

Benton-Franklin Health District



2012-2013 Quality Improvement Plan

Effective: 1/1/2010
Reviewed/Revised: 11/15/2010, 9/1/2011
By BFHD Executive Committee

I. Scope and Structure

A. Mission & Scope

Quality improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.¹ In January 2010 the Benton-Franklin Health District (BFHD) developed its first QI plan as an initiative set by the Quality Improvement Committee where priorities for improvement were identified. Later that year the Quality Improvement Committee identified the following as its mission:

A set of standards are created and implemented agency-wide to improve processes and practices for all staff.

This mission statement describes the fundamental reason for the meetings. Actions and decisions by the Quality Improvement Committee will be compared against the mission statement to evaluate if those actions and decisions are consistent with the intent of this stated responsibility.

The QI strategies will include the activities detailed in Section II. The Executive Committee will guide and evaluate the QI strategies by:

- Directing the development of processes and systems to including:
 - Strategic planning
 - Performance management and measurement
 - Policy and procedure review and development
 - Collecting and analyzing data to identify areas for improvement
 - Workforce development
 - Public health education
- Reviewing and selecting of Key Health Indicators.
- Reviewing recommendations for improvement from the Quality Improvement Committee regarding the Washington State Standards for Public Health site visit review results in 2011.
- Reviewing and revising the QI plan annually based on its annual evaluation.

B. Organizational Structure

The Administrator has charged the Quality Improvement Committee members with making recommendation to guide the purpose and scope of the QI process at the District. Executive and all management team members are responsible for conducting QI efforts and for promoting, training, challenging and empowering BFHD employees to participate in the processes of QI.

The Quality Improvement Committee is composed of BFHD managers and supervisors staff, including:

- Preventive Health Supervisors
- Environmental Health Supervisors

¹ National Committee for Quality Assurance.

- Human Resources Manager/QI
- IT Manager
- Client Services Manager
- Finance Manager
- Assessment Coordinator

The Quality Improvement Committee meets on the third Thursday of each month at 8:30 a.m. and maintains records and minutes of all meetings; these minutes are presented for review and acceptance by Executive Committee and committee members. At least annually the Quality Improvement Committee will provide a report of the QI progress made for the Board of Health (BOH).

Quality Improvement Committee members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the Quality Improvement Committee will make decisions by a majority vote. Final decisions regarding any processes voted on will be made by the Executive Committee.

C. Dedicated Resources

A reasonable amount of time will be provided by all supervisors, managers, directors, and assessment staff to support and to perform and complete the activities outlined in the QI process. This support includes:

- Allowing time to work on QI projects
- Maintaining current records/meeting minutes
- Providing books and other instructional trainings and materials
- Computer programs or other resources to guide the processes necessary (within budgetary possibilities)

D. Roles and Responsibilities

Executive Committee

- Provides vision and direction for the QI process
- Supports the Quality Improvement Committee meetings
- Allocates resources for QI processes and activities
- Reports on QI activities to the Board of Health
- Determines final direction on QI activities
- Works with individual supervisors to develop QI processes and goals for their respective programs
- May be requested to participate in QI Committees and work groups

HR/QI Manager

- Facilitates the Quality Improvement Committee meeting and reports to the Executive Committee on the progress and processes taking place on a regular basis
- Oversees the development of the annual QI plan and QI program evaluation

- Report to the Quality Improvement Committee on QI activities and progress and plan and carry out the goals/objectives identified in the QI plan
- Assure QI activities occur in their programs with each program receiving an annual review/assessment of the program's logic model with revisions being made as necessary
- Serves as a voting member of the Quality Improvement Committee meetings
- Encourages the incorporation of QI concepts into daily work

Supervisors & Managers

- Report to the Quality Improvement Committee on QI activities and progress and plan and carry out the goals/objectives identified in the QI plan
- Assure QI activities occur in their programs with each program receiving an annual review/assessment of the program's logic model with revisions being made as necessary
- Receive feedback and approval from the Executive Committee on a "regular" basis
- Serve as a voting member of the Quality Improvement Committee meetings
- Encourage program staff to incorporate QI concepts into daily work

