

## Insights

# Incorporating Quality Improvement in Public Health



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From my recent experience at the Infant Mortality Summits, a meeting of the Collaborative Improvement and Innovation Network (ColIN) to Reduce Infant Mortality ([Infant Mortality ColIN](#)), it seems that the time is ripe for the widespread growth of quality improvement (QI) strategies in the public health arena.

Prior to the Summits in July, public health leaders from 34 states and jurisdictions participating in the ColIN completed a survey on their previous exposure to QI. In most of the basic QI areas, such as writing an aim statement or creating effective QI measures, more than 75 percent of the state leaders said they had moderate or high exposure to these concepts. That's a pretty good start.

And, QI is becoming a way of operating for several public health agencies across the country. The South Carolina Department of Health, for example, [describes how QI has transcended its initial improvement projects](#) and is now being applied to all of its programs so that services can

be delivered more efficiently and effectively. Also telling was the [January 2012 issue](#) of the Journal of Public Health Management and Practice, which focused on the public health applications of QI.

To fully benefit from QI, however, state leaders must first understand the roles of quality planning, quality control and quality improvement, known as Juran's Trilogy. Many current quality activities in state organizations are focused solely on quality control: "the regulatory process through which we measure actual quality performance, compare it with quality goals, and act on the difference" (Juran, 1988). Although these activities are essential to maintaining system performance, QI is required for attaining new and unprecedented levels of performance, like reducing infant mortality rates and closing health equity gaps.

Public health organizations that want to develop their capability to use QI strategically should begin with a study of W. E. Deming's framework for the science of improvement. This framework encourages the selection and use of QI methods that will be effective in the specific context of interest. In particular, to develop effective QI activities, one must first appreciate the system one is trying to improve. Public health leaders who can describe their organizations and work as processes have set the foundation for improvement.

**Are you a public health leader using QI to effect systems change in your community or state? How are you going to build on your initial successes? Share your thoughts on Twitter.**

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