YAKIMA HEALTH DISTRICT

QUALITY IMPROVEMENT & ASSURANCE PLAN

2011-2012

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APPROVED [BY ___]:

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PART I: SCOPE & STRUCTURE

PURPOSE AND SCOPE

Quality improvement is defined as "an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization." (*Performance Management Glossary, Public Health Improvement Partnership, 2007*) Continuous quality improvement is an integral part of sound business practice. Public health organizations must demonstrate they have developed, implemented and are monitoring efforts towards continuous quality improvement within their organization to obtain national accreditation through the Public Health Accreditation Board (PHAB). In Washington State, documented quality improvement processes and evaluation of those processes is also required to meet state public health standards.

As a public health agency, linking knowledge, structures, processes and outcomes within the Yakima Health District has a direct impact on the health and safety of our county's residents. With that in mind, the Yakima Health District's Quality Improvement and Assurance Team (QIAT) has developed the following mission for the group:

> *The Quality Improvement and Assurance Team will continually monitor, assess and improve the utilization of resources and services provided by the Yakima Health District to most effectively address priority health needs of Yakima County residents.*

To help realize this mission, the QIAT or a task force thereof will:

1. Monitor key public health indicators and reports
2. Review after action reports for both exercises and actual responses
3. Review results from and ensure agency is prepared for Standards reviews
4. Evaluate customer satisfaction
5. Evaluate staff job satisfaction and performance
6. Provide guidance, support, training, resources and recognition for QIA efforts
7. Assist and/or oversee development and implementation of divisional QIA plans
8. Evaluate and/or revise QIA plans and objectives annually
9. Explore and/or implement and review options for formal fiscal and programmatic prioritization modeling

Specific objectives for these activities were developed for QIA efforts in 2011-2012. They are outlined in "*Part II: QIA Activities & Objectives.*"

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ORGANIZATIONAL STRUCTURE

CHARGE, STRUCTURE AND FUNCTION

The Administrator has charged the QIAT with developing and carrying out the purpose and scope of quality improvement efforts at YHD. Initially, the QIAT will be comprised of the:

- Administrator,
- Division Directors,
- Chief Fiscal Officer (CFO),
- Supervisors,
- Assessment Specialist.

The QIAT is responsible for conducting QIA efforts and for promoting, training, challenging and empowering YHD employees to participate in the processes of QIA.

QIA task forces comprised of line staff and at least one member of the QIAT may be formed to advise on, develop or carry out activities related to specific QIA initiatives. Depending on the nature of the objective, task forces may dissolve once an objective is obtained. While the QIAT is a permanent group, management reserves the right to alter the composition of the QIAT as the culture of QIA within YHD continues to expand and evolve.

The QIAT meets on the second Monday of each month from 1:30 – 3:00 PM. Minutes of all meetings are taken and stored in a centralized location to ensure accessibility. The QIAT reports to the Board of Health. At least annually a representative of the QIAT will present an update on the status of QIA initiatives to the Board of Health.

The QIAT will make every effort to come to consensus on issues. If consensus cannot be reached decisions will be based on a majority vote.

ROLES AND RESPONSIBILITIES

Everyone has a role in YHD's quality improvement efforts.

The QIAT realizes that no one person or group can bear the sole responsibility for QIA efforts within YHD. Therefore, a reasonable amount of time will be dedicated by all QIAT members to develop, support, perform, complete and evaluate the goals and objectives set forth in this plan. When QIA task forces are necessary, management team will ensure that line staff involved have an appropriate amount of time allocated to carry out QIA-related functions. In

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addition, staff not directly involved in task force work may be asked to temporarily help cover the work of those directly involved in QIA efforts.

