

NewSTEPs Quality Improvement Projects Webinar: *An Overview of Project Charters and Action Plans*

*Presented by the Association of Public Health Laboratories
in partnership with the Colorado School of Public Health
(including partners from the Center for Public Health Innovation)*

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July 15, 2019

This project (UG8MC31893) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3.3 million dollars. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov



Call Agenda

- Overview of Quality Improvement Tools
- Review of the Project Charter
- Review of the Action Plan
- Examples of the Action Plan and Charter
- Resources and Support
- Questions

Sample Team Tools

1. Project Charter
2. Action Plan
3. Root Cause Analysis (RCA)
4. Process Map
5. PDSA
6. Run Charts/ Control Charts
7. Norms of Collaboration
8. Debriefs



Team Tools

1. Project Charter



Importance of the Project Charter

- Defines project aim/objectives
- Prevents “scope creep”
- Reduces role confusion and project delays
- Clearly outlines team roles and responsibilities
 - Opportunity to gain buy in early and often
- Outlines how success will be measured
 - Outcome measures
 - Process measures

Components of the Project Charter

- Project aim
- Team leader(s)
- Team members
- Leadership support
- Improvement measures
 - Outcome and process measures
- Strategy for engaging with external partners

Charters: answering the three questions

- What are we trying to accomplish?
 - Aim Statements
- How will we know that a change is an improvement?
 - Family of Measures
- What change can we make that will result in an improvement?
 - Theory of Improvement

Aim Statements



Reference: <https://resources.buffiniandcompany.com/s-m-a-r-t-goalsheet/>

Aim Statements

- Teams gain clarity in their aim statements by crafting a statement that answers these two questions “by how much do you want to change” and “by when do you want to change”.
- Implicit is answering those questions is an understanding of current performance, this too should be reflected in the aim.

Aim Statements

- An aim, or goal, is what the team plans to accomplish.
- An aim statement should satisfy S.M.A.R.T. criteria—specific, measurable, attainable, realistic, and time bound.
- Team members should actively participate in the goal setting exercise in order to foster agreement.

Example of a SMART Objective:

By September 30, 2020, our program will increase the percentage of DBS samples received by the lab within 48 hours of collection from 90% to 95% by educating rural hospital staff on preparing specimens for timely courier pick up.

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By September 30, 2020, our program will increase the percentage of DBS samples received by the lab within 48 hours of collection from 90% to 95% by educating rural hospital staff on preparing specimens for timely courier pick up.

This is **specific** because we know **who** (our program) is doing **what** (increasing the percentage of DBS samples received within 48 hours) and **where** (at the lab).

This is **measurable** because we know the amount of change (90% to 95%).

This is **attainable** because we know our baseline (90%) and we believe we can achieve a 5% increase by September 2020. This is based on the resources the program believes they can allot toward this project.

This is **relevant** because based on an assessment of our program and 5 Whys, this is an area for improvement, the lack of DBS received within 24hours from rural hospitals.

This is **time bound** because I know our team has to reach 95% by September 30, 2020.

Charters: answering the three questions

- What are we trying to accomplish?
 - Aim Statements
- How will we know that a change is an improvement?
 - Family of Measures
- What change can we make that will result in an improvement?
 - Theory of Improvement

Outcome vs Process Measures

Outcome Measures: are the overall goal, aim or objective. These are typically your high-level metrics.

Process Measures: are specific steps in a process or system that influence a particular outcome measure of interest. Because multiple processes may impact an outcome, there may be multiple process measures.

Family of Measures for NBS Timeliness

-Sample

- By September 30, 2020, our program will increase the percentage of DBS samples received by the lab within 48 hours of collection from 90% to 95% by educating rural hospital staff on preparing specimens for timely courier pick up.
 - Track date/time collected
 - Track date/time received
 - Track method of delivery
 - Track collection facility
 - Quality Indicator 5b (time from collection to receipt at state NBS lab)

Family of Measures for NBS Timeliness

- Track date/time collected
- Track date/time received
- Track method of delivery
- Track collection facility

