*Fall 2018*

Organizational Culture of Quality Self-Assessment Tool (SAT) for Local Health Departments Version 2.0

Facilitator’s Guide



Contents

[What is the Organizational Culture of Quality Self-Assessment Tool](#WhatIsTheSAT) ………………………….2

[Steps for Completing the SAT](#QISATSteps) …………………………………………………………………………………..3-6

[Establish Data Collection Methods](#DataCollection).………………………………...………………………………..….... 4-6

[Scoring & Analyzing Data](#ScoringAnalysis) ……………………………….…………………………………………………………6-7

[Prioritizing & Selecting Transition Strategies](#PrioritizingStrategies) ……………………………………………………………7-8

[QI Assessment & Planning Cycle](#QIPlanning) ……………………………………………………………………….…………9

[Appendix](#Appendix)….……………………………………………………………………………………………………………10-18

[Story from the Field: Scott County Health Department](#ScottCounty) ……..…………………….…… 11

[Story from the Field: Maricopa County Health Department](#MaricopaSantaClara) ……………….………... 12

[Story from the Field: Santa Clara County Health Department](#MaricopaSantaClara) ………..…………….. 12

[Story from the Field: Grand Forks County Health Department](#GrandForks) …………….……….. 13

[Leadership Group Scoring: Facilitation Process](#FacilitationProcess) ………………………………….…………. 14

[Leadership Group Scoring: Sample Agenda](#SampleAgenda) ………………………………………………. 15-16

[Implementing the QI SAT Transition Strategies: QI Action Plan Template](#ActionPlan)….….. 17

Background

Local health departments (LHDs) operate in a dynamic, continually changing environment with new public health challenges emerging every day. Quality improvement (QI) has been introduced to, and embraced by, LHDs to achieve efficiencies and improve quality of programs and services. Beyond discrete process improvements, achieving and sustaining an organization-wide culture of quality is necessary to continually develop and sustain improvements, demonstrate return on investment, and ultimately impact health outcomes. The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished; it matures over several years, during which norms are passed on from one “generation” of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time.

In response, NACCHO launched the Organizational Culture of Quality Self-Assessment Tool (QI SAT) as a resource for conducting structured assessment of the current level of QI maturity. The original QI SAT was developed for NACCHO, by Continual Impact LLC, and released in 2013. In 2018, NACCHO engaged in a customer driven process to revise the original QI SAT with input from health department practitioners, QI subject matter experts, and the field at large.   
  
What is the Organizational Culture of Quality Self-Assessment Tool?  
The SAT enables LHDs to measure organizational maturity within critical aspects or elements of a culture of quality and identify next steps for transformational change. This tool benefits beginner, intermediate, and advanced LHDs by providing a baseline assessment of QI maturity, revealing opportunities for improvement, and informing a trajectory for next steps to reaching a culture of quality.

The SAT has the following main components:

1. ***Diagnostic Statements*** and ***Discussion Questions*** to assess the current organizational culture of quality and identify priority gaps.
2. Corresponding ***Transition Strategies*** that provide suggested actions to close priority gaps.
3. ***Scoring Summary*** to calculate and document results.

The SAT is based on [NACCHO’s Roadmap to a Culture of Quality](http://qiroadmap.org/) (The Roadmap). The Roadmap provides high level guidance on progressing through six phases toward a quality culture, presenting common organizational characteristics and strategies for transitioning to the next phase. Each phase is built around six foundational elements critical to building a culture of quality. The SAT is also organized by these six foundational elements and then further sub-divided into 14 sub-elements. These foundational elements and sub-elements address all the people, systems and structures — throughout all areas of an organization— that are foundational to developing a culture that values, models, and promotes continuous quality improvement. Both tools were developed and pilot tested, respectively, with LHDs and subject matter experts. **Table 1** below lists the six foundational elements and the 14 sub-elements in the SAT.

The QI SAT Version 2.0 offers a leadership and staff assessment instrument. The leadership version includes 59-diagnostic statements and is intended for senior level and QI leaders to gain an understanding of the degree to which a QI culture is spreading across the agency and to understand the formality of those efforts. The staff version includes 27 of the 59 diagnostic statements and collects feedback on items where input from a critical mass of staff is needed to understand staff perceptions of QI in the agency. While the leadership version is most critical to understanding the current state of QI, the staff version is highly recommended as cultural transformation will not happen without understanding staff perceptions.