ADMINISTRATOR

- Chair QIAT
- Assure alignment of QIA, Strategic Planning and Community Health Improvement Initiatives outlined in their respective plans
- Convene, facilitate and participate in the QIAT
- Allocate resources for QIA processes and activities
- Work with Directors and CFO to encourage development of QIA processes and goals for their respective groups and/or programs
- Ensure QIA updates and discussion on agenda for each management meeting
- Provide regular report of QIAT activities and progress to Board of Health
- Encourage the incorporation of QIA concepts into daily work

DIRECTORS, CFO

- Provide input on vision and direction for the QIA process
- Facilitate and participate in QIA efforts
- Allocate staff time and/or other resources for QIA processes and activities
- Provide input for decisions on QIA objectives and activities
- Work with Supervisors/Team Leads/Staff to develop QIA processes and goals for their respective groups and/or programs
- Counsel staff on QIA techniques and implementation of QIA initiatives
- Provide updates on QIA activities and progress at management meetings
- Report activities and progress to QIAT
- Encourage the incorporation of QIA concepts into daily work

PROGRAM SUPERVISORS

- Provide input on vision and direction for the QIA process
- Participate in the QIAT
- Allocate staff time and/or other resources for QIA processes and activities
- Provide input for decisions on QIA objectives and activities
- Work with staff to develop QIA processes and goals for their respective groups and/or programs
- Counsel staff on QIA techniques and implementation of QIA initiatives
- Provide updates on QIA activities and progress at management meetings
- Report activities and progress to QIAT
- Encourage the incorporation of QIA concepts into daily work

ASSESSMENT SPECIALIST

- Assure development and annual update of QIA plan
- Assist in identification of key health indicators to monitor community health status
- Provide analytical support and technical consultation to QIAT

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- Perform other data analysis involved in QIA activities
- Serve as secretary for QIAT to maintain documentation of QIA efforts and progress
- Develop formal reports on progress of QIA efforts for QIAT Chair, as requested

OTHER PROGRAM STAFF

- Participate in QIA training (as deemed necessary by management team)
- Participate in QIA activities, as requested by management team
- Understand how program QIA activities that are relevant to their work affect Division (strategic) performance measures
- Incorporate QIA concepts into daily work

APPROVAL AND EVALUATION

The QIA plan shall maintain alignment with the agency's mission and vision, as well as the goals and objectives set forth in the current Strategic Plan, Community Health Improvement Plan (when applicable) and Public Health Standards. The plan was developed and will be revised by the QIAT. Final approval is given by the Board of Health. QIA efforts are implemented by the QIAT.

The QIA plan year will be from October1 to September 30. Progress towards QIA objectives will be discussed weekly in management meetings and monthly at QIAT meetings. In addition, the QIA plan will be reviewed annually. Revisions to the plan will reflect program enhancements and any redirection of staff and/or fiscal resources to address the imminent needs of the community and mandated activities. The agency QIA plan may also reflect goals and objectives set forth in divisional and/or programmatic QIA plans, once developed. All divisional and/or programmatic QIA plans will be reviewed and revised annually. Given the alignment of the QIA, Strategic and Community Health Improvement Plans, goals and objectives contained in one may also appear in another.

PART II: QIA ACTIVITIES & OBJECTIVES

The following quality improvement and assurance activities will be carried out by the QIAT and/or its designees:

1. Monitor key public health indicators and reports
2. Review after action reports for both exercises and actual response
3. Review results from and ensure agency is prepared for Standards reviews

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4. Evaluate customer satisfaction
5. Evaluate staff job satisfaction and performance
6. Provide guidance, support, training, resources and recognition for QIA efforts
7. Assist and/or oversee development and implementation of divisional QIA plans
8. Evaluate and/or revise QIA plans and objectives annually
9. Explore and/or implement and review options for formal fiscal and programmatic prioritization modeling

Descriptions of each activity as well as specific objectives for the 2011-2012 QIA cycle are found below.

