Advancing quality and performance practices in population health.

Nov 19th & 20th, 2019
Quest Conference Center - Columbus, OH

In Ohio, more than anywhere else, performance management and quality improvement are at the forefront of public health practice and innovation. OPHIX is designed for individuals and agencies to learn how quality improvement initiatives are transforming the way public health agencies function.

CONFERENCE AGENDA
Tuesday, November 19, 2019

1:00-1:30  Registration

1:30-1:45  Welcome
Andy Wapner, DO, MPH, Director of the Center for Public Health Practice
Room: Gray

1:45-3:00  Keynote Address
How Did I Get Here?
Laurie Ann Wagner, LCSW, Connecticut Department of Public Health
Room: Gray

3:00-3:15  Break

3:15-4:15  Breakout Session #1
Quality Improvement Project: Improving Response to Phase 1 Environmental Assessment Requests
Matthew Tyler, MPH, R.S., Sanitarian Supervisor/Quality Liaison at Public Health-Dayton & Montgomery County
Room: Buckeye

Making a Difference with Performance Management
Laurie Dietsch, MPH, Accreditation and Performance Management Coordinator at Columbus Public Health
Room: Scarlet

Should It Stay, or Should It Go? Implementation of a Standardized Tool for Service and Program Evaluation
Jackie Lindner, MPH, BSN, RN, Director of Nursing at Clermont County Public Health
Room: Gray

4:15-4:30  Break

4:30-5:30  Breakout Session #2
Seven Key Drivers to QI Culture Change: Lessons Learned and Challenges to Building a National Model Practice
Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, and Laura Baker, Boston Public Health Commission
Room: Buckeye

Finding and Keeping Your Workforce
Katrina Stapleton, BA, Fiscal Officer at Clermont County Public Health
Room: Scarlet

Customer Satisfaction Surveys & CQI
Garrett Guillozet, MPA, RS/REHS, AEMT, Supervisor, Environmental Health, Food Safety Section at Franklin County Public Health
Room: Gray

5:30-6:30  Poster Session/Reception
Hors d'oeuvres will be served
Room: Gray

For Session Descriptions, see Appendix
Wednesday, November 20, 2019

8:30-9:00  Sign-In & Light Refreshments

9:00-10:00  Panel
Leading Change: From Implementation to Sustaining a QI Culture
Moderator: Joanne Pearson, MA, MCHES, Deputy Director, Office of Performance and Innovation, Ohio Department of Health
Panelists: Katie Seward, MPH, CHES, CTTS, Health Commissioner, Financial Officer, Director of Alcohol and Addiction Program, Tuscarawas County General Health District; Dave Covel, MPH, RS, Lorain County Public Health; Lisa King, MBA, Director of Business and Information Systems, Zanesville-Muskingum County Health Dept; Melissa Sever, MPH, MCHES, Chief, Public Health Systems & Innovation, Office of Performance and Innovation, Ohio Department of Health
Room: Gray

10:00-10:15  Break

10:15-11:15  Breakout Session #3
Practical Ways to Introduce and Engage Staff to QI
Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, and Ori Odugbesan MD, MPH, Boston Public Health Commission
Room: Buckeye
Just Do It!
Laurie Ann Wagner, LCSW, Connecticut Department of Public Health
Room: Scarlet
Is It Really a Project?
Amanda Stidam, Six Sigma Black Belt, Quality Improvement Coordinator at Columbus Public Health
Room: Gray

11:15-11:30  Break

11:30-12:30  Breakout Session #4
Strategic Plan – Not Just a Document!
Katie Seward, MPH, CHES, CTTS; Health Commissioner Tuscarawas County Health Department and Racquel Graham, Med, Strategic Planning Consultant
Room: Buckeye
Using QI Principles to Build and Improve a New Employee Orientation Program
Beth Ransopher, RS, MEP, Workforce Development Manager at Columbus Public Health
Room: Scarlet
Collaborating for Community Health Improvement: Improving How Health Care and Public Health Work Together
Marjean Kennedy MBA, PCM, Holzer Health System and Kelly Bragg, MPH, CHES, Program Manager, Center for Public Health Practice
Room: Gray

12:30-1:30  Lunch

1:30-2:30  Large Group Learning Session
More than a Buzzword: Innovation in Public Health
Reena Chudgar, MPH, Director of Innovation, Public Health National Center for Innovations at the Public Health Accreditation Board
Room: Gray

2:30-2:45  Break

2:45-3:45  Closing Plenary
Stay Motivated: Simple Strategies to Engage Diverse QI Team Members
Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, Boston Public Health Commission
Room: Gray