**TABLE 1: Organizational Culture of Quality SAT: Elements and Sub-Elements**

|  |  |
| --- | --- |
| **FOUNDATIONAL ELEMENT** | **SUB-ELEMENT** |
| 1. Staff Empowerment | 1.1 Enabling Performance |
| 1.2 Knowledge, Skills and Abilities |
| 2. Teamwork and Collaboration | 2.1 Collaborative Sharing and Improvement |
| 2.2 QI Team Performance |
| 3. Leadership | 3.1 Culture |
| 3.2 Resourcing and Structure |
| 4. Customer Focus | 4.1 Understanding the Customer |
| 4.2 Meeting and Exceeding Customer Expectations |
| 5. Quality Improvement Infrastructure | 5.1 Strategic Planning |
| 5.2 Performance Measurement and Use of Data |
| 5.3 Annual Quality Improvement Planning |
| 6. Continual Process Improvement | 6.1 Improving Standardized Work |
| 6.2 Planning for Quality Improvement Projects |
| 6.3 Testing, Studying, and Acting on Potential Solutions |

Steps to Conducting a Culture of Quality Assessment   
This resource offers guidance for leading the completion of a culture of quality assessment, including critical steps, tips and key considerations for designing the assessment process, and tools and templates that may be tailored to meet unique needs. In health departments, this is typically the charge of a QI Coordinator, QI Council or Committee, or senior leadership. Much of the guidance is based on experiences LHD practitioners in the field that have implemented previous versions of the NACCHO SAT. The remainder of this guide is structured around the following steps for completing the QI self-assessment:

1. Establish Data Collection Methods
2. Score and Analyze Data
3. Prioritize and Select Transition Strategies
4. Develop, Implement, and Evaluate a QI Plan

**Establish Data Collection Methods**

Leaders should carefully design a process for administering both SAT instruments including, selecting methods for data collection and scoring. Use the following guidance to design an assessment process:

* ***Scope the Assessment.*** Public health departments are all structured differently. Some local public health departments operate within a larger centralized system in their state. Others are in a decentralized system but operate within a larger governmental agency or part of a superagency. The SAT is adaptable, but we recommend explicitly defining the scope of the assessment at the beginning of the process and incorporate language into the instructions of the assessment such as, “this assessment applies to the public health department only.”
* ***Identify Respondents.*** Identify the desired level of staff input as this will impact the design of the assessment process. Ideally, the 59-item leadership version of the SAT should be completed by senior leaders (e.g. Health Director, department heads, executive team) and a cross-sectional QI Council that represents all areas of the agency to understand QI spread. Leaders should respond to diagnostic statements in reference to the entire agency. NACCHO also recommends administering the 27-item staff version to collect feedback from all other staff (e.g. middle managers, frontline) because staff perceptions and experiences are integral to fostering a QI culture. Comparing staff perceptions against leadership perceptions will provide valuable insight when identifying transition strategies for the QI plan. Consider from which perspective(s) staff should respond to diagnostic statements (e.g. their division, team, individual level). Some may opt not to administer the assessment to staff due to capacity issues; if this is the case, an informal process to gain widespread staff input is highly recommended.

*“The QI Cloud (QI Committee) members and departmental senior leadership determined that it was important to collect data on staff perspectives from the work unit and departmental levels.”*

*~ Maricopa County Department of Public Health (AZ)*

* ***Finalize data collection instrument(s).*** The leadership and staff versions of the QI SAT collect data across the six foundational elements of a QI culture using a six-point Likert scale. Consider what additional organizational sub-group analyses that may be desired and incorporate additional questions into the assessment instrument(s). Examples of additional questions that may provide insight into the organization’s QI culture include:
* **Staff level or position** – Questions identifying the position or level of individual respondents allow for stratification by staff level to understand differences in perceptions across line staff, managers, and leadership. Be careful to formulate response categories that maximize anonymity of respondents.
* **Department, program, or team** – Identifying different sections of the organization may be useful to determine the degree to which the QI culture is spreading across the agency, which areas may offer lessons learned or best practices, and which areas need more focused attention or additional resources.
* **Staff tenure** – Differences in QI perceptions across new and more tenured staff may offer insight into the degree to which QI strategies are working over time and how to incorporate QI into the onboarding processes.
* ***Orienting Respondents.*** To increase overall quality and inter-rater reliability of the data, orient assessment respondents to the agency’s overall QI vision, the assessment process, scoring methods, QI concepts covered in the SAT, and how the data will be used. NACCHO offers the [*Orienting Staff to the QI SAT slide deck*](http://qiroadmap.org/wp-content/uploads/2018/10/QI-Culture-Staff-Orientation-Slides.pptx) based on the NACCHO SAT with content, talking points, and facilitator instructions which can be tailored to align with the agency’s individual SAT and overall process. The staff orientation should be delivered prior to, or in conjunction with, the data collection process.

