

Island County Public Health 2011-2012 Quality Improvement Plan



Prepared by the Island County Public Health Quality Council

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Island County Public Health Quality Improvement Plan

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Island County Public Health Quality Improvement Plan

I. Executive Summary

Island County Public Health is dedicated to protecting and improving the personal and environmental health of our residents through community partnerships. To accomplish our work, we plan on using three tools to help us improve our performance, respond to community needs, and provide quality, efficient services to the public.

The quality improvement plan is one of these three tools. Our Strategic Plan provides direction for *what* we do, the Quality Improvement Plan seeks to continually improve *how* we provide these services. Our Community Health Assessment and Improvement Plan measures health status and guides actions for priority health issues in Island County.

In 2011 we established a Quality Council to help guide our work in quality improvement. The initial focus of the council has been on establishing the mission and vision, structure, activities and evaluation of quality efforts in Island County Public Health. In 2012 the council will implement the Quality Improvement Plan and complete two pilot projects while learning quality improvement methods.



II. Quality Improvement Plan Mission & Objectives

A. Mission

Assure the delivery of quality public health services to Island County residents through continuous quality improvement.

B. Objectives

The QI Council will initiate, guide and evaluate Island County Public Health's (ICPH) Quality Improvement (QI) Program by:

1. Developing, implementing, and reviewing a quality improvement plan for ICPH.
2. Defining and monitoring ICPH quality improvement processes, policies, and performance measures.
3. Identifying, resourcing and monitoring Department improvement efforts.
4. Monitoring Sectional improvement efforts that directly support Department priority measures.
5. Ensuring the organization sustains the gains of its improvement efforts.
6. Leading Department culture shift toward customer-focused, evidence-based, continuous improvement practices.
7. Resourcing staff development of quality improvement knowledge and skills.
8. Reviewing pilot projects, program evaluations and after-action reports and making recommendations on program improvements to the appropriate managers/leads.
9. Reviewing recommendations for improvement from Washington State Standards for Public Health and make appropriate recommended policy and process changes.
10. Reviewing and revising ICPH's Quality Improvement Plan on an annual basis.

C. Functions

1. Plan for, document, evaluate and report on the department's quality improvement system.
2. Define/review and monitor key community health & departmental indicators using established indicator sets where possible (Community Health Advisory Board's Key Health Indicators, Local Public Health Indicators, Robert Wood Johnson's Community Health Indicators)
3. Determine priority improvement opportunities and define investments in QI initiatives.
4. Initiate quality improvement teams and involve staff

5. Foster development of staff knowledge in quality improvement methods and tools (using Technical Assistance from Tacoma-Pierce and Spokane Health Departments when possible).
6. Foster cultural shift toward institutionalizing quality improvement practices in all ICPH programs and practices.
7. Integrate the QI process into the standards and accreditation reviews.

Note: Review of background materials including:

- Public Health Improvement Partnership Standards results/findings
- Strategic plan notes, 2008-present
- Materials from trainings - integration of QI Plan with CHA/CHIP/SP
- Examples: Tacoma Pierce County Health Department Quality Improvement Plan

II. Organizational Structure

A. Membership

<p><i>Current Quality Council Members September 2011:</i></p> <ol style="list-style-type: none"> 1. <i>Keith Higman</i>, Health Services Director, Chair 2. <i>Dr. Roger Case</i>, Health Officer 3. <i>Kerry Graves</i>, Administrative Services Director 4. <i>Carrie McLachlan</i>, Supervisor, Assessment & Healthy Communities 5. <i>Suzanne Turner</i>, Community & Family Health Director 6. <i>Jill Wood</i>, Environmental Health Director 7. <i>Katie Hicks</i>, Staff support from the Assessment & Health Communities Section
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The Quality Council will be composed of leaders within the department that have the authority to authorize change, promote quality efforts and facilitate training opportunities. Specifically, the Quality Council will be composed of:

1. Health Services Director, Chair
2. Health Officer
3. Administrative Services Director
4. Assessment & Healthy Communities Supervisor
5. Community & Family Health Director

6. Environmental Health Director
7. Staff support from the Assessment & Health Communities Section

B. Roles and Responsibilities

Everyone has a role in ICPH's quality improvement efforts.

The ICPH Health Services Director has charged the ICPH Quality Council with carrying out the purpose and scope of the QI program within the Department. Management Team members are responsible for conducting QI efforts and for promoting, training, challenging and empowering ICHD employees to participate in the processes of QI and participate in QI Project Teams.

Health Services Director:

- Provide vision and direction for the Quality Council.
- Chair and convene the Quality Council.
- Responsible for the allocation of resources for QI activities.
- Reports on QI activities to the Board of Health.
- Requests the review of specific program evaluation activities or the implementation of QI projects.
- Serves as a voting member of the QC.