1. MONITOR KEY PUBLIC HEALTH INDICATORS AND REPORTS

Identifying priority health issues facing county residents helps YHD target limited resources to effect change in those areas. As such, monitoring key health indicators is an important part of public health policy and program development for agency staff, as well as community stakeholders. In addition, health indicators and health outcomes are often used as output measures and/or intermediate and long-term outcomes during program planning and evaluation.

OUTCOME 1: KEY HEALTH INDICATORS INFORM EFFECTIVE, ONGOING PROGRAM AND POLICY DEVELOPMENT AND EVALUATION AROUND THE COUNTY'S PRIORITY HEALTH ISSUES

Objective 1.a: Update and/or review key public health indicators and community surveys annually by June 30th.*

*(*NOTE: "Key public health indicators and community surveys" includes, but is not limited to Washington Public Health Improvement Partnership (PHIP) Indicators, County Health Rankings (CHR), Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey (HYS), American Community Survey (ACS), Community Health Improvement Plans (CHIPs) and internal disease and population data.)*

Objective 1.b: Select and develop initiatives around and/or review progress towards three to five priority health needs annually by September 30th.

2. REVIEW AFTER ACTION REPORTS FOR BOTH EXERCISES AND ACTUAL RESPONSE

Exercises and response in actual events tests YHD's ability to protect the public's health in emergency and outbreak situations. They provide an opportunity for the agency to test and evaluate emergency response plans and command structures on efficiency and effectiveness. After Action Reports (AARs) are composed after each exercise or event and include:

- An overview and/or timeline of the event and response efforts
- What worked well

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- What needs improvement
- Work plan to address areas needing improvement

Reviewing AARs allows YHD to identify issues which have/may be encountered during emergencies or outbreaks and develop strategies to address and/or monitor progress towards resolving those issues. By resolving issues and/or applying successful strategies to other response areas, YHD can improve the quality, effectiveness and efficiency of future emergency or outbreak response.

OUTCOME 2: EMERGENCY AND OUTBREAK RESPONSE IS CONTINUALLY IMPROVED

Objective 2.a: Review all AARs compiled for the last calendar year by March 30th of the following year.

Objective 2.b: Identify and develop strategies to address issues from the prior year's AARs that cross functional areas within the agency by April 30th.

3. REVIEW RESULTS FROM AND ENSURE AGENCY IS PREPARED FOR STANDARDS REVIEWS

YHD and all other local health jurisdictions in Washington State are reviewed every three years to measure their performance on the Washington State Public Health Standards. Washington's standards are modeled after the Public Health Accreditation Board (PHAB) Standards. They provide a measurement framework for public health programs and address the 10 Essential Public Health Services.

The standards review identifies whether YHD meets, partially meets or does not meet specific measures across the entire agency and/or in specific program areas. In addition, reviewers identify strengths and opportunities for improvement for the agency. These findings are provided in a report to the agency.

The purpose of the standards review is to help YHD improve and protect the community by strengthening quality and performance across the 10 essential public health services. The review can also be used to evaluate the agency's readiness to seek national accreditation through PHAB. Accreditation may be required to pursue certain funding opportunities in the future.

OUTCOME 3: QUALITY AND PERFORMANCE ARE STRENGTHENED ACROSS THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

Objective 3.a: Review the results of Yakima's Standards Review report within one month of each release.

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Objective 3.b: Develop a work plan to address shortcomings in Yakima's most recent Standards Review within three months of each release.

Objective 3.c: Perform baseline analysis of the agency's readiness for measurement against the full set of National (PHAB) standards as well as eight Washington only standards in preparation for the 2013-2014 Standards Review by March 31, 2012.

Objective 3.d: Develop a work plan with timeline for all preparation activities, based on results of the baseline analysis, to meet the full set of National (PHAB) standards as well as eight Washington only standards during the 2013-2014 Standards Review by June 30, 2012.

