Quality Improvement (QI) Mini-Collaborative Technical Assistance Webinar

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

August 4, 2009
11:00 AM – 12:30 PM

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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 – 12:10 PM	Next Steps
12:10 PM – 12:25 PM	Q and A
12:25 PM – 12:30 PM	Feedback on Vyew/Online Posting Feedback on QI Tools/Learning Needs for November Learning Session

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Team Updates

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

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Adams County

AIM Statement

To increase by 10% members from selected sectors actively participating in the implementation of the leadership delegation by 2010. Actively participating is defined as attendance at 2/3 of meetings and implementing one or more intervention strategies identified in the Adams County obesity plan. We do this in order to improve community collaboration and to improve the health status of Adams County residents.

Long term

Improved obesity rates in Adams County residents

Medium term

% of members that implement one or more intervention strategies identified in the Adams County obesity plan, % of members contributing resources (including hosting meetings)

Short term

% of members who attend at least 2/3 of meetings, % of members from selected sector who attend meetings

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Adams County CQI Project
Obesity Leadership Delegation
July 30, 2009

Our community Obesity Leadership Delegation group has had two meetings- one was on May 11, 2009 and the other was July 13, 2009. We administered a meeting effectiveness evaluation in each of the meetings. The results are attached. We also completed a driving and restraining forces analysis for our project. We then administered a survey of the July meeting participants to get further information regarding the participants reasons for participating in a community planning process (which were the driving and restraining forces that were identified). The results of this survey are attached as well.

Based upon all of this data, we determined that the area we needed to focus on was on having clear goals for the process. In order to improve in this area, we implemented a more action-based and clear agenda. We also spent quite a bit of time at the July meeting in discussing community planning and the process that we are hoping to use to guide the group's work. We also read the comments and tried to address the issues that were identified. We will continue to utilize the meeting effectiveness evaluations at each meeting and address the findings. We will also continue to obtain input from the participants regarding what they are hoping to get out of participating in the process and the forces that are keeping them from gaining from the process.

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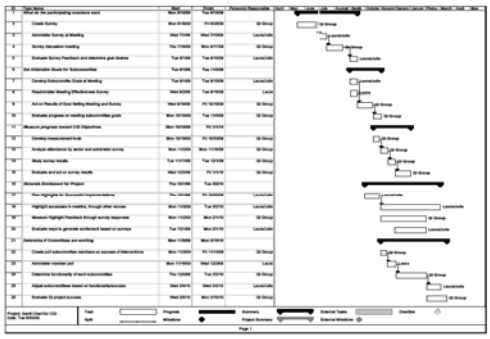

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Adams County Data

Meeting Driving Forces
Meeting Effectiveness 5/11
Meeting Effectiveness 7/13

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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

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Clay County Health Department
QuILT Work Plan

Updated 7/29/09

PROJECT: Present a unified approach to community health improvement.

AIM:	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.
Measures:	**Long term:** Leadership position of Community Health Committee held by a stakeholder other than a health department employee. Goal: January, 2010 **6/26/09 Leadership of Access to Health Committee assumed by Hospital President** Health improvement planning objectives are integrated into stakeholder's strategic plans/evaluations. Goal: 50% of stakeholders present plan/evaluation including HIP objectives by Dec, 2010 **6/26/09 HIP objectives integrated into hospital strategic plan.** **Intermediate:** 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% **7/1/09 First meeting not held yet.** Implement meeting assessment tool (end on time, meeting place/time convenient, meeting productivity) by first stakeholder meeting. Goal: June, 2009 Increase frequency of stakeholder meetings. Goal: At least quarterly.

