

## Quality Improvement (QI) Mini-Collaborative Technical Assistance Webinar

Community Health Improvement Planning (CHIP)  
Target Area Group (TAG)

June 2, 2009  
11:00 AM – 12:30 PM




1

---

---

---

---

---

---

---

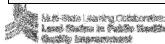


---

---

---

### Agenda

11:00 AM – 11:05 AM	Welcome
11:05 AM – 12:05 PM	Team Updates with Feedback on Work Products Approximately 10 minutes per Team Adams Clay Kane Knox Peoria St. Clair
12:05 PM – 12:15 PM	Next Steps for PDSA • Draw Conclusions from Problem Analysis/ Work Flow Process (Study) • Identify Interventions for Implementation (Act) • Develop Implementation Plan (Plan) • Implement (Do) • Measure Improvement/Change (Study)
12:15 PM – 12:25 PM	Q and A
12:25 PM – 12:30 PM	Feedback on Vye and Online Posting




2

---

---

---

---

---

---

---


---




---

---

## Team Updates

1. Adams
2. Clay
3. Kane
4. Knox
5. Peoria
6. St. Clair






3

---

---

---

---

---

---

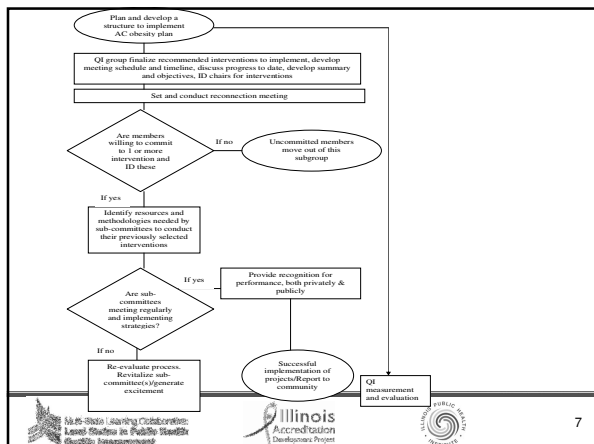
---

---

---

---






---

---

---

---

---

---

---

---

---

---

## Clay County

### AIM Statement

To increase the collaborative partnership as defined by diversity, commitment, and productivity of the health improvement plan group members and their ownership of the CHIP implementation. We do this in order to present a unified approach to disease prevention.

**Long term:**  
Leadership position of Community Health Committee held by a stakeholder other than a health department employee. Goal: January, 2010  
Health improvement planning objectives integrated into stakeholders' strategic plans/evaluations. Goal: 50% of stakeholders present plan/evaluation including HIP objectives by Dec, 2010

**Intermediate term**  
Increase participation of stakeholders in implementing health improvement plan as measured by the number of tasks accepted. Goal: 10% of all stakeholders accept responsibility for one or more tasks by October, 2009

**Short term**  
Increase percentage of stakeholders in attendance at meetings. Goal: 75%  
Implement meeting assessment tool (end on time, meeting place/time convenient, meeting productivity) by first stakeholder meeting. Goal: June, 2009

---

---

---

---

---

---

---

---

---

---

### Clay County Health Department

#### QuILT Force Field Analysis – Health Improvement Planning

**Ideal state:** High level participation by collaborative partners in health improvement planning and implementation.

+ Driving Forces	Restraining Forces -
Philosophically, people believe in health improvement ▶▶▶	◀ Results are not immediate – delayed gratification
Small community advantage of knowing people / issues ▶▶▶	◀ Immediacy of intervention is not a great concern
Participation will improve quality of life/health ▶▶▶	◀ Restricted funding sources – lack of monies available for use in health priority areas
Health improvements will save money ▶▶▶	◀ Poor economic conditions = decrease in employer support for participation in non-essential activities
Collaboration will minimize duplication of services and fill service gaps ▶▶▶	
Increased access to resources through collaboration ▶▶▶	
High level of media interest draws public interest which leads to positive public relations ▶▶▶	

---

---

---

---

---

---

---

---

---

---



## Knox County

**AIM Statement**

To increase the diversity, commitment, and productivity of the Community Health Improvement Planning group members and their ownership of the health improvement planning process. We do this in order to provide a coordinated planning process.

Diversity

**Short term** - The scope of membership in the KCCHIP citizens workgroup is increased.

**Medium term** - The achieved scope of membership is maintained.

**Long term** - A diverse citizens workgroup will be realized as evidence by outcome measure that demonstrate appropriate citizen representation necessary to effectively identify, assess, plan, and implement quality improvement initiatives.

