HEALTH

Quality Improvement Strategies for Public Health Emergency Preparedness

**RAND Webinar
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Acknowledgements

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 - **Initiative of RAND Health, a division of the RAND Corporation**
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 - **Robert Wood Johnson Foundation**
 - **Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services**

Session Objectives

- **Understand how quality improvement (QI) methods can be applied to public health emergency preparedness (PHEP)**
- **Learn about the experience of a pilot QI learning collaborative in PHEP**
- **Learn about using small scale drills for performance assessment and continuous improvement**

Session Outline

- 1. The Need for QI in Public Health Emergency Preparedness**
- 2. The PREPARE for Pandemic Influenza Approach to QI in PHEP**
- 3. Experiences of a PREPARE team: Genesee County Health Department**
- 4. Overview of the PREPARE for PI Quality Improvement Toolkit**

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Substantial Effort to Improve PHEP, But Gaps Remain

- Over \$6 billion invested since 2001
- Progress has been made, but improvement has been slow
 - Lack of clear goals and measures of preparedness have hampered improvement efforts
- Recent events have highlighted that there is still much work to be done

Accountability and Quality Improvement Go Hand-in-Hand

- **Increasing demands for performance accountability**
 - **PAHPA Legislation**
- **Measurement is a key element of accountability**
- **Quality Improvement methods offer a way to improve and measure performance**

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Could QI Methods Help Close Quality Gaps in PHEP?

- **What is Quality Improvement (QI)?**
 - **A systematic, data-driven, outcomes-based approach to improving performance**
- **Developed in manufacturing, recently applied to health care**
- **No widespread use of QI methods in public health agencies for preparedness**

Adapting QI to PHEP:
The PREPARE for Pandemic Influenza
Pilot Learning Collaborative

- **Planning team:**
 - **RAND**
 - **Center for Healthcare Quality at the Cincinnati Children's Hospital Medical Center**
- **Advisory expert panel**
- **Five partner public health agencies**

***Adapting QI to PHEP:
The PREPARE for Pandemic Influenza
Pilot Learning Collaborative***

Partner Public Health Agencies

**Baltimore City Health Department (MD)
Genesee County Health Department (MI)
Multnomah County Health Department (OR)
Virginia Health Department
Georgia Division of Public Health**

Design of Pilot Learning Collaborative

- **Worked together for 10 months**
 - **Three in-person meetings**
 - **Monthly progress reports**
 - **Individual and group calls between meetings**
- **Ongoing feedback and evaluation by participants**

A Four-Part Approach for Implementing QI

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Identify the Aim:

Using the PREPARE Framework

Outcome

Minimized
morbidity,
mortality
and social
disruption

Identify the Aim:

Using the PREPARE Framework

TRIGGER

Threat of
occurrence
of health
emergency

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1 *Identify the Aim:*
Using the PREPARE Framework

1 *Identify the Aim:* *Using the PREPARE Framework*

2 *Mapping the Process to Accelerate Improvement*

- **Focuses improvement team's efforts on discrete steps of the process**
- **Helps identify:**
 - **performance goals and measures**
 - **potential changes to test**
- **Helps identify smaller “chunks” for testing**
- **Leads to more effective and efficient improvement efforts**

Process Mapping Helps to Focus Improvement Efforts

Example of Accurate and Effective Risk Communication

Process Mapping Helps to Focus Improvement Efforts

Example of Accurate and Effective Risk Communication

Identify processes to reach goals

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Measure Performance

- **Good QI measures tell you:**
 - **How well a process is working**
 - **If desired outcomes are being achieved**
- **Frequent, repeated measurement is important to track change over time**
- **The best measures are relatively easy to collect**
 - **Gathered from existing databases when possible**
 - **Clearly defined to assure accuracy of information over time and location**

Process Mapping Helps to Identify Performance Measures

Example of Accurate and Effective Risk Communication

Develop measures of success

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Process Mapping Helps to Identify Performance Measures

Example of Accurate and Effective Risk Communication

Develop measures of success

4 ***Making Changes for Improvement***

- Adapt good ideas and best practices to your agency
- Use exercises or drills to test and develop improvements
- Identify day-to-day processes to use as “proxy” for rare emergency capabilities
 - Can help improve the day to day
 - Helps to prevent “preparedness burnout”
- Develop and implement changes using small scale, rapid cycle tests: PDSA cycles

