

2010-2011 Standards Review
Clark County Public Health Quality Improvement Plan

LHJ name: Clark County Public Health

Title of project: Taking Action on Data Analysis: Closing the Plan-Do-Study-Act Cycle

Lead staff: Janis Koch

Start date: October 2011 **Complete date:** October 2012

Overall goal for project: To develop a system for documenting how we use data to evaluate and revise program efforts

1. a. What is the identified issue that you would like to work on?

The majority of programs and committees at CCPH have performance measures and track data. However, we haven't been able to document how we use that data to support or revise the work that we are doing. We also collect customer satisfaction data for some of our programs and we don't have documentation to show how we use that data either.

- b. How did you determine that this was an issue (background)?

During our Washington State Public Health Standards Review in 2008, one of the opportunities for improvement was closing the loop on the plan-do-study-act cycle. This was discussed during our exit interview and our "partially demonstrates" scores on measures 8.2, 8.4, and 8.6. We met several times to discuss how we could improve our documentation in this area. However, while the task sounds simple enough, it's rather complex. Once again during our 2011 review, the reviewers identified documentation of how we close the plan-do-study-act cycle was weak. This was noted during the exit interview and by our "partially demonstrates" on measure 9.1.5.

- c. What quality improvement tools did you use to identify the problem?

The primary way we identified this problem was through our performance scores on the 2008 and 2011 Washington State Public Health Standards Review results. The Management Group also used brainstorming to discuss what some of the barriers are for creating a system to assist us in consistently "closing the loop".

2. What is your specific objective and timeframe for improving the identified area? This should be your one overall objective for the project and should be SMART: Specific, Measurable, Achievable, Realistic, and Time bound.

<u>Specific</u> <i>(verb, e.g. increase)</i>	<u>Measurable</u> <i>(what you are improving)</i>	<u>Deliverable</u> <i>(by how much, e.g. by 10%)</i>	<u>Realistic</u> <i>(by when, e.g. by Nov. 30th)</i>	<u>Time-bound</u> <i>(to do what- health outcome, e.g.</i>
---	--	---	--	---

decrease

preventable disease)

Type yours here:

Increase documentation of the use of data in program decisions and revisions by 100% by October 1, 2012 to be able to demonstrate how CCPH uses data in decision-making.

3. a. What activities are you considering for improvement?

- Create a CSI (Continuous System Improvement) team – this is our Quality Improvement process – that will evaluate what the barriers are and develop a system to address the barriers.

- Implement the system improvement through implementation of a customer service survey
- Evaluate the survey results
- Use the results to make adjustments to the program
- Conduct a peer review to determine appropriate documentation has occurred
- Make adjustments to the system based on the peer review
- Roll out system department wide

b. What QI tools will you use to work on project?

- An Affinity Diagram to help us generate ideas about the barriers
- Customer Service survey
- Peer review