Cycle	Activity	Person Responsible	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
1 – PLAN	Establish objective of CHC	CHC/PLAN									
PLAN	Identify CHC Members	QuILT									
DO	Contact CHC Members & survey for best dates/times	QuILT members									
DO	Set meeting date / format / agenda	CHC / QuILT									
DO	Select evaluation tool (include commitment statement)	QuILT									
DO	Conduct meeting of CHC Measure: Attendance %	CHC									
STUDY	Review evaluations and follow-up with interested members Measure: Meeting effectiveness	QuILT									
2 – ACT	CHC meet again & set meeting schedule for next year Measure: Attendance %	CHC									

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Clay County Health Department
QuILT Work Plan (cont'd)

Cycle	Activity	Person Responsible	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
	CHC review IPLAN strategies / revise as needed / develop implementation plan Measure: Participation level of stakeholders	CHC									
STUDY / PLAN / DO	Review evaluations / data and implement changes Measure: Meeting effectiveness	QuILT									
3 – ACT	CHC meet and establish roles for upcoming year Measure: Leadership role taken by stakeholder other than CCHD employee. Attendance %	CHC									
	Continue work on strategies and implementation Measure: Participation level of stakeholders	CHC									
STUDY / PLAN / DO	Review evaluations / data and implement changes Measure: Meeting effectiveness	QuILT									

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Kane County

AIM Statement

To increase identification of resources within the community and improve the sharing and leveraging of these resources to achieve IPLAN priorities.

We do this in order to maximize the strengths of the community and reduce duplication of efforts to better achieve IPLAN priorities.

Short-Term

Identify 100% of community resources that can contribute to IPLAN priorities

Increase to 90% participation in activities by key identified sectors

Increase to 80% follow-through on action items identified in meetings

Interim

75% of partners commit to or contribute resources to address target IPLAN priorities

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Kane County Community Partnership QI Project

Force-Field Analysis

Ideal State:
We participate in meaningful community partnerships that are productive and objective-based with appropriate from agencies creating mutually beneficial outcomes.

+ Driving Forces	Restraining Forces -
Efficiency →	← Lack of Ownership
Synergy →	← Follow Through
Outcomes →	← Time Barriers
Create Momentum →	← "Who gets credit" issues
Productive →	← Competition
↑ Collaboration to build momentum →	← Duplication
Clout →	← Inertia
Connections →	← Funding
Visibility →	
Positive relationships with partners →	

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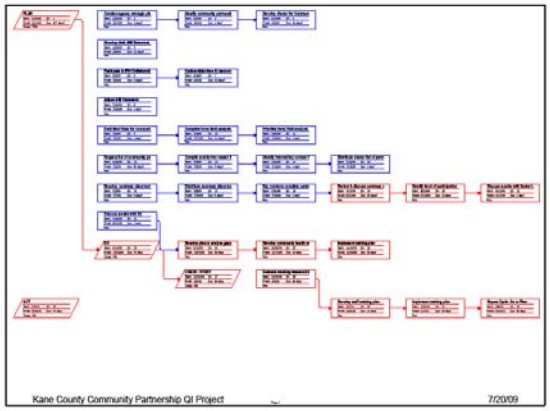

Prioritizing Forces of Change

• Measurable outcomes↑	5
• Follow through↓	5
• Productive↑	4
• Positive relationships w/ partners↑	4
• Duplication↓	2
• Lack of ownership↓	2
• Visibility↑	1
• Efficiency↑	1
• Funding ↓	1

Kane County July 20, 2009

Down arrow signifies restraining force, up arrow signifies driving force

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Partnerships Information Form

Name of Group:

General Purpose

Who attends this meeting?

Are the minutes readily available? ☐ Yes ☐ No

Does this group have a website? ☐ Yes ☐ No
If yes, what is the website address?

Who should attend from KCHD?

Time/Frequency of meetings

What priority does it address?

Is this group a 501c3? ☐ Yes ☐ No

Is there a political need to be at this meeting? ☐ Yes ☐ No
If yes, what is the specific need?

What is the level of collaboration?

What will happen if KCHD is not present?

