Spokane Regional Health District

Creating a Culture of Quality Improvement

History

Creating a culture of QI takes time

2002 First WA State PH Standards review

2004 Hired program evaluator

2005 Second Standards review

2006 Logic models (11%)

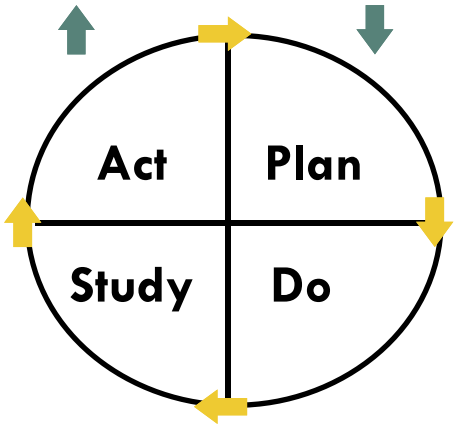
2007 Quality Council formed

2007 Multi-Learning Collaborative training and grant projects started

2008 Third Standards review

2009 Logic models (98%) with data reviews (70%)

2010 Preparing for Standards review and accreditation



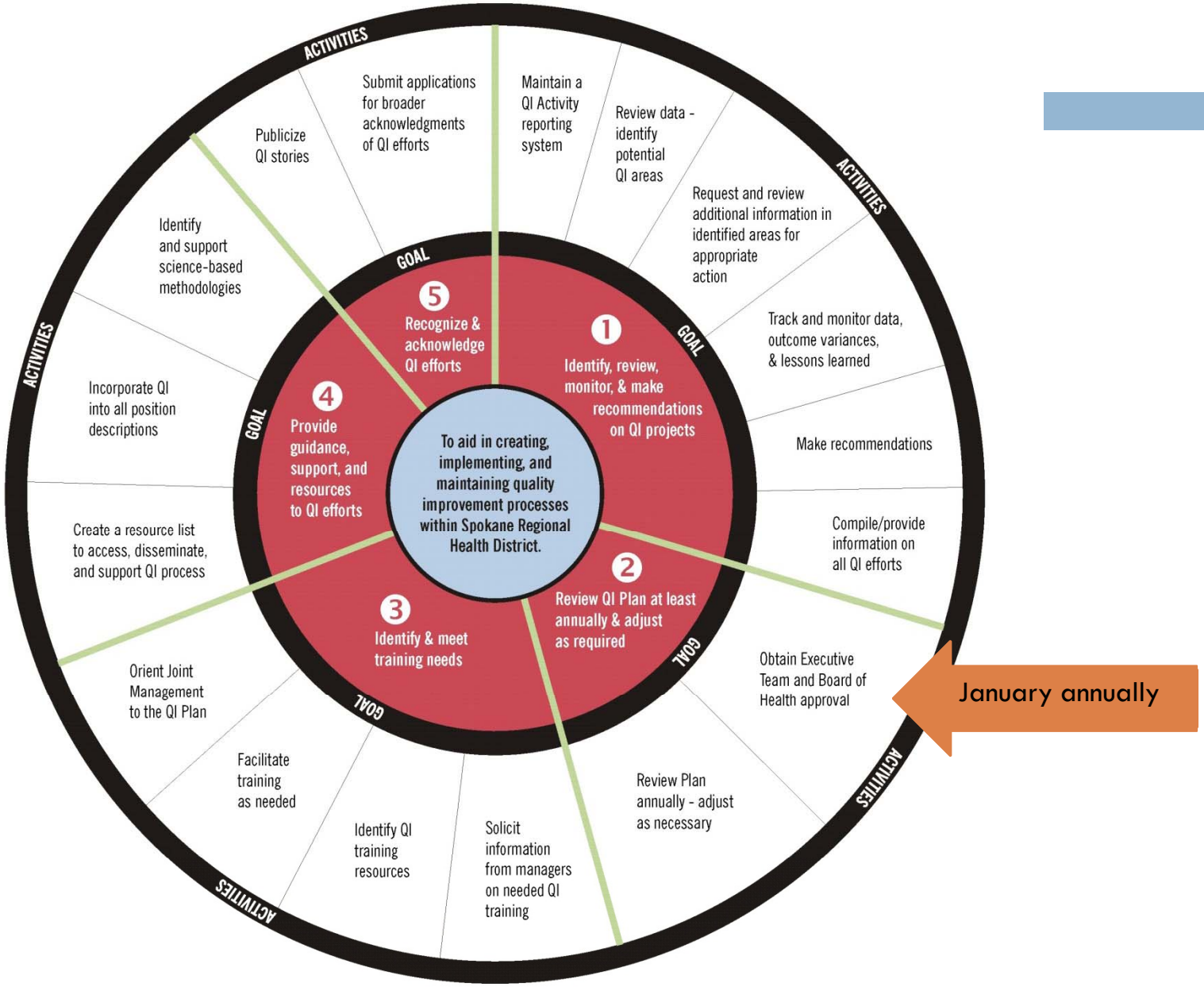
Creating a culture of QI needs management's leadership

