**LOS ANGELES COUNTY**
**DEPARTMENT OF**
**MENTAL HEALTH**
hope. recovery. wellbeing.

Office of Administrative Operations – Quality, Outcomes, and Training Division

Quality Improvement Program Feedback Survey
Data Summary

December 2019

### Introduction

The Quality Improvement (QI) program for the Los Angeles County – Department of Mental Health (DMH) is actively reviewing its quality improvement efforts.  In support of this process, a program feedback survey that assessed perceived knowledge, attitudes, and experiences about quality improvement launched in December 2019.  The survey's findings will aid the QI program in developing presentations, training activities, QI goals, and data reports that are more responsive to the needs of our providers.

Between December 9, 2019 and December 16, 2019, 10 Service Quality Improvement Committee (SA QIC) Chairs and Co-Chairs, by way of Survey Monkey, responded to survey items that fell into one of the following categories:

- Quality Improvement Knowledge and Attitudes;
- Quality Improvement Tools;
- Quality Improvement Trainings; and
- Quality Improvement Meetings and Support.

This report summarizes the data collected in December 2019.  A summary, including implications and recommendations, is included for each category.

**Quality Improvement Knowledge and Attitudes**

Regarding Knowledge and Assessment if quality improvement, respondents appear confident with their ability to define quality improvement, describe the difference between quality improvement and quality assurance, describe the benefits of using quality improvement activities in behavioral health, and that the allocation of time and resources to quality improvement is worth the effort.  They also believe that quality improvement uses data, involves managers, and information from consumers.

Areas for improvement within the QI program include providing increased support for the design of SA Quality Improvement Projects (QIPs) and education about the stages of Plan-Do-Study-Act (PDSA) cycles.  It would also benefit the SA QICs to better understand the DHCS triennial systems review.  This report assists with maintaining compliance of State contracts.  Oversite reviews guide the DMH QI Work Plan and QI activities.  It is

important that QI Liaisons ensure that the SA QICs are up to date with the findings of the triennial systems review.

Recommendations for the QI program to promote change include:

1. Development of a structure or workflow to assist SA QICs with the design of QIPs.
2. Development of training presentations regarding the understanding and use of PDSA cycles to implement quality improvement interventions.
3. A presentation of the triennial systems review findings and explanation of how the information informs quality improvement processes.