3:45-4:00  Feedback Evaluations, Closing Remarks, & Adjournment
Room: Gray

For Session Descriptions, see Appendix
Appendix - Session Descriptions

Keynote Address

How Did I Get Here?
Laurie Ann Wagner, LCSW, Connecticut Department of Public Health

Laurie Ann Wagner, a licensed clinical social worker will share how a career in behavioral health and social services was the best preparation ever for the task of creating a culture of quality improvement at a public health agency. Have you ever wondered why the best laid plans for implementing infrastructure around quality improvement repeatedly seems to stall? Laurie Ann will challenge you to consider what might be going on for the people within that infrastructure.

Breakout Session #1

Quality Improvement Project: Improving Response to Phase 1 Environmental Assessment Requests
Matthew Tyler, MPH, R.S., Sanitarian Supervisor/Quality Liaison at Public Health-Dayton & Montgomery County

This session describes a successful QI project conducted by the Environmental Health (EH) program at Public Health - Dayton & Montgomery County. The purpose of the project was to improve the efficiency of responding to Phase 1 environmental assessment requests. Prior to project implementation, responding to record requests from consultants doing environmental site assessments was consuming excessive staff time. The process and responses were fragmented and there was no formal tracking method.

A diverse team from the EH and Regional Air Pollution Control Agency (RAPCA) departments used the Define, Measure, Analyze, Improve, Control (DMAIC) model to significantly improve their process for responding to these requests. The team identified baseline metrics to measure the number of days to respond to a request and the number of staff that review each request. The team used a fishbone diagram and a flow chart to analyze the root cause of the problem, which was a lack of standardization within the process. The team implemented solutions to standardize and mistake proof the process which included identifying a single intake route and web-based form for receiving all requests, distributing the requests directly to staff that did the research, and developing a coordinated response form for each request. The improvements resulted in a 64% reduction in the number of days to respond and a 50% reduction in the number of employees that reviewed the request. The program is now able to track and report data. 100% of customers and staff were highly satisfied with the new process.

Making a Difference with Performance Management
Laurie Dietz, MPH, Accreditation and Performance Management Coordinator at Columbus Public Health

This session is designed to walk participants through an example of the steps involved in establishing a department wide performance management “system” that meets PHAB requirements for both accreditation and re-accreditation. Performance management is relatively new to public health. Funding is becoming scarcer and community health issues continue to negatively impact the communities where we work, live, and play. Performance management can help us to identify whether the hard work being done to achieve outcomes is making an impact or not. It will also assist agencies in making wise resource allocation decisions.

Should It Stay, or Should It Go? Implementation of a Standardized Tool for Service and Program Evaluation
Jackie Lindner, MPH, BSN, RN, Director of Nursing at Clermont County Public Health

The presenters will discuss and demonstrate how the Standardized Tool for Service and Program Evaluation incorporates consideration of population health and impact, with the agency’s mission and viability in decision making for new and/or existing programs and services.

The Clermont County Public Health Nursing Service Quality Improvement Project started in 2017 with a goal of evaluating and improving services offered in the Nursing Division. Initially focused on existing immunization services, the CQI process quickly led the team to expand the scope of the project toward development of a universal decision-making tool that could be utilized for assessment of any program or service. The AIM statement for the project was to develop a process that will standardize and aide in the decision-making process for programs, services and/or grants. Through the Six Sigma Yellow Belt program utilizing quality improvement methods of process mapping and decision matrices, the CQI team was able to develop a tool to assist in making informed decisions about continuation of current, and pursuance of new, programs and grants.

Through this presentation, speakers will discuss how, through the use of quality improvement steps, the tool was developed. Attendees will learn how the CQI team established variable definitions and weights and implemented a customized decision matrix. A demonstration of the tool will be conducted, and attendees will be given an opportunity utilize the tool through a group-based hands-on simulation. (Access to the Standardized Services Evaluation Tool will be provided through Drop Box/Google Docs. Attendees are encouraged to bring a computer to conduct the simulation).
Appendix - Session Descriptions (cont.)

**Breakout Session #2**

*Seven Key Drivers to QI Culture Change: Lessons Learned and Challenges to Building a National Model Practice*

Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, and Laura Baker, Boston Public Health Commission

Boston Public Health Commission QI Program was awarded the 2019 NACCHO National Model Practice for building an Innovative QI Program. This interactive breakout session will explore the different innovative components of the program and ongoing challenges.

