2010-2011 Standards Review

Agency Quality Improvement Plan

Sample Format

LHJ name: __Skagit County_____

Title of project: _____QI/Checklist Project_____

Lead staff: ____Peter Browning/Jennifer Walton_____

Start date: ____1/1/2012_____ Complete date: 11/30/2012_____

Overall goal for project: _____To establish easy to follow checklists of essential Public health activities so that the functions are not reliant on the knowledge of a specific employee but can be accomplished by anyone who accesses the checklist from the Skagit County Shared file.

1. a. What is the identified issue that you would like to work on? Consistency in all of our interactions with the Board of Health, State Department of Health and anyone else who we report to. We would like to reduce the time used to rediscover the process used to measure or report on an activity, notify the paper of an upcoming event or initiate an action with the Board of Health. With the reduction in staff it has become clear that we cannot rely on a specific staff member to be there when it comes time to initiate an activity. It has to be stored someplace for easy access.

   b. How did you determine that this was an issue (background)? With the reduction in staff it became clear that some people with specific skills were leaving and we needed to get them to write down some of their processes for work they did.

   c. What quality improvement tools did you use to identify the problem? (See reference[i]) My only real experience is with logic models. It fits the plan and my staff are comfortable with logic models. I still plan to work with Scott to determine what would work best.

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[ii])

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

Type yours here: Specific – Decrease time it takes to access the appropriate form and follow the appropriate rules for any action taken such as a change in the fee schedule. Measurable – we are measuring the time it takes to complete the process as a result of a specific list of steps to take and also to keep track of mistakes that slow down the process. Deliverable – reduce our mistakes easily by 10% and reduce the time necessary to produce the product easily by 10% Realistic – We will have our program in place and will be seeing measurable impacts by November 30, 2012. Time-bound – in this time of staff cuts any time spent or saved doing the tedious processes of preparing resolutions or activities such as that can be spent doing "good Public Health".

3. a. What activities are you considering for improvement? All of our regular activities that are part often organizations everyday activities that are administrative in nature that often do not happen often enough so that it becomes second nature. It is those activities that take up a l;ot of our time and are not activities we can bill for so they become general fund contributions which are under constant scrutiny.

   b. What QI tools will you use to work on project? (See reference[iii]) A Plan, do, check, study seems most appropriate for this venture.

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[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