

LEWIS COUNTY PUBLIC HEALTH AND SOCIAL SERVICES

2012 QUALITY IMPROVEMENT PLAN

PURPOSE

The purpose of the Lewis County Public Health and Social Services (LCPHSS) 2012 Quality Improvement Plan (QIP) is to provide context and framework for quality improvement (QI) activities at LCPHSS.

Policy Statement: LCPHSS has an interest in systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement, QI efforts shall target the department-level as well as the program- or project-level.

DEFINITIONS

Strategic planning and Program planning and evaluation: Generally, strategic planning and quality improvement occur at the level of the overall organization, while program planning and evaluation are program specific activities that feed into the strategic plan and into quality improvement. Program evaluation alone does not equate with quality improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. (PHAB Acronyms and Glossary of Terms, 2009)

Continuous quality improvement (CQI): an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" all at once. (PHAB Acronyms and Glossary of Terms, 2009)

Quality Assurance (QA): is a systematic process of checking the delivery of a service to ensure action(s) taken meet established standards and are in compliance with public health practice and applicable state and federal regulatory requirements. QA may identify areas for QI.

Quality improvement (QI): is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

Table 1, Quality Assurance vs Quality Improvement

Quality Assurance	Quality Improvement
Reactive	Proactive
Works on problems after they occur	Works on processes
Regulatory usually by State or Federal law	Seeks to improve (culture shift)
Led by management	Led by staff
Periodic look-back	Continuous
Responds to a mandate or crisis or fixed schedule	Proactively selects a process to improve
Meets a standard (Pass/Fail)	To exceed expectations

Quality Improvement Plan (QIP): identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, and a quality improvement initiative that is in the QIP may also be in the Strategic Plan.

Quality methods: build on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. These quality methods are frequently summarized at a high level as the Plan/Do/Study/Act Cycle. (PHAB Acronyms and Glossary of Terms, 2009)

Quality Tools: are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. A list of basic QI tools (along with an Information Sheet, Template and Example) can be found on the QI e-line page. (The Public Health QI Handbook, Bialek, et al)

Plan-Do-Study-Act (PDSA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what has been learned. (Embracing Quality in Local Public Health, Michigan's QI Guidebook)

OVERVIEW OF QUALITY

Quality Improvement efforts are currently in the beginning stage at LCPHSS. The 2011-2015 Strategic Plan identified agency goals and objectives. Quality Improvement will be used in order to meet them. The Department will use the PDSA cycle to address several agency-wide initiatives identified below in the first year. This work will continue in subsequent years and will be augmented by program level QI projects. In 2012, all staff will receive foundational training in QI objectives and methods.

ROLES AND RESPONSIBILITIES

A All Staff

1. Participate in the work of at least one QI project. Develop an understanding of basic QI principles & tools through QI training.
2. With program manager, identify program areas for improvement and suggest improvement actions to address identified projects.
3. Report QI training needs to manager.
4. Complete QI activities under the normal supervisory authority and supervisory structure of the Department and County.
5. Apply QI principles and tools to daily work.

B Director

Danette York

1. Provide leadership for department vision, mission, strategic plan and direction related to QI efforts.
2. Assure all staff has access to resources to carry out QI projects and training.
3. Advocate for a culture of QI, in messages and presentations to staff as well as to internal and external partners.
4. Promote a CQI environment (learning environment) for the department.
5. Apply QI principles and tools to daily work.

C Quality Coordinator

John Abplanalp – Epidemiologist

1. Coordinate, support, guide and define overall QI program department-wide.
2. Develop and manage all aspects of the annual QIP with input from QIT.
3. Assist QI projects at Director, Division and Program level.
4. Document all QI-related activities.
5. Ensure communication of QI project results.
6. Identify continuing education resources.
7. Facilitate Q-Team.
8. Assist Q-Team members in addressing problems encountered by QI project teams.
9. Ensure QIP meets PHAB accreditation requirements.
10. Implement other strategies to develop “culture of QI”.
11. Apply QI principles and tools to daily work.

D Division Managers/Supervisors

1. Facilitate the implementation of QI-activities.

2. Support staff in their work with QI activities.
3. Participate in QI project teams as requested or as required.
4. Facilitate the development of QI project teams.
5. Provide QI staff with opportunities to share results of QI efforts (findings, improvements, lessons learned).
6. Communicate with staff to identify projects or processes to improve and assist with development of QI project proposal.
7. Document QI efforts.
8. Communicate regularly with Director and Quality Coordinator to share QI successes and lessons learned.
9. Provide feedback to shape annual QIP.
10. Identify staff training needs.
11. Assure staff participation in QI activities.
12. Assure staff QI training.
13. Orient staff to QIP processes and resources.
14. Evaluate staff regarding QI participation.
15. Apply QI principles and tools to daily work.