*“It is helpful to provide basic education to all staff. Inexperience or lack of common QI knowledge can skew the results and cause confusion in identifying the current “phase” and transition strategies.”*

*~ Grand Forks County Health Department, ND*

* ***Identify Dissemination Methods.*** Currently, PDF and Word versions of both tools are available on the NACCHO website. You may choose to disseminate the assessment using paper copies or to program the assessment into an online survey tool (e.g. Qualtrics, Survey Monkey). Submission of paper copies will require more time to compile and calculate scores, however, this may be preferable for staff with limited access to computers or familiarity with online surveys. An online survey allows for more streamlined data collection, broad dissemination, and built-in data analysis functions. Consider perceived anonymity of responses when selecting dissemination methods. For example, staff may fear that an online assessment instrument is not truly anonymous and may consequently not be honest in their responses. ***Note that in Winter 2018, NACCHO will begin exploring options for offering an online tool at the national level.***
* ***Design a Data Collection Process.*** When designing a process, consider the level of staff input desired, feasibility, and QI knowledge and expertise across staff. NACCHO recommends the following steps, however, some agencies may choose to adapt these based on capacity or current culture.
* **Administer Staff Assessment** – Following a staff orientation, disseminate the [staff QI SAT](http://qiroadmap.org/wp-content/uploads/2018/10/NACCHO-QI-SAT-2.0-Staff-version.docx) to all staff except senior leaders and QI leaders. To increase response rates, regularly communicate expectations and the importance of the process and refrain from disseminating while other initiatives demanding staff time are underway (e.g. workforce assessment, office move, public health emergency). This assessment takes approximately 30 minutes to complete depending on knowledge and experience.
* **Administer Leadership Assessment –** Disseminate the [leadership QI SAT](http://qiroadmap.org/wp-content/uploads/2018/10/NACCHO-QI-SAT-2.0-Leadership-Version.docx) to senior agency leaders and QI leaders. This may occur simultaneously with the staff assessment. All leaders should complete the assessment individually and it should take approximately 60 minutes to complete. You may choose to skip this step if you are facilitating leadership group discussions described below.
* **Leadership Group Discussion and Scoring –** The [leadership SAT](http://qiroadmap.org/wp-content/uploads/2018/10/NACCHO-QI-SAT-2.0-Leadership-Version.docx) includes group discussion questions corresponding to each set ofdiagnostic statements which can be used to collectively score. Although this step may take longer than relying solely on individual scoring, it allows for rich discussion, greater buy-in, and increases objectivity and quality of the data. A designated facilitator should present concepts in each section of the SAT and lead discussions to score each diagnostic statement. The [*Leadership QI Assessment: Group Discussion and Scoring PowerPoint*](http://qiroadmap.org/wp-content/uploads/2018/10/QI-Leadership-Assessment_Group-Scoring-Slides.pptx)*,* [*Group Scoring Facilitation Process*](#FacilitationProcess)*, and* [*Sample Agenda*](#SampleAgenda) in the Appendix offer steps for a suggested process, talking points, and facilitation questions to lead a group through the scoring of each section of the SAT. The leadership group can collectively score diagnostic statements using any of the following methods:
  + - Based on the discussions, each respondent individually scores the diagnostic statements on either paper copies or an online survey. Scores are then averaged to attain the agency level scores for each foundational element.
    - A commercial electronic polling tool may be used where the SAT diagnostic statements are programmed into the tool prior to the meeting and respondents are then able to submit their real time via a hand-held device. This approach allows for real time scoring while maintaining anonymity.
    - Group voting may be facilitated for each diagnostic statement using some variation of a simple “show of hands” approach.