Section Directors:

- Responsible for the implementation of QI projects and for the reporting of activities and results to the QC; identify appropriate staff to participate in QI projects as needed.
- Responsible for the implementation of ongoing program-level quality improvement/planning for his or her division.
- Encourage program staff to incorporate QI concepts into daily work.
- Report to the QC on program evaluation activities.
- Serve as a voting member of the QC.

Assessment & Health Communities Supervisor:

- Directs the administrative and technical support for the QC.
- Responsible for the development of the annual QI plan and evaluation.
- Provides training specialists and consultants to the QC, QI project teams and other staff as needed.
- Serves as voting member of the QC.

Assessment & Health Communities QC Staff:

- Facilitates the agenda and meetings for the QC, maintain minutes of QC meetings.
- Provides technical consultation to the QC and QI projects.
- Works with the AHC Supervisor to define and document QI issues.
- Assists with the development of the annual QI plan and evaluation.

- Provide administrative support for QC activities as needed.

All Public Health Staff:

- Participate in QC projects as requested by Section Directors and Health Services Director.
- Collect and report data for reporting of performance measures; use data to identify areas needing improvement.
- Understand how performance measures related to their work affect department-level strategic performance measures.
- Participate in QI trainings.
- Incorporate QI concepts into daily work.

C. Meetings

Initially the QC met once every two weeks in April – August 2011 to set priorities and provide a foundation for the work of the Quality Council. Starting in September 2011, the QC will meet monthly. The meeting schedule will be the fourth Friday of each month, 10:00-12:00 in the Administrative Services Office. When the fourth Friday falls on a holiday, the meeting will be scheduled for the third Friday of the month. QC members will be expected to actively participate in QC meetings and efforts.

D. Decision Making

Quality Council members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the Quality Council will make decisions by a majority vote.

E. Reporting

At least annually the Quality Council will provide a report of the QI program to the Board of Health.

QI project teams are convened by the Quality Council as required for specific initiatives. These teams are accountable to the Council and report activities and results on an ongoing basis.

F. Dedicated Resources

The Assessment and Healthy Communities (AHC) section provides administrative and technical support to the Quality Council and the Department's QI initiatives. This support includes:

- Providing staff coordination for the monthly Council meetings, including:
 - Facilitating meetings.
 - Developing and distributing the agenda.
 - Maintaining meeting minutes.

- Facilitates staff training in QI methods and tools.
- Assisting program staff to track and trend their performance data.
- Providing technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools or meeting facilitation.
- Providing technical assistance to QI projects, which may include data collection/analysis, advice on QI methods/tools, meeting facilitation/project management services, or participation as a team member.

State resources, such as training specialists and consultants working with Washington State Department of Health’s Performance Management Centers of Excellence (Tacoma, Spokane) and educational opportunities (e.g. webinars) will be made available to the Quality Council and to QI project teams.

III. Quality Improvement Activities

Currently Island County Public Health is in the process of learning and implementing initial quality improvement measures and tools. At the same time, we are finalizing our departmental Strategic Plan. While in the learning stages of Quality Improvement, projects will be undertaken with this understanding.

Our goal is for quality improvement to be utilized throughout ICPH. Our pilot projects focus on initiatives with impact throughout our entire organization. In the future, we will move to implementation of QI projects at both the organizational and programmatic levels. The process we have used for our pilot projects will be utilized for other projects. Program staff will complete project definition forms to submit to the Quality Council on specific quality improvement projects. We anticipate all ICPH staff involved in our initial projects will serve as QI advisors to other staff wishing to initiate QI projects.

Initially, quality improvement projects will be selected based on the following criteria:

Initial QI Project Identification Criteria:

- A. Specific
- B. Measurable
- C. Achievable
- D. Reliable
- E. Feasible within limited timeframe
- F. Relates to known issue/priority as documented by Community Health Assessment, Public Health Standards, ICPH Strategic Plan
- G. Important to Public Health stakeholders
- H. If possible, project solutions should be data-driven and evidence-based.

- I. Potential impacts can be documented by various evaluation methods (cost benefit analysis, health impact assessment, decreased risk, documented efficiencies)

Additionally, the QC seeks to encourage internal quality champions and promote a positive association with quality improvement endeavors by not using quality improvement as a punitive measure, but rather allowing public health staff to voluntarily undertake projects where they see potential benefits of efficiency or service delivery.

The first two pilot QI projects were selected in July 2011. They both represent organizational goals. The QC has decided to include 1-2 program staff into each of the QI Project Teams. The two pilot projects include:

A. Performance Evaluation Tool Selection

ICPH does not have standardized policies, procedures or tools for staff evaluations resulting in inconsistencies between management expectations and staff performance.

The goal for this project is to adopt a performance evaluation tool in 2011 and use the tool to evaluate 80% of staff during 2012. See project definition document for full details.