4. EVALUATE CUSTOMER SATISFACTION

To best serve those in our community, YHD must understand and adapt service to meet the needs of clients – whether internal or external. To better understand and improve external and inter-department customer transactions, YHD will develop, administer and evaluate results of periodic customer satisfaction surveys. To assure efficiency and effectiveness of all meetings and presentations hosted or given by the agency, YHD will develop, administer and assess results of ongoing meeting and outreach evaluations.

OUTCOME 4: SERVICE, MEETING AND PRESENTATION PRACTICES MEET THE NEEDS OF CLIENTS AND ATTENDEES

Objective 4.a: Develop a meeting evaluation sheet to assess the timeliness, effectiveness and efficiency of meetings hosted by YHD and implement use by December 31, 2011.

Objective 4.b: Develop and/or modify existing presentation evaluation sheet to assess relevance and effectiveness of presentations given by YHD and implement use by December 31, 2011.

Objective 4.c: Develop a centrally-located survey tracking database and/or spreadsheet to compile and analyze data from surveys by March 31, 2012.

Objective 4.d: Develop, disseminate and evaluate results from at least one internal and one external customer satisfaction survey at least once every two calendar years, beginning in 2012.

Objective 4.e: Evaluate results of ongoing meeting and presentation evaluations by June 30th and December 31st each year, at minimum.

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Objective 4.f: Consult with and/or review other LHJ's QIA initiatives specifically for Board of Health by March 31, 2012.

Objective 4.g: Develop and implement a QIA program for the Yakima County Board of Health in conjunction with Board of Health members by September 30, 2012.

5. EVALUATE STAFF JOB SATISFACTION AND PERFORMANCE

To best serve the needs of the County residents, YHD must recruit, hire, train and retain skilled and enthusiastic individuals who can effectively deliver the 10 Essential Services of Public Health. To help retain staff and assure a positive and productive work environment, it is important that both employee job satisfaction and performance be assessed annually.

OUTCOME 5: A POSITIVE AND PRODUCTIVE WORK ENVIRONMENT

Objective 5.a: Confirm that all employees received a performance evaluation for the prior calendar year by January 31st.

Objective 5.b: Staff job satisfaction survey developed, administered and results evaluated and presented to staff and Board of Health at least once every two years, beginning in 2012.

6. PROVIDE GUIDANCE, SUPPORT, TRAINING, RESOURCES AND RECOGNITION FOR QIA EFFORTS

Everyone has a role in YHD's quality improvement and assurance efforts.

To know and understand their role in YHD's QIA efforts, all staff must understand and apply the fundamentals of QIA. To this end, management will provide basic QIA training for all staff. Additionally, staff assigned to QIA task forces may receive additional QIA training, as deemed appropriate by their supervisor and/or the QIA team. In addition to management providing training for staff involved in QIA, appropriate time and fiscal resources will also be allocated.

QIA team members will recommend opportunities for recognition of staff participating in QIA efforts at regular intervals to help maintain high morale around QIA efforts. Recognition can include certificates of appreciation signed by the QIA team and presented by the Board of Health, highlighting successful QIA efforts at All Agency meetings, developing a presentation for the lobby area, etc.

OUTCOME 6: A QUALITY-FOCUSED CULTURE AT YHD

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Objective 6.a: Ensure all QIAT members have completed the online QI training module through PHIP by December 31, 2011.

Objective 6.b: Provide basic QIA training for all YHD staff by March 31, 2012.

Objective 6.c: Identify and formally recognize appropriate staff for QIA participation and/or accomplishments at least quarterly at the All Agency and Board of Health meetings.

7. ASSIST AND/OR OVERSEE DEVELOPMENT AND IMPLEMENTATION OF DIVISIONAL QIA PLANS

Each YHD division, at minimum, should develop and implement a QIA plan. The QIA objectives identified in each plan should be selected based on data and demonstrated need. This could include data collected and evaluated by the QIA team (or designees) or data collected and evaluated within the division's programs. QIA plans should include at least three SMART objectives for improvement in each QIA cycle. Though each divisional QIA plan should be reviewed by the QIAT to assure they align with the agency's mission and values, each division will have the final approval over their divisional objectives.