Commitment

**Short term** - Community workgroups are well attended.

**Medium term** - Community workgroup members are following through in participation.

**Long term** - Community workgroup members are showing up at a majority of meetings or are sending representatives.

Productivity

**Short-term**- KCCHIP members are educated on I-Plan and Group Dynamics.

**Medium term**- Group members identify their areas of interest and pick a committee.

**Long-term**- Group members complete actions/duties assigned to their specific group/team.

---

---

---

---

---

---

---

---

---

---

---

### Unproductive Planning Process

**Ideal State:** To provide a coordinated and productive planning process.

+ Driving Forces		Restraining Forces -
Healthier Knox County	→	Lack of knowledge about the process
Diverse workgroup	→	Lack of diversity
Committed workgroup	→	Lack of commitment
Productive workgroup	→	Lack of productivity
A community that collaborates	→	Lack of interest
Unduplicated resources	→	No rewards seen
More knowledgeable workgroup	→	Lengthy process
Partners are implementing plan/change	→	Lack of teamwork
Healthy governmental policies	→	Dominating personalities
More visibility in the community	→	Improper facilitation
Community buy-in/excitement	→	No tangible end
Achievement of long-term goals	→	Going through the motions
Correct focus of plan	→	Goals too lofty
Realistic planning goals	→	No measurable short-term changes seen or realized
		Information too complicated

---

---

---

---

---

---

---

---

---

---

---

15

---

---

---

---

---

---

---

---

---

---

---

**PEORIA AREA COUNTY PLAN REVIEW APPENDIX**


Identify the metrics, indicators, and performance of the community health organizations, planning group members and other community health system organizations planning process. All metrics should be able to provide a coordinated planning process.

A variety of metrics may be utilized as evidence to achieve outcomes that demonstrate appropriate system integration necessary to effectively identify, assess, plan, and implement quality improvement initiatives.

Continuously change the number and knowledge of health care planning for the following organizations:

Identify current health care organizations engaged in the planning process. Date of last plan.

Organization	Date Last Plan	Year	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Peoria Health Department	2007																				
2. Peoria Health Care Center	2007																				
3. Peoria Health Care Center	2007																				
4. Peoria Health Care Center	2007																				
5. Peoria Health Care Center	2007																				
6. Peoria Health Care Center	2007																				
7. Peoria Health Care Center	2007																				
8. Peoria Health Care Center	2007																				
9. Peoria Health Care Center	2007																				
10. Peoria Health Care Center	2007																				
11. Peoria Health Care Center	2007																				
12. Peoria Health Care Center	2007																				


16

---

---

---

---

---

---

---

---

---

---

---

---

## Peoria County


### AIM Statement

Create a diverse partnership with a capacity to work together to produce a system-wide community health plan that is owned and implemented by community partners.

**Long term**  
 A system-wide community health plan will be created that is owned and implemented by community partners as evidenced by:  
 Percent of the community health planning members committing resources to achieve outcomes.

**Medium term**  
 Develop community health indicators; identify effective change strategies and community agencies or organizations to implement changes as evidenced by:  
 Percent of membership accepting leadership roles  
 Percent of member attrition

**Short term**  
 Create a diverse partnership with a capacity to work together to use integrated planning as a model as evidenced by:  
 Percent of sectors with appropriate representation  
 Percent of members with sustained attendance  
 Completion and follow-through of assigned action items by members


17

---

---

---

---

---

---

---

---

---

---


---

---

### Force Field Analysis

#### Shared Ownership of CHP

Driving	Restraining
<ul style="list-style-type: none"> <li>• Common recognition of need for change</li> <li>• Poor health outcomes</li> <li>• Racial/ethnic disparities</li> <li>• Need for coordinated community planning</li> <li>• Need for reduced system costs</li> <li>• Paradigm shift to prevent</li> <li>• Everyone has need for health/strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>• LHD certification requirement/timeline</li> <li>• Different                             <ul style="list-style-type: none"> <li>- agendas/interest</li> <li>- self-ID</li> <li>- silos</li> </ul> </li> <li>• Perceived redundancy</li> <li>• No trust/competition</li> <li>• Rush to problem Id</li> <li>• Up-front costs</li> </ul>


18

---

---

---

---

---

---

---

---

---

---

---

---




## St. Clair County

**AIM Statement**  
 To ensure that each strategic issues in our Health Improvement Planning (HIP) has at least 1 measurable objective (w/ strategies for action aligned) by 12/09. We do this in order to take measurable action to improve health.

**Long Term**  
 Healthy people in healthy communities as measured by attainment of quantified outcome measures for leading community health problems such as cardiovascular disease, respiratory disease, infant mortality/morbidity, disparate health outcomes for minorities, and STDs.

**Medium Term:**  
 Measurable goals for reduction in specific risk factors such as smoking rates or high risk sexual behavior or direct interventions such as access to prenatal care for which data is available, resources are in place or can be re-directed to impact the health issue, and there are evidence-based short-term interventions that can be carried out and then data can be evaluated to assess if change resulting in improvement. Measurable goals with action steps will be defined for at least one goal within the scope of each of the 7 strategic issues identified in the Community Health Plan.

