

# Quality Training Plan

Michigan Department of Community Health  
Public Health Administration

*Michigan Department  
of Community Health*



**Rick Snyder, Governor**  
**James K. Haveman, Director**

October 1, 2012 – September 30, 2015

*Prepared by the PHA Office of Performance Improvement and Management and the  
MPHI, Office of Accreditation and Quality Improvement*

# Quality Training Plan

---

## Michigan Department of Community Health Public Health Administration

### Introduction

The Michigan Department of Community Health (MDCH) Public Health Administration (PHA) is working to implement quality improvement and performance management methods and tools throughout the administration in order to improve organizational performance and the efficiency and effectiveness of processes, programs, and services. The purpose of the Quality Training Plan is to establish a framework for assuring that PHA adequately trains and supports employees in quality improvement and performance management. This training plan will lay the groundwork to help move PHA towards developing a culture of quality and implementing a performance management system that spans the administration.

This plan identifies:

- Training Needs
- Training Vision and Principles
- Training Goals, Objectives, and Implementation Plan
- Training Curricula
- Evaluation and Tracking
- Other Considerations

### Training Needs

#### Assessment of Training Needs

Training needs will be assessed on a yearly basis through a needs assessment instrument and through other relevant data sources as available. The training needs assessment instrument was conducted in 2012 at the onset of organized quality improvement and performance management work to establish a baseline and assess knowledge, attitudes, and behaviors around quality improvement and performance management among PHA staff. The survey speaks to the following types of information:

- Knowledge and attitudes about quality improvement
- Formal training and familiarity of quality improvement methods/frameworks
- Experience with quality improvement tools
- Quality improvement in PHA
- Knowledge and attitudes about performance management
- Performance management in PHA

The training needs assessment instrument will be administered electronically once a year to ensure PHA staff knowledge, attitudes, and behaviors around quality improvement and performance management are measured on an

ongoing basis. Data from the survey and other sources will be analyzed and specific training needs for the year will be identified based on the results. PHA wide trainings, both in person and distance, will be developed or identified and conducted based on the survey results. Trainings will occur in collaboration with a quality improvement and performance management consultant as resources allow.

## Agency-Specific Needs

The MDCH PHA has several unique qualities that generate the need for quality improvement and performance management training that should be considered as this training plan is implemented. There are three agencies at the state who hold public health responsibilities; the Michigan Departments of Community Health, Agriculture and Rural Development, and Environmental Quality. Staffing among the departments is mixed; some employees are state employees while others are non-state affiliates. Moreover, staff do not work in one location, but rather are spread across numerous locations. Thus, training efforts need to consider staffing mix and work locations.

PHA has engaged in quality improvement and performance management efforts in the past, but has not worked to formalize activities in order to sustain and spread the use of quality improvement and performance management methods and tools throughout the agency. There is a need for training in fundamentals in order fully integrate and facilitate the understanding of how formal, proven methods and tools can be incorporated into everyday practice. Each staff person within PHA will receive an introductory training in quality improvement and performance management methods and tools to lay the groundwork for the agency as a whole, in order to begin to build a culture that is built and relies on quality.

## Training Vision and Principles

### Training Vision

The MDCH PHA will assess and provide quality improvement and performance management training on an annual basis to ensure the adoption of a performance management system and the creation of a culture of quality and sustainable improvement that aligns with the department's strategic plan, mission, vision, and values.

### Training Principles

The following training principles will guide all quality training activities:

1. Trainings will align and be consistent with public health competencies for quality improvement.
2. Trainings will be delivered using a multi-modal approach in order to recognize the busy schedules of public health professionals, the diversity of learning styles, and resource limitations.
3. Trainings will be identified and provided 'just in time'.
4. Trainings will adhere to the principles of adult learning.
5. Trainings will meet the needs of PHA and fulfill requirements for the Public Health Accreditation Board.

## Goals, Objectives, and Implementation Plan

### Roles and Responsibilities

The PHA Office of Performance Improvement and Management will be directly responsible for leading the implementation of this Quality Training Plan. The Performance Improvement Manager will report directly to the PHA Director regarding progress made with the plan and resources needed to continue to carry out the plan in order to achieve its goals and objectives. Other PHA staff will be called on as needed to fulfill the goals of the plan.

