



Public Health Quality Improvement
exchange



Implementing Successful QI: Lessons Learned featuring CT DPH

Welcome! Thank you for joining! **Sound for the webinar will come through your computer speakers.** Please feel free to submit your questions throughout the webinar through the chat feature. We will start momentarily.

January 30, 2014

Susan Logan, MS, MPH – Epidemiologist, CT DPH

Louise Kent, MBA, ASQ CQIA – Planning Administrator, Northern Kentucky Health Department, PHQIX Expert Panel

Moderated by Jamie Pina, PhD, MSPH – PHQIX Project Director

QUALITY IMPROVEMENT TOGETHER.

Agenda

- Welcome and webinar overview
- Presentation from Susan Logan (QI Champion at CT DPH)
- Input from Louise Kent (PHQIX Expert Panel Member)
- Presenters' Chat
- Q&A



***IMPROVING THE CONNECTICUT DPH
DATABASES SO THAT RACE,
ETHNICITY AND GENDER DATA MEET
DPH POLICY AND FEDERAL
STANDARDS***

Presented by Susan Logan, MS MPH
Connecticut Department of Public Health
January 30, 2014



Connecticut Department
of Public Health

Agenda

- § QI Opportunity: Current state of CT DPH databases and the sociodemographic data collection policy
- § QI Initiative: PDCA Improvement Cycle
- § Lessons Learned from QI Initiative
- § Sustaining database quality improvement
- § Challenges and successes of CQI

Connecticut DPH Profile

§ Location: Hartford, CT

} Decentralized state, 74 local health departments and 2 sovereign nations

§ Population served: 3.57 million residents

ú Becoming older and more diverse

ú Most (88%) of population lives in urban areas

ú Statewide statistics mask striking disparities across racial/ethnic groups and urban/suburban/rural populations

DPH Databases & Sociodemographic Data Collection Policy

Is there alignment?

How does this affect our aim to eliminate health disparities?

Connecticut Department of Public Health

Policy on Collecting Sociodemographic Data

September 2008

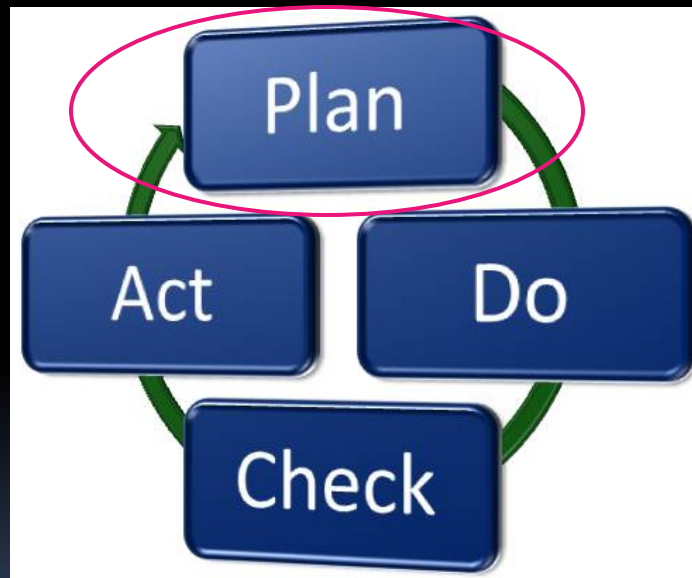
Identifying the Opportunity

- § In 2010, identified 49 databases not compliant with the DPH sociodemographic data collection policy (2008)
- § By January 2012, 2 of 49 (4%) were compliant

QI initiative started in April 2012 to achieve compliance with DPH data collection policy:
Plan-Do-Check-Act
Quality Improvement Cycle



PLANNING PHASE



QI Initiative Team Members

- § Jenn Filippone: Section chief for practitioner licensing and investigations
- § Margaret Hynes: Project sponsor and expertise in health equity
- § Vanessa Kapral: Information technology section chief
- § Susan Logan: Team leader, Public Health Systems Improvement
- § Lloyd Mueller: Data analyst in vital statistics
- § Ava Nepaul: Asthma program in chronic disease section
- § Jane Purtill: Vital records registrar
- § Kristin Sullivan: Manager, Public Health Systems Improvement
- § Jack Moran: QI Coach, Public Health Foundation

AIM Statement and Measures

The AIM of the project was:

- § Add 3 additional databases, for a total of five (10%) in full compliance by November 30, 2012.
- § A written plan is in place to improve the other databases so that they are in compliance.