**FIGURE 1: PERCENT OF RESPONDENTS THAT 'STRONGLY DISAGREE' TO 'STRONGLY AGREE' TO ITEMS 1A THROUGH 1K**
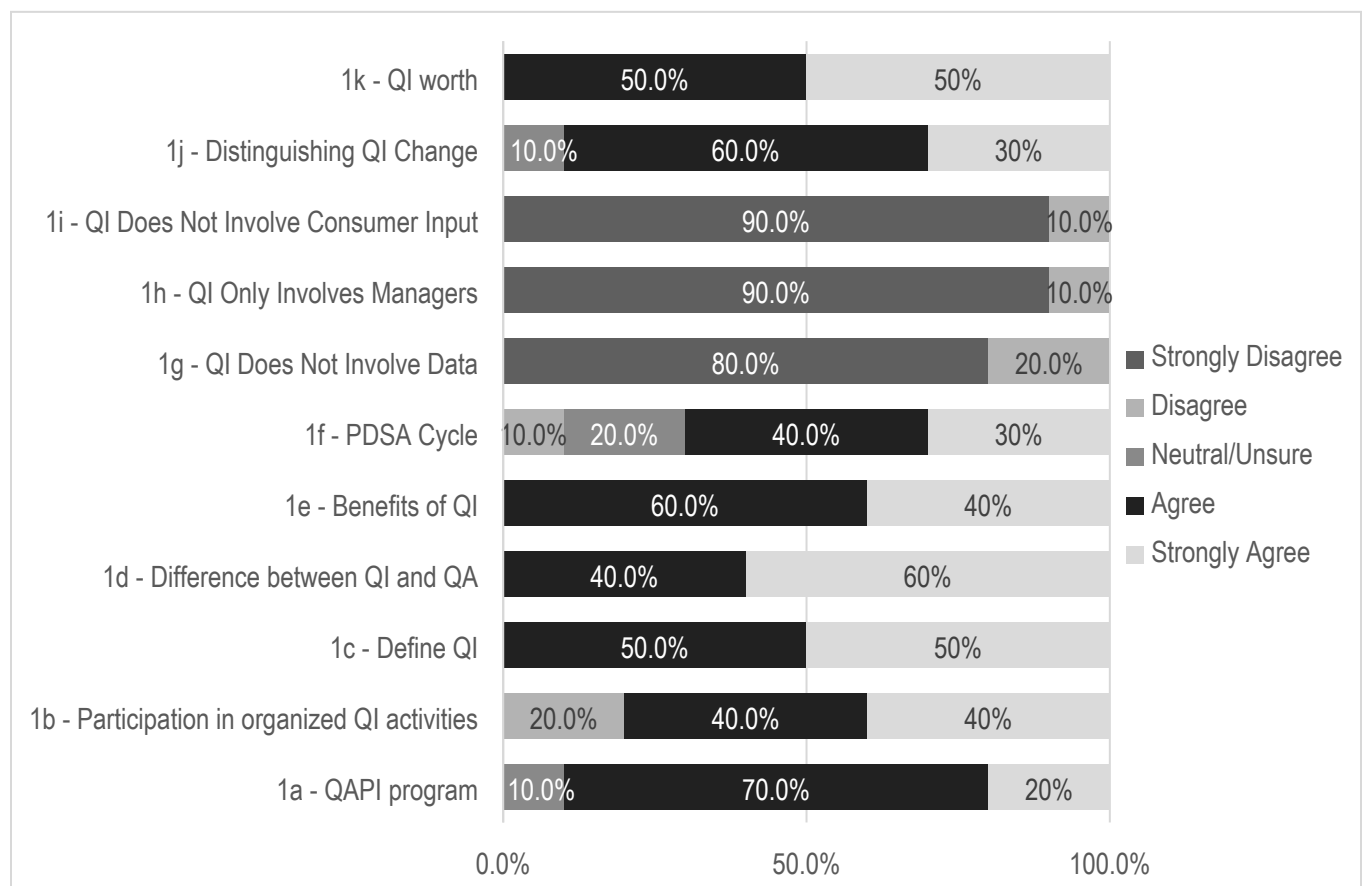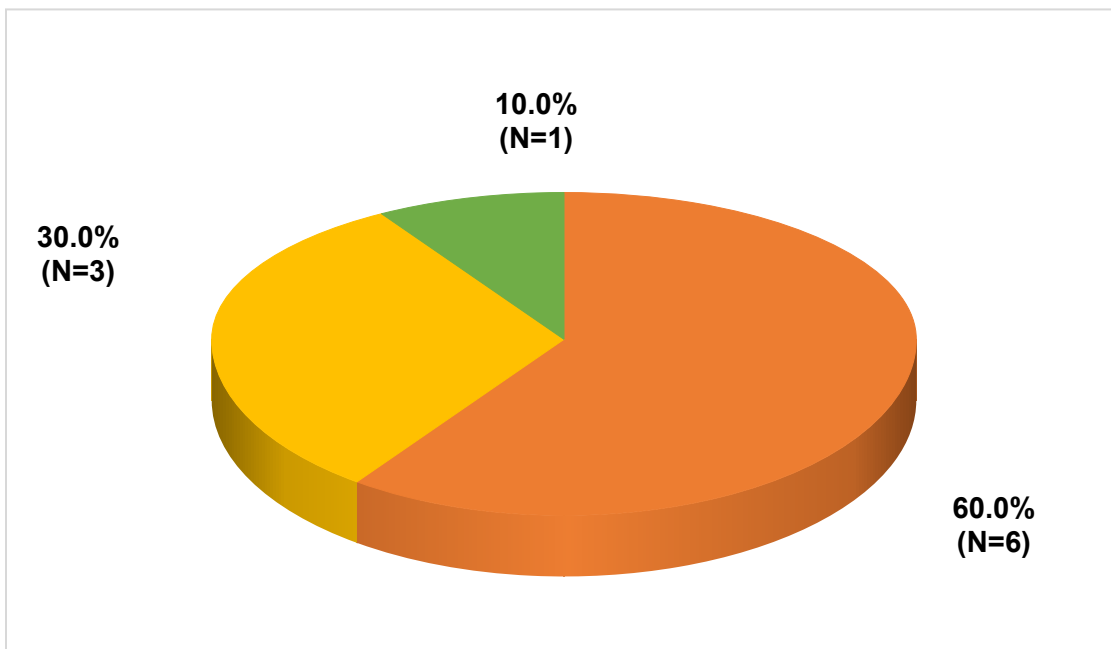


Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 1 displays survey items 1a through 1k that asked respondents to rate their agreement to the following questions about their knowledge and opinions regarding quality improvement using a five-point Likert scale (Strongly Disagree, Disagree, Neutral/Unsure, Agree, and Strongly Agree):

a) I am familiar with the following elements of a Quality Assurance and Performance Improvement (QAPI) program (as defined by the Centers for Medicare and Medicaid Services; CMS). 1. Design and scope; 2. Governance and leadership;

3. Feedback, data systems, and monitoring; 4. Performance Improvement Projects (PIPs); 5. Systematic analysis and systemic action

b) I have participated in organized quality improvement activities in the past three years.
c) I can define quality improvement.
d) I can describe the difference between quality improvement and quality assurance.
e) I can describe the benefits of using quality improvement in behavioral health.
f) I can describe the stages of a Plan-Do-Study-Act (PDSA) cycle.
g) Quality improvement does not involve data.
h) Quality improvement only involves managers.
i) Quality improvement does not consider information from clients or consumers.
j) When using quality improvement, it is important to distinguish if change is reflective of improvement.
k) Spending time and resources on quality improvement is worth the effort.

