

NPHPSP USER CALL SERIES

INDIANA: A STATEWIDE APPROACH TO THE NPHPSP AND QUALITY IMPROVEMENT

May 18th, 2010 at 2:00 PM ET

Introduction: Jennifer McKeever (National Network of Public Health Institutes)

Jennifer McKeever welcomed the participants to the NPHPSP User Call Series and provided users with a brief overview of Microsoft Live Meeting features as well as multiple ways they can access the presentation slides and ask questions.

Indiana: A Statewide Approach to the NPHPSP and Quality Improvement:

Deb Koester from Purdue University shared Indiana's approach to using the NPHPSP at the state and local level to engage local health departments, local boards of health and local public health system partners in continuous quality improvement to improve the public's health. She presented their approach of a state-wide implementation of all three Performance Standards assessment tools as well as their 'next steps' using a Lean Six Sigma Yellow Belt for Public Health curriculum for unique, evidence-based public health program development to enhance delivery and quality of services in Indiana counties.

Links to Presentation:

Click [here](#) to access the presentation slides

Click [here](#) to access the presentation audio, including live meeting slides

Questions:

Q: Could you talk about how systems-based performance improvement differs from agency-level performance improvement?

A: For us in Indiana, that really is about who is involved in creating and carrying out the performance improvement plan. The local health departments will have their own agency-based strategic plan, but this refers to a community-based plan with all partners invited and contributing to the process.

Q: You have talked about how up to this point, 57 of the local health departments have done the performance standards assessment. Do you plan to have all the health departments conduct the assessment and if so, why do that as a preparation for PHAB instead of a PHAB self-assessment?

A: When Dr. Monroe started this, her provision was that health departments have to get ready for accreditation. At the same time, in order to move the needle on health outcomes, we're going to have to leverage our partnerships and use our systems. Her vision was to move both of these items forward, not one or the other. One of things the state health department has been able to utilize is our block grant funding to carry out PHSQIP. One of things we did this year, when county health rankings came out we needed a plan to provide assistance to the counties who ranked in the lower quartile. So we provided fifteen spots for these counties who wanted to participate in the assessment, because they realize those sets of data were really about the system. We would like to see all health departments participate in this, but we also know that we have some very large counties and we are trying to tackle how to approach this.

Q: How did you develop QI experts and how many do you have (i.e. is there one for each health department)?

A: For PHSQIP, we have been using a technical assistance program for a number of years. We have black belts and experts in Lean and Six Sigma who can bring their knowledge to the table. We implement the training so that you're actually creating that infrastructure among system partners and leading that at the local level.

Q: You mentioned the use of the tools A3 and A4, can you describe what those are?

A: They are a way to take everything that you would have in a charter, from defining a problem to analyzing, measuring, evaluating and making improvements on it, and we put it on one page. We use A3 to document the project and A4 to really evaluate it. So it's a very simple way of having a snapshot of everything on one page in a concise way.

Q: Can you describe what happens at the Public Health Summits?

A: We go back with our core team to bring everybody together to give them the results. Frequently the local health officer and health department administrator will kick this meeting off. It's their time to celebrate what they've done, to look at and chew on all those results, and look toward their next steps. Basically, the purpose is to look at how they are delivering public health across the system. Most often there is someone there from the state department of health to make a presentation and it also is an opportunity to work with the results. This is when we do the short surveys at the end to prioritize the model standards and also to do the LHD contribution survey.

Q: Can you give an example of how the results are used to do QI projects at the local health departments?

A: We are not using the system-based results for the health departments; we only use them for the system itself.



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