

# PREPARING THE PUBLIC HEALTH WORKFORCE FOR QUALITY IMPROVEMENT

## Achieving Improvement Takes a Skilled Workforce

Whether public health accreditation and assessment initiatives lead to better results hinges upon the capacity of the public health workforce to use the findings for improvement. Yet, the use of quality improvement (QI) techniques by public health personnel lags far behind healthcare and other industries. When asked why, state and local public health agencies often cite limited QI expertise among both leaders and front-line staff.

Seeing an urgent need to prepare the workforce to undertake QI, most states involved in the [Multi-state Learning Collaborative II](#) (MLC-2) aimed to build QI skills through training or technical assistance as part of their projects. However, from the outset, participating states knew that creating significant change would require them to rapidly overcome several hurdles facing the public health field.

## Breaking New Ground in QI Training

As a result of their individual and combined efforts, MLC-2 states have rapidly achieved great gains in QI training. More importantly, they have shown how training plus support can lead to measurable improvements in public health capacity. Collectively, MLC-2 states have:

- ✓ trained over 500 professionals in QI methods, including many whose roles are to assist others;
- ✓ helped to fill the national vacuum in QI training relevant for public health professionals;
- ✓ created more enthusiasm for QI in public health by offering training that is engaging, practical, and fun; and
- ✓ jump started statewide QI efforts by tying training to more than 30 local application projects.

Among the questions being addressed by MLC states:

1. *Where would they find good QI content?* Few QI training opportunities existed geared to public health. With so many different QI models, terms, concepts, and tools used in other sectors, pulling together a curriculum for public health seemed overwhelming.
2. *How would they spark interest and demonstrate value?* Many public health workers are skeptical of QI or see it as a fad or extra task without benefit or linkage to daily work.
3. *What are the best ways to disseminate and sustain training?* Should everyone be trained at once, or should training be sequenced? Sustainable and affordable strategies were needed to make ongoing training available.

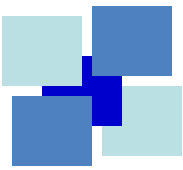


Attendees of a Florida Statewide Training learn about quality improvement.

## How Have States Prepared the Workforce for QI, and What Have They Learned?

QI training strategies have already had a ripple effect among MLC-2 states—many of whom have built upon each other’s curricula, QI success stories, and lessons—and may be applied throughout the public health field. Several lessons from their innovative and promising approaches are listed below and on the following page.

1. **Don’t agonize over various QI models, terms, and tools.** After exploring many options, most MLC states began by teaching the basics: “Plan-Do-Check-Act” (or “Plan-Do-Study-Act”), the three core questions in the “Model for Improvement” (from Associates for Process Improvement), “rapid cycle” changes, and practical techniques for engaging teams, analyzing processes, examining root causes of problems, and using data for improvement. To illustrate concepts, pick just a few QI tools of different types. Showing too many can distract beginners from the main ideas.
2. **Feature real public health success stories.** To demonstrate value and create enthusiasm, states like Florida, North Carolina, and Washington have showcased peers who achieved measurable benefits of QI. In North Carolina, a



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statewide satellite broadcast featured an in-state speaker describing a successful local QI project, as well as an out-of-state “storyboard” showing how a Berrien County, Michigan team applied QI to improve media capacity through their MLC-2 project.

3. **Start small, and build demand for more.**

North Carolina kicked off its MLC-2 training initiative with a half-day QI satellite broadcast that included practice time for small groups in 23 participating sites. Staff from the North Carolina Institute for Public Health and state health department strategically planned the program to whet participants’ appetite for future training, which would follow in-person around the state. The broadcast was so well received that, as an interim strategy, the Institute needed to create a DVD and online archive to meet the demand from many participants who requested a way to share the program with colleagues.

Sample QI Training Objectives:

By the end of this training, participants will be able to...

1. Distinguish the Plan-Do-Check-Act approach to quality improvement (QI).
2. Use QI tools with a team.
3. Outline a plan for a regional QI project.
4. Assess opportunities to better manage performance and support improvement in public health regions.
5. Describe potential roles for an improvement advisor.
6. Ensure leadership support for QI initiatives.
7. Locate performance management and QI resources relevant to public health.

Sample objectives from a 3-day performance management & quality improvement workshop for the Kansas MLC-2 Project.

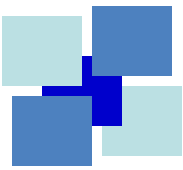
4. **Use trainers who can “translate” QI methods to public health.** Although QI concepts are similar across many fields, public health examples generally resonated better with beginners than did clinical or industrial examples, according to several MLC states. Experienced healthcare and private sector QI trainers can help public health jurisdictions meet training needs, as long as they can use public health examples (such as WIC, obesity, or environmental health) in the program’s hands-on activities and materials. Florida’s 3-day statewide performance improvement training engaged over 150 participants by offering multiple learning tracks, a variety of public health examples, and faculty skilled in both QI methods and public health.