**FIGURE 2: PERCENT OF RESPONDENTS THAT REVIEWED THE DEPARTMENT OF HEALTH CARE SERVICES' TRIENNIAL SYSTEMS REVIEW FINDINGS FISCAL YEAR 15-16**



Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 2 displays respondents' answers to Question 2 indicating if they had an opportunity to review the Department of Health Care Services' (DHCS) triennial system review findings for Fiscal Year (FY) 15-16.
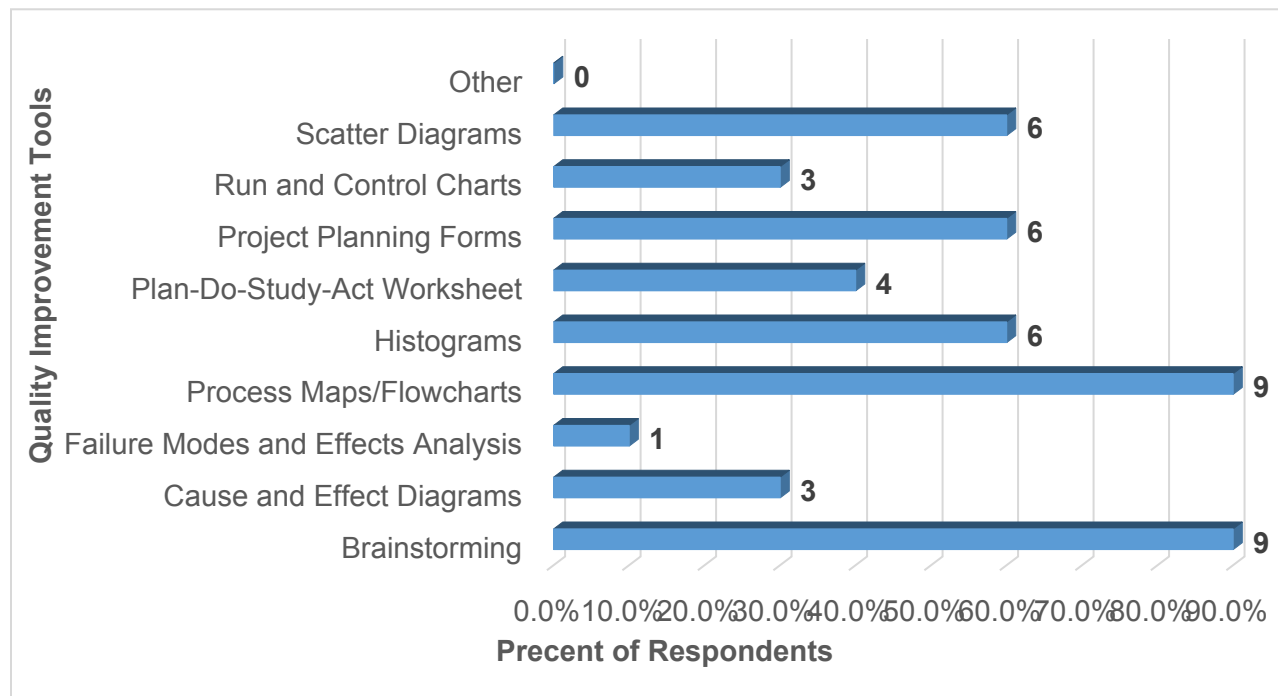
**Quality Improvement Tools**

Survey respondents are familiar with some quality improvement tools, particularly Brainstorming and Process Maps/Flowcharts.

Responses showed a need for increased support from QI program in providing education on a wide variety of quality improvement tools and implementation. The tool used most frequently by the QI program, PDSA worksheets, has been used by only 40.0% (N=4) of respondents. Forty percent of respondents are using quality improvement tools to assess improvement needs.

