DRAFT 9/30/11

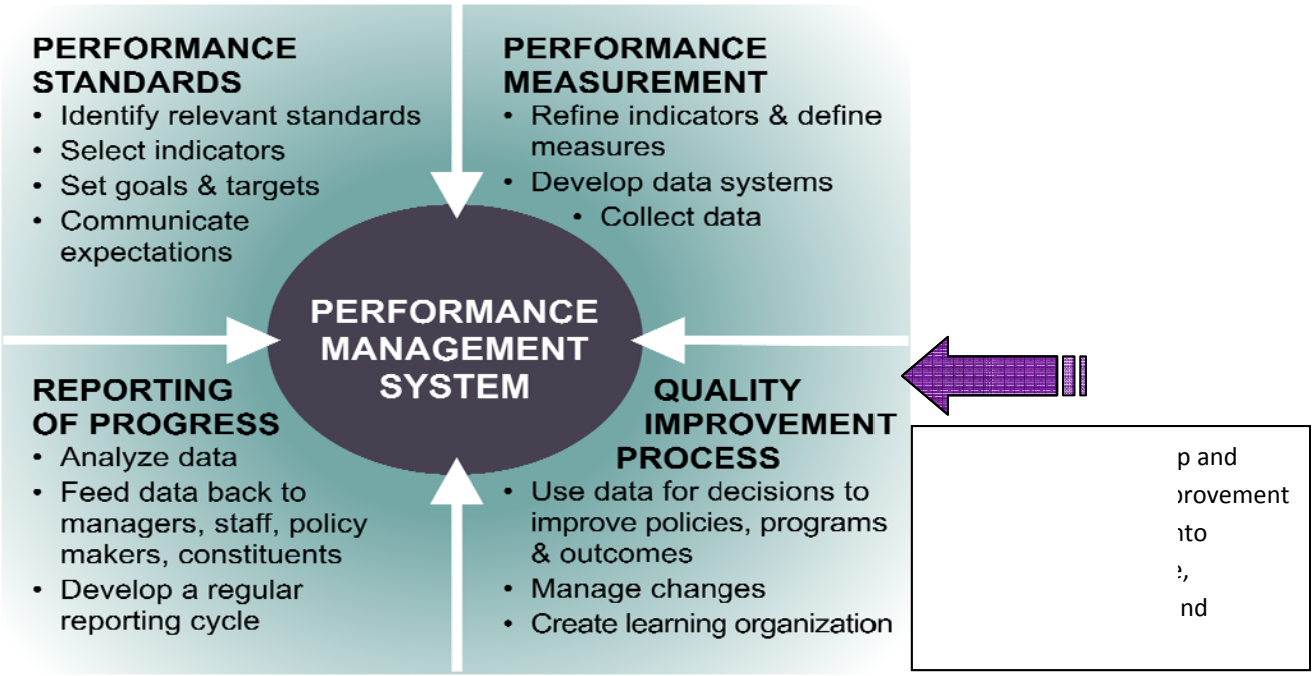
Whatcom County Health Department
Quality Improvement Plan 2011-2012

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WHATCOM COUNTY

Prepared by the WCHD Quality Improvement Council:	September 2011
Implementation Cycle:	October 1, 2011-December 31, 2012
Plan review to be conducted:	January 2013
Approved by the Whatcom County Health Board:	Pending

I. Introduction

As shown in the following diagram, the "Quality Improvement Process" is one of four primary components that contribute to WCHD's Performance Management System (Standard 9.1)[1].



II. Purpose and Scope

A. **Quality Improvement**[2] is a process to monitor and improve performance in an organization.

B. **Vision:** The Whatcom County Health Department's Quality Council (QIC) will plan, implement, review and improve the Department's quality improvement (QI) processes.

