



# Project Charter

## DOCUMENT CONTROL

Document Information	
Project Name:	ISDH Essential Service Continuous Quality Improvement Training Program
Project Manager:	Kathy Weaver
Agency/Division:	Office of Public Health and Medicine Partnerships
Document Author:	Sue Hancock
Date:	5-10-09

## REVISION HISTORY

Version	Date	Changes
1	5-10-09	Original program charter

## Agency Strategic Objective

The mission of Indiana State Department of Health is to support "Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities." Voluntary National Accreditation for state and local health departments is scheduled to start in 2011. In order to actively pursue the ISDH mission, to prepare to apply for its own accreditation, and to support local health departments in voluntarily preparing for their accreditation, ISDH needs to expand the number of people with public health quality improvement expertise in the state and engage its programs and local health department partners in a process to promote continuous quality improvement.

The ISDH Essential Service Continuous Quality Improvement Training Program (CQI-T) aims to foster a culture of quality improvement (QI) in the state and local health departments by developing a workforce that:

- Values and supports continuous learning and program improvement
- Disseminates and reinforces QI practices at minimal cost
- Demonstrates knowledge and skills in QI techniques
- Implements program improvement projects
- Tracks project implementation; documents and reports improved service performance
- Celebrates successful program improvement efforts

CQI-T has two strategic objectives: 1) to further disseminate, reinforce and build upon improvement experiences (education and projects) initiated by Purdue Healthcare TAP through the Public Health System Quality Improvement Program (PHSQIP), and 2) enable ISDH programs and local health departments to use data obtained through the Continuous Quality Improvement Assessment and the National Public Health Performance Standards Local Assessment (respectively) to improve their programs and prepare for accreditation.

## **Key Project Stakeholders**

<b>Stakeholder</b>	<b>Title</b>	<b>Business Unit</b>	<b>Responsibility</b>
Dr Judy Monroe	State Health Commissioner	ISDH	Champion
Executive Leadership	Deputy Director, AC's	ISDH	Sponsors
Kathy Weaver	Office Director, MLC-3 PI	OPHMP	Project oversight
Sue Hancock	ESQI Coordinator	OPHMP	Project implementation
MLC-3, State, Local Partners	Various	ISDH, IPHA, LHD's, H-TAP	QI Trainers
ISDH, LHD Workforce	Customers	ISDH	Participate in QI training, adopt methods
Collateral Partners	Various	State agencies, CBO's, CHC's, higher education, professional associations	State and Local PH system QI initiatives

## **Project Purpose/Critical Success Factors**

The purpose CQI-T is to build a program structure that provides ongoing, project-specific, public health-focused education in quality improvement techniques to state and local health department personnel. The education sessions this program will provide can be a subsequent step for ISDH programs who have participated in the ISDH CQI Assessment and for LHD's who have conducted the National Public Health Performance Standards local assessment, They can also be used as refresher courses or "boosters" for counties who received QI training through PHSQIP.

The CQI-T Program will enable state and local personnel to increase knowledge and competency in quality improvement techniques, launch improvement projects, and integrate improvement support mechanisms into their work culture. Adopting a culture of continuous quality improvement can potentially:

1. Decrease public health costs
2. Improve service efficiency and effectiveness
3. Improve employee morale
4. Help prepare for voluntary national accreditation (operational in 2011)
5. Increase local, state, and federal funding for public health services

The CQI-T Program will be considered successful in its first year if, by April 15, 2010:

- ISDH brings public health quality improvement experts to Indiana to prepare 20 QI trainers.
- One percent (1%) of Indiana's public health workforce will receive basic education or are refreshed in QI techniques (approx. 300 people, at a cost of \$50/person ).
- 30 QI projects are initiated.
- 75% of projects are participating in ongoing educational activities (e.g. learning collaboratives) that support their project work.

## **Business Needs**

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The CQI-T Program will be based on the Quality Improvement model, Plan-Do-Check-Act. The "Plan" phase has culminated in this Project Charter, in which the "Do" phase is described. The CQI-T Program will be evaluated ("check" phase) throughout the process with an overall evaluation completed by April 15, 2010 (see C. Evaluation, below). These first three phases will be conducted with programs at the State Health Department and selected local health department staff. In the "Act" phase beginning April 2010, ISDH will continue to disseminate QI training to state programs and local health departments throughout the state, and devise a mechanism to replace trainers as they are lost through attrition.

The CQI-T Program begins with expanding public health quality improvement expertise in the state. Nationally recognized experts will come to Indiana and prepare a cadre of instructors who can then disseminate QI techniques in the state and local health departments. The Public Health Foundation (PHF) has been identified as the best candidate to provide this service. State program teams will also participate in the first two days of this training as class space permits.