Assessment Coordinator

- Provides analytical support and technical consultation to the Quality Improvement Committee
- Assists with the development of the annual QI plan and QI program evaluation
- Provides resources related to QI processes and Standards documentation requirements
- Encourages the incorporation of QI concepts into daily work
- Reports performance measures for goals and objectives in the agency annual report
- Performs other data analysis involved in QI activities

Other Program Staff

- Participate in QI activities, as requested by supervisors and managers
- Understand how program QI activities that are relevant to their work affect Division (strategic) performance measures
- Participate in QI training (determined by Supervisors and Managers)
- Incorporate QI concepts into daily work

E. Approval of QI Plan and Annual Evaluation

The QI plan activities are revised annually to reflect program enhancements and revisions. Activities listed in the annual QI calendar are developed based on the recommendations from the annual QI program evaluation and Executive Committee and deficiencies identified during the Public Health Standards review. The QI plan and program evaluation are approved annually by the Executive Committee.

In addition, individual program QI plans will be reviewed by the appropriate supervisor and Division Director on an annual basis (staggered throughout the calendar year). The Annual Quality Improvement plan will be presented to the Board of Health by the Executive Committee, outlining the QI activities chosen to be addressed for the following annual time period.

II. Quality Improvement Activities

The following recommendations were identified by the QIC annual evaluation and from results of the most recent Public Health Standards Review:

A. Administrative Capacity and Governance

Develop a written policy to ensure provisions are in place to collect and analyze data. Through discussion with the BOH, communicate relevant data and actions incorporating BOH input/guidance as appropriate (i.e. community health status, agency business decisions, etc). Document input/guidance provided by Board in meeting minutes, resolutions or in a report format. (Standard A.3.3, Standard 1.1.2, Standard 1.3 3, Standard 5.1.3)

B. Strategic Planning Process

Review and revise agency strategic plan, documenting the planning process. Identify and document external trends or factors, or assessment of agency strengths and opportunities for improvement. Ensure that objectives are measurable and time bound. (Standard 5.2.1)

C. Performance Management System

Develop agency/program Performance Management System (Standard 9.1.1, Standard 9.1.4, Standard 9.1.5, Standard 9.1.6)

D. Community Health Assessment/Community Health Improvement Plan

Collaborate with the Health Alliance, local hospitals and other community partners to complete a Community Health Needs Assessment and develop a Community Health Improvement Plan. (Standard 4.1.1, Standard 4.2.1, Standard 5.3.1, Standard 5.3.2)

E. Policy, Procedure, Materials Systematic Review Process

Develop or review or expand policies or procedures to provide prevention and wellness educational information to the public along with other public health issues and functions as appropriate. Develop a systematic process for a two-year review period for such policies or procedures. (Standard 3.1.4)

F. Workforce Development Plan

Develop an agency Workforce Development Plan to assess and address training needs and development of Core Competencies for Public Health. (Standard 8.2.2)

G. Public Health Law Education

Educate staff about public health laws through development of a process to annually review the list of positions with regulatory and enforcement responsibility, including a process to ensure

training for the consistent application of public health law. Develop documentation that demonstrates consistent application of public health laws, including internal audits, enforcement documents or logs, or systematic review of case reports. (Standard 6.2.1)

H. Conduct Enforcement Activities

Create an Annual Report summarizing program enforcement activities initiated, tracking receipt, follow-up, resolution/response times and outcomes—food, sewage, swimming pool, solid waste, etc. On a quarterly basis, select a random number of enforcement actions initiated to determine how effective and timely the actions were. Implement changes in procedures and policies where warranted. Identify trends where applicable and evaluate the need for program modification or change. Inspection reports are reviewed weekly to check for consistency. Review protocols for receiving and managing complaints to include role-specific steps (Standard 6.3.4)

I. Customer Service

Establish systematic customer satisfaction processes agency wide and monitor satisfaction results to identify areas for improvements. (Standard 9.1.6)

J. Monitoring IT Security Processes

Develop/document monitoring process for assuring protection of data and data systems, to address security and authorized use. (Standard A1.7)

K. Review of Health Indicators

Health indicators aid internal Department staff, as well as external key public health stakeholders, in program planning and evaluation by monitoring key outcomes that are affected by public health programs and policy. Many indicators are used as intermediate or long-term outcome measures as part of program evaluation.