## Training Goals and Objectives

The following training goals and objectives have been established for the Quality Training Plan. It is recognized that some of the goals and objectives go beyond training; the inclusion of these goals and objectives is necessary in order to begin to move the agency towards building a culture of quality and establishing a performance management system.

### **Goal 1: Improve staff knowledge and capacity to apply and use formal quality improvement methods and tools such as Plan-Do-Study-Act (PDSA) to improve services.**

- Objectives
  - By September 30, 2015, 90% of PHA leadership and management staff will be oriented to the Plan-Do-Study-Act (PDSA) quality improvement method and tools.
  - By September 30, 2015, knowledge of quality improvement methods and tools among PHA staff will increase 75% as documented by an improvement in mean scores on the training needs assessment instrument.
  - By September 30, 2015, formal application of proven quality improvement methods and tools among PHA staff will be demonstrated by the successful completion of at least six consultant or internally led quality improvement projects.
  - By September 30, 2015, PHA will be able to provide two examples, one from a program area and one from an administrative area, that demonstrate implementation of formal quality improvement activities.\*<sup>1</sup>

### **Goal 2: Improve staff knowledge and capacity to apply and use formal performance management methods and tools such as the Turning Point Model to improve services.**

- Objectives
  - By September 30, 2015, 90% of PHA leadership and management staff will be oriented to public health performance management using a public health model of performance management such as the Turning Point Model.
  - By September 30, 2015, knowledge of performance management among PHA staff will increase 75% as documented by an improvement in mean scores on the needs assessment instrument.
  - By September 30, 2015, PHA will be able to provide required documentation indicating that at least three staff development opportunities in performance management were provided for all PHA staff.\*
  - By September 30, 2015, PHA will be able to provide two examples, one from a program area and one from an administrative area, of written goals and objectives which include time frames for measurement.\*
  - By September 30, 2015, PHA will identify a manageable, defined set of performance standards and measures to monitor on a regular basis.

---

<sup>1</sup> \* denotes objectives that specifically pertain to the PHAB standards and measures.

**Goal 3: Support the use of quality improvement and performance management in local and Tribal public health departments in Michigan through training and technical assistance.**

- Objectives
  - By September 30, 2015, PHA will provide at least two training and/or technical assistance opportunities in quality improvement and performance management to local and Tribal public health departments in the Michigan.
  - By September 30, 2015, PHA will be able to provide required documentation indicating it has offered at least one technical assistance and/or training opportunity in performance management practices, methods, and tools to local and Tribal health departments.\*

**Goal 4: Use customer feedback for improvement planning.**

- Objectives
  - By September 30, 2015, at least three PHA program areas will implement a formal customer satisfaction survey and protocol to monitor and assess customer satisfaction on a regular basis.
  - By September 30, 2015, at least two PHA programs will implement a formal quality improvement project using customer feedback obtained through a customer satisfaction survey to improve the efficiency or effectiveness of a program process or service.
  - By September 30, 2015, PHA will be able to provide two examples of how customer/stakeholder feedback was collected and analyzed from two different types of customers.\*

**Goal 5: Assess and identify processes for opportunities for improvement on an ongoing basis.**

- Objective
  - By September 30, 2015, 25% of PHA program areas will have in place a formal process to assess and identify opportunities for improvement on an ongoing basis.

**Goal 6: Involve all PHA staff in improvement efforts.**

- Objective
  - By September 30, 2015, 90% of PHA staff will receive introductory training in quality improvement and performance management and be engaged in making data-driven suggestions for areas in need of improvement.

**Goal 7: Assure that the majority of quality improvement efforts focus on increasing efficiency and effectiveness such as reducing steps in a process or increasing customer satisfaction.**

- Objective
  - By September 30, 2015, 66% of successfully completed formal quality improvement efforts will achieve increased efficiency or effectiveness of a process, service, or program.

