
Story From the Field

All Aboard! Getting Rhode Island’s Workforce to Use TRAIN

Applying Quality Improvement to Domain 8

A longstanding affiliate of TRAIN—a national online public health learning network—the Rhode Island Department of Health knew it could use TRAIN records to document training activities related to Public Health Accreditation Board (PHAB) Domain 8: Ensuring a Competent Public Health Workforce. But in Spring 2012, just 25% of employees had TRAIN accounts and few used those accounts to access online learning opportunities. The agency used a quality improvement (QI) project to solve the problem.

Led by Kristen Calcagni, Acting Internal Planning Coordinator, a QI team that was already familiar with TRAIN used a Plan-Do-Study-Act framework to address the participation gap. The team used several QI tools in designing and executing the improvement project:

**AIM Statement.** The QI team’s AIM Statement was “By January 2013, the number of employees with a TRAIN account will increase from 25% to 60%.” After writing the AIM, the team worked to understand the factors that contributed to the low enrollment.

**Cause and Effect Diagram.** The QI team identified the factors that contributed to the low enrollment. Root causes included how TRAIN was managed, a cumbersome enrollment process, and lack of awareness about TRAIN’s value.

**Flowchart.** The QI team mapped the current enrollment steps and identified inefficiencies. They then tested the effectiveness of an open enrollment process with key points of contact involved at each step along the way.

The QI project had dramatic, positive results. Within several months, TRAIN enrollment surpassed the 60% target, peaking at 96% in January 2013. The benefit is already evident: Between January and July 2013, Rhode Island TRAIN users completed 377 courses—a 71% increase over the same period in 2012.
Learning the Basic Tools of Quality Improvement

Rhode Island’s success began with a desire to prepare for public health accreditation. Key steps were to build and demonstrate capacity for QI. The agency asked the Public Health Foundation (PHF) to train program staff in QI, using a Train-the-Trainer model to build an internal team of QI practitioners who could then guide others’ QI activities throughout the agency. The intensive training included launching and implementing 12 QI projects to address the department’s performance and efficiency challenges. This training was part of the capacity-building assistance Rhode Island has received as a grantee in the National Public Health Improvement Initiative (NPHII).

Related Links and Resources

► PHF provides customized QI training, facilitation, and workforce development services to public health agencies and other groups that protect the public’s health. To inquire about technical assistance, please visit www.phf.org/TechnicalAssistance or call 202-218-4415.

► TRAIN is the premier learning network for professionals who protect the public’s health. Join the more than 700,000 users of this free PHF service by enrolling at www.train.org.

► Ensuring a competent public health workforce is the focus of Domain 8 of the PHAB Standards and Measures. To learn more visit www.phaboard.org.

About PHF and NPHII

PHF is dedicated to achieving healthy communities through research, training, and technical assistance. PHF improves the public’s health by strengthening the quality and performance of public health practice.

The Centers for Disease Control and Prevention’s (CDC) NPHII supports state, tribal, local, and territorial health departments through the Prevention and Public Health Fund of the Affordable Care Act to make fundamental changes and enhancements in their organizations and implement practices that improve the delivery and impact of public health services.

Acknowledgements

Special thanks to Kristen Calcagni, Acting Internal Planning Coordinator, and Magaly Angeloni, Performance Improvement and Accreditation Manager, Rhode Island Department of Health for providing content for this story. Funding for this story was provided by CDC under Cooperative Agreement Number 5U38HM000518-03. The contents of this document are those of PHF and do not necessarily represent the official position or endorsement by CDC.