Recommendations for the QI program to promote change include:
1. Development of training materials and/or a series of presentations on quality improvement tools and implementation, specifically PDSA worksheets.
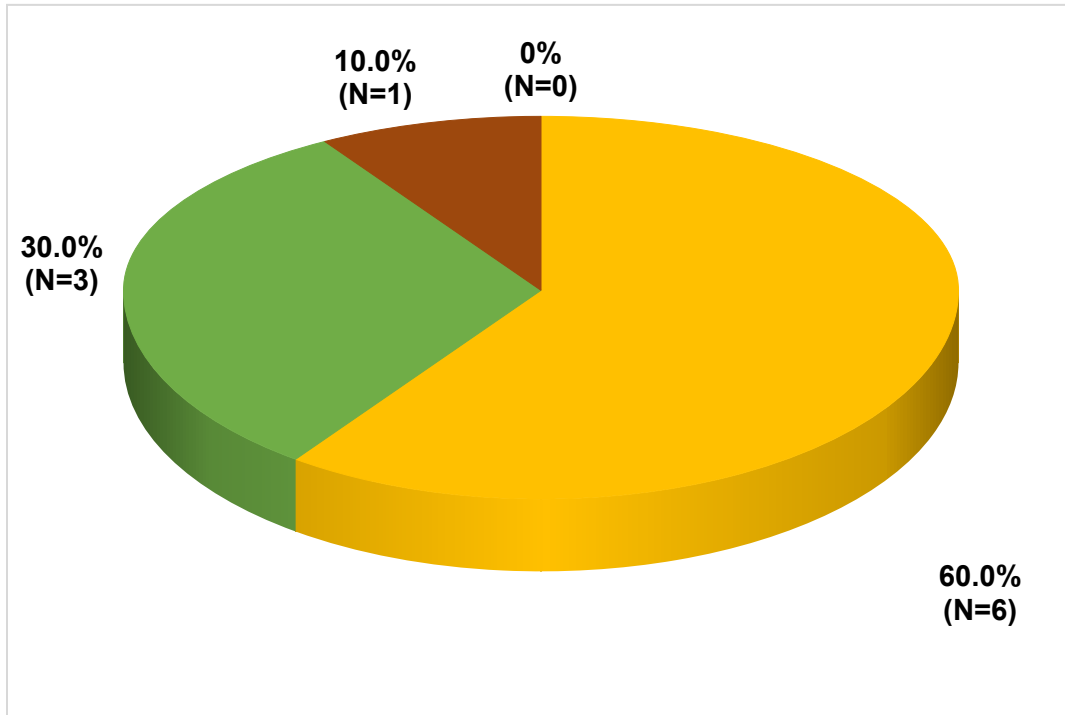
**FIGURE 3: PERCENT OF RESPONDENTS' EXPERIENCE WITH QUALITY IMPROVEMENT TOOLS**



Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 3 shows responses to Question 3 which asked respondents if they have experience with a number of quality improvement tools using responses of 'Yes,' 'No,' or 'Unsure.'

## FIGURE 4: PERCENT OF RESPONDENTS' USE OF QUALITY IMPROVEMENT TOOLS



Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 4 displays Question 4 which asked the frequency of which respondents use the quality improvement tools listed in Question 3.
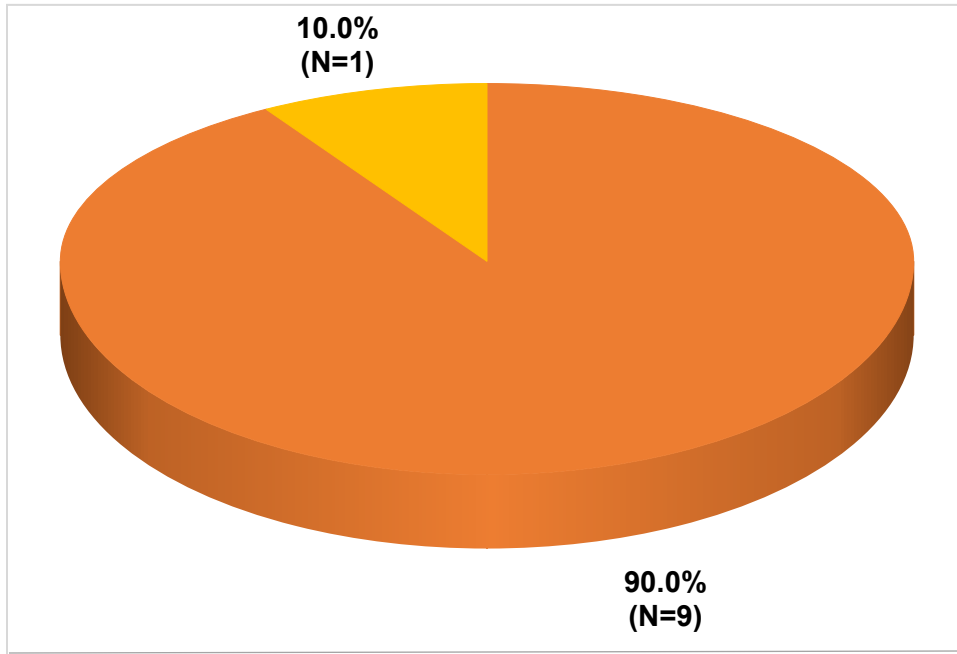
**Quality Improvement Training**

Of the 10 SA Chairs and Co-chairs who responded, only one indicated formal training in PDSA cycles. No formal training in Lean Six Sigma has been received. Three respondents left comments that indicated their main source of data is the Consumer Perception Survey (CPS).

Data collected regarding Quality Improvement Training further supports the need for QI program to facilitate training for SA QICs in quality improvement tools.

Recommendations for the QI program to promote change include:
1. Development of training materials and/or a series of presentations on quality improvement tools and implementation (see above recommendation).