Quality Council

- Structure
  - Plan/Charter
  - Membership
  - Meetings
  - Work plan
  - Evaluation

- Reports on:
  - Administrative responsibilities
  - After Action Reviews
  - Customer service
  - Division status
  - HIPAA compliance
  - QI projects
  - Standards review
  - Strategic plan

Quality Council Focus



Reporting calendar and log

2009-2010 Selected Quality Improvement Objectives Log – ACTIVE

Report Area	Lead Staff	Project Assistant	Type of QI Effort	Project Description or Objective	Start Date	Complete Date	Report Date to QC	Status
CCAT/ Agency	Natalie Ta Ad Do uez	Lyndia	RCI	Translation/Interpretation Policy & Procedures Development	3rd Quarter 2008	1st Quarter 2010	TBD	On hold
After Action Review	Susan Sjoberg	Lyndia	PE	Tabletop (and/or) Functional Exercise AARs; Real Events	Ongoing	Ongoing	Sept 2010	BOH in Oct
BOH	Bob Lutz	Torney	PE	Board Orientation and Education	Nov 2009	Dec 2010	Jan 2011	In progress
DPR	Lyndia Tye	NA	PE	Treatment of Notifiable Condition Contacts	Jan 2010	Dec 2010	Sept 2010 initial	In progress
EPH	Ray Byrne, Jon Sherve	Julie A	RCI	Reduce Contamination of Food by Hands of Food Workers	April 2010	March 2012	March 2012	In progress
HIPAA	Gwen	NA	PE	HIPAA Training for Volunteers & Interns	October 2009	Ongoing	Jan 2011	Annual review
HP	Marion Lee	Lynne Q	PE	Decrease Car Seat Misuse	June 2009	May 2010	Update in 2011	Initial report provided
Lab	Karen Crouse, Diane James	Gwen	RCI	Improve Water Lab Billing	April 2009	July 2010	Jan 2011	In progress

Report forms

Division reports:

- Summary overview of program evaluation activities, including quality improvement projects
  - Number of programs in division
  - Number of completed logic models
  - Number of logic models with baseline data compiled
- Audit Results
- Customer Service Evaluation
- Staff QI Training Needs
- Technology Used and Evaluation (new)
- QI Projects in Process (formal or informal)
- Two new QI Areas Needing Improvement (high risk, high volume, problem-prone)

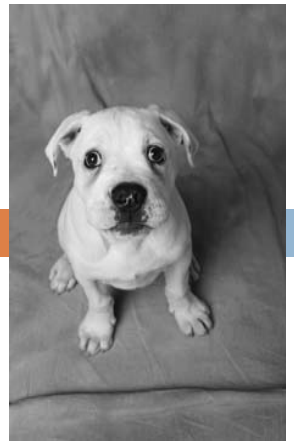
Quality improvement projects:

- Planning and reporting form
- Progress report

Continual improvement in forms

Momentum . . .

- New employee and management orientation checklists
- BOH member joined Quality Council
- Average of 25 projects over year monitored
- NACCHO recognition as model practice
- Expanded membership and rotating observers



How is QI relevant to me (staff)?