Use Repeated, Small Test Cycles to Develop and Implement Ideas for Change

Plan-Do-Study-Act (PDSA) Cycle

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Use PDSA Cycles to Test and Implement Changes

**Plan the details of the
test and predict the
outcome of the test**

Use PDSA Cycles to Test and Implement Changes

**Plan the details of the
test and predict the
outcome of the test**

**Do: Conduct the test
and collect data**

Use PDSA Cycles to Test and Implement Changes

**Plan the details of the
test and predict the
outcome of the test**

**Do: Conduct the test
and collect data**

**Study: Compare
predictions to the
test results**

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Use PDSA Cycles to Test and Implement Changes

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Using Repeated PDSA cycles over time leads to changes that result in improvement

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003

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Genesee County Health Department

- Location: Genesee County, Michigan (with office/clinic locations in Flint and Burton)
- Population of Genesee County: 439,000*
- Staff size: 140
- Government: governed by a nine-member Board of Commissioners each of whom is elected from a unique district within the County. In addition, the Department reports to a five-member advisory Board of Health. The GCHD is governed by the State's Public Health Code and other rules, regulations and procedures adopted locally.

*U.S. Census Bureau, 2004 American Community Survey)

Genesee County Health Department *PREPARE team members*

- **Ward Lindsay**
 - Development, Planning & Grants Supervisor
 - GCHD PIO
- **April (Carpenter) Swartout**
 - Public Health Program Coordinator
- **Carrie Chanter**
 - Health Educator
- **Kathy DeSnyder**
 - Epidemiologist
 - Emergency Preparedness Coordinator

Our AIM for Improvement

We will minimize the health and social impact of pandemic influenza in this jurisdiction by improving the accuracy, effectiveness, and timeliness of its **risk communication** and **command and control**. By February, 2007 we will develop the tools and implement the technology to provide quick and clear communication to our staff and to the public.

We plan to do this by:

- Reducing by half the time it takes to prepare risk communication messages. (RC)
- Assuring that 100% of staff has access to and ability to use pre-prepared messages to communicate with the general public. (RC)
- Reaching all staff within 90 minutes of an identified event to relay information. (CC)

Changes Tested: Command and Control

Reaching all staff within 90 minutes of an identified event to relay information.

- How long does it take GCHD staff to confirm receipt of an emergency email?
 - Conducted repeated small drills of emergency email alerts
 - Tests to shorten the time and improve response rate:
 - Give instruction in email to alert colleagues
 - Have email sent from Health Officer
- How long does it take for GCHD incident command staff to confirm receipt of a MI-HAN alert?
 - Will frequent tests improve speed and response rate?

Data from PDSA Cycles

Lessons Learned Command and Control

- Not all staff know how to properly respond to test communications, expecting that someone else will “take care of it”
- If adequate instruction and rationale are given to staff, a better and timelier response can be expected
- If an email is sent out by the Health Officer, it will receive more attention and response
- While striving to improve response time and response percentages, we recognize that we will never have 100% of GCHD staff available to respond during an emergency and we must plan ahead for that

Changes Tested: Risk Communication

Reducing by half the time it takes to prepare risk communication messages (target: 3 hours); assure 100% of staff has access to and can use pre-written messages

- Would using a communications checklist reduce the amount of time needed to develop and release messages to the public?
- Can pre-written message maps on pandemic influenza be used by any GCHD staff to create an educational, health related column for the local newspaper more effectively than just writing the column from scratch?

Lessons Learned Risk Communication

- Having a communications checklist helps make response more comprehensive and reduces time needed to get message out
- Draft communications need to be stored in a common folder with a logical file structure, enabling all staff to access and use prepared messages
- Message maps were easy to use; staff able to adapt to create press releases, news articles.

