

QI Maturity Tool (version 5)

Background:

This survey was created by the Multi-State Learning Collaborative evaluation team at the University of Southern Maine’s Muskie School. The tool was designed to:

- Identify features of an organization that may be enhancing or impeding QI approaches
- Monitor the impact of efforts to create a more favorable environment for QI to flourish
- Define potential cohorts of public health agencies for evaluation purposes

Contact Information:

For more information on the QI Maturity Tool, including its development, reliability, validity, administration and scoring, please contact Brenda Joly at 207-228-8456 or bjoly@usm.maine.edu

Preferred Citation:

Joly BM, Booth M, Mittal P, Shaler G. (2012). Measuring Quality Improvement in Public Health: The Development and Psychometric Testing of a QI Maturity Tool. *Evaluation & the Health Professions*, 35(2) 119-147.

Or

Joly BM, Booth M, Mittal P, Zhang Y. (2013). Classifying Public Health Agencies Along a Quality Improvement Continuum. *Frontiers in Public Health Services and Systems Research* Vol. 2: No. 3, Article 2. Available at: <http://uknowledge.uky.edu/frontiersinphssr/vol2/iss3/2>

QI Maturity Tool

Directions: Please complete the following items by checking the most appropriate box.

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
1. Leaders (e.g. board, senior management team) of my public health agency are receptive to new ideas for improving agency programs, services, and outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The impetus for improving quality in my public health agency is largely driven by an <i>internal</i> desire to make our services and outcomes better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The board and/or the management team of my public health agency work together for common goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff consult with, and help, one another to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff members are routinely asked to contribute to decisions at my public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The <i>leaders</i> of my public health agency are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Staff</i> at my public health agency who provide public health services are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
8. Many individuals responsible for programs and services in my public health agency have the skills needed to assess the quality of their program and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My public health agency has objective measures for determining the quality of many programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Many individuals responsible for programs and services at my public health agency routinely use systematic methods (e.g., root cause analysis) to understand the root causes of problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Many individuals responsible for programs and services at my public health agency routinely use best or promising practices when selecting interventions for improving quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Programs and services are continuously evaluated to see if they are working as intended and are effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My public health agency has designated a Quality Improvement Officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The quality of many programs and services in my agency is routinely monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Job descriptions for many individuals responsible for programs and services at my public health agency include specific responsibilities related to measuring and improving quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Good ideas for measuring and improving quality in one program or service USUALLY are adopted by other programs or services in my public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff members at all levels participate in quality improvement efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My public health agency has a quality improvement council, committee or team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My public health agency has a quality improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Accurate and timely data are available for program managers to evaluate the quality of their services on an ongoing basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Many individuals responsible for programs and services in my agency have the authority to change practices or influence policy to improve services within their areas of responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
23. When trying to facilitate change, staff has the authority to work within and across program boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Improving quality is well integrated into the way many individuals responsible for programs and services work in my public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Agency staff is aware of external quality improvement expertise to help measure and improve quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Spending time and resources on quality improvement is worth the effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The key decision makers in my agency believe quality improvement is very important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Using QI approaches will impact the health of my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Public health agency staff and stakeholders will notice changes in programs and services as a result of our QI efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating.

Legend	
	Domain = Culture: values & norms that pervade how agency interacts with staff & stakeholders
	Domain = Capacity & competency: skills, functions & approach used to assess & improve quality
	Domain = Alignment & spread: QI supports & supported by organization & is diffused within agency

Score	
≤99	Beginning: Have not yet adopted formal QI projects, applied QI methods in a systematic way, or engaged in efforts to build a culture of QI.
100-106	Emerging: Newly adopted QI approaches, with limited capacity. Limited QI culture and few, if any, examples of attempts to incorporate QI as a routine part of practice.
107-120	Progressing: Some QI experience and capacity but often lack commitment, have minimal opportunities for QI integration throughout the agency and are less sophisticated in their application and approach.
121-139	Achieving: Fairly high levels of QI practice, a commitment to QI, and an eagerness to engage in the type of transformational change described by QI experts.
≥140	Excelling: High levels of QI sophistication and a pervasive culture of QI.

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