5. **Connect training to team projects or special funding opportunities.** *One of the most promising practices to emerge from the MLC-2 states is the idea that QI training must be anchored to practice opportunities. As examples:*

- Washington and Michigan ensured that all training participants attended with a project team and a public health problem identified. Teams from agencies around each state applied to receive a combination of training, support, and a small (approx. \$5,000 - \$10,000) grant for a QI “pilot project.” During in-person trainings by MCPP Healthcare Consulting, time was set aside for each team to apply the techniques and receive assistance from faculty.
- Kansas engaged participants from all 15 public health regions in a 3-day Public Health Foundation QI training before the state released its own RFP for a similar mini-grant program. By the end of the training, participants developed a preliminary plan for a regional QI project and had the skills needed to apply for the grant and lead improvement if selected. Kansas Health Institute staff repeated trainings for the selected teams focused on their own QI projects.
- In Minnesota, a training series led by University of Minnesota, School of Public Health faculty was offered to eight local public health departments selected to undertake QI projects as part of the “Minnesota Public Health Quality Improvement Collaborative.” Training occurred in several distance learning sessions to give participating sites time to practice in between. Sites were assigned a trained graduate student to assist, plus received support for project-related expenses. To expand the benefit, trainings were open to other Minnesota agencies beyond selected sites.

6. **Include training for advisors and consultants.** To disseminate skills, some MLC-2 states like Florida, Kansas, Minnesota, and North Carolina have offered special programs or training sessions to help peer advisors, nurse consultants, or coordinators support others in practicing QI. In absence of a formal “train-the-trainer” program in public health similar to other fields, these efforts lay the groundwork for ongoing training and assistance capacity.

For additional information on MLC-2 state activities and related resources, refer to page 3.



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## RESOURCES: QUALITY IMPROVEMENT TRAINING AND ASSISTANCE

### MLC-2 State Activities:

Visit the MLC File Library at [www.nnphi.org/eCatalog](http://www.nnphi.org/eCatalog) to access examples of MLC-2 state training and technical assistance activities and documents. Select “MLC”, then click search to browse documents including the following:

### Sample QI training agendas and materials:

- Statewide Performance Improvement Training Agenda (Florida): [www.nnphi.org/CMSuploads/Agenda&Descriptions&Email-41319.pdf](http://www.nnphi.org/CMSuploads/Agenda&Descriptions&Email-41319.pdf)
- Quality Improvement Training Materials (Washington State): <http://www.doh.wa.gov/phip/PerfMgmt/qi.htm>
- Regional Performance Management & Quality Improvement Training Agenda (Kansas): [www.nnphi.org/CMSuploads/Agenda%20Kansas%20QI%20Training-83549.pdf](http://www.nnphi.org/CMSuploads/Agenda%20Kansas%20QI%20Training-83549.pdf)
- Quality Improvement/Performance Improvement Training Agenda & Materials (North Carolina): [http://nciph.sph.unc.edu/mlc/qi\\_materials.htm](http://nciph.sph.unc.edu/mlc/qi_materials.htm)
- Michigan Collaborative Learning Module: [www.accreditation.localhealth.net](http://www.accreditation.localhealth.net) (under development at press time)

### Technical assistance strategies and documents:

- Process Map for State QI Assistance to County Health Departments (Florida): [www.nnphi.org/CMSuploads/CHD\\_Process\\_Map-32290.pdf](http://www.nnphi.org/CMSuploads/CHD_Process_Map-32290.pdf)
- “Using Quality Improvement Tools for Community Health Assessment and Action Planning (CHAAP)” (Minnesota) [www.nnphi.org/CMSuploads/MN%203-76057.pdf](http://www.nnphi.org/CMSuploads/MN%203-76057.pdf)
- Academic-practice Linkages: Minnesota Public Health Collaborative for Quality Improvement [www.health.state.mn.us/divs/cfh/ophp/consultation/mlc2/index.html](http://www.health.state.mn.us/divs/cfh/ophp/consultation/mlc2/index.html)
- Statewide Processes to Identify and Support Quality Improvement Projects (Washington State)
  - How to Initiate an Idea for a Quality Improvement Project: <http://nnphi.org/CMSuploads/How%20to%20Initiate%20a%20Quality%20Improvement%20Idea-15510.pdf>
  - Quality Steering Committee, Performance Accountability Liaisons, and Project Management Resource Team Charters: <http://nnphi.org/CMSuploads/Chartering%20Quality%20Improvement%20Teams-15256.pdf>

## Other Quality Improvement Resources

### Trainers:

MCPH Healthcare Consulting, [www.mcpphealthcare.com](http://www.mcpphealthcare.com) (Contact: Marni Mason, [marni@mcpp.net](mailto:marni@mcpp.net))  
Public Health Foundation, [www.phf.org/techasst.htm](http://www.phf.org/techasst.htm) (Contact: Stacy Baker, [sbaker@phf.org](mailto:sbaker@phf.org))  
University of Minnesota, School of Public Health, [www.sph.umn.edu](http://www.sph.umn.edu) (Contact: Bill Riley, [riley001@umn.edu](mailto:riley001@umn.edu))

### Tools and Technical Assistance Resources:

National Network of Public Health Institutes: [www.nnphi.org/mlc](http://www.nnphi.org/mlc)  
National Association of City and County Health Officials: [www.naccho.org/accreditation](http://www.naccho.org/accreditation)  
Public Health Foundation, [www.phf.org/infrastructure/performance](http://www.phf.org/infrastructure/performance)  
Institute for Healthcare Improvement, [www.ihl.org/IHI/Topics/Improvement/ResourcesforPublicHealth.htm](http://www.ihl.org/IHI/Topics/Improvement/ResourcesforPublicHealth.htm)  
American Society for Quality, <http://www.asq.org/government/why-quality/quality-tools.html>  
*Public Health Memory Jogger™ II*, [www.goalqpc.com](http://www.goalqpc.com)  
*Taking Care of Business*, [www.phii.org/resources/doc/Taking\\_Care\\_of\\_Business.pdf](http://www.phii.org/resources/doc/Taking_Care_of_Business.pdf)

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