**FIGURE 5: PERCENT OF RESPONDENTS THAT RECEIVED FORMAL TRAINING IN PDSA CYCLES**



10.0%
(N=1)

90.0%
(N=9)

Data source:  Quality Improvement Program Feedback Survey, December 2019.

Figure 5 describes Question 5 and 6 which asked respondents if they have received formal training in PDSA cycles and when the training occurred.  One respondent reported having had formal training in PDSA cycles which occurred '1 to 3 years ago.'

Question 7 and 8 asked respondents if they have received formal training in Lean Six Sigma and when the training occurred.  No respondents indicated training in Lean Six Sigma.

Question 9 requested respondents share additional information about the use of quality improvement methods and tools in their SA.  Three respondents commented:
- "Surveys requesting client feedback to analyze outcomes and satisfaction with services."
- "I think there is a lack of understanding regarding formal methods and tools used."
- "WE utilize information from the consumer satisfaction surveys to explore innovations and customer service systems to improve consumer satisfaction."

**Quality Improvement Meetings and Support**

Regarding data specific to Quality Improvement Meetings and Support, all respondents indicated that the CPS information is regularly reviewed by the SA QICs.  Ninety percent of respondents indicated they felt supported by their QI Liaisons, and the majority felt prepared by the Departmental QIC meetings and that their input is considered.

Areas of growth for QI program are: 1) assistance of SA QICs with increasing provider skills in assessing the quality of their programs and continually effectiveness and purpose; 2) assistance of providers in developing workflows to prioritize areas for quality improvement; 3) provision of education to SA QICs and providers on the utilization of DMH PIPs and DMH quality improvement goals to assist with their agencies' quality improvement processes; and 4) improvement of the timeliness and accuracy of distributed data.

Recommendations for the QI program to promote change include:
1. Development of a regular forum for SA QICs/providers to engage in quality improvement specific discussions, ask questions, and receive feedback such as a monthly or quarterly seminar or webinar.
2. Construct and introduce a generalized workflow for identifying priority quality improvement projects that providers can adapt to their specific agencies.
3. Provide a specific presentation highlighting the elements of DMH PIPs and DMH quality improvement goals that can be utilized to assist agencies with quality improvement.
4. Work with data source providers to address barriers to timeliness regarding data distribution.  Review QI program resources that may assist in more accurate data analysis.