Are there are dues to pay? ☐ Yes ☐ No

General Comments:

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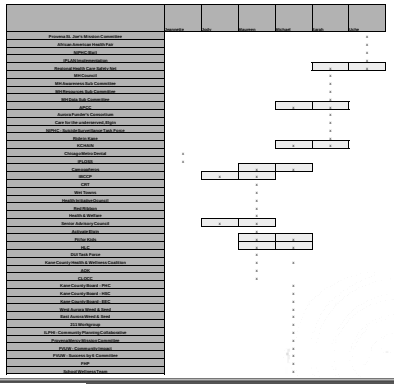
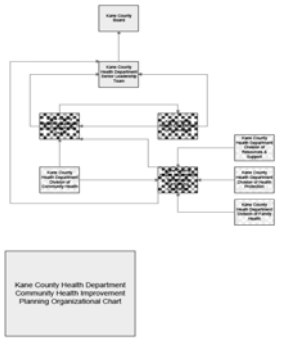




Knox County

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.

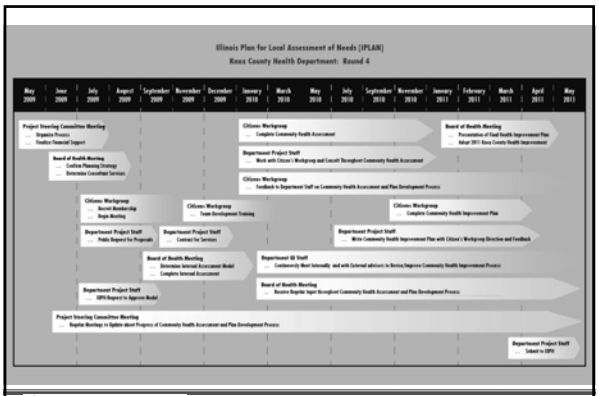
Long term - Community workgroup members are showing up at a majority of meetings or are sending representatives.

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.



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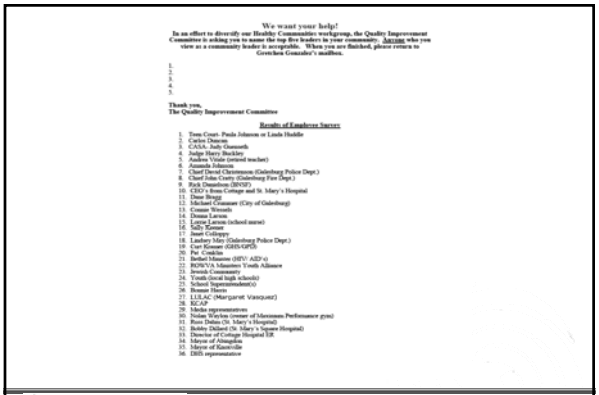

We want your help!

In an effort to diversify our Healthy Communities workgroup, the Quality Improvement Committee is asking you to name the top five leaders in your community. Anyone who you view as a community leader is acceptable. When you are finished, please return to Gretchen Gonzalez's mailbox.

1.
2.
3.
4.
5.

Thank you,
The Quality Improvement Committee

Results of Employee Survey

1. Teen Court- Paula Johnson or Linda Hoddle
2. Carlos Duncan
3. CASA- Judy Gunsorth
4. Judge Harry Buckley
5. Andrea Vinite (retired teacher)
6. Amanda Johnson
7. Chief David Christenson (Galesburg Police Dept.)
8. Chief John Coutts (Galesburg Fire Dept.)
9. Rev. Bernard Brown (BNSF)
10. CEO's from Cottage and St. Mary's Hospital
11. Dane Bragg
12. Michael Cotanzaro (City of Galesburg)
13. Connie Wessels
14. Donna Larson
15. Lorrie Larson (school nurse)
16. Jack Cottage
17. Janet Cottage
18. Lindsey May (Galesburg Police Dept.)
19. Curt Kinnear (GHS/GPSD)
20. Pat Conklin
21. Bethel Mission (HIV/ AID's)
22. ROWVA Minutemen Youth Alliance
23. Jewish Community
24. Youth (local high schools)
25. School Superintendent(s)
26. Bonnie Harris
27. ICC (Margaret Vasquez)
28. ECAP
29. Media representatives
30. Nolan Wayne (owner of Movements Performance gym)
31. Ross Dubin (St. Mary's Hospital)
32. Bobby Dillard (St. Mary's Square Hospital)
33. Director of Cottage Hospital ER
34. Mayor of Abingdon
35. Mayor of Knoxville
36. DHS representative