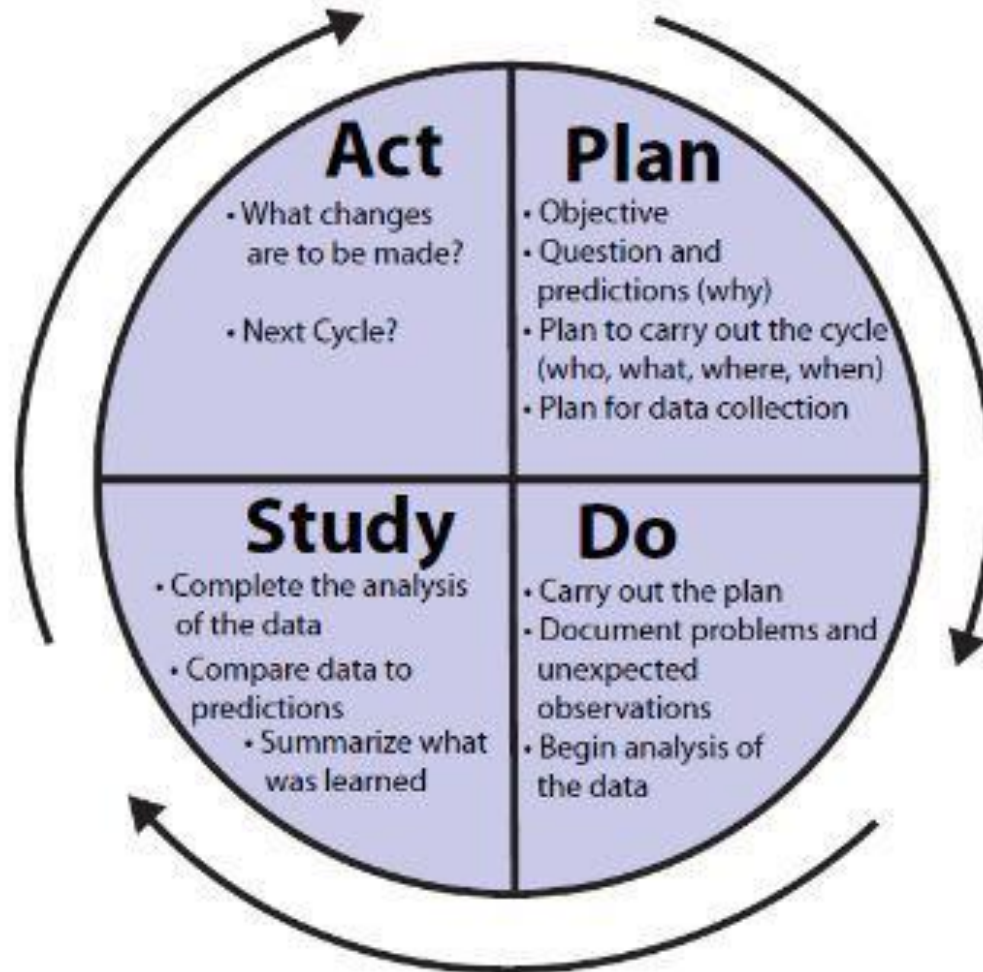
You can look at this data weekly

Do you already have this data? (for baseline)

Charters: answering the three questions

- What are we trying to accomplish?
 - Aim Statements
- How will we know that a change is an improvement?
 - Family of Measures
- What change can we make that will result in an improvement?
 - Theory of Improvement/Change Being Tested

The PDSA Cycle for Learning and Improving



APPENDIX B: PROJECT CHARTER

CHARTER: Complete the charter below. Outline the aim of your project, impact measures, quality indicators, team lead and team members. Click the hyperlinks for helpful examples.

[Project Aim:](#)

Root Cause Explanation: How do you know this is issue that needs to be addressed?

Process and Baseline Measures:

Identify process measures that will enable you to measure progress toward your project goals. Include the baseline (current value) for each measure. Note- you will be expected to work with a NewSTEPs Data Team member, if selected, to further refine your process measures if needed.

Please indicate in your response where this data will be stored, if you require a data storage solution and how long you expect it will take to collect 10 instances of data for analysis (i.e., will you collect this data weekly, monthly, etc.)

You may establish multiple process measures to track change and improvement over time.

