director, the form was submitted to Human Resources to distribute for the pilot test with the August reviews.
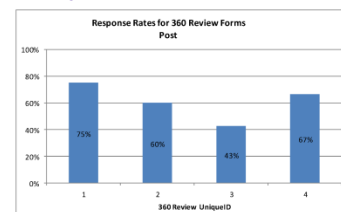

Study
Use Data to Study Results of the Test

7. Study the Results

Response Rates for 360 Review Forms Post

The new 360 review form was sent to 29 people in response to reviews for 4 different employees. Supervisors received an average response rate of 62% across all four reviews, a 17% increase from the average response rate at baseline. The highest response rate at post-implementation was 75% and the lowest response was 43%. The average number of responses requested by supervisors for each employee review at post-implementation was 7.25 and supervisors received an average of 4.5 responses for each review.

Baseline Data

Aggregate Numbers:

Total number of reviews: 6
Total number of 360's sent to staff: 44
Average number of reviews requested: 7.33
Total number of responses received: 20 (45%)
Average number of responses received: 3.33

Post-implementation Data

Aggregate Numbers:

Total number of reviews: 4
Total number of 360's sent to staff: 29
Average number of reviews requested: 7.25
Total number of responses received: 18 (62%)
Average number of responses received: 4.5

Act
Standardize the Improvement and Establish Future Plans

8. Standardize Improvement Theory or Develop New Theory

The Leading Ladies 360 QI team concluded that the PDSA process addressed the Aim statement by achieving an increase of 17% in the response rate after implementation of a revised 360 review form. Data from the baseline and post-implementation processes were compiled and provided to the CHC Program Director for use in determining program plans and next steps regarding use of the pilot form as well as additional PDSA cycles to address other factors associated with response rates.

9. Establish Future Plans

FUTURE

While the team's post-implementation data suggests the new pilot form was successful in increasing response rates, the Leading Ladies QI team identified a number of other potential barriers during the baseline data collection to completing the review form and it is possible that other confounding factors contributed to the increased response rates. If CHC decides to pursue additional PDSA cycles with the intent of continuing to improve response rates, the fishbone diagram will be revisited. Potential areas for future testing include revising the review schedule so fewer reviews are requested at the same time, creating a clear policy on response requirements (mandatory or optional), and standardizing the length of time between when requests are sent and when reviews are due.

Lessons Learned

- Start with what will make a difference to staff
- Talk a lot about how what we do every day works toward our company's mission
- Provide training AND ongoing support (mentoring, cheerleading, whatever it takes)
- Look for quick wins
- Prepare to put on the brakes
- Just start!

NNPHI TAKES ON THE TRAVEL REIMBURSEMENT PROCESS USING QI

Program Areas included
- Evaluation
- Performance improvement
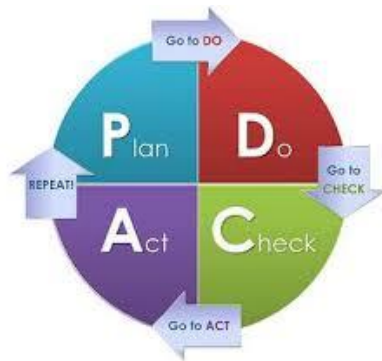- Policy
- Workforce development
- Member Services
- Communications
- Administration

QI Team

Team included
- Associate director
- Managers
- Coordinators
- Intern

NNPHI TAKES ON THE TRAVEL REIMBURSEMENT PROCESS USING QI

Why?

➢ To talk the talk,
we've got to walk the walk

➢ Staff united to improve a
time-consuming process

What was Gained?

➢ Increased personal understanding
of QI

- Benefits

- Challenges

- Techniques and tools

- Lessons learned

➢ Staff in different program areas
worked together

➢ Increased collaboration in other
areas

NNPHI TAKES ON THE TRAVEL REIMBURSEMENT PROCESS USING QI

Results	Baseline	Follow Up	Target
Forms collected (n=)	178	91	
% of forms with errors	59%	37%	Reduce baseline by 20% (to 47%)

Focused Discussion

Objective What stood out to you as NNPHI and MPHI shared their approaches to fostering a culture of quality?

Reflective
1. How has your own organization begun to foster a culture of quality?
2. What is most exciting about fostering a culture of quality in your own organization?
3. What is most challenging about fostering a culture of quality within your own organization?

Interpretive What innovative solutions have come to mind as we've discussed fostering a culture of quality within your organization?

Decisional What action steps will you consider taking as a result of your participation in this session?

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