Training content will build upon lessons learned through PHSQIP. The ESQI Coordinator and the MLC-3 PI will conduct 1-2 conference calls with PHF consultants to tailor their program to fit Indiana's needs

### **A. QI Trainers**

1. PHF will provide a three-day training session for trainers. The first two days will be a standard QI training program. Prospective trainers will be formed into teams and assigned a hypothetical project on which to work. In the first two days, PHF consultants will model how QI training should be conducted and trainers will experience it from the trainee perspective. The third day will focus on facilitation skills.
2. The ISDH ESQI coordinator will contact trainers one week post-training and convene regularly afterward, as their schedules permit. Discussion points will be as follows:
  - a. Potential targets (to host training sessions) will be established and trainers assigned.
  - b. Recruitment methods will be discussed, and marketing materials scheduled for production.
  - c. Methods to assess the specific needs of prospective QI trainees will be devised and tools produced.
  - d. Training session adaptations will be shared among trainers.
  - e. Reporting mechanisms will be devised. These may include but are not limited to number of people participating in training, number and type of QI projects identified, specific project metrics.
  - f. Evaluation tools will be discussed and generated.
3. The ESQI Coordinator and QI Trainers will execute marketing and recruitment plans, with the goal of initiating 10 additional training sessions before April 15, 2010.

## **B. State and Local Program Staff**

PHF will provide a two-day training session for state program staff on the use program improvement tools. Staff will pre-select a project, based on CQI-A results, performance management goals, strategic plans or other program requirements. Program staff and trainers will participate together in the first two days of PHF training.

The ESQI Coordinator will facilitate the following steps with ISDH staff post training:

1. Formation of collaborative groups that will engage in a shared learning experience (as encouraged by MLC-3) by meeting regularly to share information and for continuing education.
2. A Share-point site will be established for projects to exchange QI project information online.
3. The ISDH Essential Service Quality Improvement Coordinator will collect data generated by projects, monitor progress and constraints, and enter all on a master database.
4. Programs will prepare story boards on their projects to report progress to agency leadership and staff by April 15, 2010.

As additional training sessions are provided, a similar process will be followed to organize collaborative learning groups at the state and local levels.

## **C. Evaluation**

The ESQI Coordinator will oversee evaluation of the CQI Training Program as follows under direction of the MLC-3 PI.

1. An evaluation and pre and post-test will be conducted before and after the national expert training.
2. Evaluations will be conducted after each additional training and collaborative meeting. Pre and post tests will be administered at the onset and completion of training sessions.
3. An overall evaluation of the CQI Training Program will be administered to trainers and collaborative participants who have finished their projects by April 15, 2010. This evaluation will be repeated once per year for trainers and at project completion for training/collaborative participants.

Data collected through these activities will focus on information learned and participant satisfaction, and will be used to improve training processes. Program/service improvement data collected from QI project teams will serve as impact data (see section B, #3).

## **Project Assumptions**

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- Broader adoption of the continuous quality improvement ethic and practices will improve public health service delivery and help state and local health departments to achieve accreditation.
- Preparing Indiana QI trainers will expedite dissemination of QI practices at minimal cost. The initial training investment will be spread across local/state training sessions over multiple years.
- Public health QI experts are best suited to initially prepare state QI trainers because they can help trainers learn to translate QI to the public health context.

- QI training will be most effective if teams generate project ideas to work on during training sessions, and are instructed in a small group environment with experiential learning activities.
- State programs and LHDs will be receptive to participating in QI education.
- Funding will be available for a staff person to manage the Train-the-Trainer program (market training sessions, provide support to trainers, collect pertinent data, evaluate the program and institute changes as required to improve the program).

### **Project Constraints**

- Personnel time: Public health workers may have difficulty justifying time away from their jobs to participate in QI education activities.
- Lack of support from ISDH supervisors, county officials.
- Lack of familiarity with the benefits of QI
- Lack of interest in seeking voluntary national accreditation

### **Preliminary Budget Estimate**

Basis of Estimate:

\$ 25,000
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Expert trainers (PHF):	\$25,000
Total Project cost:	<u>\$25,000</u>
UIC Contribution:	(\$10,000)
Balance (ISDH)	\$15,000

### **Preliminary Milestone Schedule**

Project Event	Estimated Due Date
Project Charter approved	5-31-09
Train-the-Trainer, initial ISDH training conducted	6-15-09
Marketing plan for QI training developed	8-15-09
ISDH collaboratives organized	8-15-09
End-of-year progress update – Storyboards, initial ISDH group	4-15-10
10 additional QI training programs in process or completed	4-15-10
Learning collaboratives from additional trainings formed	4-15-10
Project evaluated	4-15-09

### **Signatures**

Position/Title	Signature	Date
<b>Project Sponsor</b> (required) Dr. Judy Monroe		

<b>Other Stakeholders</b> (as needed) Dr. Lou Rowitz, Univ of IL at Chicago		
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