[Quality Indicators:](#)

Please submit all Quality Indicator data for 2018 in the NewSTEPs Data Repository. For questions related to data submission please contact Chenelle.Norman@aphl.org

Project Team Leader (s):

Name _____ Title/Role _____ Email _____

Name _____ Title/Role _____ Email _____

CQI Team Members (NOTE: your team must include at least one laboratory staff and one follow-up staff):

Name	Title/Role	Email
1.		
2.		
3.		
4.		
5.		

If you are including partners outside the state NBS program, how will you ensure they are included in this project?

Please explain why you do not need any partners outside the state NBS program if applicable.

The project charter is the road to CQI success!



Team Tools

1. Project Charter ✓
2. Action Plan



Action Plan

Who...

will do

WHAT...

by

WHEN...

APPENDIX C: FIRST QUARTER ACTION PLAN

ACTION PLAN: Complete the action plan below. Outline actions needed and people required to accomplish the aim (goal) of your CQI project

Expected change	Tasks required to implement the change	Data needed to evaluate whether the change was an improvement	Person(s) responsible	Time Line ('t' = test; 'i' = implement, 's' = spread)		
				Month		
				September 2019	October 2019	November 2019
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

The action plan are the points along the road to CQI success.



Team Tools

- Project Charter ✓
- Action Plan ✓



Example of Newborn Screening QI Project Charter and Action Plan

Sample Project Charter

Project Aim:

Root Cause Explanation: How do you know this is issue that needs to be addressed?

Process and Baseline Measures:
Identify process measures that will enable you to measure progress toward your project goals. Include the baseline (current value) for each measure. Note- you will be expected to work with a NewSTEPs Data Team member, if selected, to further refine your process measures if needed.

Please indicate in your response where this data will be stored, if you require a data storage solution and how long you expect it will take to collect 10 instances of data for analysis (i.e., will you collect this data weekly, monthly, etc.)

You may establish multiple process measures to track change and improvement over time.

Our
Plot
rela

Project Aim:

By September 30, 2020, our program will increase the percentage of DBS samples received by the lab within 48 hours of collection from 90% to 95% by educating rural hospital staff on preparing specimens for timely courier pick up.

Root Cause Explanation: How do you know this is issue that needs to be addressed? When we look at our quality indicator data by month, we see that we have been able to increase the percentage of specimens that arrive within 48 hours of collection, but we have been plateaued at 90% for over a year. When we look at our data by hospitals, we see it is our 6 rural hospitals that are lower end. We talked to the hospitals they think it is specimens collected on the weekend that are the problem.

Sample Project Charter (cont.)

Project Aim:

Root Cause Explanation: How do you know this is issue that needs to be address

Process and Baseline Measures:

Identify process measures that will enable you to measure progress toward your p
 Include the baseline (current value) for each measure. Note- you will be expected t
 NewSTEPS Data Team member, if selected, to further refine your process measure:

Please indicate in your response where this data will be stored, if you require a dat
 and how long you expect it will take to collect 10 instances of data for analysis (i.e.
 this data weekly, monthly, etc.)

You may establish multiple process measures to track change and improvement on

Quality Indicators:

Please submit all Quality Indicator data for 2018 in the NewSTEPS Data Repository.
 related to data submission please contact Chenelle.Norman@aphi.org

Process and Baseline Measures:

Identify process measures that will enable you to measure progress toward your project goals. Include the baseline (current value) for each measure. Note- you will be expected to work with a NewSTEPS/Data Team member, if selected, to further refine your process measures if needed.

Our QI 5b:

Date	Percentage of Specimens Received within 48 hours of collection
February 2018	65%
March 2018	65%
April 2018	66%
May 2018	68%
June 2018	71%
July 2018	75%
August 2018	78%
September 2018	78%
October 2018	88%
November 2018	90%
December 2018	90%
January 2019	90%
February 2019	88%
March 2019	91%
April 2019	90%
May 2019	90%

Sample Project Charter (cont.)

Project Aim:
Root Cause Explanation: How do you know this is issue that needs to be addressed?
Process and Baseline Measures: Identify process measures that will enable you to measure progress toward your project goals. Include the baseline (current value) for each measure. Note- you will be expected to work with a

NewSTEPs Data Team me

Please indicate in your res
and how long you expect i
this data weekly, monthly

You may establish multipl

Quality Indicators:
Please submit all Quality i
related to data submission

To figure out our QI5b, we collect the time/day the specimen was collected, the time/day the specimen was received by the lab. We looked at our hospital reports and most are doing well but our 6 rural hospitals have less than 90% of the specimens that arrive within 24 hours of collection. The hospitals think it is the specimens collected on Friday and Saturday that are dragging their percentages down. We are going to look at our data by day of the week for the rural hospitals to see if we can improve their timeliness.