Project Measures:

- § 1) Number and percent of databases fully compliant by 11/30/2012
- § 2) An improvement plan in place by 11/30/2012

Why is Data Infrastructure Important?

- § Data infrastructure has impact on understanding health disparities
- § Need for enhanced CT DPH data infrastructure
- § Data should be standardized and complete
- § Document, report on, and address health disparities with consistency



Reasons for Noncompliance to the Data Collection Policy

- § Cost
- § Limited staff time and resources
- § Complexity of compliance
- § Lack of buy-in
- § Did not know about policy (30% of survey respondents)
- § No state regulations



Improvement Process: Database Selection Criteria

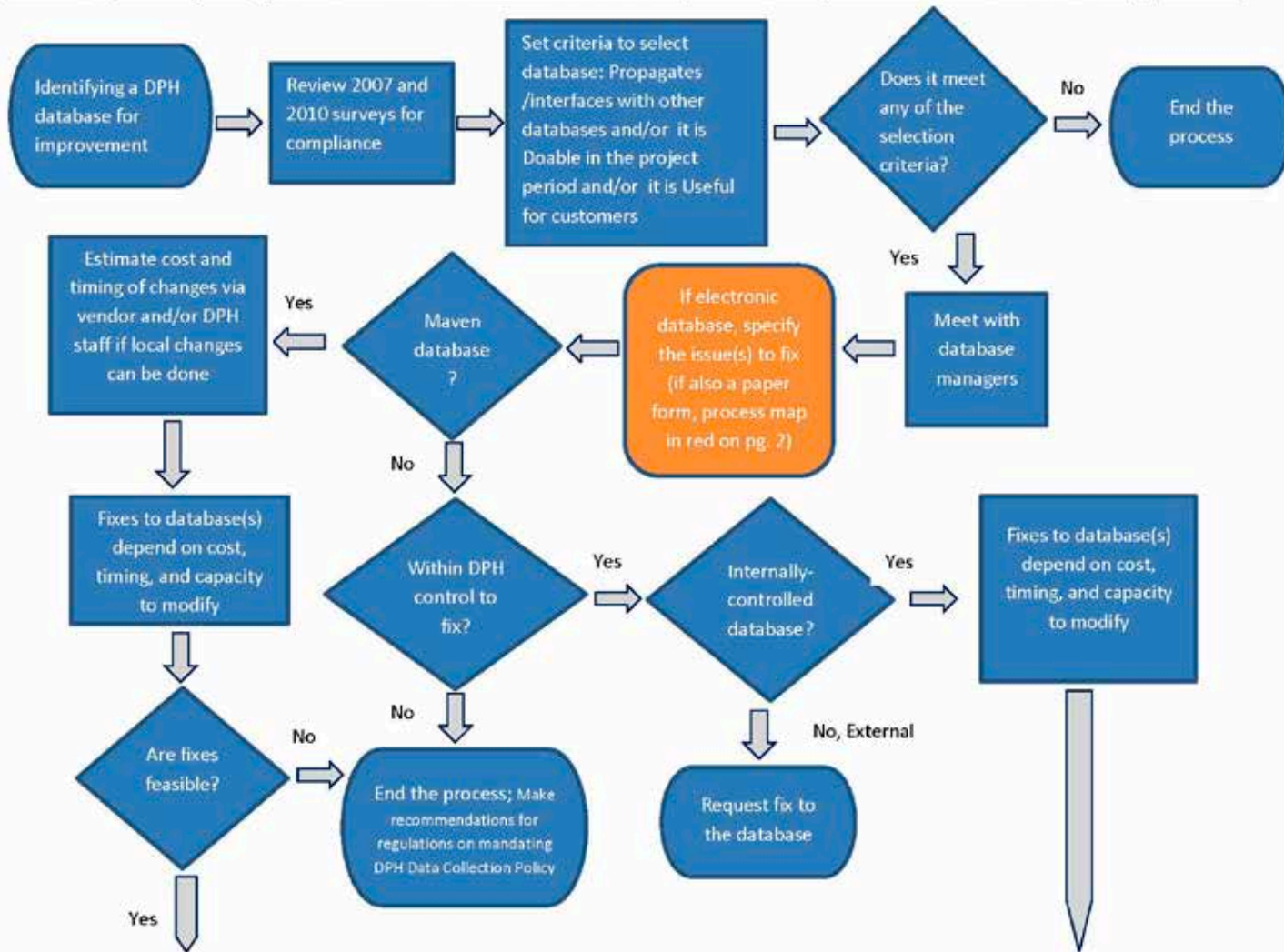
Had to meet at least one of the criteria:

