

2019

Culture of Quality Self-Assessment



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Executive Summary

In 2019, the Erie County Department of Health (ECDH) conducted a Culture of Quality Assessment utilizing the National Association of City and County Health Officials (NACCHO) Organizational Culture of Quality Self-Assessment Tool 2.0. This tool was developed based on the NACCHO Roadmap to a Culture of Quality and rates public health departments on a scale from 1 (No knowledge or awareness of QI) to 6 (QI Culture.)

The tool includes a staff survey as well as a quality improvement (QI) leadership survey. QI leadership includes staff who are current members of the ECDH QI Team and current members of the ECDH Performance Management (PM) Team. There was a 100% response rate of all eligible participants for both the staff survey and the QI leadership survey. Results from both surveys were combined to rate and prioritize the NACCHO Roadmap to a Culture of Quality foundational elements.

The ECDH rated lowest in the “Leadership: Culture” and “QI Infrastructure: Performance Measurement and Use of Data” sub-elements. The “Continuous Quality Improvement: Planning for QI Projects” sub-element was also scored notably low, in an element that would have otherwise been the highest scored in the assessment.

The assessment also identified some topic areas where staff and QI leadership opinions differed greatly. This is particularly visible in sub-elements “Employee Empowerment: Knowledge, Skills and Abilities (KSAs)” and “Leadership: Resources and Structure.”

The ECDH scored an overall 4.4 out of 6.0 in the Assessment. This equates to NACCHO Roadmap to a Culture of Quality Phase 4: Formal QI in Specific Areas of the Organization. The ratings were used to select and prioritize transition strategies from the tool. Careful consideration was given to sub-elements that scored lower or had notable gaps between the staff and QI leadership surveys. These transition strategies will be included in the 2019 – 2024 ECDH Quality Improvement Plan and tracked in the VMSG Performance Management Dashboard.

The ECDH plans to employ these transition strategies in an effort to move the Department to a 5.0 rating by the 2020 Culture of Quality Self-Assessment. This rating would equate to NACCHO Roadmap to a Culture of Quality Phase 5: Formal Agency-Wide Quality Improvement.

Background

The Organizational Culture of Quality Self-Assessment Tool, Version 2.0, was developed by the National Association of City and County Health Officials (NACCHO) to assist Public Health Departments in assessing their current culture of quality. The Erie County Department of Health (ECDH) is committed to continuously improving the quality of programs and services. Through annual assessment of the Department’s culture of quality, coupled with identification of appropriate transition strategies, ECDH will continue to take a proactive approach to ensure the highest quality programs and services are being offered to the residents and visitors of Erie County.

The NACCHO Organizational Culture of Quality Self-Assessment Tool, Version 2.0 is based on the NACCHO Roadmap to a Culture of Quality. The Assessment score is on a scale from 1 (No knowledge or awareness of QI) to 6 (QI culture) which allows Public Health Department’s to identify their current state of quality culture and monitor annual improvement. The phases of the NACCHO Roadmap to a Culture of Quality scale are outlined in Table 1 below.

Table 1: The QI SAT Leadership and Staff Scoring Scale Interpretation

Roadmap Phase	SAT Scale Score	SAT Scale Interpretation
Phase 1: No knowledge or awareness of QI	1	Leadership: The respondent feels that the statement never occurs in the agency.
		Staff: The respondent strongly disagrees that the statement occurs in their work unit or team.
Phase 2: Not Involved in QI Activities	2	Leadership: The respondent feels that the statement rarely occurs in the agency.
		Staff: The respondent disagrees that the statement occurs in their work unit or team.
Phase 3: Informal or Ad Hoc QI	3	Leadership: The respondent feels the statement occurs inconsistently or on an informal or ad hoc basis in some areas of the agency.
		Staff: The respondent slightly disagrees that the statement occurs in their work unit or team.
Phase 4: Formal QI in Specific Areas of the Agency	4	Leadership: The respondent feels the statement occurs informally in some areas and formally in other areas of the agency.
		Staff: The respondent slightly agrees that the statement occurs in their work unit or team.
Phase 5: Formal Agency-wide QI	5	Leadership: The respondent feels the statement occurs formally in all areas of the agency.
		Staff: The respondent agrees that the statement occurs in their work unit or team.
Phase 6: QI Culture	6	Leadership: The respondent feels the concept in the statement is fully integrated into the agency culture.
		Staff: The respondent strongly agrees that the statement occurs in their work unit or team.