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Peoria County

REVISED AIM Statement

By June 2010, identified Public Health System Partners will commit to a common process to assess, plan design and execute strategies for continuous community health improvement.

Long term

Extent of implementation of planning process; accomplishment of MAPP phases.

Medium term

Commitment of resources; Percent of LPHS partners committing resources to carry out planning process.

Short term

Level of engagement; Percent of identified sectors of LPHS with appropriate representation.

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Project: Shared Ownership of Community Health Planning Process (V 3.0)

Aim Statement: By June 2010, identified Public health system partners will commit to a common process to assess, plan, design and execute strategies for continuous community health improvement.

Measures (goals):												
Short-term--*level of engagement*: percent of identified sectors of LPHS with appropriate representation												
Mid-term--*commitment of resources* Percent of LPHS partners committing resources to carry out planning process												
Long-term--*extent of implementation* of planning process: accomplishment of MAPP phases												

Cycle Number:		Change tested:	Person(s) responsible	Week 1	2	3	4	5	6	7	8	9	10	11	12
1.		*Create a diverse partnership representing at least 75% of identified system partners*	Committee co-chairs, internal team (committee review)												
	P	*[Plan to identify and engage partners]*													
	D	*[Carry out plan]*													
	S	*[Evaluate against benchmarks]*													
	A	*[Adapt plan for future cycles]*													
2.															
	P														
	D														
	S														
	A														
3.															
	P														
	D														
	S														
	A														
4.															
	P														
	D														
	S														
	A														

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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 lease 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

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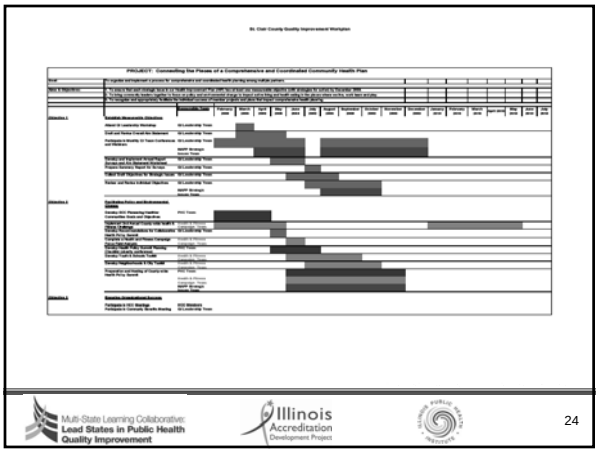

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Next Steps

- Identify measurable outcomes
- Plan to monitor actual outcomes
- Draw conclusions from data analyses and other tools
- Revise the interventions or plans based on the conclusions
- Share successful tools and interventions

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Q and A

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Let us hear from you…

- Please complete the online survey to give us feedback.
- We value your input to improve this collaborative experience.
- Link to survey will be sent to you.

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Upcoming Events

- September 1st CHIP TAG Webinar (11 AM)
- October 6th CHIP TAG Webinar (11 AM)
- Hold the Date: November 4-5 for QI Event in Bloomington

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Feedback

- Vyew / Online Posting
- QI Tools and Learning Needs for November Learning Session

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

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  217.679.2827
- Kathy Tipton
  kathy.tipton@iphionline.org
  312.850.4744

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