- 1) The database has to propagate or interface with other databases (parent database or a database with relationships to other databases)
- 2) Suggested improvements are doable (feasible) in the project period
- 3) Improvements are useful for customers

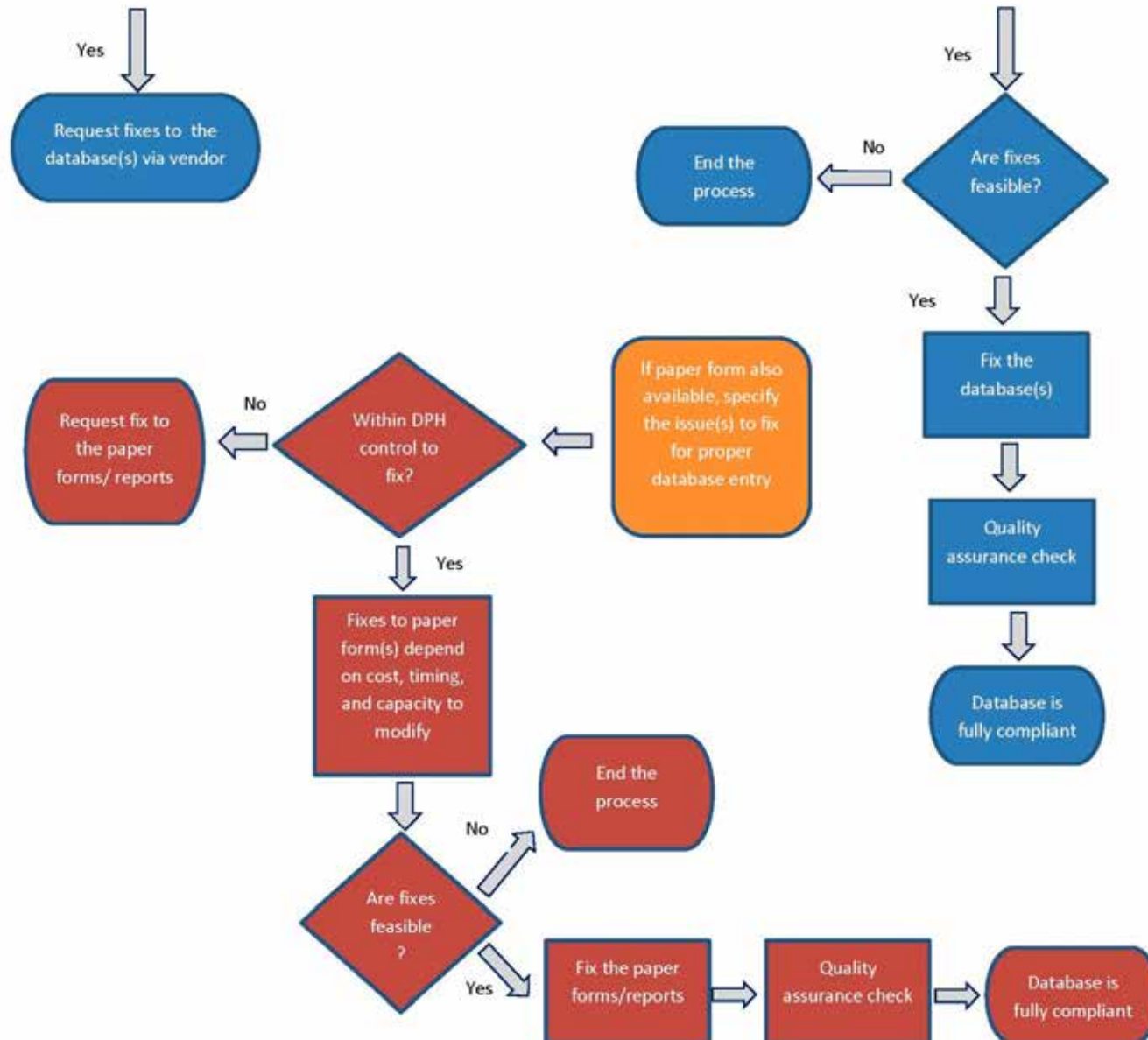
Improvement Process Map – Page 1

Map of Improvement Process: 8/13/2012

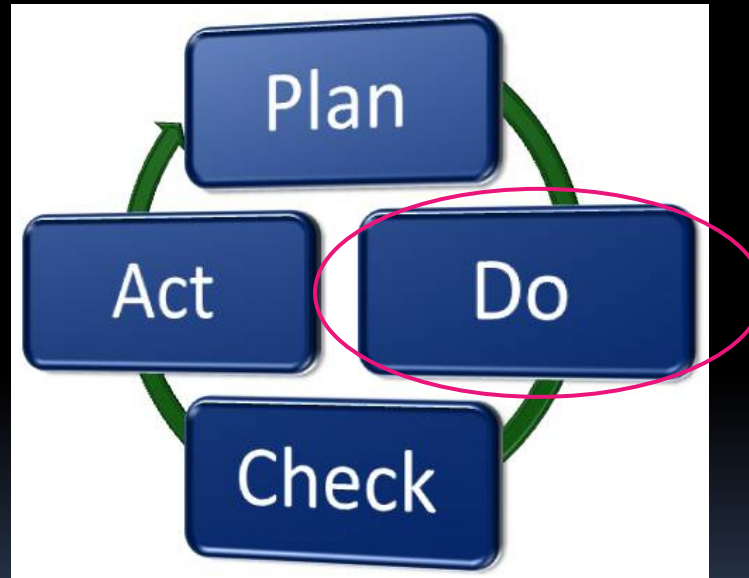
NNPHI Project on Improving the DPH Databases to Meet Standards Set by the DPH Policy on the Collection of Socio-demographic Data