C. **Goals:** The QIC's goals in supporting this effort are:

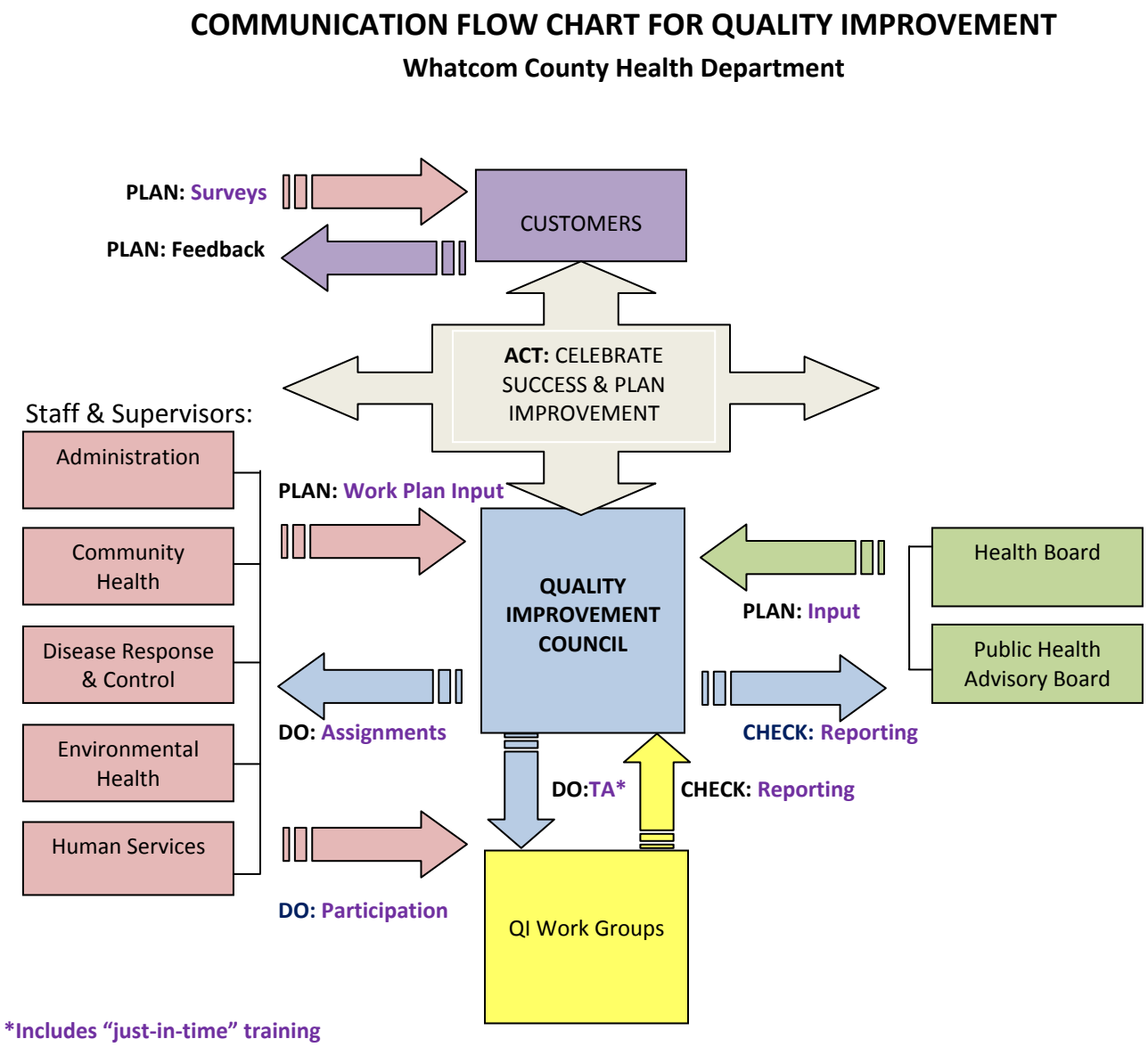
1. Identify QI projects
2. Review QI Plan at least annually and adjust as required
3. Identify and meet QI training needs
4. Provide guidance, support, and resources for QI efforts
5. Recognize and acknowledge QI efforts

[1] PHAB standard 9.1: Use a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions.

[2] PHAB Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

III. Structure:

Everyone connected with WCHD has a role in quality improvement efforts, as noted in the following diagram which shows the flow of stakeholder communication as it relates to a Plan-Do-Check-Act[3] cycle. This diagram is followed by an overview of QI roles and responsibilities.