If administering both the leadership and staff assessments, the final leadership scores should be compared against an average of all staff scores. It is encouraged to facilitate group leadership scoring with staff scores in hand. Detailed guidance around scoring is presented below.

**Scoring and Data Analysis**

### The scoring scale of the SAT was intentionally designed as a 6-pt Likert scale to align with the 6 phases of the QI Roadmap. The leadership and staff versions of the SAT offer different scales as presented in Table 3 below. The leadership scale is intended to measure two constructs - the spread of QI across the entire agency and the formality of QI activities. The staff version is intended to measure staff perceptions of QI activities from their personal experiences at the work unit level using an agreement scale. To improve inter-rater reliability, all respondents – leadership and staff – should be given direction on interpreting their respective scales prior to administering the assessment.

### 

**TABLE 3: The QI SAT Leadership and Staff Scoring Scale Interpretation**

|  |  |  |
| --- | --- | --- |
| **Roadmap Phase** | **SAT Scale Score** | **SAT Scale Interpretation** |
| Phase 1: No knowledge or awareness of QI | 1 | **Leadership:** The respondent feels that the statement never occurs in the agency. |
| **Staff:** The respondent strongly disagrees that the statement occurs in their work unit or team. |
| Phase 2: Not Involved in QI Activities | 2 | **Leadership:** The respondent feels that the statement rarely occurs in the agency. |
| **Staff:** The respondent disagrees that the statement occurs in their work unit or team. |
| Phase 3: Informal or Ad Hoc QI | 3 | **Leadership:** The respondent feels the statement occurs inconsistently or on an informal or ad hoc basis in some areas of the agency. |
| **Staff:** The respondent slightly disagrees that the statement occurs in their work unit or team. |
| Phase 4: Formal QI in Specific Areas of the Agency | 4 | **Leadership:** The respondent feels the statement occurs informally in some areas and formally in other areas of the agency. |
| **Staff:** The respondent slightly agrees that the statement occurs in their work unit or team. |
| Phase 5: Formal Agency-wide QI | 5 | **Leadership:** The respondent feels the statement occurs formally in all areas of the agency. |
| **Staff:** The respondent agrees that the statement occurs in their work unit or team. |
| Phase 6: QI Culture | 6 | **Leadership:** The respondent feels the concept in the statement is fully integrated into the agency culture. |
| **Staff:** The respondent strongly agrees that the statement occurs in their work unit or team. |
| *Note: Both the leadership and staff scoring scales offer a “Not Applicable (N/A)” option. This was included to accommodate instances where the statement cannot apply due to unavoidable limitations such as regulatory restrictions. Carefully consider whether a statement should receive an “N/A” versus a Score of “1.” Generally, if a diagnostic statement represents an activity that is not occurring due to limited capacity, it should receive a score of “1” rather than “N/A.”* | | |

### Calculating Scores

### Average all scores in each sub-element and record it in the[*Scoring Summary Sheet*](http://qiroadmap.org/wp-content/uploads/2018/10/QI-SAT-2.0-Scoring-summary.xlsx)*,* along with the evidence for selecting the score. Once sub-elements scores are inputted into the scoring summary, an overall score for each foundational element will self-populate. Once all foundational elements are scored, a total score will populate at the bottom of the scoring summary sheet. This total score corresponds to the appropriate phase on the NACCHO Roadmap. The Scoring Sheet includes a tab for leadership scoring, staff scoring, and a summary score sheet. The summary score sheet includes an evidence column to clearly record why scores were selected as a reference for future QI assessment and planning cycles. Use of this feature is highly encouraged to substantiate scoring. Refer to the instructions tab for more scoring guidance.

**Analyzing and Interpreting Scores**

### If using an online survey, it likely has built-in functions for data analysis and you may not need the Scoring Sheet. When analyzing data, it is common to discover a disparity between leadership and staff scoring. This is often due to level of QI knowledge and awareness, however, exploring reasons for this will help develop more targeted strategies and areas for improvement. It is also valuable to analyze subsets of data stratified by staff tenure, staff level or position, or by division, program, or team. For example, having separate scores for each department or work unit may help tailor transition strategies for different sections of the agency. Analyzing data by staff levels may help identify targeted strategies for gaining buy-in or various training needs. It is also important to examine progress over time to determine whether scores are improving across the foundational elements from one QI assessment and planning cycle to the next.