Periodic surveys conducted

From logic model outcomes survey of managers in 2008: (on a scale from 1-5, whereby 1= Strongly Disagree and 5=Strongly Agree)

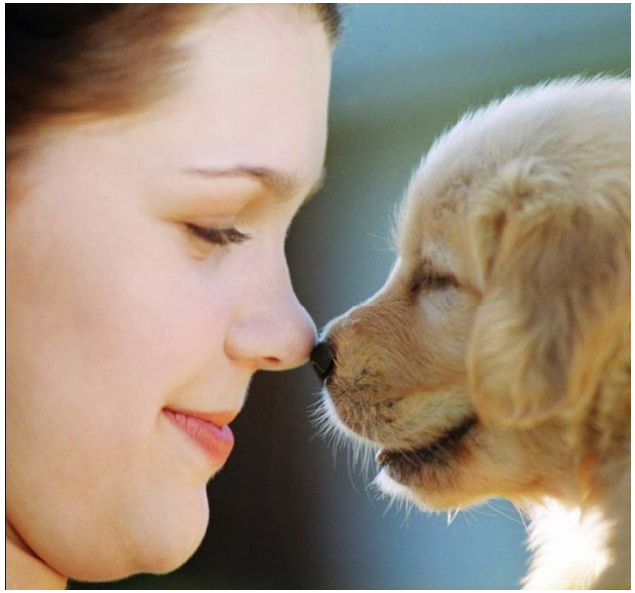
4.5	Data collection tool helped to know what data to pull
3.8	Logic models give us a standard language for discussing outcomes
4.2	Using logic models and data reviews facilitates strategic decisions making at the program level
3.8	Using logic models and data reviews facilitates strategic decision making at the agency level
4.7	Conducting logic model data reviews enables documentation and reporting
4.7	Conducting logic model data reviews helps to identify the issues
4.5	Conducting logic model data reviews helps to implement improvement as opposed to change
5.0	Conducting logic model data reviews helps to make the standards review easier

Those measures highlighted in yellow needed improvement in 2008. Survey is being conducted again this year in November.

Accountable . . .

To funders

To our customers



To the public

To each other

2009-2014 Strategic Plan

Goal 6: Commit to Continuous Quality Improvement

I help achieve this goal when:

- I identify, improve, and evaluate the quality of my program as an ongoing part of my job.
- I know where to find quality improvement resources and technical assistance.
- I use strategies in my program that are based on science and proven to be effective.
- I understand and work to meet the PH Standards.

PHIP PHAB QI

TA LM BOH

PDSA

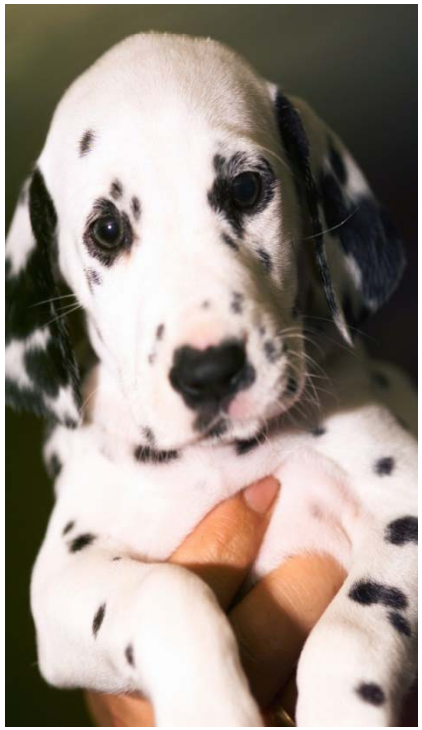
NACCHO

RCI

BPA

QC

Support provided



How do I choose a QI project?

I know what I want to do, but how do I get started?

Who can help me?

Resources for staff:

- Trainings in small groups
- Intranet materials posted
- Technical assistance staff

In the works . . .

- Technical assistance workshops for staff (monthly set time)
  - Individual help
- QI language added to all job classifications – for use in position descriptions

Job Classifications

Directors/Managers

Assure all programs have a logic model, work plan, and evaluation methods in place to determine efficiency and effectiveness. With managers/staff, determine quality improvement steps for programs based on reviewing data at least annually.

Managers/Some Staff

Evaluate program using a logic model, work plan, and data collection tools. At least annually, compile and review trend data developing a quality improvement plan based on information. Revise logic model and work plan, as needed.

Administrative/Other Staff

Understand how program is being evaluated using a logic model, work plan, and data collection tools. At least annually with manager, review trend data developing a quality improvement plan based on information.

In the works . . .