Methods

The NACCHO Organizational Culture of Quality Self-Assessment Tool, Version 2.0 includes a staff survey as well as a leadership survey component. Each of the surveys were collected using Survey Monkey. The staff survey was sent to all current ECDH staff members who were not on extended leave (over two weeks of leave from the time of dissemination.) Once the staff survey was complete, the leadership survey data was sent to those considered Quality Improvement (QI) Leadership within the Department. Per NACCHO's definition of QI Leadership, this included all current ECDH QI Team members and all ECDH Performance Management (PM) Team members.

Scores for both surveys were averaged by sub-element and element using the Scoring Summary Sheet provided by NACCHO as part of the Organizational Culture of Quality Self-Assessment Tool, Version 2.0. The Scoring Summary Sheet provided an overall Culture of Quality score as well as scores for each of the following elements: Employee Empowerment; Teamwork and Collaboration; Leadership; Customer Focus; Quality Improvement Infrastructure; Continuous Quality Improvement.

Once all survey data was collected and scored, the Department identified priority areas to focus efforts. Transition Strategies were selected from a menu of options that were provided as part of the NACCHO Organizational Culture of Quality Self-Assessment Tool, Version 2.0. These Transition Strategies will be incorporated into the 2019 ECDH Quality Improvement Plan and monitored in the VMSG Dashboard.

Results

Scores of the staff survey conducted among all current ECDH staff were averaged and compiled in the Staff Scoring Summary available in Table 2 below. Each of the elements outlined in the Assessment is broken out into sub-elements and specific topics, which feed the average element and sub-element scores. The staff survey had a 100% response rate of all current ECDH staff who were not on extended leave.

Table 2: Staff Scoring Summary

Sub-Element 1.1: Enabling Performance		4.7
1.1a	QI related expectations of staff are clearly defined (e.g. performance goals and standards, QI project participation).	4.5
1.1b	Formal or informal processes are followed to provide staff feedback on job performance (e.g. performance evaluations, ongoing feedback sessions).	4.7
1.1c	Staff are recognized for contributions and successes.	4.6
1.1d	Staff have appropriate opportunities to improve work processes (e.g. participate in QI projects, authority to implement improvements).	4.9
Sub-Element 1.2: Knowledge, Skills, and Abilities (KSAs)		4.6
1.2b	Staff have the appropriate KSAs to meet QI related expectations of them.	4.5
1.2d	Staff have access to learning opportunities (e.g. trainings, conferences) to develop <i>QI related KSAs</i> .	4.6
1.2f	Staff have access to learning opportunities to improve <i>job-related KSAs</i> .	4.8
Sub-Element 2.1: Collaborative Sharing and Improvement		4.3
2.1a	Staff share information (e.g. lessons learned, best or promising practices) across teams and work units.	4.1
2.1b	Staff collaborate on projects or ideas to improve performance through formal QI projects or other improvement methods.	4.5
Sub-Element 3.1: Culture		4.3
3.1a	Senior leadership routinely communicates the organization's QI vision and goals to staff.	4.3
3.1c	Managers and supervisors use data in a non-punitive way to review performance with staff.	4.3
3.1d	Managers and supervisors encourage their staff to engage in QI opportunities to improve work.	4.6
3.1f	Senior leaders, managers, and supervisors address staff concerns about engaging in QI (e.g., extra work, fear of job loss).	4.0
Sub-Element 3.2: Resourcing and Structure		4.1
3.2a	Senior leaders dedicate enough resources (e.g., staff time) to support and sustain QI initiatives.	4.1

Table 2: Staff Scoring Summary (Continued)