Please indicate in your response where this data will be stored, if you require a data storage solution and how long you expect it will take to collect 10 instances of data for analysis (i.e., will you collect this data weekly, monthly, etc.)

We are going to analyze our data weekly. We already get time/day specimen was collected, the time/day the specimen was received by the lab, and the name of the hospital. We do not put the day of the week down, but we can do that when we look at the data. We will look weekly at the data to look at each day and then we will look monthly to see if have improved the weekend delivery times. This QI data will be entered in the repository. The daily data will be stored in an excel sheet so we can make a graph.

You may establish multiple process measures to track change and improvement over time.

Sample Project Charter (cont.)

Project Team Leader (s):

Name _____ Title/Role _____ Email _____

Name _____ Title/Role _____ Email _____

CQI Team Members (NOTE: your team must include at least one laboratory staff and one follow-up staff):

Name	Title/Role	Email
1.		
2.		
3.		
4.		
5.		

If you are including partners outside the state NBS program, how will you ensure they are in this project?

Please explain why you do not need any partners outside the state NBS program if applicable

Project Team Leader (s):

Name __ Lucy Lab _____ Title/Role Lab Director Email lucy.lab@state.org

Name __ Fanny Followup _____ Title/Role Follow-Up Manager _____ Email ffollowup@state.org

CQI Team Members (NOTE: your team must include at least one laboratory staff and one follow-up staff):

Name	Title/Role	Email
1. Lucy Lab	Lab Director	Lucy.lab@state.org
2. Fanny <u>Followup</u>	Follow-Up Manager	ffollowup@state.org
3. Harry Hospital Rep	Hospital CQI Specialist	hhospital@hosptial.org
4. Carrie Courier	Courier Manager	Cc445@courierplace.org
5. Ernie Educator	NBS Educator	Ernie.educator@state.org



Sample Project Charter (cont.)

Project Team Leader (s):

Name _____ Title/Role _____ Email _____

Name _____ Title/Role _____ Email _____

COI Team Members (NOTE: your team must include at least one laboratory staff and one follow-up staff):

Name	Title/Role	Email
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If you are including partners outside the state NBS program, how will you ensure they are included in this project?

Please explain why you do not need any partners outside the state NBS program if applicable.

If you are including partners outside the state NBS program, how will you ensure they are included in this project?

The team will meet once a week for 30 minutes to discuss what we are doing that week and to look at our data. We will meet by phone or Zoom.

Please explain why you do not need any partners outside the state NBS program if applicable.

N/a

Sample Action Plan

Expected change	Tasks required to implement the change	Data needed to evaluate whether the change was an improvement	Person(s) responsible	Time Line ('t' = test; 'i' = implement, 's' = spread)		
				Month		
				September 2019	October 2019	November 2019
1. Weekend hospital staff know how to prepare specimens for pick up.	<ol style="list-style-type: none"> 1. Create training materials on preparing blood spot specimens for pick up. 2. Get feedback from hospital staff. 3. Post education materials. 	The time between when the specimen was collected (NBS specimen card) and when the specimen was picked up by the courier (courier log)	Ernie E.	t	t	i
2. Weekend hospital staff prepare specimens for pick up 2 hours prior to pick up.	<ol style="list-style-type: none"> 1. Pick-up times are posted in hospital lab. 	Hospital staff log when specimens were placed in pick up location (and ready for pick up).	Harry H.	t	i	

Support and Resources

1. [Sample project charters](#)
2. [Sample root cause analysis](#)
3. [Sample Action plans](#)

Office hours are available Tuesday's and Friday's now until August to address any questions or concerns you may have regarding the QI Project RFP. Check the RFP page for times and connection information at <https://www.aphl.org/rfp/Pages/NBS-Systems-Quality-Improvement-Projects.aspx>.

Contact Us

Email

- Chenelle.Norman@aphl.org
- ykellar-guenther@ciinternational.com

Websites

- www.aphl.org/rfp
- www.newsteps.org

Questions?