[3] Plan-Do-Check/Study-Act is one of a number of QI methods that may be chosen to implement QI efforts. Others include Rapid Cycle Improvement (RCI), Lean Six Sigma, as well as many others and adaptations thereof.

A. Quality Improvement Council

The QIC is responsible for carrying out the purpose and scope of quality improvement efforts at WCHD. The Council consists of Management Team members (Agency Administrators, Health Officer, and Division Managers) who regularly seek input from Supervisors and Staff from across all agency Divisions (Standard measure 9.1.1 A)[4] in order to achieve QIC goals. QIC efforts will be centralized for documentation and access by others. The QIC meets monthly and maintains records and minutes of all meetings; these minutes are presented for review and acceptance by QIC members. QIC members are responsible for:

1. Reporting annually to staff and to the Health Board and Public Health Advisory Board on the results of the QI process. Reporting may include:
   a) Logic model development and results
   b) Health goals and indicators,
   c) Program performance measures
   d) Program evaluations,
   e) QI projects,
   f) Audit results,
   g) Customer service evaluations,
   h) Accreditation standards, and
   i) Staff QI training.
2. Preparing a QI work plan which includes identifying and selecting improvement areas, including completing a *Quality Improvement Project Proposal* for each proposed QI project (see Appendix A)
3. Assigning staff participation on QI Work Groups
4. Identifying staff QI training needs, providing access to training, and tracking attendance
5. Assuring implementation of QI projects and dissemination of findings
6. Celebrating QI successes with all stakeholders, assuring that improvements are sustained, and planning for further improvement.

B. Health Board & Public Health Advisory Board (Standard measure 12.3.1 A)[5]

The Health Board and Public Health Advisory Board receive an annual report summarizing the QIC review process, findings, and suggested modifications no later than the end of the first quarter of each year. The Health Board and Public Health Advisory Board will be asked to review and comment on report findings and suggested QI modifications for the upcoming year. Board members may also be asked to attend and participate in QIC meetings.

C. Program Supervisors

Supervisors are responsible for:

[4] PHAB Measure 9.1.1 A: Engage staff at all organizational levels in establishing or updating a performance management system.

[5] PHAB Measure 12.3.1 A: Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department.

1. Orienting their staff to QI processes, plans, and resources
2. Developing an initial logic model and/or work plan for each program
3. Developing performance measures for each program
4. Reviewing performance measure data on a regular basis with staff
5. Using performance measure data and other program performance information to actively manage programs
6. Implementing QI improvement projects identified with the help of QIC-identified support staff
7. Reporting to Division Managers their findings from performance measure review and QI projects
8. Revising program logic models and/or work plans based on findings from performance measure review and QI projects
9. Identifying and reporting staff QI training needs to the Division Manager

D. Staff

Staff is responsible for:

1. Supporting the Program Supervisor in the completion of a program logic model or other framework to evaluate activities
2. Compiling performance measure data
3. Participating in logic model and performance measure data reviews
4. Working with the Program Supervisor to identify areas for improvement and suggesting improvement projects to address these areas, including meeting accreditation standards
5. Conducting quality improvement projects and program evaluations in conjunction with managers and other QIC-assigned support staff
6. Reporting QI training needs to the Program Supervisor

E. Quality Improvement Work Groups

Every QI project will be assigned a work group team. Each team will have a sponsor (typically a QIC member) and a team leader, who has authority to allocate resources to the project and implement changes to the process/project. The team leader and/or sponsor will provide at least three reports to the QI council: interim (midway through cycle), final (at the projects' conclusion) and follow-up (at a point or points deemed by the QIC during the final report to report if improvements have been sustained). After review and approval by the QI Council, a project report may be provided to the Health Board and Public Health Advisory Board. Project results will also be shared with WCHD staff at an all-staff meeting either through a presentation or a storyboard poster displayed during an all-staff meeting. Staff is responsible for:

1. Following the principles of quality improvement (or quality planning, if appropriate)
2. Participating in training on QI method/tools
3. Using data to evaluate and understand the impact of changes designed to achieve improvements, including completing a *Program QI Proposal* form (see Appendix B)
4. Completing projects in a timely manner
5. Reporting findings to the Quality Improvement Council
6. Understanding how their project relates to the overall QI plan for the department

IV. Dedicated Resources

Under the direction of the Assistant Director, the Community Assessment Program provides administrative and technical support to the QIC and the Department's QI Initiative. This support includes:

- Developing and distributing the agenda for the monthly QI Council meetings
- Providing coordination of 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

As needed, training specialists and consultants may be retained to assist QI project teams and the Quality Improvement Council.