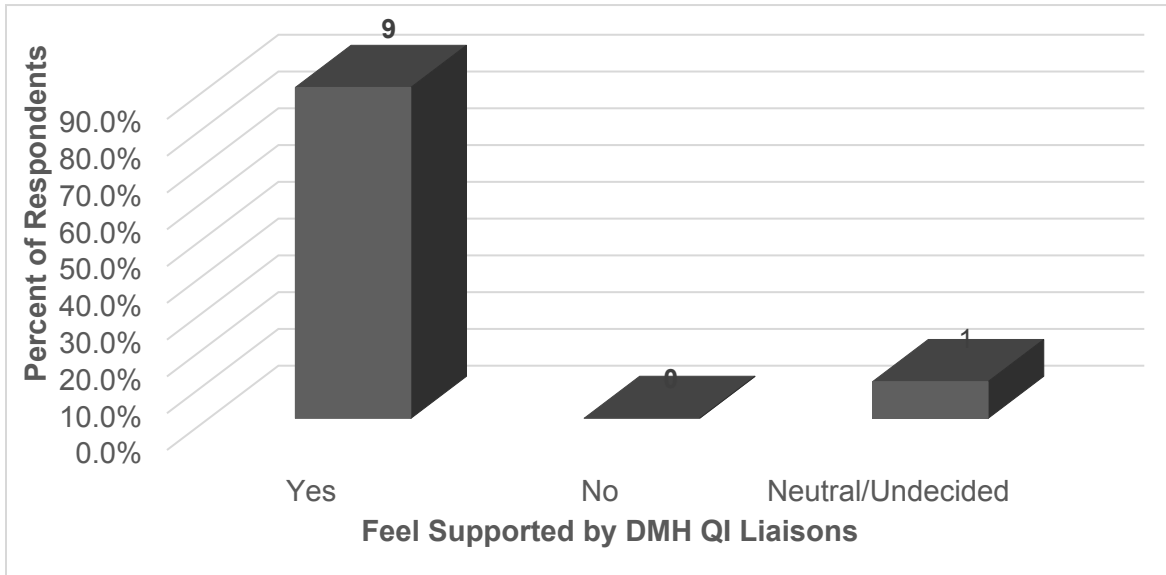**FIGURE 6: PERCENT OF RESPONDENTS THAT 'STRONGLY DISAGREE' TO 'STRONGLY AGREE' TO ITEMS 10A THROUGH 10H**
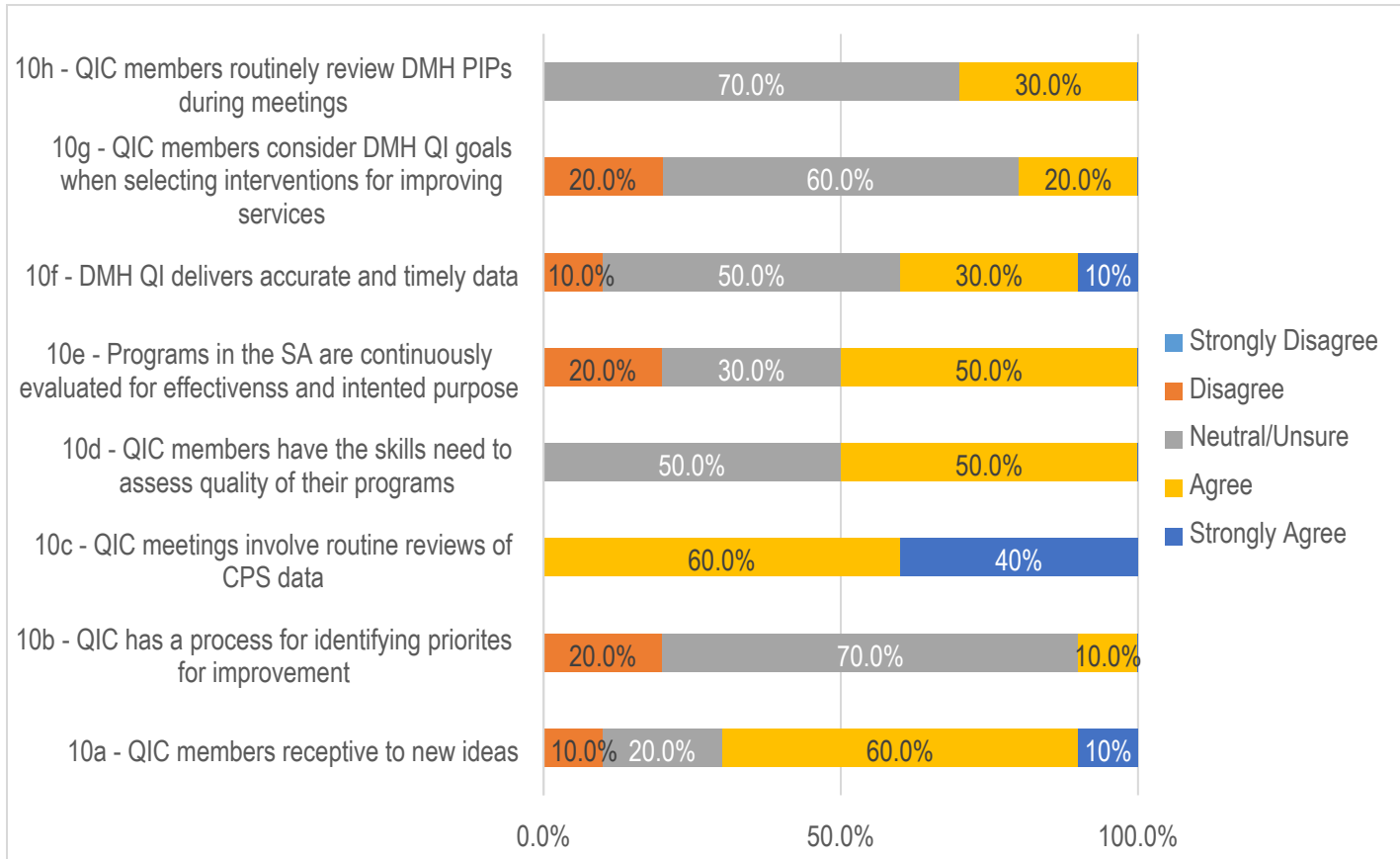


Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 6 shows survey items 10a though 10h that asked respondents to rate their level of agreement to the following questions about quality improvement in their SA QIC using a five-point Likert scale (Strongly Disagree, Disagree, Neutral/Unsure, Agree, and Strongly Agree):

