**ADMINISTERING THE NACCHO QI SELF-ASSESSMENT TOOL: GROUP FACILIATION**

***Facilitator Talking Points and Discussion Questions***

***Facilitator Instructions:*** *Adapt the following facilitation talking points and discussion questions to your agency’s QI assessment process and use in conjunction with NACCHO QI SAT Facilitation Slides to administer group facilitation and scoring of the QI SAT.*

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| **Foundational Element/Sub-Element** | **Overview: Facilitator Talking Points** | **Discussion Questions** |
| **Foundational Element 1: Employee Empowerment & Commitment****Facilitator Talking Points:*** To achieve a culture of quality, all employees, from senior leadership to frontline staff, have infused QI into the way they do business. Employees continuously consider how processes can be improved, and innovation is the norm. QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature.
* To enable this, employees need access to QI and job training, clear expectations around job performance and QI, meaningful feedback systems, reliable work processes and resources to perform job duties and implement QI, and delegated authority to take action to improve performance
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| **1.1 Enabling Performance** | * Enabling performance is about ensuring staff have sufficient resources, reliable work processes, and a supportive work environment to engage in QI and be successful.
 | * Have we clearly articulated expectations around QI across all staff?
* Do staff have access to needed resources to do their jobs? To learn and implement QI?
* Are skilled QI and other job related mentors available to staff?
* Have staff been given a voice in the agency’s QI process (e.g. nominate or select projects? Authority to make improvements)?
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| **1.2 Knowledge, Skills & Abilities (KSAs)** | * This sub-element is about assessing QI and public health KSAs, implementing plans to address gaps, and provision of training and resources to grow staff KSAs.
 | * To what extent are our workforce development processes and plans addressing gaps in performance and workforce competencies and KSAs?
* Are sufficient employee performance tracking or appraisal processes in place to support meaningful growth?
* Are sufficient QI and other workforce training opportunities and resources readily available to all staff?
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| **Foundational Element 2: Teamwork & Collaboration****Facilitator Talking Points:** * Transforming organizational culture is an organization-wide effort requiring teamwork and collaboration. QI project teams should routinely be formed to brainstorm, solve problems, implement QI projects, and share lessons learned.
* Organizations should be skilled at quickly forming effective teams, as needed.
* Collaboration and use of learning communities among divisions and programs must also exist to share knowledge, standardize processes and ultimately break down silos that may exist throughout the organization.
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| **2.1 Team Performance** | * The creation and use of high performing teams in an agency is essential to quality.
* This sub-element looks at the functionality and accountability of QI teams and work teams.
 | * Do teams have processes in place to support success (e.g. effective communication mechanisms, opportunities to meet, methods for tracking goals)?
* What accountability mechanisms are in place to ensure that teams meet their goals?
* Are QI teams being held accountable and prioritized in daily work?
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| **2.2 Learning Communities** | * To further a quality culture, it is critical to collaborate where appropriate and share knowledge and lessons learned between individuals, teams, and even organizations.
* Improvements resulting from QI projects in one department should be spread throughout the agency, breaking down silos.
 | * What formal or informal mechanisms exist for staff to collaborate and share successes and lessons learned across teams?
* What external opportunities are staff engaged in to enhance knowledge and expertise around QI other job functions?
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| **Foundational Element 3: Leadership****Facilitator Talking Points:*** Leadership’s commitment is vital for the success and sustainability of a QI culture. The Health Official and senior leaders should initiate and lead the process for transformational change, dedicate financial and human resources to QI, communicate progress, and exhibit lasting support for QI.
* All leaders, including anyone who directs the work of others, are critical to executing the QI directions and actions as they must address both the resourcing and technical side of change (e.g., building the infrastructure, processes, and systems needed for effective QI) and the human side of change (e.g., alleviating resistance, maintaining transparency, meeting training needs, attaining team support).
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| **3.1 Culture** | * This sub-element assesses the degree to which leaders are actively creating an agency environment conducive to QI.
 | * Has leadership defined and communicating a clear and inspiring vision for QI and its urgency?
* Has QI been integrated into agency policy, plans, and procedures?
* How do leaders model behaviors in support of QI, as they expect from staff?
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| **3.2 Resourcing & Structure** | * A critical role for leaders is to seek out and provide resources and structures to support, drive, and sustain QI in the agency.
 | * Does the agency have sufficient funding and resources allocated for QI?
* Does the agency have a high functioning QI Committee?
* Do leaders have the necessary KSAs necessary to drive and sustain QI?
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| **Foundational Element 4: Customer Focus****Facilitator Talking Points:** * External customers are the most important part of why organizations exist and service to them is a core tenet of quality. High performing organizations use a deep understanding of customer values to drive decision making.