Sub-Element 4.1: Understanding the Customer		4.5
4.1c	Specific efforts are made to understand the needs and values of different customer groups (e.g., populations with health inequities, new vs. tenured staff).	4.5
Sub-Element 4.2: Meeting and Exceeding Customer Expectations		4.1
4.2a	My work unit/team regularly collects customer satisfaction data.	4.3
4.2b	My work unit/team uses customer satisfaction data to implement improvements (e.g. QI projects, making informal improvements).	3.9
Sub-Element 5.1: Strategic Planning		4.5
5.1b	Strategies for achieving agency strategic plan goals are incorporated into operational plans at the work unit level.	4.5
Sub-Element 5.2: Performance Measurement and Use of Data		4.2
5.2a	Staff contribute to the development of performance measures related to their work.	4.3
5.2c	My work unit/team tracks a mix of process and outcome measures to assess performance.	4.2
5.2f	My work unit/team sets benchmarks or targets for performance measures using past performance data and/or standards (e.g., Healthy People, State Health Improvement Plan).	4.2
5.2g	Defined protocols for collecting performance data (e.g. use of data collection instruments) are documented and followed.	4.1
Sub-Element 5.3: Quality Improvement Planning		4.2
5.3a	Staff use performance data to identify QI projects.	4.2
Sub-Element 6.1: Improving Standardized work		4.5
6.1a	Staff have access to documented standardized work processes (e.g. policies, procedures) that define critical steps.	5.1
6.1c	Documented standardized work processes reflect the way work is actually done.	4.4
6.1d	Formal QI methods (e.g. PDSA, Lean) are followed to continuously improve standardized work through QI projects.	4.1
Sub-Element 6.3: Testing, Studying and Acting on Potential Solutions		4.4
6.3d	Lessons learned from QI projects are documented and adopted into standardized work processes, as appropriate.	4.4

Scores of the leadership survey conducted among current ECDH QI Team staff and ECDH PM Team staff were averaged and compiled in the Leadership Scoring Summary available in Table 3 below. Each of the elements outlined in the Assessment is broken out into sub-elements and specific topics, which feed the average element and sub-element scores. The Leadership survey had a 100% response rate of all current QI Leadership as defined by NACCHO.

Table 3: Leadership Scoring Summary

Sub-Element 1.1: Enabling Performance		4.6
1.1a	QI related expectations of staff are clearly defined (e.g. performance goals and standards, QI project participation).	4.1
1.1b	Formal or informal processes are followed to provide staff feedback on job performance (e.g., performance evaluations, ongoing feedback sessions).	4.8
1.1c	Staff are recognized for successes and contributions.	4.5
1.1d	Staff have appropriate opportunities to improve work processes (e.g., QI projects, authority to implement improvements).	4.8
Sub-Element 1.2: Knowledge, Skills, and Abilities (KSAs)		4.1
1.2a	The agency has defined QI related knowledge, skills, and abilities (KSAs) for various levels of staff.	3.7
1.2b	Staff have the appropriate KSAs to meet QI related expectations, based on their role (e.g. QI Council members, frontline staff).	3.8
1.2c	Strategies for increasing staff KSAs for QI are incorporated into agency level plans (e.g. workforce development, QI plan).	3.8
1.2d	Staff at all levels have access to learning opportunities (e.g. trainings, conferences) to develop <i>QI related KSAs</i> .	4.8
1.2e	New staff are oriented to QI related concepts and agency vision for QI.	3.9
1.2f	Staff have access to learning opportunities to improve <i>job-related KSAs</i> .	4.5
Sub-Element 2.1: Collaborative Sharing and Improvement		4.3
2.1a	Staff share information (e.g. lessons learned, best or promising practices) across teams and work units.	4.0
2.1b	Staff collaborate on projects or ideas to improve performance through formal QI projects or other improvement methods.	4.7
Sub-Element 2.2: QI Team Performance		4.5
2.2a	QI project team members are selected based on needed KSAs in a process to accomplish the team's objectives	4.0
2.2b	QI project teams' performance is tracked for progress and accomplishments.	4.8
2.2c	QI project team dynamics (e.g. conflict resolution, mutual respect) support effective collaboration to achieve team objectives.	4.6
Sub-Element 3.1: Culture		4.1
3.1a	Senior leadership routinely communicates the organization's QI vision and goals to staff.	4.1
3.1b	Senior leadership routinely communicates the organization's QI vision and goals to key stakeholders (e.g. funders, community, local governing entity)	4.1
3.1c	Managers actively use data in a non-punitive way to review performance with staff.	3.8
3.1d	Managers encourage their staff to engage in QI opportunities to improve work.	4.5
3.1e	Senior leaders, managers, and supervisors make data-driven decisions.	3.9
3.1f	Senior leaders, managers, and supervisors address staff concerns about engaging in QI (e.g. extra work, fear of job loss).	4.1