**Prioritizing & Selecting Strategies**

The leadership SAT includes links at the bottom of the diagnostic statements for each sub-element to identify the ***Transition Strategies***. Outlined below are steps for creating a plan to enhance the agency QI culture:

* ***Identify all Transition Strategies that have not yet been implemented***. Click the link at the bottom of each section in the leadership QI SAT to identify the ***Transition Strategies*** not already implemented in the agency. Most transition strategies will likely come from the phase that corresponds to your score for that sub-element, however, ensure that all strategies from preceding phases have been implemented as all strategies within sub-elements build upon each other. *The SAT does not provide a comprehensive list of strategies and should serve as a general guide to building a quality culture.*

*“We identified strategies in the SAT appendix that were either suggested for our current phase or were from previous phases that had not yet been implemented. These strategies were then prioritized using a prioritization matrix at an Executive and QI Team meetings The top six strategies were incorporated into our 2017 QI plan.”*

*~ Los Angeles County Department of Public Health (CA)*

* ***Prioritize and Select Strategies.*** Record the high priority strategies in the [***Scoring Summary Sheet***](http://qiroadmap.org/wp-content/uploads/2018/10/QI-SAT-2.0-Scoring-summary.xlsx) and select the highest priority strategies for implementation. Select as many transition strategies as deemed appropriate, per organizational strategic and QI planning efforts. Below are example prioritization criteria that may be used:   
  + **SAT scores –** Some Foundational Elements will likely be stronger than others. Identify lowest scoring foundational element(s) and sub-element(s) and select one or more elements in which to focus improvement efforts. For organizations new to QI, it is recommended to focus initially on the transition strategies in the following foundational elements: *Employee Empowerment, 1.2: Knowledge, Skills, and Abilities*; *Leadership*, 3.1: *Culture* and 3.2: *Resourcing and Structure*. This will establish the necessary baseline understanding and leadership necessary to drive future efforts.
  + **Existing resources –** Identify strategies for which there are or will be resources to implement over the next QI planning period.
  + **Feasibility –** Prioritize strategies that can be feasibly implemented over the next QI planning period.
  + **Buy-in** - Consider which strategies may cause resistance across staff and key stakeholders and prioritize those which will garner buy-in
  + **Impact-** Identify strategies that have the potential for greatest impact on advancing QI culture

For guidance on selecting and facilitating a prioritization process, see NACCHO’s [Guide to Prioritization Techniques](http://www.naccho.org/topics/infrastructure/accreditation/loader.cfm?csModule=security/getfile&amp;pageid=215301).

* ***Incorporate Strategies into QI Plan***. The QI SAT results should feed directly into the agency QI planning process. Incorporate each strategy into the agency QI plan outlining the goals and objectives, activities, responsible staff, timeline, and performance measures that will be used to advance the QI culture. In addition to outlining the organization’s QI vision, governance, and other processes, the QI plan should include an implementation plan for advancing a QI culture. A [QI action plan template](#ActionPlan) is included in this document. This plan should include, for each strategy, the steps to implement the strategy, when they will be complete, responsible staff, and a measure of success, if applicable (e.g., % of trained employees). For more guidance on developing an agency QI plan, visit [NACCHO’s QI Plan page](http://qiroadmap.org/develop-a-qi-plan/).

**The** **QI Assessment & Planning Cycle**

Once the QI assessment is complete and the QI plan adopted, monitoring implementation and progress is critical to sustain momentum toward a QI culture. Particularly when in the earlier phases of the QI Roadmap, it is common for QI to be deprioritized when faced with competing priorities. Regularly scheduled check-ins and progress reports on the QI plan can help keep QI at the forefront. At the end of a QI assessment and planning cycle (typically 1-3 years), evaluate the process and progress made to inform the next cycle. This should be a continuous and iterative process and lessons learned from each cycle should be applied to the next.

*“We used the QI culture score as a part of our justification to request aditional qi resources for Fy18. We were successful in having a qi position added to our budget.”*

*~ Santa Clara County Health Department, CA*

It is also important to report the results of the assessment and QI goals to key stakeholders including all staff, department leadership, the governing entity, funders, and even the public at large. Although establishing a QI culture may be resource intensive, it also demonstrates that the agency is committed to continuous improvement and providing the highest quality services to the community.