**Short Term**  
 Leveraged collaborative partnerships with genuine stakeholder buy in as measured  
 % of strategic issues with at least 1 measurable objective  
 Get consensus on criteria/importance  
 Align objective measures with action steps (strategies) to address strategic issues

19

---

---

---

---

---

---

---




---

---

---

## Next Steps

- Draw Conclusions from Problem Analysis/ Work Flow Process (Study)
- Identify Interventions for Implementation (Act)
- Develop Implementation Plan (Plan)
- Implement (Do)
- Measure Improvement/Change (Study)

20

---

---

---

---

---

---

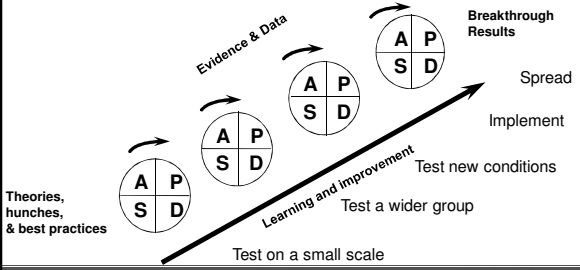
---

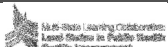


---

---

---

### Sequential Building of Knowledge Includes a Wide Range of Conditions in the Sequence of Tests



---

---

---

---

---

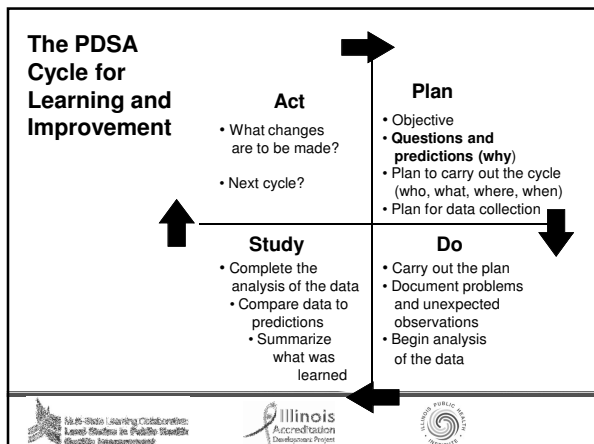
---

---

---

---

---




---

---

---

---

---

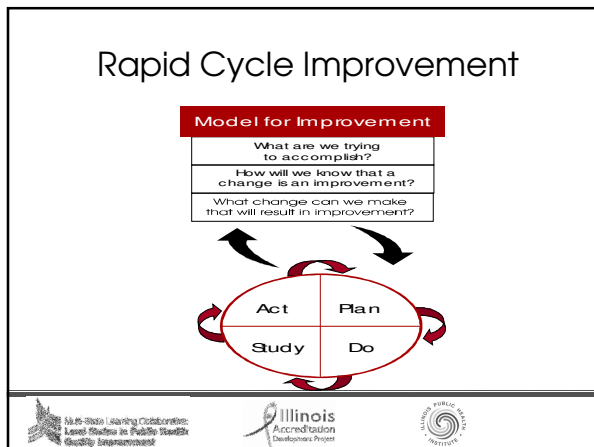
---

---

---

---

---




---

---

---

---

---

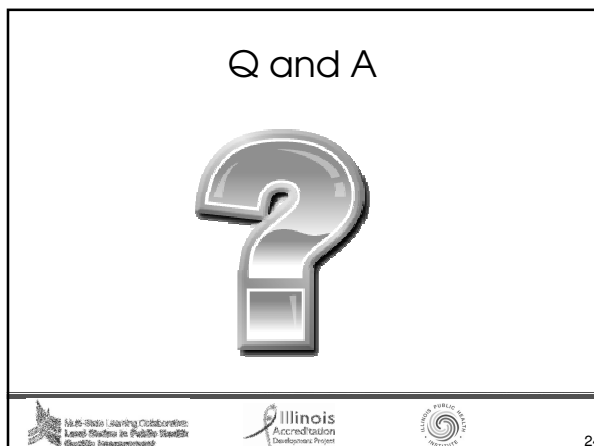
---

---

---

---

---




---

---

---

---

---

---

---




---

---

---



## Feedback on Vview




25

---

---

---

---

---




---

---

---

## Let us hear from you...

- Please complete the online survey to give us feedback.
- We value your input to improve this collaborative experience.
- [Click here for the Online Survey.](#)




26

---

---

---

---

---

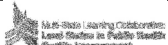


---

---

---

## Upcoming Events

- TA Webinar with TAG Content Expert  
July 7 – 11:00 AM – 12:30 PM
- QI TA Webinar with Marni  
August 4 – 11:00 AM – 12:30 PM
- Hold the Date: November 4-5 for QI Event in Bloomington




27

---

---

---

---

---

---

---

---

Need TA? Have Questions? or Need to Submit Work Products?

- Laurie Call  
[laurie.call@iphionline.org](mailto:laurie.call@iphionline.org)  
217.679.2827
- Jim Harvey  
[jim.harvey@iphionline.org](mailto:jim.harvey@iphionline.org)  
312.850.4744



---

---

---

---

---

---

---

---

THANK YOU



---

---

---

---

---

---

---

---