Table 3: Leadership Scoring Summary (Continued)

Sub-Element 3.2: Resourcing and Structure		4.6
3.2a	Senior leaders dedicate enough resources (e.g. staff time, training) to support and sustain QI initiatives.	4.5
3.2b	A QI committee representing all areas of the agency is empowered to support QI initiatives.	4.9
3.2c	A formally adopted agency QI policy and/or plan is implemented.	4.3
Sub-Element 4.1: Understanding the Customer		4.4
4.1a	The agency collects data on external customer needs.	4.9
4.1b	The agency collects data on internal customer (i.e., staff) needs.	3.7
4.1c	Specific efforts are made (e.g. community engagement) to understand the needs of different customer groups (e.g. populations with health inequities, new vs. tenured staff).	4.4
4.1d	Customer needs and expectations inform customer satisfaction measures.	4.4
4.1e	The agency uses customer needs data in planning efforts (e.g. community health improvement plan, strategic plan, program planning).	4.6
Sub-Element 4.2: Meeting and Exceeding Customer Expectations		4.5
4.2a	The agency collects customer satisfaction data.	5.1
4.2b	The agency uses customer satisfaction data to implement improvements (e.g. QI projects, making informal improvements).	3.9
Sub-Element 5.1: Strategic Planning		4.6
5.1a	The agency tracks goals and objectives for each strategic priority defined in an agency strategic plan.	4.9
5.1b	Strategies for achieving agency strategic plan goals are incorporated into operational plans at the work unit level.	4.6
5.1c	The strategic plan guides resource allocation to achieve strategic priorities.	4.4
Sub-Element 5.2: Performance Measurement and Use of Data		4.1
5.2a	Staff contribute to the development of performance measures related to their work.	4.1
5.2b	Work unit performance measures are aligned with the agency strategic plan.	3.9
5.2c	Work units track a mix of process and outcome measures to assess performance.	4.0
5.2d	Performance measures assess key aspects of performance (e.g. customer satisfaction, financial, internal processes, workforce, health outcomes)	4.3
5.2e	The agency tracks shared performance measures for collaborative efforts with community partners (e.g. community health improvement plan objectives).	4.1
5.2f	The agency sets benchmarks or targets for performance measures using past performance data and/or standards (e.g. Healthy People, State Health Improvement Plan).	4.1
5.2g	Defined protocols for collecting performance data (e.g. use of data collection instruments) are documented and followed.	3.8
5.2h	Staff follow defined protocols for reporting on performance to stakeholders (e.g. reporting frequency, format).	4.1
5.2i	An effective information system (e.g. spreadsheets, database, performance software) is used to analyze performance data over time.	4.3

Table 3: Leadership Scoring Summary (Continued)

Sub-Element 5.3: Quality Improvement Planning		4.4
5.3a	Staff use performance data to identify QI projects.	4.2
5.3b	Unmet strategic plan goals and objectives are prioritized for QI projects.	4.1
5.3c	QI goals, objectives, and metrics defined in a QI plan are tracked for progress.	4.8
5.3d	An agency QI plan is evaluated and updated in a defined planning cycle.	4.7
Sub-Element 6.1: Improving Standardized work		4.9
6.1a	Staff have access to documented standardized work processes (e.g. policies, procedures) that define critical steps	5.3
6.1b	Documented standardized work processes are reviewed and updated to reflect evidence-based, best, or promising practices.	4.8
6.1c	Documented standardized work processes reflect the way work is actually done.	4.5
6.1d	Formal QI methods (e.g. PDSA, Lean) are followed to continuously improve standardized work through QI projects.	4.8
Sub-Element 6.2: Planning for Quality Improvement Projects		4.1
6.2a	QI project goals (i.e., Aim statements) clearly define the desired future state with time-specific measures and targets.	5.2
6.2b	Current standardized processes are analyzed (e.g., use of flowcharts) to identify inefficiencies and waste.	3.6
6.2c	Root cause analysis is conducted to understand the source(s) of performance gaps prior to identifying solutions.	3.4
6.2d	Evidence-based, best, or promising practices (internal and external) are considered when selecting interventions for improving quality.	4.3
Sub-Element 6.3: Testing, Studying and Acting on Potential Solutions		4.7
6.3a	QI project interventions are successively tested on a small scale prior to adopting a change.	4.4
6.3b	Baseline data are accessible for all QI projects.	4.7
6.3c	QI project teams compare data collected from QI project interventions against baseline data to determine whether an improvement was made.	5.0
6.3d	Lessons learned from QI projects are documented and adopted into standardized work processes, as appropriate.	4.6