E Quality Improvement Team (QIT)

Danette York – Director, Dr. Rachel Wood – Health Officer, John Abplanalp – Epidemiologist

1. Provide QI expertise and guidance for QI project teams.
2. Provide QI Training to new and existing staff.
3. Assist in development of Department QI activities.
4. Review annual QIP prior to approval.
5. Advocate for QI and encourage a culture of learning and QI among staff.
6. Apply QI principles and tools to daily work.

STAFF TRAINING

In 2012 the following three trainings covering QI principles, tools and techniques will be provided to LCPHSS staff in an effort to build a quality-focused culture. At the end of the year, a summary of QI training and participation will be provided to the QI Steering Committee.

1. QI Steering Committee members will receive training on the PDSA QI cycle.
2. All staff will complete *Logic Models and Outcome Measurement* via SmartPH to encourage the use of data to make program decisions and to help staff identify potential areas for improvement.
3. A QI case study will be presented to all staff introducing them to each phase of the PDSA QI cycle as well as examples of QI tools and techniques.

DESCRIPTION OF QI PROJECT SELECTION

QI projects will be conducted to assess and continuously improve the quality of LCPHSS's processes and services. Within each QI project, the project team will 1) establish an aim statement for improvement that focuses the group effort, 2) use data to evaluate and understand the impact of changes designed to meet the aim, and 3) follow the Plan-Do-Study-Act cycle to discover what is an effective and efficient way to improve a process. The facilitator conducting the QI project will report the mid-term and final results of the project to the QIT. After review and approval by the QIT, a QI project may be presented to the Board of Health. Results will also be shared with LCPHSS staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in the employee newsletter.

Based on the results of 2010-2011 Washington State Department of Health Standards Review, the QIT selected QI projects for 2012. Priority for QI projects was given to PHAB standards/measures that are either partially or not demonstrated.

Table 2, QI PLAN GOALS FOR 2012

Goal	Objective	Timeframe	Person Responsible
All forms are updated with new logo and formatting and include last revision date and file location	Develop standardized form styles	3/31/2012	Carolyn Price
	Train staff on updating current forms and adding date and file location footer	5/31/2012	
	Set up file hierarchy on shared drive	5/31/2012	
	Train staff on new file system	7/31/2012	
	Remind staff to update forms with agency newsletter	May-December	
Regular annual program updates are made to the Board of Health and the Public Health Advisory Board	Develop schedules for individual programs to present data to the BOH and PHAB	3/31/2012	Danette York
	Present program logic models and applicable community health indicator data during presentations	12/31/2012	

Written protocols are used for responding to complaints and violations	Develop program-specific protocols for the code enforcement and food programs	6/31/2012	Bill Teitzel
	Implement protocols in response to 100% of complaints and violations	10/31/2012	
Programs have performance objectives and measures	Train staff in the development of logic models	3/31/2012	John Abplanalp
	Develop logic models for 100% of programs with a budget greater than \$20,000.	6/30/2012	
Staff trainings are documented	Develop system to track information	3/31/2012	Sandi Andrus
	Train staff	5/31/2012	
	Implement system	6/31/2012	

MONITORING

The Quality Improvement Team will meet quarterly to review progress towards specified goals. Goals and plans will be revised as necessary.

COMMUNICATION STRATEGIES

The following methods will be implemented to ensure regular internal communication regarding the QI Plan:

- QI project updates at each All-Staff Quarterly Meeting.
- Inclusion of a quality improvement article in agency newsletter (findings from recent PDSA, etc.).
- Presentations (QI Project reports, QI Tools, etc.) at Division and program-level meetings.

SUSTAINABILITY

A. QI and Employee Performance Evaluation

1. The Employee Performance Evaluation (EPE) is a mandatory performance review document that is revised and updated annually by each employee and their supervisor. The EPE lists each employee's primary job responsibilities, performance goals and expectations, and performance measures.
2. In 2013, the Director, managers, and supervisors will tie QI activities to the EPE "Work Plan".
3. Staff involvement in QI activities will be evaluated through the "Work Plan".

B. Agency QI Policy

The agency QI Policy, developed in 2011, was created explicitly to create an environment of sustainability for the agency's first comprehensive QI plan. The QI Policy will be updated regularly to ensure its effectiveness in guiding agency-wide QI efforts.

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