

2010-2011 Standards Review
Agency Quality Improvement Plan
Grays Harbor County

LHJ name: Grays Harbor County Public Health and Social Services

Title of project: Strategic Planning Objectives

Lead staff: Joan Brewster

Start date: January 1, 2012 Complete date: June 30, 2013

Overall goal for project: Select some goals from our 3-year strategic plan and set measurable, time bound objectives for them.

1. a. What is the identified issue that you would like to work on? **Agency's first-ever strategic plan lacks specific objectives.**
b. How did you determine that this was an issue (background)? **The department has not had strategic plan in place. First plan developed without specific objectives to foster learning and capacity building among leadership and staff with the intention of selecting a few key issues for intense focus and develop objectives for success. This deficit is related to Standards Measure 5.2.2L.**
c. What quality improvement tools did you use to identify the problem? (See referenceⁱ) **Work plans, budget reduction plans.**
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. (See example and referenceⁱⁱ)
By June 30, 2013, select at least 2 key goals from the 2010-2013 strategic plan, develop SMART objectives, track progress, and evaluate outcomes.
3. a. What activities are you considering for improvement? **By Mar 31, 2012, revisit and revise strategic plan in context of our 25% reduction in staff. Select goals and develop objectives. Meet bi-monthly to evaluate progress.**
b. What QI tools will you use to work on project? (See referenceⁱⁱⁱ) **Logic models, PDSA**

2010-2011 Standards Review
Agency Quality Improvement Plan
Grays Harbor County

LHJ name: Grays Harbor County Public Health and Social Services

Title of project: Performance evaluations

Lead staff: Joan Brewster

Start date: January 1, 2012 Complete date: June 30, 2013

Overall goal for project: Begin doing routine performance evaluations on all staff.

1. a. What is the identified issue that you would like to work on? **Agency has not done routine performance evaluations for all staff since there was a conflict with the union more than a decade ago. Licensed staff are evaluated because it was bargained in the contract.**

b. How did you determine that this was an issue (background)? **This problems has been ongoing. Positive labor-management relations have been a focus of the department's leadership for a couple of years. This deficit relates to Standards Measure 8.2.1L.**

c. What quality improvement tools did you use to identify the problem? (See reference^{iv}) **Work plans, standards preparation.**
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. (See example and reference^v)
By December 31, 2012, bring this deficit and its relation to public health standards before the labor-management committee and negotiate in favor of universal performance evaluations being implemented at the earliest possible time.
3. a. What activities are you considering for improvement? **By Mar 31, 2012, bring issue before labor-management committee. Meet quarterly and monitor progress.**

b. What QI tools will you use to work on project? (See reference^{vi}) **Pre-post evaluation**

ⁱ QI tools or methods for identifying a problem could include logic models, work plans, data analysis, or from resources listed:
The Public Health Memory Jogger™ II

ⁱⁱ QI tools or methods for improving a problem could include conducting a Plan, Do, Check/Study, Act (PDCA/PDSA) cycle or Rapid Cycle Improvement (RCI) project, Business Process Analysis (BPA), pre/post evaluation, or from resources listed in i

ⁱⁱⁱ 2009 WA State Public Health Standards, 9.1.3B

^{iv} QI tools or methods for identifying a problem could include logic models, work plans, data analysis, or from resources listed:
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^v QI tools or methods for improving a problem could include conducting a Plan, Do, Check/Study, Act (PDCA/PDSA) cycle or Rapid Cycle Improvement (RCI) project, Business Process Analysis (BPA), pre/post evaluation, or from resources listed in i

^{vi} 2009 WA State Public Health Standards, 9.1.3B