B. Departmental Communication

Inconsistent, non-standardized process for intradepartmental communications result in staff reporting that they are uninformed about departmental activities.

The goal for this project is to identify staff needs for intradepartmental communication, survey the current level of satisfaction with communication strategies, and increase this rate by 10% within six months by adopting specific communication methods and strategies. See project definition document for full details.

IV. Evaluation and Revision of QI Plan

The QI plan is 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. The QI plan and program evaluation are approved annually by the Quality Council.

V. Quality Improvement Calendar

- **April 2011:** Formation of Quality Council

- **May – June 2011:** Quality Council Review of:
 - Strategic Planning Notes
 - Key Health Indicators
 - Standards Review
- **May – June 2011:** Initial support from Scott Davis for establishment of Quality Council
- **August 12, 2011:** Quality Council training with Scott Davis
- **September 19, 2011:** Quality Improvement presentation to Board of Health by Scott Davis
- **September 21, 2011:** Program QI training for all ICPH staff (DOH webinar)
- **October 12, 2011:** Quality Improvement briefing at Island County Public Health staff meeting
- **April, 2012:** Quality Council project updates at Island County Public Health staff meeting
- **August 2011 – December 2012:** Initial QI Pilot Projects:
 - Communication
 - Performance Evaluation
- **2012 Goals:**
 - Program-level Quality Improvement Efforts
 - Approval and evaluation of the Quality Improvement Plan

VI. Attachments

- A. Project Definition Forms
 - a. Blank sample
 - b. Performance Evaluation Tool Selection Project
 - c. Departmental Communication Project
- B. Quality Improvement Models
 - a. Quality Planning Project Steps
 - b. Quality Improvement Project Steps
 - c. Program QI (Quality Improvement)

ICPH QI/QP Project Definition Document

Project Name: <i>1-3 word Identifier</i>	Sponsor(s): <i>Who is governing and resourcing this project?</i>
Problem/Opportunity: <i>1-3 sentence description of the problem/opportunity (without assumption of cause or solution) and why it is important (impact on Dept./Division strategic goals)</i>	
Measure(s): <i>The quantitative indicator(s) which would demonstrate performance had improved. More than 2-3 measures may indicate lack of focus</i>	Target(s): <i>How much improvement is expected/hoped for?</i>
Mission: <i>1 sentence declaration as to what the project team is to do (without assumption of cause or solution)</i>	
Process(es) to be addressed: <i>Describe the boundaries (the "start" and "stop") of the process(es) to be improved/built</i>	Customer(s): <i>Who is/are the PRIMARY recipient(s) of the "output" or service?</i>
Team Leader: <i>Who is primarily responsible for the conduct and success of this project? (Ideally, will coincide with the process owner)</i>	
Team Facilitator: <i>Who will be assisting the leader with QI methods and tools and group process facilitation?</i>	
Team Members: <i>Who will be active participants on the project team? Ensure representation of process steps and other key stakeholders.</i>	
Constraints: <i>Are there time, space, financial, system, policy, organizational or other constraints that the team leader and members should be aware?</i>	
Target Start Date:	
Target End Date:	
Process Owner(s): <i>Who will be primarily responsible for maintaining process performance after completion of the project?</i>	

Project Name: ICPH Performance Evaluation Team <i>1-3 word Identifier</i>	Sponsor(s): Quality Council <i>Who is governing and resourcing this project?</i>
Problem/Opportunity: ICPH does not have standardized performance evaluation policies, procedures or tools in place for ICPH employees, resulting in inconsistencies between management expectations and staff performance. <i>1-3 sentence description of the problem/opportunity (without assumption of cause or solution)</i>	
Mission: Establish policies and procedures and recommend a tool for staff evaluations and professional development. Evaluate at least 80% of staff within first year of implementation of performance evaluation policy, process and tool. <i>1 sentence declaration as to what the project team is to do (without assumption of cause or solution)</i>	
Measure(s): 1. 80 % of staff evaluated on an annual basis utilizing standard tools and process 2. A standardized performance measure tool is adopted and regular evaluations of ICPH staff are performed. <i>The quantitative indicator(s) which would demonstrate performance had improved. More than 2-3 measures may indicate lack of focus</i>	Target(s): 1. 80% of staff are evaluated within first year of implementation 2. A performance management tool is in place. <i>How much improvement is expected/hoped for?</i>
Process(es) to be addressed: TBD (process does not currently exist) <i>The "start" and "stop" of the process(es) to be improved/built</i>	Customer(s): ICPH Director, Section Heads and staff <i>Who is/are the PRIMARY recipient(s) of the "product" or service?</i>
Team Leader: Carrie McLachlan <i>Who is primarily responsible for the conduct and success of this project? (Ideally, will coincide with the process owner)</i>	
Team Facilitator: Katie Hicks (with support from Scott Davis) <i>Who will be assisting the leader with QI methods and tools and group process facilitation?</i>	
Team Members: Kerry Graves, Melanie Bacon, Suzanne Turner, Jill Wood, Susan Wagner <i>Who will be active participants on the project team? Ensure representation of process steps and other key stakeholders.</i>	
Constraints: In the past, limited support from County HR. Currently more support and resource available from HR. <i>Are there time, space, financial, system, policy, organizational or other constraints that the team leader and members should be aware?</i>	
Target Start Date: August 2011	
Target End Date: By December 2011, a tool and process/procedures are established. By December 2012, performance evaluations and updated job descriptions completed for 80% of staff.	
Process Owner(s): Keith, with supervisors evaluating section staff <i>Who will be primarily responsible for maintaining process performance after completion of the project?</i>	
Potential Activities: <ul style="list-style-type: none"> • Research performance evaluation tools • Research professional development plans/strategies 	

