

2010-2011 Standards Review
Agency Quality Improvement Plan

LHJ name: THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES

Title of project: IMPROVING SYSTEM TO DEMONSTRATE CONFORMANCE TO WASHINGTON STATE PUBLIC HEALTH STANDARDS

Lead staff: DEBORAH ALLEN

Start date: OCTOBER 1, 2011

Complete date: SEPTEMBER 30, 2013

Overall goal for project: Increase percentage of Standards that are fully demonstrated from 58% in 2010-2011 to 90% in 2013-1014

1. a. What is the identified issue that you would like to work on? We are not demonstrating adequate compliance with Standards.
 b. How did you determine that this was an issue (background)? TCPHSS underwent a performance review on the Public Health Standards for Washington State in 2011. Our score: 58% of standards were fully demonstrated; 32% were partially demonstrated; 10% were not demonstrated
 c. What quality improvement tools did you use to identify the problem? (See referenceⁱ) First tool: Data presentation chart comparing scores of our department with other local health departments across Washington. Second tool: Pareto chart breaking out causes of lack of demonstration.
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)

<u>Specific</u>	<u>Measurable</u>	<u>Deliverable</u>	<u>Realistic</u>	<u>Time-Bound</u>	<u>Outcome</u>
Increase	Percentage of standards that are fully demonstrated	From 58% in 2010 to 90% in 2013	Quarterly increases in fully met standards averaging 8% / quarter	By September 30, 2013	Improved Public Health processes to improve quality of public health.

3. a. What activities are you considering for improvement?
 - i. Quarterly review of files attached to Standards in MindManager – review percentage of each managers set of standards that are fully demonstrated
 - ii. Quarterly review with management team of progress toward goal
- b. What QI tools will you use to work on project? (See referenceⁱⁱⁱ) – Develop Pareto charts and fishbone diagrams with members of management team to determine factors making biggest contribution to lack of full demonstration of Standards; PDSA cycles for checking success of steps taken toward improvement

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