* Services offered should be customer driven and continuous assessment of customer values and satisfaction should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction.
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| **4.1 Understanding the Customer** | * This sub-element assesses the degree to which the agency collects and uses data on customer values, needs, and satisfaction to drive decision-making and continuous improvement.
 | * Do we have any agency-wide system for collecting customer satisfaction data?
* What processes are in place to understand customer values and needs in our programs and services?
* To what extent is customer input and satisfaction data used to drive improvement efforts?
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| **4.2 Satisfying the Customer through the Value Stream** | * Use of value streams, i.e., the detailed end-to-end processes necessary to deliver a program or service, to increase customer satisfaction
* Value stream maps include the major process steps, informative data, how information flows, and a timeline for delivering programs and services.
 | * Do staff understand the concept of value streams?
* Are specific efforts undertaken to identify and improve steps in processes that most impact customer satisfaction?
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| **4.3 Reprioritizing and Creating Programs and Services** | * Customer data, input, and values should be taken into consideration when reprioritizing and/or creating new programs and services.
 | * What processes does the agency use to understand and project emerging public health trends in the community?
* To what extent does the agency adapt or realign current programs and services to address emerging or future public health issues?
* When developing new programs and services, are customer needs and internal/external factors used to inform the design and delivery?
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| **Foundational Element 5: Quality Improvement Infrastructure****Facilitator Talking Points:*** To achieve a culture of quality, and organization must have the systems and structure in place to support QI. QI must be aligned with the organization’s mission, vision, and strategic plan and linked to organizational and individual performance. The following are components of a strong QI infrastructure**:**
	+ QI Governing Body which governs the agency’s quality program, overseeing the implementation of the QI plan and/or PM system, supporting individual QI projects, reviewing performance data and reporting progress, and recommending next steps.
	+ PM System provides a framework for measuring, monitoring, and reporting progress toward strategic organization, division, and program goals and objectives. It provides a structured, data-driven approach to identifying and prioritizing necessary QI projects.
	+ QI planning processes outline the agency’s QI goals and objectives, providing direction and structure for QI efforts.
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| **5.1 Strategic Planning** | * This sub-element assess the degree to which the agency engages in a 3-5 year strategic planning process that is implemented and monitored for success against strategic goals.
* The strategic plan should be linked to QI activities. For example, strategic goals that are not being met should be prioritized as QI projects.
 | * Do we have a strategic planning process which results in a strategic plan which engages stakeholders and considers internal and external factors?
* To what extent is the strategic plan being implemented and monitored?
* What processes are in place to link department-wide programs and services to strategic goals?
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| **5.2 Performance Measurement and Use of Data** | * Performance data is the backbone of QI. The performance management system should be established to identify metrics and standards against which performance is monitored.
* A mix of process, output, and outcome metrics are used to understand effectiveness of programs and services and more readily identify targeted areas for improvement.
* Performance standards and targets are set to assess against metrics using sources like national or state standards (e.g. HP2020), past agency performance, or peer agencies.
* Data sources are defined for all metrics and responsible staff regularly collect data using an effective information system for storing and analyzing data (e.g. performance dashboard).
* A schedule for frequency of data reporting to relevant stakeholder is followed.
 | * Is there an effective agency-wide process for developing meaningful performance metrics in all programs, services and departments?
* Are these metrics cascaded both horizontally (e.g. are all departments tracking cross-functional metrics like finance and HR) and vertically (e.g. do performance metrics in operational work plans link up to department and agency level plans or the strategic plan?)?
* Are staff held accountable for collecting, storing, analyzing, and reporting data in accordance with a standard reporting schedule?
* Do all department, programs, and services monitor and report their performance against established standards and indicators?
* Is there a formal process in place to report performance throughout the department and to external stakeholders?
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| **5.3 Annual Quality Improvement Planning** | * A QI planning process should be adopted by an agency to ensure that progress is being made toward a QI culture through an adopted QI plan.
* This assessment data will inform strategies for inclusion in the QI plan.
 | * Are opportunities for improvement, including QI projects, identified from performance data?
* Is there a formal QI planning cycle resulting in a QI plan with actionable goals & objectives that is being implemented and monitored?
* Does assessment data inform goals and objectives in the QI plan?
* Do we hold ourselves accountable to implementing the QI plan?
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| **5.4 Administrative and Functional Processes and Systems** | * This sub-element assesses the administrative processes and systems in place in the agency to support and drive QI (e.g. Finance, IT, HR).
* Administrative teams understand both the internal and external agency customer needs and monitor their own performance.
* Their work impacts the entire organization and, therefore, it is critical for these teams to understand QI and support organization wide process improvements.
 | * Do administrative teams measure performance? Do they understand and meet internal and external customer needs?