Improvement Process Map-Page 2



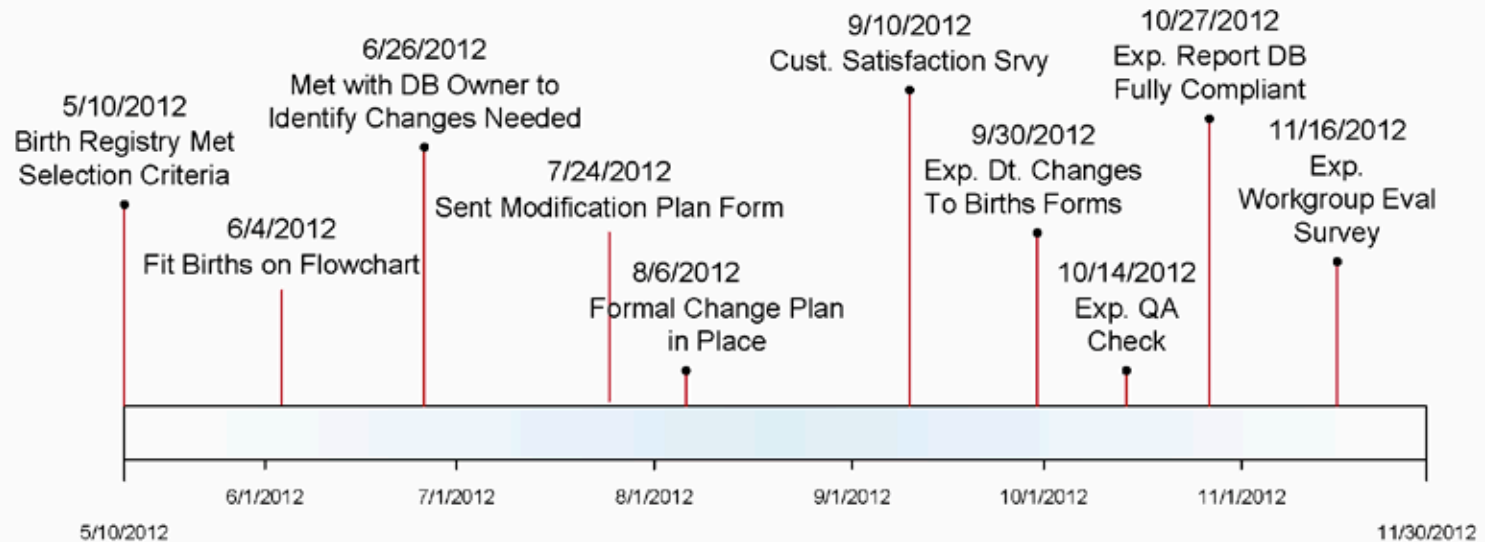
DO PHASE



Timeline for Improvements

Timeline of Improving CT Births Registry Paper Worksheets

August 2012



Changes Needed to Births Registry Worksheets

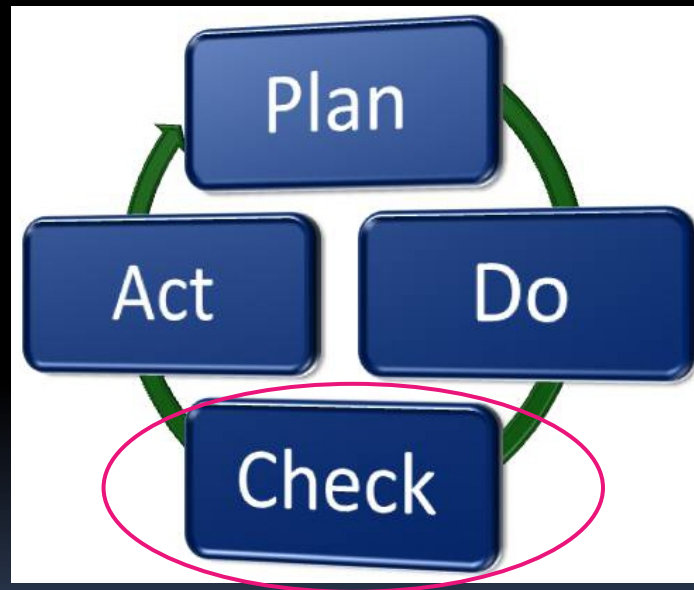
1. Medical Worksheet: Modify gender categories to include "undetermined"
2. Birth Certificate Worksheets:
 - a. Heterosexual and Same-Sex Marriage: ask ethnicity before race
 - b. Race categories should follow CT DPH Data Policy on Collecting Socio-demographic data
3. Translate the fixes on the BC Worksheets into Spanish