**Communication Plan**

Updates on the Quality Training Plan will be provided by the PHA Performance Improvement Manager at PHA Management Team Meetings on a regular basis in order to keep leadership and management staff apprised of progress made on the Plan. Leadership and management staff will be asked to share information provided at the PHA

Management Team Meetings regarding the Plan with staff in their bureau, division, and/or section in order to ensure all PHA staff are apprised and understand efforts occurring through this plan. Additionally, the PHA Performance Improvement Manager and the Office of Performance Improvement and Management staff will seek other opportunities in order to communicate work being carried out through the plan, such as:

- Attendance at Division meetings
- PHA-wide emails
- Staff memos
- Newsletters
- Conferences

## Training Curricula

### Training Types

In order to ensure all PHA staff are involved and receive quality improvement and performance management training, two types of training will occur:

- PHA Wide Trainings  
A minimum of two PHA wide trainings will occur each year; one training will take place in person and the other will be held via a live webinar. Each of the trainings will focus on meeting training needs identified through the annual training needs assessment and other sources of relevant information in order to move the department closer to establishing a culture of quality. Attendance at trainings will be mandatory and tracked via registration and training sign in sheets.

Additionally, self-paced web-based training modules will be developed as needs arise. These training modules will be available to all PHA staff as well as local and Tribal health departments in the state and will be housed on an easy to access website. Participation in the training modules will be tracked through the web-based system and reports will be provided to the PHA Office of Performance Improvement and Management on a quarterly basis.

- QI Project Teams  
Through September 2015, a minimum of two consultant- or internally-led quality improvement project teams will be convened each year to improve the quality of PHA's processes and services, with a particular focus on improving efficiency and/or effectiveness. During each project, the team will:
  1. Follow the principles of quality improvement using the Plan-Do-Study-Act (PDSA) cycle;
  2. Participate in an initial two-day training on formal quality improvement methods and tools, attend monthly learning meetings, and meet regularly as a team throughout the course of the project;
  3. Use data to evaluate and understand processes and services and identify ways in which those processes and services could be improved targeting efficiency and effectiveness;
  4. Conduct at least one PDSA cycle;
  5. Report project findings through a story board to the PHA Management Team at the conclusion of the project.

Consultant-led quality improvement project teams will be solicited through a brief Call for Projects process. The call for projects will provide an overview, describe the benefits of participation, explain what each team will receive if selected to participate, provide guidance on identifying and developing a quality improvement project idea, and explain how to apply. Interested program areas will be asked to provide the following information in their brief application:

1. Description of the problem or issue that will be addressed by the proposed quality improvement project.
2. Description of the process the program would like to improve that is related to the identified problem.
3. Description of any baseline data the program currently has related to the issue and target for improvement.
4. Names, positions, and email addresses of the proposed quality improvement team members.

Program areas will be encouraged to apply even if they do not have a complete quality improvement project idea formed. The Office of Performance Improvement and Management and/or the consultant will provide technical assistance to interested teams in order to help shape quality improvement projects.

Teams will be asked to identify opportunities for improvement that target specific outcomes in efficiency and effectiveness. The following table outlines the types of outcomes teams may seek in regards to both areas:

Efficiency	Effectiveness
<ul style="list-style-type: none"> <li>• Time saved</li> <li>• Money saved</li> </ul> <p>Potential short team outcomes for both areas include:</p> <ul style="list-style-type: none"> <li>○ Reduced number of steps in a process</li> <li>○ Reduced number of staff hours it takes to complete a process</li> </ul>	<ul style="list-style-type: none"> <li>• Increased customer satisfaction</li> <li>• Increased reach</li> <li>• Quality enhancement of services or data systems</li> <li>• Funds leveraged</li> <li>• Increased preventive behaviors</li> <li>• Decreased incidence/prevalence</li> </ul>

Each consultant-led team will comprise 4-6 staff. As practical, team composition will be cross-disciplinary in order to further the spread of formal quality improvement efforts throughout the agency. Teams will be asked to identify a team sponsor as well as a team lead. The team lead will be responsible for overseeing the project; ensuring the project is completed in the specified timeframe; and communicating with the Performance Improvement Manager and/or the consultants on a regular, frequent basis regarding the status of the project, including needs. Teams will receive an initial project kick-off training as well as training on a monthly basis through learning meetings. Technical assistance and training needs will be assessed on an ongoing basis throughout the team's project and addressed as they arise. Each team will be asked to develop a story board that tells the project's 'story' and to share the story board at a PHA Management Team meeting upon the conclusion of their project. When a project ends, performance measures established during the project phase will be continually monitored to ensure improvements are sustained.