a) My QIC members are receptive to new ideas for improving their programs, services, and outcomes.
b) My QIC has established a process for identifying priorities for quality improvement.
c) My QIC meetings involve routine (two or more meetings per calendar year) reviews of Consumer Perception Survey (CPS) and/or satisfaction data.
d) My QIC members have the skills needed to assess the quality of their programs.
e) The programs and services in my SA are continuously evaluated for effectiveness and their intended purpose.
f) DMH's QI program has made accurate and timely data available to evaluate the quality of services in my SA.
g) My QIC members consider DMH's annual quality improvement goals when selecting interventions for improving the quality of their services.
h) We routinely (greater than three times a year) review the efforts and progress of DMH's PIPs during SA QIC meetings.
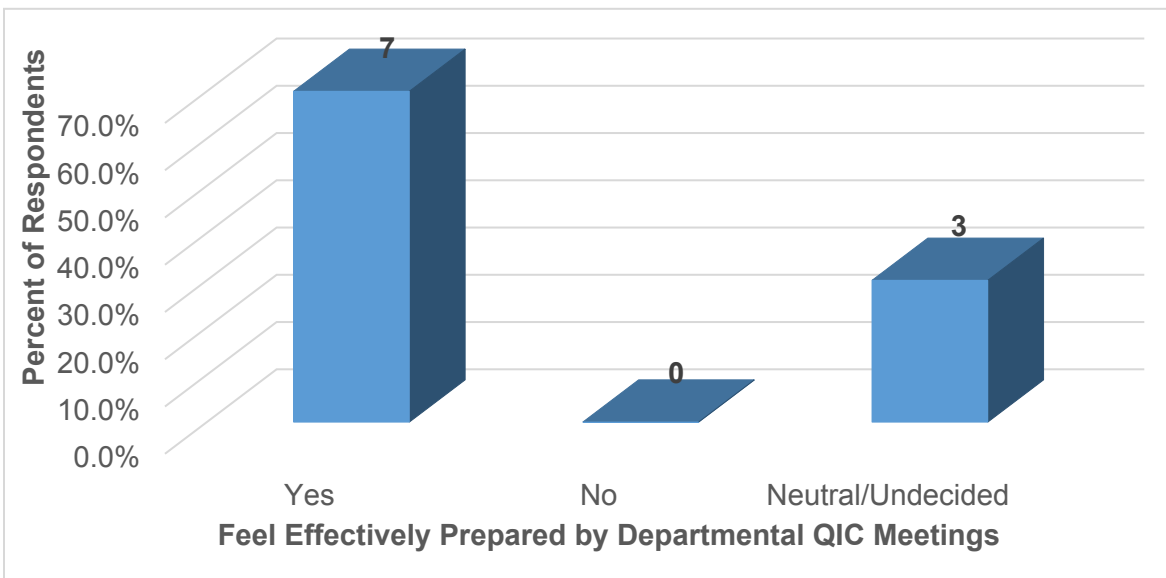
## FIGURE 7: PERCENT OF RESPONDENTS THAT FEEL SUPPORTED BY QUALITY IMPROVEMENT LIAISONS



Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 7 describes Question 11 which asked respondents if their DMH QI Liaison provides an adequate amount of support.
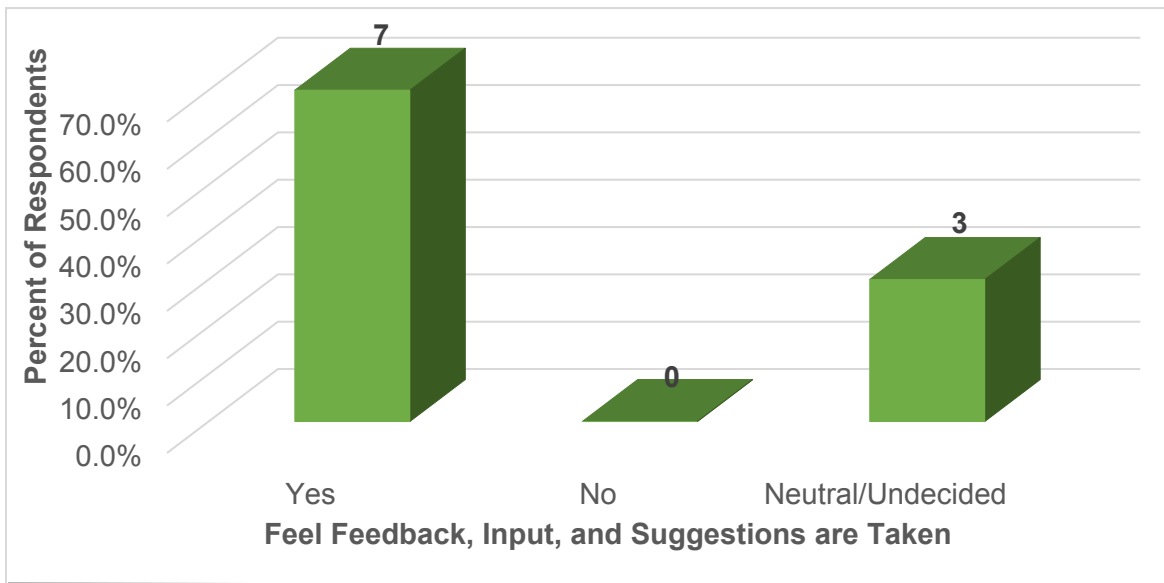
## FIGURE 8: PERCENT OF RESPONDENTS THAT FEEL EFFECTIVELY PREPARED BY DEPARTMENTAL QUALITY IMPROVEMENT COMMITTEE MEETINGS



Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 8 shows Question 12 which asked respondents if the Departmental QIC meetings effectively prepare them to lead continuous quality improvement (CQI) and data-driven discussions with SA QIC members.

**FIGURE 9: PERCENT OF RESPONDENTS THAT FEEL THEIR FEEDBACK, INPUT, AND SUGGESTIONS ARE TAKEN INTO ACCOUNT**



Data source:  Quality Improvement Program Feedback Survey, December 2019.