OUTCOME 7: QIA EFFORTS FUNCTION AT MULTIPLE LEVELS WITHIN YHD

Objective 7.a: Develop a QIA template for teams to use/adapt in creating their own QIA plan by January 31, 2012.

Objective 7.b: Each division will develop a draft QIA plan by June 30, 2012.

Objective 7.c: Each division will finalize and implement their QIA plan by September 30, 2012.

8. EVALUATE AND/OR REVISE QIA PLANS AND OBJECTIVES ANNUALLY

The QIAT will review the agency QIA plan annually by July 31st. Progress towards objectives will be evaluated and/or objectives revised based on shifting public health priorities, shortcomings identified in after action reports, results of standards reviews, customer satisfaction surveys and employee satisfaction and/or performance reviews. Revisions to QIA plans and objectives must be finalized by September 30th each year.

Similarly, divisional QIA plans will be reviewed and/or revised each year by July 31st and September 30th, respectively.

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Reviews will also serve to ensure all plans align with the agency strategic plan, mission and vision.

OUTCOME 8: QIA EFFORTS REMAIN TIMELY AND APPROPRIATE BASED ON DEMONSTRATED COMMUNITY, CUSTOMER AND AGENCY NEEDS

Objective 8.a: Agency QIA plan will be reviewed by July 31st each year. Any revisions or updates must be finalized by September 30th each year.

Objective 8.b: Divisional QIA plans will be reviewed by July 31st each year. Any revisions or updates must be finalized by September 30th each year.

9. EXPLORE AND/OR IMPLEMENT AND REVIEW OPTIONS FOR FORMAL FISCAL AND PROGRAMMATIC PRIORITIZATION MODELING

In times of fiscal hardship, YHD must prioritize funding around the 10 Essential Public Health Services. To this end, YHD will explore decision support software or other means to aid in prioritization of funding based on demonstrated community health priorities, mandates, program costs and alignment to the agency's mission. Methods and/or tools utilized by other LHJs will be reviewed to assess their feasibility and applicability to YHD program and fiscal planning policies.

OUTCOME 9: PRIORITIZATION OF FUNDS TIED TO DEMONSTRATED NEED AND MANDATES

Objective 9.a: Management team will research and discuss at least three prioritization methods and models utilized by other LHJs by June 30th, 2012.

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APPENDIX A: QIA CALENDAR 2011-2012

ACTION	STAFF	DEADLINE(S)	SCHEDULED QIAT REVIEW DATE(S)	ACTUAL REVIEW DATE(S)	STATUS/PROGRESS NOTES (DATE, INITIAL)
ACTIVITIY 1. MONITOR KEY PUBLIC HEALTH INDICATORS AND REPORTS					
Outcome 1 – Key health indicators inform effective, ongoing program and policy development and evaluation around the county's priority health issues					
Objective 1.a: Update and/or review key public health indicators and community surveys* semi-annually *(*NOTE: "Key public health indicators and community surveys" includes, but is not limited to Washington Public Health Improvement Partnership (PHIP) Indicators, County Health Rankings (CHR), Behavioral Risk Factor Surveillance System (BRFSS), Healthy Youth Survey (HYS), American Community Survey (ACS), Community Health Improvement Plans (CHIPs) and internal disease and population data.)*	Assessment Specialist	12/31/2011; 06/30/2012	January 2012; July 2012		
Objective 1.b: Select and develop initiatives around and/or review progress towards three to five priority health needs annually	QIAT, Board of Health	09/30/2011	October 2011		
ACTIVITY 2. REVIEW AFTER ACTION REPORTS FOR BOTH EXERCISES AND ACTUAL RESPONSE					
Outcome 2 – Emergency and outbreak response is continually improved					
Objective 2.a: Review all AARs compiled for the last calendar year	Emergency Preparedness Coordinator	03/31/2012	April 2012		
Objective 2.b: Identify and develop strategies to address issues from the prior year's AARs that cross functional areas within the agency	QIAT	04/30/2012	May 2012		
ACTIVITY 3. REVIEW RESULTS FROM AND ENSURE AGENCY IS PREPARED FOR STANDARDS REVIEWS					
Outcome 3 – Quality and performance are strengthened across the 10 essential public health services					
Objective 3.a: Review the results of Yakima's	Standards Coordinator,	08/31/2011	September	August 2011	Results reviewed, sheet for tracking progress towards