Connecticut DPH
COPPHI Grant: QI Award Program

Tool Used for Database Changes

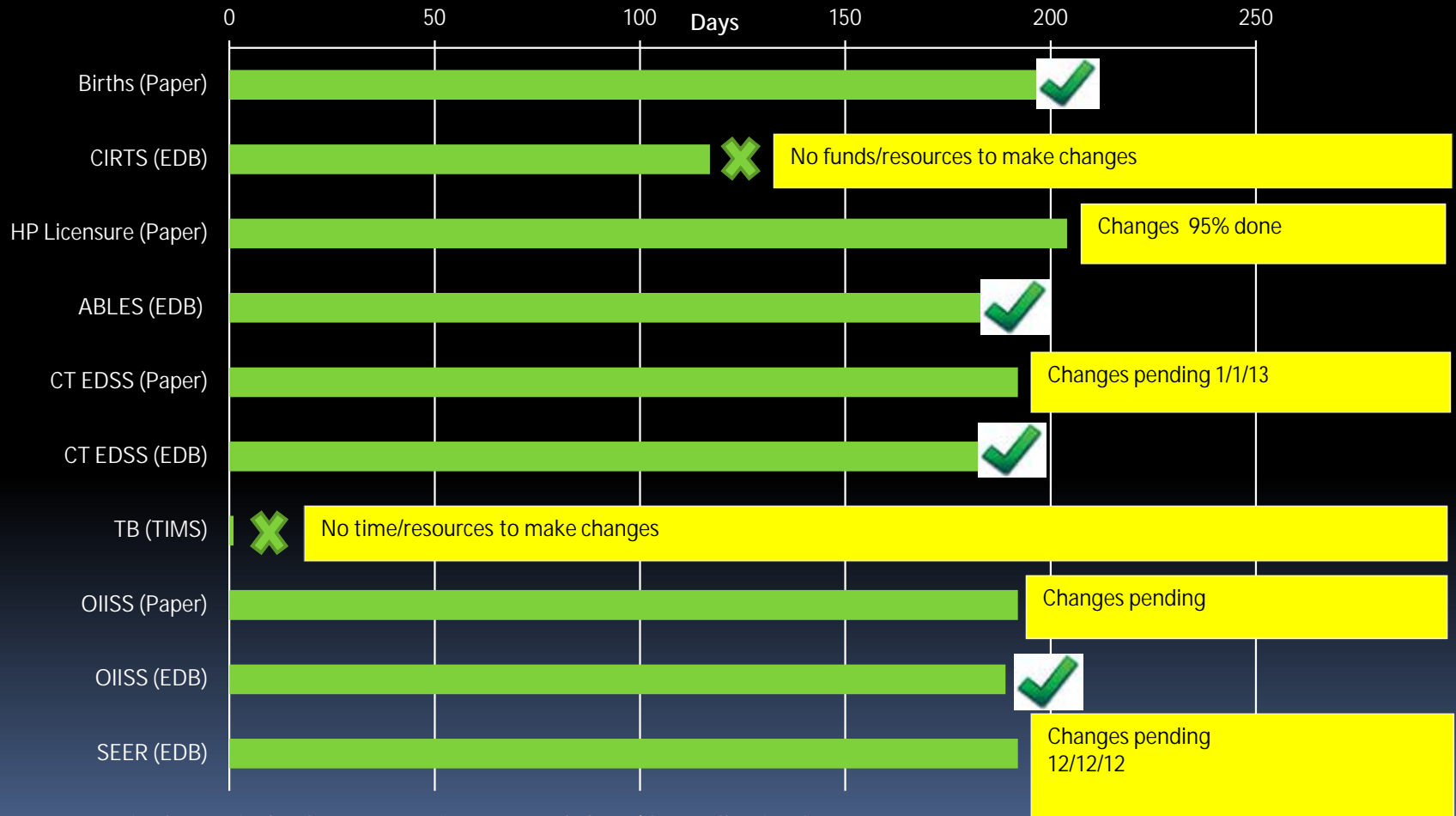
Questions	Answers
Write the database name:	
What are the changes needed?	
What are the changes that are agreed to?	
Were cost and time estimates requested? (Yes, No, Not sure)	
How much time (in hours) will it take to make the changes?	
What is the cost of the agreed-to changes? Include the time it takes x hourly rate of staff wages.	
Will the changes be made prior to 11/30/12? (Yes, No, Not sure)	
If not, by when can the changes be made? (Include date)	
Who is responsible for making the change? (Include name of person(s) or program)	
What is the e-mail address of the responsible party?	
Describe who else is responsible for making the change? (Include name of person(s) or program)	
What is the e-mail address of the other responsible party?	
Other persons/programs/agencies involved in the modifications? Please describe.	

CHECK/STUDY PHASE



GANNT Chart of Progress

Status Report as of November 30, 2012



Note: EDB is electronic database; Paper is paper worksheet/data collection form

Results

§ Results from QI Project:

- ú 2 major DPH databases were modified
- ú 4 other DPH databases
- ú Modified paper reporting forms and/or electronic databases

Improvement Plan: CQI Recommendations

- § Data Quality Committee
- § Legislative and administrative regulations changes
- § Educate and train DPH staff on policy standards
- § Allocate grant funds for general upgrading of DPH databases