- Technical assistance workshops for staff (monthly set time)
  - Individual help
- QI language added to all job classifications – for use in position descriptions
- Agency outcome measures selected with benchmarks

Division Performance Measures

Environmental Public Health				
1	**Improve** p**ercentage of corrective actions cited in initial site visits as observed at follow-up visits by 8-2-2011** (so that business managers learn how to properly manage and dispose of hazardous wastes, leading to a decrease in hazardous waste concentrations in Spokane River water).	n/a - new program	20% improvement of baseline determined in project	Activities: establish baseline, education through brochures, site visits, promotion of EnviroStars.
2	**Decrease re-inspection rates to target levels at identified facilities by 12/31/11** (so that water recreation facilities are operated in a manner that minimizes the risk of injury or RWI).	58% re-inspection rate of hotel motel, rv parks, and B&Bs; 30% re-inspection rate at apartment complexes.	30% re-inspection rate of hotel motel, etc.; 20% re-inspection rate of apartments	Activities: research best practices, education of operators prior to inspections, at inspections and through handouts, trainings, web, etc. Focus on decreasing water quality violations and emergency equipment violations.
3	**Reduce percentage of violations cited within the category Preventing Contamination by Hands (violations 4, 5, & 6) by 3/1/12** (so that food service establishments are designed and operated in a manner that minimizes the risk of serious injury or incidence of food-borne disease).	26% rate of occurrence	21% rate of occurrence	Activities: researching best practices, operator education, updating F&B training video, educational handouts.

In the works . . .

- Technical assistance workshops for staff (monthly set time)
  - Individual help
- QI language added to all job classifications – for use in position descriptions
- Agency outcome measures selected with benchmarks
- Recognition of efforts using story boards and articles (ongoing)

Disease Prevention and Response

HIV/AIDS Case Management Charting – Susan Sjoberg

Main Objective: To increase the percent of HIV/AIDS case charts that is timely, accurate, and complete to 70% by April 30, 2008.

Activities for Improvement: Methods that were tested included:

1. Utilizing dictation into a recorder with an administrative assistant typing the notes up
2. Scheduling dedicated charting time each week

The manager used a standard checklist to review the charts on a random selection of 20% of each case manager's charts prior to the improvement activities starting and at 10 weeks into the project. The final review was done by DOH.

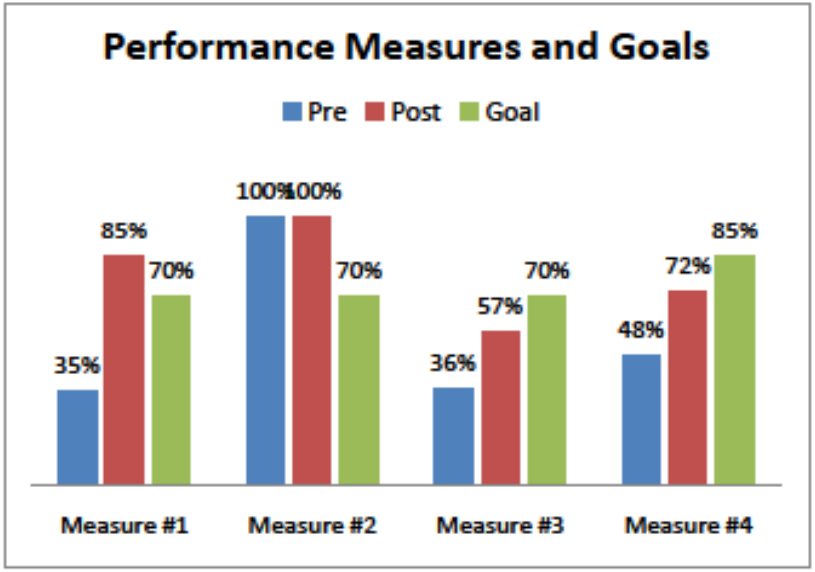
Results or Outcomes: The key obstacle for reaching all goals was sheer volume of cases that the case managers are handling at twice the standard case load. Three of the 4 measures improved by at least 20% points from the baseline. Measure #1 improved the most. Measure #2 was at 100% at baseline with no room for improvement. The case managers have continued using these methods.

Measure #1: % of case charts finished/updated within 72 hours of service provided

Measure #2: % of case charts that have actions that follow recommended protocols

Measure #3: % of case charts with 90% of identified fields completed

Measure #4: % of charts that have historical data up to date



Contact us

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Dying to ask why the puppy pictures?

- After you take a puppy home, he becomes a part of your life and makes your life better. It's hard at first, but gets easier.
- After you embrace quality improvement, it becomes how you do your work and makes your services better. It takes work at first, but gets easier.