QP Project Definition Document (5th draft – 9/20/11)

QP Project Definition Document (4th draft – 9/7/11)

Project Name: Departmental Communication	Sponsor(s): Quality Council
Problem/Opportunity: Inconsistent, non-standardized, process for intradepartmental communications. This results in staff reporting being uninformed about departmental activities.	
Mission: Establish intradepartment communication strategies, practices and tools to achieve at least 80% staff satisfied or very satisfied with intradepartment communication by end of the first year. <i>1 sentence declaration as to what the project team is to do (without assumption of cause or solution)</i>	
Measure(s): 3. Percentage of staff who report that they are satisfied or very satisfied with intradepartment communication. <i>The quantitative indicator(s) which would demonstrate performance had improved. More than 2-3 measures may indicate lack of focus</i>	Target(s): 3. Increase staff's communication satisfaction by 10% from baseline within six months. 4. Increase staff's satisfaction with communication to 80% by end of one year. <i>How much improvement is expected/hoped for?</i>
Process(es) to be addressed: August – December 2011 <i>The "start" and "stop" of the process(es) to be improved/built</i>	Customer(s): ICPH Staff Who is/are the PRIMARY recipient(s) of the "product" or service?
Team Leader: Keith Higman <i>Who is primarily responsible for the conduct and success of this project? (Ideally, will coincide with the process owner)</i>	
Team Facilitator: Katie Hicks (with support from Scott Davis) <i>Who will be assisting the leader with QI methods and tools and group process facilitation?</i>	
Team Members: Dr. Case, Jill Wood, Jysse Minder, Caroline Lokkins <i>Who will be active participants on the project team? Ensure representation of process steps and other key stakeholders.</i>	
Constraints: Time <i>Are there time, space, financial, system, policy, organizational or other constraints that the team leader and members should be aware of?</i>	
Target Start Date: August 2011	
Target End Date: December 2011	
Process Owner(s): Keith, QC <i>Who will be primarily responsible for maintaining process performance after completion of the project?</i>	
Potential Activities: <ul style="list-style-type: none"> • Survey staff at project start and end to determine level of satisfaction with communication strategies, assess staff perceptions, needs and suggestions/input regarding communication efforts • Utilize sharepoint/intranet • Determine accountability for different communication strategies • Establish policies & procedures to address key communication opportunities • Internal communication tools (i.e. newsletter, intranet) are developed and successfully being used (as indicated by MT and staff use) 	

Quality Planning Project Steps

Determine Priorities

- Assess organizational goals and current performance
- Determine most important problems/biggest opportunities

Plan

- Define problem/opportunity
- Define process(s)/service to be addressed
- Define measures of success
- Define stakeholders, customers and team
- Determine customer needs
- Translate customer needs into service features
- “Benchmark” other service providers
- Consider service/process design options
- Determine supplier requirements
- Determine “best” integrated design

Do

- Prevent Failure
- Manage Change
 - Social
 - Technical
- Hand-off to organization – establish accountability & evaluation plan

Study & Act

- Monitor performance against measures
- Maintain process (if working)
- Enter Improvement Cycle

Assess



Define



Analyze



Change



Evaluate



Evaluate



Quality Improvement Project Steps

Assess



Define



Analyze



Change



Evaluate

Determine Priorities

- Assess organizational goals and current performance
- Determine most important problems/biggest opportunities

Plan

- Define problem/opportunity
- Define process(es) /service to be addressed
- Define measure(s) of success
- Define Stakeholders, Customers and Team
- Analyze process(es) and data
- Determine potential causes
- Determine “root” causes
- Consider solution options
- Determine “best” solution(s)

Do

- Test Solutions
- Manage Change
 - Social
 - Technical
- Hand-off to organization – establish accountability & evaluation plan

Study & Act

- Monitor performance against measures
- Maintain solution(s) (if working)
- Re-enter Improvement Cycle



Program QI