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Standards Review report	Administrator and appropriate managers		2011		rectifying shortcomings developed; work plan being assimilated into QIA activities. (lc, 09/29/2011)
Objective 3.b: Develop a work plan to address shortcomings in Yakima's most recent Standards Review	Standards Coordinator, Administrator and appropriate managers	10/31/2011	November 2011		
Objective 3.c: Perform baseline analysis of the agency's readiness for measurement against the full set of National (PHAB) standards as well as eight Washington only standards in preparation for the 2013-2014 Standards Review	Standards Coordinator	03/31/2012	April 2012		
Objective 3.d: Develop a work plan with timeline for all preparation activities, based on results of the baseline analysis, to meet the full set of National (PHAB) standards as well as eight Washington only standards during the 2013-2014 Standards Review	Standards Coordinator	06/30/2012	July 2012		
ACTIVITY 4. EVALUATE CUSTOMER SATISFACTION					
Outcome 4 – Service, meeting and presentation practices meet the needs of clients and attendees					
Objective 4.a: Develop a meeting evaluation sheet to assess the timeliness, effectiveness and efficiency of meetings hosted by YHD and implement use	Assessment Specialist, QIAT	12/31/2011	January 2012		
Objective 4.b: Develop and/or modify existing presentation evaluation sheet to assess relevance and effectiveness of presentations given by YHD and implement use	Assessment Specialist, QIAT	12/31/2011	January 2012		
Objective 4.c: Develop a centrally-located survey tracking database and/or spreadsheet to compile and analyze data from surveys by March 31, 2012.	Assessment Specialist	03/31/2012	April 2012		
Objective 4.d: Develop, disseminate and evaluate results from at least one internal and one external customer satisfaction survey at least once every two calendar years	Assessment Specialist	09/30/2012	October 2012		
Objective 4.e: Evaluate results of ongoing meeting and presentation evaluations	Assessment Specialist, QIAT	06/30/2012; 12/31/2012	July 2012; January 2013		
Objective 4.f: Consult with and/or review other LHJ's QIA initiatives specifically for	Assessment Specialist, QIAT	03/31/2012	April 2012		