**Finding and Keeping Your Workforce**

Katrina Stapleton, BA, Fiscal Officer at Clermont County Public Health

The presentation will focus on three quality improvement projects aimed at strengthening the workforce—Recruiting and Hiring, New Employee Orientation, and Staff Retention. The presentation will discuss the tools used in each project and overall outcomes related to increasing efficiencies in the hiring process to get new employees faster; improving employee orientation to ensure consistency, proper training and overall satisfaction; and reducing staff turnover not related to retirements or terminations. The Recruiting Project looked at various process steps from the marketing of positions, the application for employment, to the process timeline and categorized them in a control and influence matrix to determine what steps in the process could be impacted. Within the first year of the project’s completion, the agency saw a 30% reduction in the time between a position being advertised and the new employee’s first day of work. Issues addressed by the New Employee Orientation Project included undefined expectations of performance, lack of training plans, and staff feeling unwelcome due to the agency and supervisors being unprepared for new employee’s first day. The Staff Retention Project began as a project to reduce staff turnover but morphed into an effort to improve current staff satisfaction and then splintered into several smaller spinoff projects including revising the flex-time policy, developing pathway to promotion for staff, increasing financial transparency, and modifications to the staff incentive program.

**Customer Satisfaction Surveys & CQI**

Garrett Guillotet, MPA, RS/REHS, AEMT, Supervisor, Environmental Health, Food Safety Section at Franklin County Public Health

What makes a customer satisfaction survey successful? Why should we solicit feedback from entities we regulate? Program evaluation must include a customer service component to effectively evaluate levels of satisfaction and to determine areas of improvement.

Our satisfaction survey was designed to solicit feedback on programmatic points and staff performance. The outcomes should be evaluated to improve overall programmatic and staff performances during food safety inspections. This survey can be used as a model to obtain necessary information to begin effective program evaluation for a variety of programs and helps create baselines for further evaluation.

With the continued push to become accredited, LHDs must be effectively evaluating regulated programs. It is important to understand areas where program improvement is needed. Often times, mandated programs are overlooked because LHDs must operate within certain parameters outlined in various laws or rules. However, continuous quality improvement must not be limited to non-mandated programs. Regulated programs must be effectively evaluated to ensure that licensees or other regulated entities, are receiving adequate service, and that the program is operating in an effective and efficient manner.

An effective customer service strategy allows agencies to engage stakeholders to improve programmatic operations that ultimately benefit both the regulated entity and program staff members.

With limited tools, LHDs can create and distribute electronic surveys to solicit feedback. This presentation will discuss how our agency created an electronic survey, what tools we used, and how we decided to ask certain questions. Additionally, the presentation will discuss our results, and what programmatic changes occurred as a result of the information we received from the survey.
Appendix - Session Descriptions (cont.)

Breakout Session #3

**Practical Ways to Introduce and Engage Staff to QI**
Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, and Ori Odugbesan MD, MPH, Boston Public Health Commission

During this session, facilitators from the Boston Public Health Commission will discuss the concepts of “gamification” and lead participants through three innovative, fun and simple games. Participants will learn other ways to customize the games, receive templates and facilitation guides. The Presenters will also share additional ideas for engaging external agencies in quality improvement work.

**Just Do It!**
Laurie Ann Wagner, LCSW, Connecticut Department of Public Health

Sometimes Quality Improvement efforts reflect two to five days of intense work using the Lean model of process improvement, others the PDSA model, while still other changes are simply instinctual to the staff who implement them. These simple improvements (called “Just Do Its” or “JDI”) are often not recognized as the creative solutions they are. This workshop will walk participants through an actual “JDI” and show how to document it using a simple web-based tool.

**Is is Really a Project?**
Amanda Stidam, Six Sigma Black Belt, Quality Improvement Coordinator at Columbus Public Health

Utilizing basic CQI tools, CPH will walk the group through how to identify when a perceived issue or opportunity is an actual project. Building on that, basic tools will be described and utilized to demonstrate how to narrow down and prioritize opportunities for the PSDA cycle.

Breakout Session #4

**Strategic Plan – Not Just a Document!**
Katie Seward, Health Commissioner Tuscarawas County Health Department and Raquel Graham, Strategic Planning Consultant

Strategic Planning is a cornerstone for QI and Performance Management in a public health department. This session will describe one health department’s approach to strategic planning from preparation through implementation, and how this process has enabled them to plan for and adapt to change.

**Using QI Principles to Build and Improve a New Employee Orientation Program**
Beth Ransopher, RS, MEP, Workforce Development Manager at Columbus Public Health

This session will outline how one accredited local health department created a robust competency-based workforce development program by highlighting a quality improvement project to improve the new employee onboarding program.