* Are our administrative departments engaged in QI?
* Do the agency’s IT systems meet performance improvement needs?
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| **Foundational Element 6: Continual Process Improvement****Facilitator Talking Points:*** Continual Process Improvement (CPI) is a never-ending quest to improve organizational work process performance. Performance is improved through the systematic application of proven QI methodologies that engage work team members in developing permanent changes to processes to reduce waste, improve quality of services, and increase customer satisfaction.
* CPI provides a framework for conducting QI projects in any work process, in any area of an organization. It enables auditing how well an organization is applying project-based problem solving to drive improvement. And as an organization’s QI culture advances, CPI becomes increasingly embedded into daily improvement activities as part of normal work in addition to being applied through formal QI projects, resulting in broader and more rapid process improvement
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| **6.1 Selecting and Applying QI Methods** | * This sub-element assesses the utilization of QI methods to diagnose problems, and develop measurable improvements throughout the QI project cycle. QI practitioners are able to identify the most relevant QI tools for specific issues (e.g. process maps, RCA, Pareto chart, interrelationship diagraph)
* QI methods are correctly applied and frequently result in measureable improvements.
* Staff are coached on use of various QI tools to implement in their daily work.
 | * Are formal, defined QI methods being properly used in QI projects and daily work?
* Do those implementing QI projects understand when and how to apply various QI methods?
* Are QI projects resulting in improvements?
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| **6.2 Planning for process improvements** | * This sub-element assesses the degree to which we effectively follow steps in the “Plan” phase of the Plan-Do-Study-Act cycle. This includes the following:
	+ Clearly defined improvement objectives and Aim statements which are specific and measurable?
	+ Examination of current work process to determine root causes. For example, through the use of baseline data, flowcharts, or other Root Cause Analysis methods prior to diagnosing and solving problems?
	+ Identification of best practices used to inform potential improvements and analysis of unintended disruptions or inefficiencies that may arise.
	+ Detailed plans for testing the selected intervention which state the hypothesis, timeline, data collection methods, and staff roles.
 | * Do QI projects all have clearly defined aim statements with baseline data?
* Are processes related to the Aim statement closely examined to inform Root Cause Analysis
* Are potential improvements to be tested identified based on RCA and are best practices considered?
* Do all QI projects clearly define a ‘test’ plan to determine whether improvements are made?
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| **6.3 Testing Proposed Solutions** | * This sub-element closely related to the ‘Do,’ ‘Study,’ and ‘Act’ phases of the PDSA cycle.
* It is about systematically testing and validating proposed solutions prior to implementation, in order to build knowledge and increase the likelihood of success. For every QI project:
	+ Potential improvements are tested on a small scale in the real environment according to a test plan and results, observations, problems are documented.
	+ Results are compared to baseline data and gaps between predicted and actual results are studied and documented
	+ Proposed solutions are either scaled up or standardized, i.e. adopted; adapted with a revised test; or abandoned.
 | * To what extent are potential interventions tested according to plans and within the real environment?
* Are tests done on a small scale and gradually scaled up once improvement are demonstrated?
* Are data used to implement next steps that ensure improvements are made or sustained?
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| **6.4 Extracting Lessons Learned** | * This sub-element assesses the degree to which we formally and deliberately capture, share, and use knowledge and lessons learned to accelerate continuous improvement.
* Examples of this include staff deliberately seeking out knowledge to improve programs, services, or other aspects of daily work; Reflecting and capturing lessons learned from tested improvements (either from a QI project or general improvements); and the use of lessons learned for continuous improvement.
* A common public health example of this is After Action Reports in emergency preparedness
 | * Do we have a culture of learning where staff regularly seek out knowledge?
* Are knowledge, innovations, and solutions are regularly sought after and applied?
* Are lessons learning are routinely shared throughout the agency?
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| **6.5 Sharing Best Practices** | * Identifying, developing, sharing, and replicating best-known methods and solutions to stabilize and accelerate improvement.
 | * Does the agency regularly seeks out evidence base and best practices across programs, services, and administrative functions?
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| **6.6 Effectively Installing Standardized Work** | * Documenting and deploying standard methods of how work gets done so it can be effectively used to decrease variation and enable continual process improvement.
 | * Does the agency have evidence based standard operating procedures across programs, services, and administrative functions?
* Are staff sufficiently trained in these procedures?
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| **6.7 Process Management, Results and Continual Improvement** | * This sub-element assesses whether the agency effectively measures, manages, and continuously improves work process performance over time.
* Employee and customer feedback should drive these improvements
 | * Does the agency have evidence based standard operating procedures across programs, services, and administrative functions?
* Are staff sufficiently trained in these procedures?
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