V. Quality Improvement Activities

The choice of priority QI activities for the 2011-2012 period required an alignment of the Department's 5-Year Strategic Plan (2010-2014) strategic goals and the improvement areas identified by the 2010 Washington State Standards Review: *Whatcom County Health Department 2011 Performance Review Report [National Set]* as shown in the tables on the following pages.

Department-level (strategic) performance measures will also be added. This work is currently in progress.

Based on the strategic goals, measures, and standards improvement areas, at least three 2011-2012 projects will be chosen by the QI Council and conducted by assigned QI Work Groups to improve the quality of the identified processes and services.

Appendix C outlines the proposed Quality Improvement Calendar for the year. Detailed individual QI project calendars will be created once the three QI projects have been identified and staffed.

WCHD LONG-RANGE STRATEGIES, STRATEGIC GOALS & IDENTIFIED STANDARDS IMPROVEMENT AREAS:

STRATEGY A: BUILD COMMUNITY UNDERSTANDING AND INVESTMENT IN PUBLIC HEALTH		
STRATEGIC GOALS	**STANDARDS MEASURE**	**STANDARDS IMPROVEMENT DESCRIPTION**
A1: Cultivate political support and community awareness of public health and human service issues, trends, and necessary interventions.	3.2.3, 5.2.2, 5.2.3, & 9.1.1	• Improve WCHD's interactions with the Health Board to assure meaningful input and the documented approval of crucial agency documentation, such as the approval of the 5-Year Strategic Plan (2010-2014), Department Work Plans associated with the Strategic Plan, and a Risk Communication Plan, as well as in establishing policy regarding a Performance Management System that encompasses all aspects of quality improvement in the agency to improve the public's health.
A2: Ensure that the role and function of the WCHD as the local public health authority is commonly understood.		
A3: Maintain the infrastructure necessary to sustain critical public health services.	A.1.1 9.1.1 9.1.5 & 9.2.1	• Improve WCHD's processes for reviewing policies and procedures regarding agency operations and revising policies and procedures based on review findings. • Improve the ability of WCHD to evaluate and continuously improve processes, programs, and interventions by establishing a Performance Management System. • Improve the ability of WCHD to evaluate and continuously improve processes, program, and interventions by completing and implementing a Quality Improvement Plan.

STRATEGY B: CREATE SYSTEM-LEVEL CHANGE TO IMPROVE HEALTH OUTCOMES		
STRATEGIC GOALS	**STANDARDS MEASURE**	**STANDARDS IMPROVEMENT DESCRIPTION**
B1: Coordinate with community partners to build system capacity and resilience.	4.1.1	• Improve the use of evaluation methods when working with community partners to increase opportunities for more effective partnering.
B2: Increase the value and use of community health assessment.	5.2.2	• Improve WCHD's ability to implement the 5-Year Strategic Plan (2010-2014) by defining measureable goals and objectives that are connected to a specific timeframe.
B3: Advocate for policies and environmental changes that address the social and environmental conditions impacting health.	A.1.3	• Improve the WCHD's operational infrastructure to assure culturally and linguistically appropriate interventions and materials in support of overall health equity efforts.
B4: Develop a plan for improving opportunities for all Whatcom County residents to be healthy regardless of income, education, or ethnic background.	3.2.3	• Improve WCHD's ability to provide crucial public health information to diverse segments of the county's population by maintaining a written risk communication plan.