Columbus Public Health identified as a gap the need to improve the overall new employee orientation process to ensure that employees receive the information they need as a new hire and to provide hiring managers with tools and resources to adequately orient new employees to the city, the department, and the position. To meet this identified gap, the department formed an internal Employee Training Subcommittee to develop objectives and tasks in order to move the improvement project forward.

Over the course of four years the subcommittee created a checklist, resources, training modules, and training plans to meet the needs of all new hires. This improvement project greatly enhanced Columbus Public Health’s new employee orientation program for all new hires and provided hiring managers with guidance to further support a new employee’s public health experience with the department. By providing strong hiring practices and investing in our new employees, this new employee orientation program supports staff retention, reduces turnover rates, and builds a capable and qualified public health workforce.

**Collaborating for Community Health Improvement: Improving How Health Care and Public Health Work Together**
Marjane Kennedy MBA, PCM, Holzer Health System and Kelly Bragg, MPH, CHES, Program Manager, Center for Public Health Practice

This session will present how Holzer Health Systems of Gallipolis, OH, embraced the collaborative intent of a CHIP and in 2018, convened a group of four local health departments for the purposes of conducting a regional assessment. By committing Holzer resources to the process, health departments were better able to dedicate resources to collecting higher quality primary qualitative data. The result has been an extremely community focused CHNA implementation plan planning process and improved collaboration between health care and public health.
Appendix - Session Descriptions (cont.)

Large Group Learning Session

More than a Buzzword: Innovation in Public Health
Reena Chudgar, MPH, Director of Innovation, Public Health National Center for Innovations at the Public Health Accreditation Board

Quality Improvement (QI) and innovation are both important to public health practice: QI focuses on developing ideas to make things better while innovation focuses on reimagining the way we address problems to make better things. Recognizing that our traditional ways of addressing complex, wicked challenges are not sufficient, health departments can broaden their ability to create meaningful change through innovation. Innovation in health departments and communities generates a mindset shift that creates space for nimbleness, actively involves the user/community in problem-solving, and opens up creativity when addressing problems. The Public Health National Center for Innovations (PHNCI) will discuss what innovation in public health is, describe alignment and differences between innovation processes and quality improvement/performance improvement, and share an overview of the design thinking process, a common and powerful method for innovating.

Closing Plenary

Stay Motivated: Simple Strategies to Engage Diverse QI Team Members
Osagie Ebekozien, MD, MPH, CPHQ, CPHRM, Boston Public Health Commission

This session will explore simple yet effective strategies that have been explored by the speaker through coaching and engaging various national improvement teams over the past 15 years. This interactive session will build on the concept of “PDSA personalities” and how understanding your and your team’s personalities will help improve the quality of your improvement cycles.

Poster Sessions

Backflow Prevention Compliance
Ann Hollingsworth, MAE, RS, Lean Six Sigma Green Belt, Community Health Planner, Zanesville-Muskingum County Health Dept

Engaging Staff in Quality Improvement Training
Monica Harnish, MSPH, RDN, LD, Director of Health Planning/Accreditation Coordinator, Allen County Public Health

Ohio Gestational Diabetes Mellitus (GDM) Quality Improvement Collaborative: Establishing a Mother-Infant Dyad Program
Reena Oza-Frank, PhD, RD, Epidemiology Investigator Project Manager, Ohio Department of Health

Ohio Type 2 Diabetes Mellitus (T2DM) Quality Improvement Collaborative: Increasing Preventive Education and Screening Rates for Women at High-Risk for T2DM in Primary Care Settings
Allison Lorenz, MPA, Program Director, The Ohio Colleges of Medicine Government Resource Center

FOCUS on Correctional Health: An Advanced Approach to Routine Risk-Based Screening
Michael Gierlach, MPH; Ann Avery, MD; Melissa Jenkins, MD; Brittany Battle, MHA, Manager-Grant Operations, FOCUS on Cleveland Project Director, MetroHealth Medical Center

CQI Collaboration: Dumpsters Dirty Little Secrets
Jeremy Hessel, Registered Sanitarian, Director of Environmental Public Health, Hamilton County Public Health

Smoke Free for Families: A Pilot QI Primary Care Practice Program to Help Reduce Infant Mortality Risks
Mike Gittelman, MD FAAP, President, Ohio AAP; Professor, Clinical Pediatrics, Cincinnati Children’s Hospital

Getting Into the Flow of Performance Improvement
Melissa Spears, RS, Director of Environmental Health, Scioto County Health Department