Multivoting

Sonja Armbruster[1] and John W. Moran[2]

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Description: Multivoting narrows a large list of possibilities to a smaller list of the top priorities or to a final selection. Multivoting is preferable to straight voting because it allows an item that is favored by all, but not the top choice of any, to rise to the top.[3]

Use it:

- After brainstorming or some other expansion tool has been used to generate a long list of possibilities.
- When the list must be narrowed down.
- When the decision must be made by group judgment.
- When some group members are much more vocal than others.
- When some group members think better in silence.
- When there is concern about some members not participating.
- When the group does not easily generate quantities of ideas.
- When all or some group members are new to the team.
- When the issue is controversial or there is heated conflict.

Construction Steps:

Materials needed: flipchart or whiteboard, markers, 5 slips of paper per participant, pen or pencil for each participant.

- Develop a list of options. The list might result from using other QI tools like Brainstorming and Affinity Diagrams, Force Field Diagrams or Cause and Effect Diagrams. Alternatively, the list of items needing to be prioritizes might instead come from strategies in Healthy People, state/local/tribal health assessments or improvement plans, core competencies, board priorities, strategic plans or other best practices lists.
- Number (or letter) all items on the list.
- Decide how many items must be on the final reduced list (perhaps the performance management plan is focused on just two priorities or a predetermined plan for three to five priorities).

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[1] Sonja Armbruster, MA, Director of Public Health Initiatives for Wichita State University's Center for Community Support and Research and consultant for the Public Health Foundation, and Adjunct Faculty for WSU Public Health Sciences Program and the University of Kansas School of Medicine, Master of Public Health Program.
[2] John W. Moran, Ph.D. is a Senior Quality Advisor to the Public Health Foundation and a Senior Fellow at the University of Minnesota, School of Public Health in the Division of Health Policy and Management. He is a member of PHAB's Evaluation and Quality Improvement Committee and Adjunct Professor in the Arizona State University College of Health Solutions' School for the Science of Health.
[3] Excerpted from Nancy R. Tague's *The Quality Toolbox*, *Second Edition*, ASQ Quality Press, 2004, pages 359-361. http://asq.org/learn-about-quality/decision-making-tools/overview/multivoting.html

- Decide how many choices each member will vote for. Often, five choices are allowed or the number of votes may not exceed more than a third of the number of items on the list.[4]
- Working individually, each participant selects the five items (or whatever number of choices is allowed) he or she thinks most important. Then each participant ranks the choices in order of priority, with the first choice ranking highest. For example, if each participant has five votes, the top choice would be ranked five, the next choice four, and so on. Each choice is written on a separate paper, with the ranking underlined in the lower right corner.
- Tally votes. Collect the papers, shuffle them, and then record on a flipchart or whiteboard. The easiest way to record votes is for the scribe to write all the individual rankings next to each choice. For each item, the rankings are then totaled beside the individual rankings.
- If a decision is clear, stop here. Otherwise, continue with a brief discussion of the vote. The purpose of the discussion is to look at dramatic voting differences, such as an item that received ratings of both 5 and 1, and avoid errors from incorrect information or misunderstandings about the item.

Example: A regional team focused on Maternal and Child Health Improvement met to prioritize strategies and develop a performance management plan. Using the performance measures list provided by the state[5] (18 items), local leaders utilized Multivoting to select the priority strategies to be used to develop and track regional improvement plans. (This list has been modified; item on the list with no votes were cut for brevity.)

Core MCH Performance Measures (partial list for illustration)	**Voter 1**	**Voter 2**	**Voter 3**	**Voter 4**	**Total**
1. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations.	3	3	2	4	**12**
2. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.			5		5
3. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	2	2			4
4. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				1	1
5. The percent of mothers who breastfeed their infants at 6 months of age.	5	4	4		**13**
6. Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	4	5			9
7. Percentage of women who smoke in the last three months of pregnancy.	1		1	3	5
8. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.		1		2	3
9. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.			3	5	8

[4] Meisenheimer, Claire Gavin, ed. *Improving quality: A guide to effective programs*. Jones & Bartlett Learning, 1997.
[5] http://www.ndhealth.gov/familyhealth/Publications/PriorityNeed-PerformanceMeasures.pdf