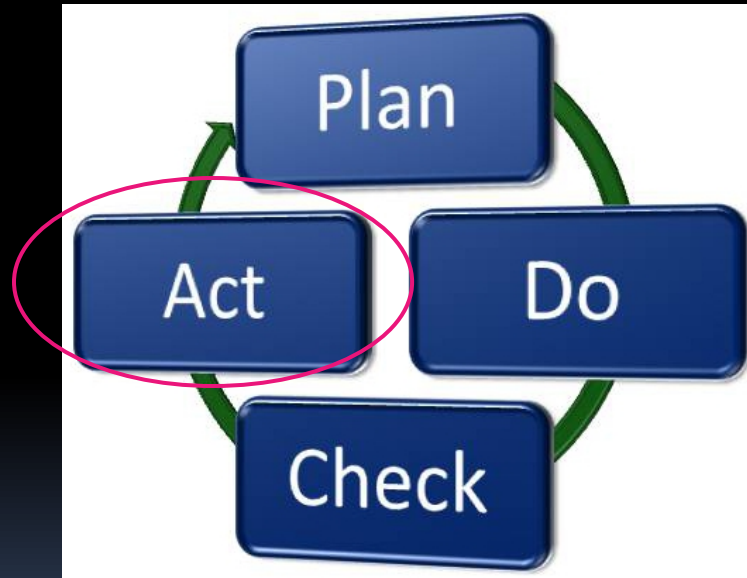
Customer Satisfaction Survey

- § Survey to understand the satisfaction with the improvement process
- § 10/15 (67%) people responded:
 - ú 100% said data standards were important or very important (ranked 4 and 5 out of 1-5)
 - ú 30% were not aware of the DPH data collection policy
 - ú 70% found that the current DPH QI project was useful and 30% were neutral (ranked 3 out of 1-5) to ongoing and future data-related work.