**Appendix**

**FROM THEORY TO PRACTICE: STORIES FROM THE FIELD**

***Scott County Health Department (IA)***

*Scott County Health Department (SCHD) reviewed and compared several QI assessment tools and opted to use the NACCHO SAT. The QI Team felt that the QI SAT is an “official” assessment instrument which is the most thorough, provides directed guidance based on scoring, offers detailed diagnostic statements reducing the need for interpretation, has a strong link to the NACCHO QI Roadmap, and provides extensive insight into organizational performance.*

*Twelve staff (29% of full time staff), representing all five service areas, completed the SAT. This included the QI team which consists of seven individuals, three from administration and four from staff. To get broader representation, five additional individuals were added, including the Director and four other front line staff. The QI Team gathered the full group for an “Intro to Culture of Quality Assessment” discussing the following:*

* *definition of QI;*
* *difference between quality assurance and QI;*
* *why QI is important;*
* *relationship between QI and accreditation/PHAB standards;*
* *SCHD’s first step down the QI path (overview of roadmap);*
* *factors that make up a quality culture; and*
* *overview of the assessment process.*

*Following the overview, all group members received an envelope with a hard copy of the SAT and instructions, each with a unique number. The numbers were not assigned to individuals and were simply used for tracking missing surveys. Respondents were given two weeks to complete the assessment individually and return results to an assigned QI team member. The QI team member entered the results of each survey into an Excel spreadsheet and the average and mode scores were calculated for each item. The Excel document was distributed to all respondents prior to a group meeting. During the meeting, the various sub-elements were discussed until consensus was reached and the final scores, along with notes, were entered into the SAT Summary form. As a check of where the group was, the “five-finger” voting method was used as a quick check to see general agreement or consensus. SCHD plans to complete the SAT annually as the measure of progress along the Roadmap, tracking the various foundational and sub-element scores.*

*Overall, SCHD found it valuable to get a variety of opinions as it increases knowledge and ownership around QI. Although the process was initially intimidating, SCHD staff were told not to expect to be perfect and that it was okay not to score high as this did not mean they were doing something wrong.*

**FROM THEORY TO PRACTICE: STORIES FROM THE FIELD**

***Maricopa County Health Department (AZ)***

***Santa Clara County Public Health Department (CA)***

**Maricopa County Health Department**

*MCDPH developed a modified SAT tool to assess the culture of quality improvement. This assessment is based on NACCHO’s SAT but was both condensed for use by all staff members and modified to assess each of the six QI components at both the department and work unit levels. This survey is sent electronically to all staff and paper versions are distributed and collected with our WIC staff, as they don’t have easy access to personal computers. The QI Cloud (QI Council) reviews the results of the survey every year and processes the results. Identified gaps and needs are then taken into account during annual QI plan updates. MCDPH also has plans to use results at the work unit level to test out change ideas related to developing staff in low scoring areas at a small scale before scaling up these ideas for implementation at the department level.*

*Tracking changes over time in the 6 foundational elements is really helpful for the QI Cloud and for the Senior Management Team to identify a great starting point to measure the QI culture in our department. Since we use the same tool annually, we are able to see trends and strengths of the efforts we’ve put into place as well as gaps that still remain.*

**Santa Clara County Public Health Department**

*Sana Clara County Public Health Department (SCCPHD) used an abridged version of the SAT as part of an annual online survey that measures progress on several strategic department initiatives. The survey is distributed to all staff asking questions across all 6 foundational elements, except for QI Infrastructure (QI Council only) and Continuous Process Improvement (QI project teams only).*

*SCCPHD updates the QI plan annually with the results from our survey. One of the performance objectives in the agency strategic plan is to increase the number of the six foundational elements with an average score of 4 or above. The QI Council meets with leadership to update activities associated with this performance objective in the strategic work plan. The QI culture score and progress against this performance objective was successfully used as justification to request additional QI resources for FY18 with a QI position added to the budged. Progress on the QI culture score is also reported to county leadership, including the Board of Supervisors, as part of our overall communication about our performance management efforts.*

**FROM THEORY TO PRACTICE: STORIES FROM THE FIELD**

***Grand Forks County Health Department (ND)***

*The Grand Forks County Health Department (GFCHD) QI Committee and senior leadership expressed desire to include all staff members in the QI assessment process. At an all staff meeting the QI Committee presented a glossary of QI terms, the SAT in conjunction with a brief PowerPoint presentation describing the purpose of the survey in relation to our journey on the NACCHO Roadmap to a Culture of Quality. Paper surveys were then distributed to individual employee mailboxes. While this method is antiquated and more taxing on resources than an online survey, it allowed for a quick turnaround for employees that may be unaccustomed to an online survey and maintained anonymity. We requested responses be returned within 10 days. Ultimately, we had a 92% response rate (36 of 39) of the surveys.*