Figure 9 shows Question 13 which asked respondents if their feedback, input, and suggestions are taken into account when identifying annual QI goals and activities.

**FIGURE 10: PERCENT OF RESPONDENTS THAT FEEL QUALITY IMPROVEMENT TOOLS SHOULD BE CONSIDERED FOR QUALITY ASSURANCE MANDATES**
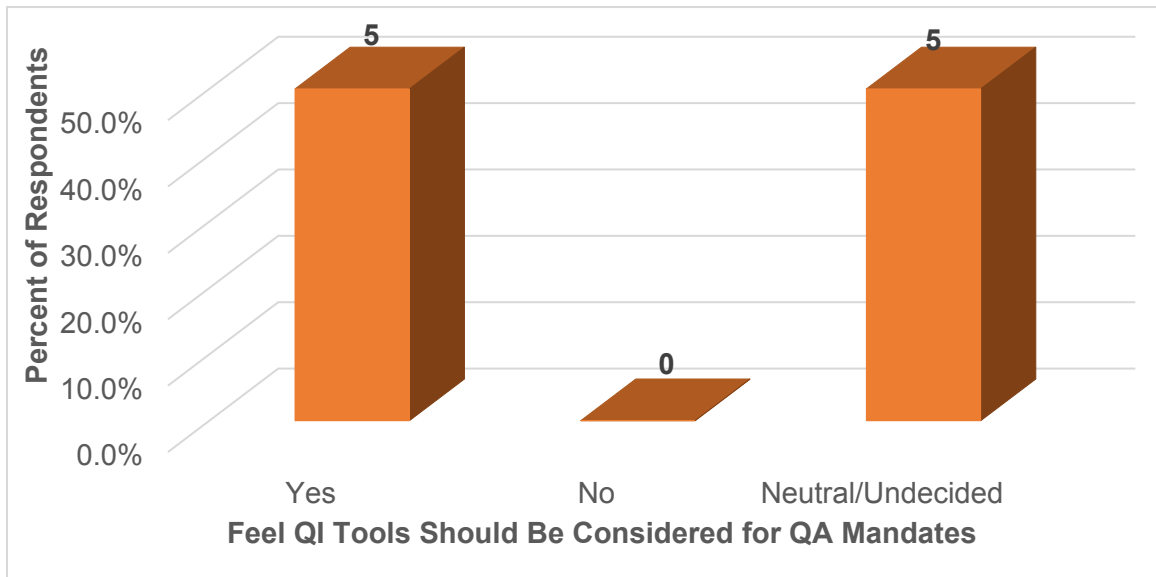


Data source: Quality Improvement Program Feedback Survey, December 2019.

Figure 10 displays Question 14 which asked if QI tools and methods, such as PDSA cycles and PIPs, should be considered for QA mandates such as Network Adequacy and Access to Care.

**Summary**

Ten responses were received from among the LACDMH eight SA QICs' Chairs and Co-chairs to the QI Program Feedback Survey December 2019. Overall, knowledge of quality improvement components and benefits were high. The respondents agreed that quality improvement is a valuable process. All respondents report reviewing the CPS data in their SA QIC meetings. The majority of respondents report feeling supported by their SA QI Liaison, prepared by the Departmental QIC meetings, and that their input is considered in QI program matters.

There is some familiarity with QI tools, specifically Brainstorming and Process Map/Flowcharts, and occasional use of QI tools to facilitate the quality improvement process. SA QIC Chairs and Co-chairs use the CPS data and/or satisfaction data to facilitate discussion of quality improvement.

Targets for QI program improvement included additional training for SA QICs/providers regarding QI tools and implementation. Few SA QICs have a process for identifying quality improvement priorities, are regularly monitoring quality improvement processes, or considering DMH goals when developing quality improvement interventions. SA QIC Chairs and Co-Chairs expressed a desire for the use of QI tools, such as PDSA cycles and PIPs, to be required to assist the SAs in facilitating CQI among their providers.

Recommendations for the QI program to promote change include the following:

- Development of a structure or workflow to assist SA QICs with the design of QIPs.
- Development of training presentations regarding the understanding and use of PDSA cycles to implement quality improvement interventions.
- A presentation of the triennial systems review findings and explanation of how the information informs quality improvement processes.
- Development of training materials and/or a series of presentations on quality improvement tools and implementation, specifically PDSA worksheets.
- Development of a regular forum for SA QICs/providers to engage in quality improvement discussions, ask questions, and receive feedback such as a monthly or quarterly seminar or webinar.
- Construct and introduce a generalized workflow for identifying priority quality improvement projects that providers can adapt to their specific agencies.
- Provide a specific presentation highlighting the elements of DMH PIPs and DMH quality improvement goals that can be utilized to assist agencies with quality improvement.
- Work with data source providers to address barriers to timeliness regarding data distribution. Review QI program resources that may assist in more accurate data analysis.