STRATEGY C: REINFORCE AND SUPPORT A SKILLED AND INFORMED WORKFORCE.		
STRATEGIC GOALS	**STANDARDS MEASURE**	**STANDARDS IMPROVEMENT DESCRIPTION**
C1: Prioritize communication efforts throughout the agency to promote a high level of awareness, empowerment, and coordination.	2.2.3	• Improve guideline for determining when a public health situation/event rises to the level of a "significant health threat."
C2: Cultivate staff expertise and best practices throughout the agency.	5.4.1	• Improve WCHD's ability to maintain and update the All Hazards/Emergency Response Plan
C3: Encourage cross-agency integration of services and programs to maximize effectiveness and efficiency.		
C4: Maintain a flexible labor force that can respond quickly to outbreaks and emergencies.		

Appendix A
Whatcom County Health Department
Quality Improvement Project Proposal

Project title:	***Submitted by:***
Date submitted to QI Council:	***Logic model attached:*** Yes ☐ No ☐
Briefly identify or describe the program, project or process that should be addressed with an QI project:	
Priority: ☐ High ☐ Medium ☐ Low	***Please explain why you selected this priority level:***

Departmental Implications

a. ***How does this project support our mission, vision, and/or strategic directions?***

b. ***Who are the stakeholders (internal and external) and what are their concerns?***

c. ***What resources and support will be needed to complete the project?***

d. ***What potential impact could there be on other programs/activities if this QI project is conducted?***

What are we trying to accomplish? (A brief goal statement)

How will we know that a change is an improvement? (Potential measures of success, including implications for future improvements building off of this project)

Long term:

Medium term:

Short term:

What changes can we make that will result in an improvement? (Initial hypotheses and description of data needed to focus the project and the development of an intervention)

Who should be on this QI team?	***Who should lead this QI team?***

Appendix B
Whatcom County Health Department
Program QI Proposal

Program Name:	**Program Leader:** *Who is leading this effort?*
Strategic Directions/Goals : *What is your Division Director/Admin Manager expecting your program to contribute to the Department's strategic plan?*	
Measure(s): *The PRIMARY quantitative indicator(s) which would demonstrate performance had improved. Consult your program logic model/log frame.*	**Target(s):** *How much improvement is expected/hoped for?*
Customer(s): *Who is/are the PRIMARY recipient(s) of the program's "product" or service?*	**Customer Needs Assessment?** ❒ YES ❒ NO *Have you recently assessed what customers need/want from the program?*
Process(es) to be addressed: *What are the core work/service processes within the program?*	**Which of these will you focus on first?** *Which process(es) are most directly related to the PRIMARY measures and strategic directions? Where will you have the biggest impact?*
Division Director/Administrative Manager: *Who is the program leader accountable to? Who is responsible for guiding and resourcing the program's improvement efforts?*	
Constraints: *Are there time, space, financial, system, policy, organizational or other constraints that the program leader should be made aware?*	
Team Members: *Who will be active participants in your improvement efforts? All staff may be involved in some way, at some point, but who are your PRIMARY participants?*	
Support Resources: *Who are the internal or external analysts, facilitators, consultants that have been assigned to support your improvement efforts?*	
Target Start Date:	
Target date for completion of first improvement cycle:	

APPENDIX C

WCHD 2011-2012 Quality Improvement Calendar

Activity	Accountable Staff	Completion Date	Review Date	Notes
Quarterly QI Council Meeting	QI Council	10/15/11		Agenda: • Identify three QI projects • Assign staff to QI Work Groups
Finalize 2011-2012 QI Projects	QI Council	11/10/11	11/15/11 Health Committee Review (DOH standing committee) 12/9/11 PHAB Review	Possible project modification based on Health Committee feedback Incorporation of PHAB comments into project implementation
Quarterly QI Council Meeting	QI Council QI Work Group Sponsors & Team Leaders QI Facilitator Centers for Excellence Trainer	1/15/12		Agenda: • Work Group orientation to projects • Discuss "just in time" training for Work Groups
"Just in Time" Training	Centers for Excellence Work Group Staff QI Facilitator Team Leaders	February 2012 & on-going as needed	3/1/12 Centers for Excellence Review of training needs with QI Facilitator	Additional training to be scheduled based on review of training provided to-date
Quarterly QI Council Meeting	QI Council	4/15/12		Agenda: • Progress review • Training update
Quarterly QI Council Meeting	QI Council	7/15/12		Agenda: • Presentation of project findings • Discussion of next steps
All-Staff Presentation	Work Group Team Leaders	To be scheduled	WCHD Staff	Staff feedback will be discussed at next QI Council meeting