After PREPARE : Using Non-Emergency Activities to Improve PHEP Functions

- For the last two years, GCHD has used ICS to plan our annual PH Week Conference
 - Increased familiarity with ICS in real time
 - Found areas needed to improve ICS within the agency and able to make changes
- Have used the emergency checklist for communication about conference
- Process has built staff comfort and familiarity with emergency procedures

Overcoming Barriers to Change and Spreading QI Throughout the Agency

- Requires buy-in from management team first before approaching front-line staff with change strategies
- Requires cross divisional communication and collaboration
- Requires knowledge of using data collection devices/reporting
- QI is a way of thinking, not something “extra”
- Project’s success has built confidence to take on new efforts

Most Helpful Aspects of the PREPARE Collaborative

- Learning QI methods while doing a high-priority project
- Enhanced knowledge of colleagues' roles in their own agencies
- Learning from other teams and from experts
- Strengthened relationships with community partners (e.g. hospitals, schools, media)
- Moved from planning to implementation

Next Steps to Promote QI in Public Health

- **Continued development of reliable, valid, feasible performance measures**
- **Create incentives for QI efforts**
 - **Federal guidance**
 - **States to local health departments**
 - **Build into accreditation efforts**
- **Develop skill and knowledge base in public health community**

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RAND HEALTH

PREPARE FOR PANDEMIC INFLUENZA
A QUALITY IMPROVEMENT TOOLKIT

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2. Case Reporting and Investigation
3. Command and Control
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Strategies and Tools for Improvement

In this chapter, we provide strategies and tools that can be used by public health agencies to help implement the PREPARE approach to QI. These include sample **aims**, **process maps**, performance **measures**, and **change ideas**. We have organized these ideas around the six key **domains** of public health emergency preparedness: **surveillance**, **case reporting and investigation**, **command and control**, **risk communication**, **disease control**, and **disease treatment**.

The tools were adapted from both the PREPARE collaborative and the experience of other health departments addressing **PHEP** performance. Some of the change ideas and tools have not been used previously as part of a formal QI **process**. However, we felt that these ideas could be successfully incorporated into a QI program. The chapter also includes stories from the PREPARE collaborative about how the health departments successfully used QI strategies to implement changes.

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Surveillance
Case Reporting and Investigation
Command and Control
Risk Communication
Disease Control
Disease Treatment

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Risk Communication

*Strategies and
Tools for
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1

What aim does the agency want to achieve?

The agency can effectively educate the community about emergency preparedness prior to an event. The agency is able to rapidly and effectively deliver critical health messages to, and respond to inquiries from, the public throughout the course of an emergency, and it can provide information that is medically and culturally appropriate for special populations.

2

Mapping the Process

The high-level process map in Figure 4.4, shows the key activities involved in communicating with the public about risk. The **process** begins with the decision to release a message and then lays out the activities involved in developing and disseminating the message, such as deciding on the level of the response needed (e.g., need for a Joint Information Center or call center), creating and updating the message, approving the message, and coordinating with partners.

A public health agency might carry out more detailed steps within each high-level activity. For example, one department might have a specific process in place for creating and updating a message. Similarly, there may be a series of steps involved in getting a message approved.

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Figure 4.4

Process Map of Risk Communication

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Sample Measures:

1. Time to create message after decision is made that **risk communication** to public is needed.
2. Time to obtain final message approval, once message created.
3. Time to issue message to the public (once approved).
4. Overall time to issue critical health message to public after an event of urgent public health consequence.
5. Percentage of target population reporting knowledge of critical health message

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4

Making Changes for Improvement

The following **change ideas** focus on decreasing the time needed to issue a high-quality critical health message by identifying activities that are taking the most time (e.g., creating a message, approving a message) and working to improve performance in those activities.

■ Prepare and test a checklist of processes to issue an urgent public health message. **DAILY PRACTICE**

During the PREPARE collaborative, the Genesee County, Michigan, Health Department streamlined its message-approval process and then standardized it by creating a checklist. See story below. (Measures 1, 2, 3, and 4)

■ Prewrite messages about pandemic Influenza (with messages appropriately targeted to vulnerable populations) before an emergency, anticipating common information needs for emergency communications.

Having written messages in place before an emergency event occurs will help ensure that high-quality messages can be disseminated quickly, even if they have to be revised slightly for the specific event.

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In quality improvement (QI) for public health emergency preparedness, a strategy that has the potential to improve a PHEP process, whether by altering an existing activity or implementing a new one.