The Staff Scoring Summary and Leadership Scoring Summary were combined to average the final culture of quality score for the Department as a whole, 4.4 on a scale of 1.0 to 6.0. The Overall Scoring Summary also combines the Staff Survey and Leadership Survey scores in each element and sub-element. A complete table of each element and sub-element score for the Department is available in Table 4: Overall Scoring Summary.

Table 4: Overall Scoring Summary

QI SAT Scoring Summary		SCORE: 4.4			
ELEMENT	SUB-ELEMENT	SUB-ELEMENT LEADERSHIP SCORE	SUB-ELEMENT STAFF AVERAGES	SUB-ELEMENT SCORE	ELEMENT SCORE
1. Employee Empowerment	1.1 Enabling Performance	4.6	4.7	4.6	4.5
	1.2 Knowledge, Skills and Abilities (KSAs)	4.1	4.6	4.3	
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	4.3	4.3	4.3	4.4
	2.2 QI Team Performance	4.5		4.5	
3. Leadership	3.1 Culture	4.1	4.3	4.2	4.3
	3.2 Resourcing and Structure	4.6	4.1	4.3	
4. Customer Focus	4.1 Understanding the Customer	4.4	4.5	4.5	4.4
	4.2 Meeting and Exceeding Customer Expectations	4.5	4.1	4.3	
5. QI Infrastructure	5.1 Strategic Planning	4.6	4.5	4.6	4.3
	5.2 Performance Measurement and Use of Data	4.1	4.2	4.1	
	5.3 Quality Improvement Planning	4.4	4.2	4.3	
6. Continuous Quality Improvement	6.1 Improving Standardized Work	4.9	4.5	4.7	4.5
	6.2 Planning for QI Projects	4.1		4.1	
	6.3 Testing, Studying and Acting on Potential Solutions	4.7	4.4	4.6	

As shown above, the ECDH rated lowest in the “Culture” and “Performance Measurement and Use of Data” sub-elements, under the “Leadership” and “QI Infrastructure” elements, respectively. Sub-element “Planning for QI Projects” under element “Continuous Quality Improvement” was also scored notably low, in an element that would have otherwise been the highest scored in the assessment.

The assessment also identified some topic areas where staff and QI leadership opinions differed greatly. This is particularly visible in sub-elements “Knowledge, Skills and Abilities (KSAs)” and “Resources and Structure” under elements “Employee Empowerment” and “Leadership,” respectively. The above-mentioned elements and sub-elements were carefully considered when selecting transition strategies.

Discussion

The Department utilized the survey results to identify a series of transition strategies. The transition strategies selected for each element and sub-element are outlined in Table 5 below. The ECDH Quality Improvement Plan will employ the transition strategies below through a series of SMART (Specific, Measurable, Attainable, Realistic, Time-bound) goals which will include a full QI training plan for all staff.