 - ú 80% (8/10) said they would be willing to participate in future QI efforts related to improving sociodemographic data

Lessons Learned from QI Initiative

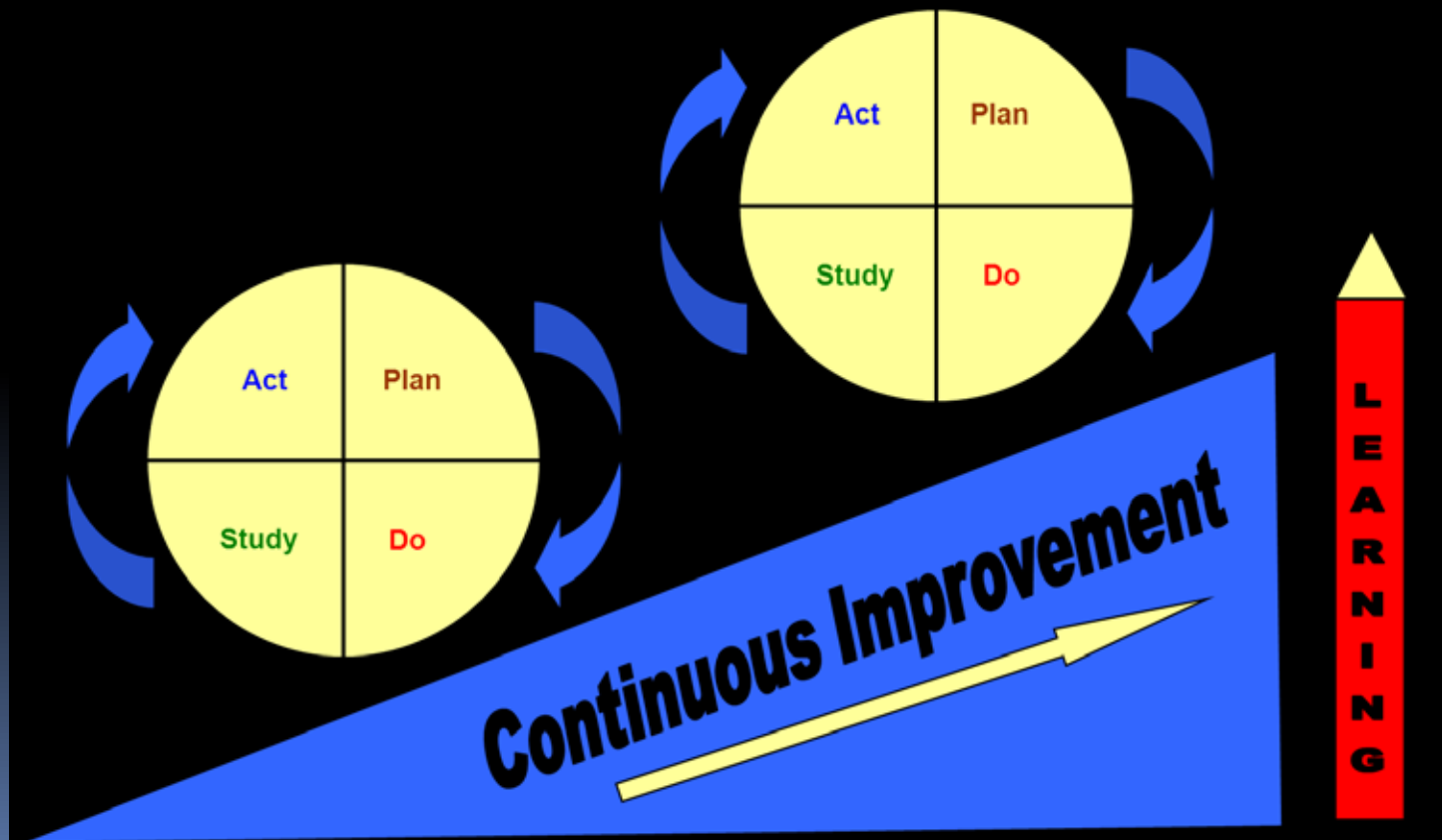
- § Patience with the process
- § Need realistic expectations about the people and work involved in making changes
- § Identify internal champions and early adopters – to keep momentum going
- § Feedback and recognition from QI sponsors and funders helps to validate the process
- § QI coach as a facilitator and motivator

