

## 2011 Standards Quality Improvement Plan Guidance & Template

The review of the 2011 Standards for Public Health in Washington State is complete, and each local health agency has an individual report describing their performance. Based on the results of your standards review, the next step in the Plan-Do-Study-Act Quality Improvement Cycle is to move into the “Do” phase and develop a quality improvement plan which identifies deficiencies and strategies to achieve improvement. This document provides basic guidance and a template for a QI Plan.

Key elements of a QI plan include:

1. What are the identified areas that need improvement? (*include which standards and/or measures the plan addresses*)
2. What quality improvement tools are you using to achieve the improvement?
3. Who will take the lead implementing these activities?
4. What is your specific objective and timeframe for improving each area? These should be written using SMART objectives:
  - a. Specific (*verb, e.g., increase*)
  - b. Measurable (*what you are improving*)
  - c. Achievable (*by how much, e.g., by 10%*)
  - d. Realistic (*by when, e.g., by Nov. 30<sup>th</sup>*) and
  - e. Time bound (*to do what- health outcome, e.g. decrease*)

A sample template is attached for reference. Additional information and examples can be found at the Performance Management Centers for Excellence website at [www.doh.wa.gov/hip/perfmgmtcenters/index.htm](http://www.doh.wa.gov/hip/perfmgmtcenters/index.htm) Your Center staff are available to assist you in your quality improvement journey. You can locate your Center at the website.

### Local Capacity Development Funds (LCDF)

Submitting a draft quality improvement plan to DOH by September 30, 2011 meets the next requirement of your LCDF statement of work. Submit your draft plan to Simana Dimitrova at [simana.dimitrova@doh.wa.gov](mailto:simana.dimitrova@doh.wa.gov) by September 30, 2011. If you have questions about LCDF, please contact, Marie Flake at [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov)

Thank you for your work to improve how we do our public health work in Washington.

## 2011 Standards Quality Improvement Plan

**LHJ name:** Kittitas County Public Health Department

**Title of project:** Strategic Plan Implementation Documentation

**Lead staff:** Linda Navarre

**Start date:** July 1, 2011

**Complete date:** March 31, 2012

**Overall goal for project:** To produce an annual report showing progress towards meeting goals and objectives outlined in the department strategic plan.

1. a. **What is the identified issue that you would like to work on?** We would like to fully meet standard 5.2.3 of the Washington public health standards. This standard, regarding implementation of the department strategic plan, requires an annual report of progress made towards meeting the goals and objectives of the strategic plan.  
  
b. **How did you determine that this was an issue (background)?** The department has developed strategic goals and objectives within the strategic plan, but has not done a good job in returning to these goals and objectives (especially the measurable goals and objectives). The preparation of an annual report revisiting the established goals and objectives will be an important step towards regular review of the strategic plan implementation process.  
  
c. **What quality improvement tools did you use to identify the problem? (See reference<sup>i</sup>)** None. Self-assessment against public health standards for Washington State identified the issue, and was reinforced following the 2011 public health standards review.
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<sup>ii</sup>)**

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

**Type yours here:**

Create an annual report surrounding implementation of the strategic plan by July 31, 2012, to assist the department in carrying out essential functions.

3. a. **What activities are you considering for improvement?** Creation of annual strategic plan implementation report.

b. **What QI tools will you use to work on project? (See reference<sup>iii</sup>)** None. The department will follow-up and document progress towards the established goals and objectives of the strategic plan.

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<sup>i</sup> 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

<sup>ii</sup> 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

<sup>iii</sup> 2009 WA State Public Health Standards, 9.1.3B