*All survey responses were entered into an excel database and color coded into three groups: leadership, QI committee members, and front-LinesStaff. Scores were averaged for each foundational element and between the various levels of staff member surveyed. Surprisingly, QI committee members rated our current phase at 2.5 while our front-line staff was at a 4, with leadership falling in between the two averages. These results left for a bit of confusion as to how to proceed with appropriate transitional strategies. Our QI Committee re-evaluated the Roadmap website and through facilitated discussion, we chose transitional strategies from phases 1-3 to start to build the infrastructure of QI within our department. This survey will be repeated at a minimum of two years to evaluate our progress against the NACCHO Roadmap phases of a culture of quality, to identify transitional strategies, and to identify and address training needs.*

*Involving all staff in this process resulted in a sense of ownership in our current state and a sense of responsibility in our progress to a culture of quality. If an organization is just beginning to build a formal QI program it would be helpful to provide basic education to all staff members prior to assessment or assess leadership or QI champions only to best assess current state. Inexperience or lack of common QI knowledge can skew the results and cause confusion in identifying current “Phase” and appropriate transitional strategies.*

**The QI SAT: L****eadership Group Scoring**

***Example Facilitation Process***

The facilitation process outlined below is a suggested method for conducting the QI SAT through facilitated group discussions and group voting. This process is designed for facilitating completion of the unabridged SAT, however, it can be easily tailored to accommodate an abridged version.

**Target Participants**: *Agency leadership, QI Leadership, QI Coordinator, QI Champions*

**Group Size Maximum**: *10-15 participants*

**Time:** *½ day to 1 full day depending on group size, version of SAT used, and specific scoring methods*

**Facilitator Instructions:**

1. Adapt NACCHO’s [canned PowerPoint](http://qiroadmap.org/wp-content/uploads/2018/10/QI-Leadership-Assessment_Group-Scoring-Slides.pptx) for facilitating group discussion and scoring of the QI SAT.
2. Adapt the [*QI SAT: Leadership Group Scoring Sample Participant Agenda*](#SampleAgenda) on the next page.
3. Provide the group with an overview of the process and SAT, including the purpose and department vision of QI
4. Describe the scoring scale and guidance around scoring and interpretation.
5. One by one, provide an overview of each of the foundational elements/sub-elements using the canned PowerPoint. Use the discussion questions outlined in the PowerPoint and/or the leadership SAT to generate dialogue around the agency’s status around each of the foundational elements/sub-elements.
6. Following the discussion, instruct each participant to score relevant diagnostic statements in the SAT. Choose one of the following options for collecting scores:   
   1. Each participant inputs their scores on a hard copy of the SAT using the Scoring Summary Sheet and submits to the facilitator following the session
   2. Each participant inputs their anonymous score using a group polling system
   3. The group collectively votes on a score using any variation of a “show of hands” approach
   4. Other?

**The QI SAT: Leadership Group Scoring**

***Sample Participant Agenda***

**OBJECTIVES**

* Orient assessment respondents to the NACCHO QI SAT
* Develop shared understanding of agency’s current state of QI across the six foundational elements
* Submit ratings for diagnostic statements in the NACCHO QI SAT
* Reach consensus on agency scores across six foundational elements