ACT PHASE



Sustaining QI Data Quality Improvement Processes

How do we establish a system for continuous quality improvement?



Data Quality Committee

Purpose is to:

- § Establish a committee to review the remaining 41 databases
- § Review new databases coming online
- § Be involved in the development of new databases
- § Follow a continuous QI methodology to accomplish the committee's work

Challenges to Establishing Data Quality Committee

- § It's a **process**
- § Keeping the scope narrow
- § Educating committee and getting them up to speed

Successes of Data Quality Committee

- § Recruited members were honored to be asked to join
- § Enthusiastic start on October 2, 2013
- § Discussed the need to update the data collection policy soon
- § Started a team charter (QI tool)
- § Set up quarterly meetings

Challenges of Adopting Internal Policy

- § Limited internal staff support for the sociodemographic data collection policy
- § No dedicated funding
- § Competing priorities
- § Communication challenges
- § Educational challenges

Challenges of External Policy Changes

Legislative Proposals and Public Health Code

- § Competing work priorities
- § Lack of support for the bill
- § Resistance of other state agencies – lack of buy-in
- § Questionable accountability for compliance
- § Task of monitoring performance; Will fines be imposed?
- § Resources and funding needed for compliance with state mandates

Data Policy Training Project

- § Staff training module for the DPH Data Collection Policy
- § Web-based, self-directed educational course
- § Post on the TRAIN Connecticut website

TRAIN Connecticut

Challenges and Successes to Developing Educational Tool

Challenges

- § What is the best approach to roll out?
- § New and/or existing employees
- § Determining level of employees to train
- § Putting new contract in place with vendor

Successes

- § Funding awarded to develop training module
- § Use of existing, trusted vendor
- § Started developing tutorial in Oct., 2013

Acknowledgement of Funders

- § National Public Health Improvement Initiative (NPHII) Grant: Supported through the Prevention and Public Health Fund of the [Affordable Care Act](#)
- § QI Award Program: RWJF and NNPHI
- § US Preventive Health & Health Services Block Grant



Links to PHQIX Submission and DPH Data Collection Policy

[https://www.phqix.org/content/improving-connecticut-department-public-health-databases-ensure-race-ethnicity-gender-and.](https://www.phqix.org/content/improving-connecticut-department-public-health-databases-ensure-race-ethnicity-gender-and)

http://www.ct.gov/dph/lib/dph/hisr/pdf/dph_data_collection_policy_sept2008.pdf



Louise Kent, MBA, ASQ CQIA
PHQIX Expert Panel Member



Presenters' Chat

QUALITY IMPROVEMENT TOGETHER.

Questions





Thank you!

The date of our February webinar will be announced on our home page.

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