## Training Methods

A multi-modal training approach will be employed in order to adequately train PHA staff in quality improvement and performance management methods. Training methods will include:

- Consultant Led

PHA will contract with a quality improvement and performance management consultant, as resources allow, to conduct trainings and provide ongoing technical assistance. The consultant will plan, develop, and implement in-person and distance trainings with PHA staff in collaboration with PHA's Performance Improvement Manager. The consultant will lead a minimum of two quality improvement project teams per year through quality improvement projects providing all training and technical assistance to the teams.

- Face-to-Face

Several face-to-face trainings will take place on a yearly basis.

- PHA-wide - At least one in-person PHA-wide training will be conducted per year. The training will focus on needs identified through the training needs assessment instrument administered on a yearly basis or other relevant data sources.
- QI project teams - One in-person, two-day quality improvement training will be held for at least two PHA quality improvement project teams per year. Additionally, monthly face-to-face quality improvement learning meetings will take place with both project teams throughout the course of their projects.
- Statewide – As resources allow, in-person half-day statewide trainings will be developed and conducted at the annual Michigan Premier Public Health Conference. Trainings will focus on quality improvement and performance management methods and tools and will include state, local, and tribal health department staff.

- Distance Learning

Distance learning will be utilized when appropriate via webinars and web-based, self-paced training. A minimum of one live webinar will be held each year with PHA staff and will address specific training needs identified through the annual training needs assessment instrument or other relevant data sources. Self-paced trainings will be developed or identified as needs arise, and hosted on a website that can be conveniently accessed by PHA staff, as well as local and tribal health department staff.

The first web-based, self-paced training will be made available beginning October 1, 2012. This training is focused on performance management and is intended to be a primer. The training will include:

- An introduction to performance management;
- Components of a performance management system;
- An in-depth look at each component;
- Information on getting started with performance management; and
- Stories from the field.

Participants will register, complete a pre-test, view the training module, complete the post-test, print their certificate of completion, and complete a satisfaction survey. Once a participant has completed the training module, they will be able to download all the training content for future reference. Reports will be run on a quarterly basis to track participation and assess use of the module.

- Train-the-Trainer and Mentoring

Train-the-trainer and mentoring methods will be employed as PHA staff are ready and feel comfortable with the methodology and tools being embraced by the agency. For example, staff who participate on quality



improvement teams may be called upon to train and mentor other staff in their program area on the methods and tools in order to further the spread of quality improvement and performance management efforts throughout the agency.

## Training Content

Key training topic areas will be based on needs assessment data and may include:

1. The Turning Point Model for Performance Management
2. Quality Fundamentals
3. Customers, Clients, and Stakeholders
4. Organizing a QI Project
5. Using the Plan-Do-Study-Act Cycle
6. Writing and Aim Statement
7. The Importance of Data and Measuring Improvement
8. Quality Improvement Tools
9. Building a Culture of Quality – In Public Health

## Training Resources

MDCH PHA will utilize two primary resources for training and reference in addition to the consultant:

1. *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook*
2. *The Public Health Memory Jogger II*

## Evaluation and Tracking

Evaluation of the Quality Training Plan will be conducted on an ongoing basis in order to ensure PHA is meeting the goals and objectives of the Plan. The PHA Office of Performance Improvement and Management will be primarily responsible for evaluating progress towards meeting the goals and objectives of the Training Plan. Several data sources will be used to evaluate progress on the plan, including, but not limited to:

- Yearly Training Needs Assessment Data
- Training and Meeting Registration and Sign-in Sheets
- Training and Meeting Evaluations
- Self-paced Web-based Training Module Completion
- Quality Improvement Project Documentation

Moreover, PHA staff participation will be tracked on a quarterly basis by representatives from each bureau, division, and/or section via a brief report or survey administered by the PHA Office of Performance Improvement and Management. The PHA Office of Performance Improvement and Management will be responsible for overall tracking.

## Conclusion and Other Considerations

This Quality Training Plan is intended to lay the groundwork for quality improvement and performance management efforts in the PHA. The plan employs a multi-modal training approach in order to maintain flexibility as well as recognize resource limitations and the busy schedules of PHA employees. This plan is intended to be adapted over time as needs arise and resources become available. Efforts carried out through this plan will aid in preparing the

agency for National Public Health Department Accreditation. Overall, the Quality Training Plan will help move PHA towards developing a culture of quality in the department.

*Michigan's Quality Training Plan was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support under 5U58CD001309-02. The contents of this Quality Training Plan are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.*