Table 5: Transition Strategies

ELEMENT	SUB-ELEMENT	SELECTED TRANSITION STRATEGIES TO IMPLEMENT
1. Employee Empowerment	1.1 Enabling Performance	Staff are encouraged to identify quality concerns and suggested solutions aligned with strategic plan and performance
	1.2 Knowledge, Skills and Abilities (KSAs)	Provide staff with basic orientation to performance management and QI, emphasizing their importance and applicability to the organization
		Develop capabilities of internal trainers and mentors that are skilled in providing feedback and assessing deployment of skills
		Mentor employees and provide advanced QI training to those that need it, including advanced tools of quality, statistical and data analysis, as appropriate
2. Teamwork and Collaboration	2.1 Collaborative Sharing and Improvement	All staff increase use of collaborative QI tools for problem-solving including group brainstorming sessions and discussions
		Leaders provide staff the opportunity to share results achieved through various mechanisms (e.g. staff meetings, storyboards on display)
		Ensure that diversity (skill, style, and experience) of the team is considered in member selection
	2.2 QI Team Performance	Ensure for any teams formed that basic roles are established, (e.g., leader) and that requirements of members (e.g. time commitment) are agreed upon
		Ensure that diversity (skills, style, and experience) of the team is considered in member selection
		Require the use of data and information, and methods of goal setting, chartering and measurement in specific areas; extract lessons learned
3. Leadership	3.1 Culture	Leaders communicate to all staff and the governing entity the urgency for and benefits of QI, highlighting QI success stories in public health and other industries
		Provide all organization leaders training in QI concepts, structure, roles, & basic methods
		Communicate QI activities during team meetings and other open employee forums; personally communicate the strategic direction and annual improvement goals, plan, and the case for change to all members of the organization
	3.2 Resourcing and Structure	Include QI leaders as part of the organization's leadership team for setting directions, developing plans & resources, and tracking results
		Provide the structure for all organization members to receive QI training and get involved in QI
		Define a rigorous skills learning & development program of QI methods and begin foundational training for QI Team and PM Team

Table 5: Transition Strategies (Continued)

ELEMENT	SUB-ELEMENT	SELECTED TRANSITION STRATEGIES TO IMPLEMENT
4. Customer Focus	4.1 Understanding the Customer	Begin to identify all of the agency's internal and external customers, including customer segments (e.g. racial/ethnic groups, low-income)
		Integrate customer feedback into community, agency, and program planning processes (e.g. CHIP, strategic plan, action plans)
		Include work team members in problem solving customer issues
	4.2 Meeting and Exceeding Customer Expectations	Prioritize which programs/services in which to build a customer focus; Prioritization criteria could include the number of people served, easy wins, strategic priorities, and high-profile programs.
		Develop plans and actions for how the organization will start to use customer data in performance management, strategic and improvement planning (analyzing customer satisfaction data, prioritizing unmet customer needs, making improvements and reporting results)
		Develop and implement systems for receiving, resolving and correcting root causes to customer problems
5. QI Infrastructure	5.1 Strategic Planning	Evaluate the Department utilizing a SWOT analysis to utilize in prioritizing strategic initiatives
		Ensure that the CHIP and QI Plan are aligned with the strategic plan
		Cascade strategic plans to the annual improvement planning and project teams
	5.2 Performance Measurement and Use of Data	Visually communicate the measured results
		Learn to calculate Return on investment (ROI) for improvement activities
	5.3 Quality Improvement Planning	Initiate improvement directions and actions for underperforming measures
		QI Leadership team collects and analyzes organization data: Strategic directions, lowest scoring QI culture roadmap elements and transition strategies, customer data, team assessment data, organization scorecards and process values stream gaps
		Utilize Plan-Do-Study-Act improvement methods to achieve project goals
	6. Continuous Quality Improvement	6.1 Improving Standardized Work
Establish a formal approach for rolling out and training organization members on how to find, use, and update standardized work		
Train all organization members on the standardized work relevant to their work - how to find it, use it, and update it		
6.2 Planning for QI Projects		Provide skills and coaching in effective Cause and Effect Analysis
		Identify potential improvements by looking for ways to Eliminate, Combine, Re-sequence, or Simplify process steps
6.3 Testing, Studying and Acting on Potential Solutions		Educate QI team members on how to develop a statistically valid test
		Train QI team members in how to effectively conduct tests, measure results, and analyze causes
		Make lessons learned sharing system usable throughout the organization

Resources

National Association of County and City Health Officials (NACCHO). 2019. Roadmap to a Culture of Quality Improvement and Organizational Culture of Quality Self-Assessment Tool, Version 2.0. Retrieved from <http://www.naccho.org/topics/infrastructure/accreditation/qi-culture.cfm>.