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Board of Health					
ACTIVITY 5. EVALUATE STAFF JOB SATISFACTION AND PERFORMANCE					
Outcome 5 –A positive and productive work environment					
Objective 5.a: Confirm that all employees received a performance evaluation for the prior calendar year by January 31st.	Human Resources Coordinator	01/31/2012	February 2012		
Objective 5.b: Staff job satisfaction survey developed, administered and results evaluated and presented to staff and Board of Health at least once every two years, beginning in 2012.	Assessment Specialist, Management Team	04/30/2012	May 2012		
ACTIVITY 6. PROVIDE GUIDANCE, SUPPORT, TRAINING, RESOURCES AND RECOGNITION FOR QIA EFFORTS					
Outcome 6 - A quality-focused culture at YHD					
Objective 6.a: Ensure all QIAT members have completed the online QI training module through PHIP	QIAT Chair	12/31/2011	January 2012		
Objective 6.b: Provide basic QIA training for all YHD staff	Management, QIAT	03/31/2012	April 2012		
Objective 6.c: Identify and formally recognize appropriate staff for QIA participation and/or accomplishments at the All Agency and Board of Health meetings.	QIAT, Board of Health	12/31/2011; 03/31/2012; 06/30/2012; 09/30/2012	January 2012; April 2012; July 2012; October 2012		
ACTIVITY 7. ASSIST AND/OR OVERSEE DEVELOPMENT AND IMPLEMENTATION OF DIVISIONAL QIA PLANS					
Outcome 7 – QIA efforts function at multiple levels within YHD					
Objective 7.a: Develop a QIA template for teams to use/adapt in creating their own QIA plan by January 31, 2012.	QIAT	01/31/2012	February 2012		
Objective 7.b: develop a draft divisional QIA plan	Environmental Health, Community and Family Health, Administration	06/30/2012	July 2012		
Objective 7.c: finalize and implement divisional QIA plans	Environmental Health, Community and Family Health, Administration	09/30/2012	October 2012		
ACTIVITY 8. EVALUATE AND/OR REVISE QIA PLANS AND OBJECTIVES ANNUALLY					
Outcome 8 – QIA efforts remain timely and appropriate based on demonstrated community, customer and agency needs					
Objective 8.a: review agency QIA plan and	QIAT, Board of Health	Review:			

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finalize revisions or updates		07/31/2012 Update: 09/30/2012			
Objective 8.b review divisional QIA plan and finalize revisions or updates	Environmental Health, Community and Family Health, Administration	N/A for 2011-2012 cycle	N/A for 2011-2012 cycle	N/A for 2011- 2012 cycle	Plans will be developed and implemented by the end of the 2011-2012 QIA cycle
ACTIVITY 9. EXPLORE AND/OR IMPLEMENT AND REVIEW OPTIONS FOR FORMAL FISCAL AND PROGRAMMATIC PRIORITIZATION MODELING					
Outcome 9 – Prioritization of funds tied to demonstrated need and mandates					
Objective 9.a: Management team will research and discuss at least three prioritization methods and models utilized by other LHJs by June 30th, 2012.	Management Team, Assessment Specialist	06/30/2012	July 2012		

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APPENDIX B: QUALITY IMPROVEMENT TEAM MEMBERS

Members of the Yakima Health District's Quality Improvement and Assurance Team for 2011-2012 are as follows:

- Dennis Klukan, ADMINISTRATOR
- Ellie Navarrete, CHIEF FISCAL OFFICER
- Gordon Kelly, DIRECTOR OF ENVIRONMENTAL HEALTH
- Sheryl DiPietro, DIRECTOR OF COMMUNITY AND FAMILY HEALTH
- Jensen Thayer, CHRONIC DISEASE SUPERVISOR
- Marianne Patnode, COMMUNICABLE DISEASE SUPERVISOR
- Laura Charters, ASSESSMENT AND COMMUNITY HEALTH SPECIALIST
- Lesley Schulte, COMMUNITY HEALTH SPECIALIST

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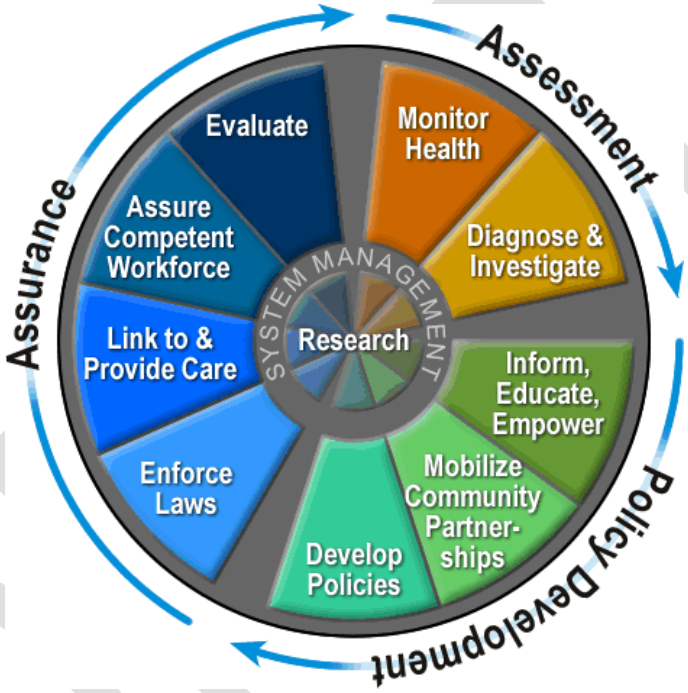
APPENDIX C: DEFINITIONS