4

Making Changes

The following **change ideas** focus on decreasing the time needed to issue a high-quality critical health message by identifying activities that are taking the most time (e.g., creating a message, approving a message) and working to improve performance in those activities:

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Genesee County also standardized the internal message-approval process by creating a checklist that would be easily available to staff in the event of an emergency (following the principle of safety checklists that pilots might use prior to takeoff to prevent errors). Testing these new procedures in response to actual events that occurred during the PREPARE collaborative, they found that they were able to reduce the amount of time needed to prepare messages and disseminate messages from eight to two hours. A copy of their checklist can be found in [Appendix D](#).

[Click to go to Appendix D](#)

If an emergency occurred during which many of the usual communications staff might not be available, standardizing these processes and explicitly providing instructions for their use will enable all staff to follow these processes accurately and efficiently.

Appendix D Example Emergency Communications Checklist

Click to Open
Enlarged Form

Appendices

Enlarged Form

APPENDIX D

Genesee County Health Department Emergency Communications Checklist

Michigan
STATE

DATE _____	TIME STARTED _____	EVENT _____
☒	ga	Staff Assigned Task
— —	_____	Press release – develop and release to public/media
— —	_____	Email GCHD staff – communication of event and considerations
— —	_____	Q & A fact sheet – develop and distribute to GCHD staff
— —	_____	Phone script – develop and distribute to clerical staff
— —	_____	Headline – develop script and record
— —	_____	Web page – update with active web links and supporting documents
— —	_____	File Journal article – contact/write article
— —	_____	Michigan Health Alert Network – develop and send alert
— —	_____	Letters – Superintendents, Schools, Colleges, Businesses, etc.
— —	_____	Key Contacts – Region 3 Bioterrorism Network, SNS, Michigan Department of Community Health, Other Counties, Hospital, Emergency Management, Genesee County Medical Services, etc.
— —	_____	Media Monitoring _____
— —	_____	Other _____
— —	_____	Other _____
— —	_____	Other _____
— —	_____	Other _____
— —	_____	Other _____

DATE: _____ TIME ENDED: _____ TEAM LEADER: _____

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APPENDIX D

Genesee County Health Department Emergency Communications Checklist

DATE: _____ TIME STARTED: _____ EVENT: _____

☒ n/a Staff Assigned

Task

— — — **Press release** – develop and release to public/media

— — — **Email GCHD staff** – communication of event and considerations|

— — — **Q & A fact sheet** – develop and distribute to GCHD staff

— — — **Phone script** – develop and distribute to clerical staff

— — — **Hotline** – develop script and record

— — — **Web page** – update with active web links and supporting documents

— — — **Flint Journal article** – contact/write article

ask, SNS, Michigan
Journals, Other Courses, Hospitals, Emergency
County Medical Services, etc.

— — — **Media Monitoring** _____

— — — **Other** _____

— — — **Other** _____

— — — **Other** _____

— — — **Other** _____

DATE: _____ TIME ENDED: _____ TEAM LEADER: _____

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Strategies and Tools for Improvement

Message maps are a collection of short, three-line answers to specific questions about a disease that help organize complex information and make it easier to express current knowledge. They are a resource that can be used to prewrite risk communication messages. Using message maps can help agencies to write effective risk-communication messages quickly. **DHHS has developed message maps on a wide array of pandemic-related topics.** During the PREPARE collaborative, [Click to go to Web site](#) ries of PDSAs using message mapping. A brief summary of key message mapping principles and a description of the PREPARE exercise are available in [Appendix C](#).

The *Emergency Communications Toolkit* is another useful resource for preparing materials for all-hazards emergency risk communication. It incorporates CDC's emergency risk communication materials and provides guidance for identifying audiences, developing key messages, and choosing a spokesperson. The kit also contains sample press releases, including one for pandemic influenza. The kit can be found on the **Washington State Department of Health Web site**. (Measures 1 and 4)

answers to specific questions about a
and make it easier to express current
prewrite risk communication messages.
ective risk-communication messages
de array of pandemic-related topics.
a series of PDSAs using message
g principles and a description of the

useful resource for preparing materials
corporate CDC's emergency risk
r identifying audiences, developing key
contains sample press releases,
be found on the [Washington State](#)

Pre-order your FREE copy of *PREPARE for Pandemic Influenza: A Quality Improvement Toolkit*

- Send your name, organization and address to preparedness@rand.org and enter “Requesting the PREPARE Toolkit” in the subject line
- The toolkit will be available for download from the RAND Center for Public Health Preparedness website by mid-December