|  |  |  |
| --- | --- | --- |
| **Agenda Item** | **Description** | **Time** |
| **INTRODUCTION & OVERVIEW**  ***(Total Time: 25 mins)*** | | |
| **Overview of QI vision** | * Agency vision for QI * Current state of QI | **10 mins** |
| **Overview of Self-Assessment Process** | * Steps in assessment process * Overview of the SAT * Scoring methods * Participant expectations * Ground rules | **15 mins** |
| **ASSESSMENT & SCORING**  ***(Total Time: ~4.5 hours)***  For Sub-Element, the following objectives will be met:   * Provide an overview of the sub-element * Participants discuss agency’s current status of that sub-element * Participants score the sub-elements | | |
| **Foundational Element 1: Employee Empowerment 40 mins** | | |
| **Sub-Element 1.1: Enabling Performance** | * Assessment of how well agency enables employees to use QI and achieve high performance | **20 mins** |
| **Sub-Element 1.2: Knowledge, Skills and Abilities (KSAs)** | * Assessment of public health and QI knowledge, skills, and abilities | **20 mins** |
| **Foundational Element 2: Teamwork & Collaboration 40 mins** | | |
| **Sub-Element 2.1: Sharing and Collaboration** | * Assessment of how well agency teams function and perform | **20 mins** |
| **Sub-Element 2.2: QI Team Performance** | * Assessment of opportunities for learning and sharing the agency | **20 mins** |
| **Foundational Element 3: Leadership 40 mins** | | |
| **Sub-Element 3.1: Culture** | * Assessment of the established environment to support a QI culture | **20 mins** |
| **Sub-Element 3.2: Resourcing & Structure** | * Assessment of resources and structure to support a QI culture | **20 mins** |
| **Foundational Element 4: Customer Focus 40 mins** | | |
| **Sub-Element 4.1: Understanding the Customer** | * Assessment of how well the agency understands customer needs, values, and satisfaction | **20 mins** |
| **Sub-Element 4.2: Meeting and Exceeding Customer Expectations** | * Assessment of how well the agency uses customer data to make decisions and continuously improve | **20 mins** |
| **Foundational Element 5: Quality Improvement Infrastructure 60 mins** | | |
| **Sub-Element 5.1: Strategic Planning** | * Assessment of the agency strategic planning process | **20 mins** |
| **Sub-Element 5.2: Performance Measurement** | * Assessment of agency performance measurement process | **20 mins** |
| **Sub-Element 5.3: Annual QI Planning** | * Assessment of agency QI planning process | **20 mins** |
| **Foundational Element 6: Continuous Process Improvement 60 mins** | | |
| **Sub-Element 6.1: Standardizing Work** | * Assessment of standardized work processes | **20 mins** |
| **Sub-Element 6.2: Planning for QI Projects** | * Assessment of how well agency plans for improvements of QI projects | **20 mins** |
| **Sub-Element 6.3: Studying and Acting on Potential Solutions** | * Assessment of how well agency tests potential solutions and acts on results in QI projects | **20 mins** |
| **IDENTIFY NEXT STEPS**  ***(Total Time: 20 mins)*** | | |

**IMPLEMENTING THE QI SAT TRANSITION STRATEGIES**

***QI Action Plan Template***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Foundational Element: Staff Empowerment  *Sub-element: 1.2: (Knowledge, Skills, and Abilities)  Goal: (Empower staff to engage in QI to improve programs and services)*  *Transition Strategy:* (Make QI training and resources readily accessible to all staff) | | | | | | | |
| **Tactic** | **Staff** | | **Timeline** | **Documentation** | | **Process Metrics** | **Outcome Metrics** |
| **SMART Objective 1.1A:** *(At least 75% of all staff that have been employed at [agency] for at least 6 months have attended a QI orientation training).* | | | | | | *# of orientations offered over a 6-month period* | *% of staff employed for at least 6 months that describe a QI process, as demonstrated by post-test* |
| *Adapt NACCHO QI Staff Orientation PowerPoint* | *QI Coordinator* | *February* | | | *PowerPoint Slides* |  |  |
| *Schedule Orientation sessions* | *QI Coordinator* | *March* | | | *Calendar Invites* | *# of staff accepted invites* |  |
| *Deliver orientations* | *QI Coordinator* | *(April-October)* | | | *Sign-in Sheet* | *# of staff attending* |  |
| *Administer orientation post-test* | *Evaluation Specialist* | *December* | | | *Post-test Results* | *Response rates* |  |
| **Tactic** | **Staff** | **Timeline** | | | **Documentation** | **Process Metrics** | **Outcome Metrics** |
| **SMART Objective 1.1B:** | | | | | |  |  |
|  |  |  | | |  |  |  |
|  |  |  | | |  |  |  |
|  |  |  | | |  |  |  |
|  |  |  | | |  |  |  |

***Instructions:*** *Using the transition strategies selected from the QI self-assessment process, adapt this action plan template to identify SMART objectives, tactics, staff leads, timelines, and performance measures for each strategy. This action plan should be a part of the agency QI plan.*