10 Essential Public Health Services: (http://www.cdc.gov/nphpsp/essentialServices.html) provide the fundamental framework for the NPHPSP instruments, by describing the public health activities that should be undertaken in all communities. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. This steering committee included representatives from US Public Health Service agencies and other major public health organizations. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.



1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Image adapted from the **Public Health Functions Project**, coordinated by the Office of Disease Prevention and Health Promotion, Office of Public Health Science, Office of the Secretary, and U.S. Department of Health and Human Services.

Community Health Improvement Plan (CHIP): A long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.[1]

Continuous Quality Improvement (CQIA): An intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. [1]

Plan, Do, Check, Act (PDCA): A four-step quality improvement method in which step one is to plan an improvement, step two is to implement the plan, step three is to check or measure and evaluate how well the outcomes met the goals of the plan, and step four is to craft changes to the plan needed to ensure it meets its goal. The "PDCA cycle" is repeated, theoretically, until the outcome is optimal.

Public Health Accreditation Board (PHAB): (http://www.phaboard.org/index.php/about/) PHAB is the accrediting body for national public health accreditation. The organization was created to manage and promote the national accreditation program. PHAB was incorporated in 2007, and is developing the national accreditation program for launch in 2011. The Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention provide support for the program. [1]

Quality Improvement and Assurance (QIA) Plan: Identifies specific areas of current operational performance for improvement. Strategic and QIA plans can and should cross-reference one another, so a quality improvement initiative that is in the QIA plan may also be in the strategic plan.[1]

Quality Improvement and Assurance Team (QIAT): The YHD's quality improvement team, comprised of the Administrator, Chief Fiscal Officer, Division Directors, Supervisors and the Assessment Coordinator.

SMART Objectives: SMART is an acronym which stands for specific, measurable, achievable, realistic and time-framed.

> **Specific** – what is to be achieved is clearly defined
> **Measurable** – how you will measure success; the target (typically quantifiable)
> **Achievable** – can the objective actually be attained, is it actionable
> **Realistic** – can the objective be achieved with the resources available in the time allotted
> **Time-framed** – when should the objective be completed by; when will success be measured

Strategic Management: In contrast to strategic planning, is the larger process that is responsible for the development of strategic plans, implementation of strategic initiatives, and ongoing evaluation of their collective effectiveness. A strategically managed public organization is one in which budgeting, performance measurement, human resource development, program management and all other management processes are guided by a strategic agenda that has been developed with buy-in from key actors and communicated among external constituencies as well as internally.[2]

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Strategic Planning: The process an organization uses of clarifying its mission and vision, defining its major goals and objectives, developing its long-term strategies for moving an organization into the future in a purposeful way, and ensuring a high level of performance in the long run.[2]

1. National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms, CDC, 2007*
2. Measuring Performance in Public and Nonprofit Organizations, Theodore H. Positer, Jossey-Bass, 2003

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APPENDIX D: QUALITY IMPROVEMENT RESOURCES

[under development]

- Public Health Improvement Partnership:
  http://www.doh.wa.gov/PHIP/initiative/phs/qi.htm
- CDC National Public Health Performance Standards Program:
  http://www.cdc.gov/nphpsp/essentialServices.html
- Public Health Accreditation Board:
  http://www.phaboard.org/

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