In 2011, the Quality Improvement Committee (QIC) reviewed the Washington State Local Public Health Indicators and BFHD Indicators. (These indicator sets are updated and reviewed every two years to monitor overall trends in the health of Benton County and Franklin County residents.)

Four priority indicators that had poorer outcomes than the Washington State average were selected as focus areas for the 2012-2013 QI Plan: child immunizations, incidence of Chlamydia, late entry to late prenatal care and food service safety. (Standard 1.1.3, Standard 1.1.4, Standard 1.2.1, Standard 1.2.2, Standard 1.3.1, Standard 1.3.3)

Objectives and 2012-2013 Performance Measures for Four Priority Health Indicators

Indicator	Objective	2012-2013 Performance Measures
Food Service Safety	Create safer permanent food service establishments (FSE)	By utilizing increased PIC Training/enforcement activities, realize a 10% reduction in FSE's with >50 critical violation points
Percent of 2 year old children who are adequately immunized (4DTP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella)	By the end of 2012, increase by 5% the number of 2 year olds in Benton and Franklin Counties entered into the state immunization registry who are adequately immunized.	<p>Maintain 100% participation in state immunization registry by VFC providers throughout 2012</p> <p>50% of VFC providers will have CoCASA/AFIX site visits during 2012</p>
Percent of reported Chlamydia infections that received treatment in women ages 15-24	By the end of 2012, increase by 5%, the number of women ages 15-24 who have received treatment for reported Chlamydia.	100% of the providers reporting Chlamydia without providing treatment information will be contacted by BFHD staff to receive treatment information.
Percent of women giving birth who received prenatal care starting in the first trimester of pregnancy	By the end of 2012, increase by 5%, the percent of women receiving prenatal care starting in the first trimester of pregnancy.	<p>Pregnant women receiving services from BFHD will be asked about when they started prenatal care and barriers to first trimester care will be identified.</p> <p>2010 data will be analyzed as soon as it is available in order to determine if the intervention done in 2009 (identification of possible coding errors by one hospital) has resulted in any improvement from previous data.</p>

Quality Improvement Calendar (2012-2013)

QI Activity	Staff Responsible	Completion Date	QIC Review Date	Exec Committee Review Date
A. Administrative Capacity and Governance	PH Administrator	February 2012	March 2012	April 2012
B. Strategic Planning Process 2013	Executive Committee	December 2012	N/A	N/A
C. Performance Management System	HR/QI Manager, Supervisors, Assessment Coordinator	May 2013	June 2013	July 2013
D. CHA/CHIP				
Community Health Needs Assessment	Health Alliance, Local Hospitals, BFHD Health Officer & Assessment Coordinator	December 2012	December 2012	December 2012
Community Health Improvement Plan	Health Alliance, Local Hospitals, BFHD Health Officer & Assessment Coordinator	June 2013	June 2013	June 2013
E. Policy, Procedure, Materials Systematic Review Process	PH Administrator, EH Director, PH Director & HR/QI Manager	March 2012	April 2012	May 2012
F. Workforce Development Plan	HR/QI Manager, Supervisors	June 2012	July 2012	August 2012
G. Public Health Law Education	Health Officer, EH Director, PH Director	August 2012	September 2012	November 2012
H. Conduct Enforcement Activities	Health Officer, EH Director, PH Director	November 2012	December 2012	January 2013
I. Customer Service	Client Services Manager, Clerical Supervisor, PH Director	April 2012	May 2012	June 2012
J. Monitoring IT Security Processes	IT Manager & Systems Analyst	June 2012	July 2012	August 2012

K. Review of Health Indicators				
Four priority indicators (Review of WA State Health Indicators)	Health Officer, EH Directors, PH Director, Assessment Coordinator	Ongoing through December 2012	February 2013	April 2013
QI Evaluation	Senior Staff, Supervisors, Assessment Coordinator	Ongoing	September 2012	October 2012
QI Plan	Senior Staff, Supervisors & Assessment Coordinator	November 2012	N/A	December 2012

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