Appendix D
Glossary of Terms

Accreditation

Certification by a recognized body of the facilities, capability, objectivity, competence, and integrity of an agency, service, or operational group or individual to provide the specific service or operation needed. Accreditation for healthcare organizations involves an authoritative body surveying and verifying compliance with recognized criteria, similar to certification in other sectors. Source*: Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook.*

Baselines

For each indicator, we present a picture of where we've been and where we're headed if we stay on our current course. These pictures are called baselines. They allow us to define success as doing better than the baseline. Source*: Trying Hard is Not Good Enough, Mark Friedman.*

Data

Factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Source*: Merriam-Webster online dictionary.*

Goals

These are desired results: conditions of well-being for children, adults, families or communities, stated in plain English (or plain Spanish or plain Russian…). They are things that voters and taxpayers can understand. They are not about programs or agencies or government jargon. Desired public health results include: "healthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, and safe communities." Source*: Adapted from Trying Hard is Not Good Enough, Mark Friedman.*

Indicators

Measures which help quantify the achievement of a result. They answer the question "How would we recognize these results in measurable terms if we fell over them?" For example, the rate of low-birth weight babies helps quantify whether we're getting healthy births or not. Source*: Trying Hard is Not Good Enough, Mark Friedman.*

Just-in-Time Training

Training that brings the right content, to the right person, at the right moment, and in the right amount. Source*: Adapted from the American Society for Training and Development website, August 2011.*

Measures

See Performance Measures

Performance Management System

A system to monitor the quality of performance of public health processes, programs, interventions and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. *Source: Adapted from PHAB, March 2011.*

Performance Measures:

The specific quantitative representations of capacity, process, or outcome deemed relevant to the assessment of performance. "The most important performance measures tell us whether the clients and customers of the service are better off."- Mark Friedman *Source: PHAB, July 15, 2009.*

Performance Measurement

The regular collection and reporting of data to track work produced and results achieved. Performance measurement analyzes the success of an organization's efforts by comparing data on what actually happened to what was planned or intended. *Source: PHAB, July 15, 2009.*

Performance Standards

Generally accepted, objective forms of measurement that serve as a rule or guideline against which an organization's level of performance can be compared. *Source: PHAB, July 15, 2009.*

Quality

The degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy. *Source: US Department of Health & Human Services, August 2008.*

Quality Improvement

An integrative process that links knowledge, structures, process 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. *Source: PHAB, July 15, 2009.*

Quality Improvement Council (QIC)

The governing entity that plans, directs, and oversees quality improvement efforts within an organization. *Source: WCHD, August 2011.*

Quality Improvement Methods

Any of a number of approaches to show whether or not agency goals and objectives are being achieved and how data can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if the interventions were effective. Quality improvement methods are frequently summarized at a high level as the Plan/Do/Check/Act or Shewhart Cycle. *Source: Adapted from PHAB, July 15, 2009.*

Quality Improvement Plan (QI)

The written description of quality improvement activities that has been approved by the governing entity and includes an annual plan that describes with timelines, the specific planned activities to be carried out. It should be broad in scope, reflecting a range of health and service issues relevant to the population served. *Source: PHAB, July 15, 2009.*

Quality Improvement Project

A specific quality improvement assignment from an agency's Quality Improvement Council that is based on the goals and objectives and activities outlined in the agency's annual Quality Improvement Plan. *Source: WCHD, August 2011.*

Quality Improvement Work Group

The team assigned the Quality Improvement Project. The Work Group is comprised of a cross-disciplinary team that includes a mix of content, data, and QI experts. *Source: WCHD, August 2011.*

Standards

See Performance Standards

Strategies

Coherent collections of actions that have a reasoned chance of improving results. Strategies are made up of our best thinking about what works, and include the contributions of many partners. No single action by any one agency can create the improved results we want and need. *Source: Trying Hard is Not Good Enough, Mark Friedman.*