Quality Improvement Plan 2017-18 Update

Public Health
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Lincoln County

Purpose and Scope

The introduction of systematic Quality Improvement (QI) across Public Health started in 2015 with the Division's move to become accredited. As such, Public Health is engaged in a culture of learning across all levels of the organization.

In addition to National Accreditation efforts, implementing QI as part of a strong Performance Management System has been identified in the Public Health Strategic Plan as a key strategy for improving overall organizational performance. Systematically Public Health processes and activities will allow the Division to most efficiently utilize staff time and competencies to meet the needs of the County.

This plan defines how QI is used in our Public Health Department, goals for advancing QI in the health department, and the role for members of the QI committee, The Q Collective. The QI Collective shall be responsible for both QI and the performance management system for Lincoln County Public Health.

This plan shall be updated on a biannual basis by members of the Q Collective.

Quality Improvement Definitions

Please see Appendix A.

Structure of QI Program

Please see Appendix B – Lincoln County Public Health Q Collective Charter.

Culture of Quality

Every other year, all Public Health staff complete a QI Maturity Assessment to identify strengths and weaknesses of the QI program. This assessment will be conducted biannually and used to define and refine goals for the QI program. In July 2015, a baseline assessment provided an overall QI Maturity score of 2.78 out of 5. The top scoring element was the backing of QI efforts by Public Health leadership (4.04). The lowest scoring efforts indicated a limited sense of authority among all staff to work across program boundaries (2.13), that QI is not considered a standardized component of job descriptions (2), and that customer satisfaction is not routinely assessed and used to improve services (1.88). The complete assessment results are available in Appendix F.

Goals, Objectives and Performance Measures

Performance measures are based on the contractual standards for each public health program, and, when possible, linked to broader community-level objectives or benchmarks set in the Public Health Strategic Plan (2015-2020), the Community Health Improvement Plan (CHIP 2014-2019) or Healthy People 2020 Objectives. Each program will refer to the published objectives from these documents and utilize baseline program data to determine the specific rates of improvement. These are documented in the performance management system standard tracking log, and monitored quarterly. These standards will provide a basis for identifying QI projects (see Appendix D).

Quality Improvement Goals:

Quality Improvement is new to Lincoln County Public Health, and will require some staff development and engagement in order to be fully integrated into how we conduct our work. As such, sufficient data surrounding key priority performance measures and improvements has yet to be collected and analyzed. The QI goals for this plan are therefore focused on capacity building internally, and initial steps to utilize QI to improve our services to the community. This becomes routine practice for PH staff. The goals are informed by our QI Maturity Score describe above and in Appendix F as follows:

1. Increase the use of customer service data and input for improving public health programs and services.
2. Increase staff capacity and authority to engage in quality improvement across program boundaries.
3. Increase QI competency among public health managers and the Q Collective.
4. Include QI as a component of every Public Health job description.

Process for Identification of QI Efforts

Either staff or the Q Collective might identify the need for quality improvement. QI projects should be identified in two ways:

1. When quarterly review of program measures by Q Collective indicates a need;
2. Ad hoc, as staff identify various systems issues not currently included in the performance standards (e.g. outreach processes).

Regardless of the process by which QI projects are identified, staff or Q Collective members will complete a project proposal and submit it to Q Collective for review and inclusion in the QI projects schedule. The QI Project Proposal Template is included in Appendix C.

All proposed QI projects must answer the following questions:

- What is the problem that needs QI?
- What is the baseline data for your process (e.g. pattern for client wait times or no shows over time)?

- Why is this QI project a priority right now?
- Which, if any, of the defined Public Health Performance Measures does this project support?

Prioritization of Projects

The Q Collective will provide support to all QI projects brought forward as part of the organizational learning process. Each PH Section is expected to identify at least one QI project annually, and submit the project using the Proposal Template. Projects will be refined and accepted by the Q Collective so long as it is clearly connected to a Performance Standard, or the project will address a clearly defined need and lead to an improvement in Public Health services and processes.

Monitoring Progress and Results of Goals, Objectives, and Measures

Every QI project is scheduled on the QI review calendar for periodic updates during the Q Collective meetings. During the monthly meetings, the current status of the scheduled QI projects will be reviewed and progress toward defined performance measures and objectives noted. All QI projects will report on their QI project using the PDSA worksheet (Appendix E.). This document must include data collected, but may be accompanied by additional documentation. A finalized copy will be added to the Public Health QI record upon project completion.

Before the end of each fiscal year (June 30), the Q Collective will review the current status of all QI projects, and determine new or continued priorities for measures and objectives for the upcoming year based on current progress, QI priority projects scheduled, and emerging public health issues in the community.

For QI projects that are not making progress, the Q Collective, along with the QI team working on the PDSA, will meet to discuss the concerns and come up with some agreeable solutions. When a PDSA needs action from another Lincoln County or community partner in order to be successful, these concerns will be brought to the attention of Public Health leadership for decision on how to move forward.

QI Training

All Public Health staff will be required to be familiar with QI policies and practices. At minimum, this will include:

Public Health New Employee Orientation:

- Define and understand basics of QI.
- Be familiar with practices of QI methodology, such as PDSA.
- Be familiar with departmental process for identifying, initiating and implementing a QI project.

All Public Health Staff Requirements:

- Attend at least two QI trainings each year, such as webinars, Public Health Division Meeting trainings, regional, or other QI trainings specific to staff role. Develop knowledge of multiple tools to assist in QI methodology.

Q Collective and PH Manager Requirements:

- Develop advanced knowledge of QI best practices through literature reviews, advanced trainings, regional or national workgroup/committee participation, etc.
- Facilitate and lead QI trainings for staff.
- Provide TA and support for staff on QI projects.

Quality Improvement training requirements as outlined here also are included as part of the Public Health workforce development plan.

Communications

In the transition to a "culture of quality" it is critical for QI efforts and successes to be communicated to all Public Health staff, county Health and Human Services leadership and the Board of Health. Communication will be conducted through the following mechanisms:

Bimonthly Newsletter

The Q.I.I.Q., Public Health's QI newsletter, will be published bimonthly and include highlights about ongoing QI projects, lessons learned through QI and Accreditation processes, a Director's column that highlights upcoming priorities for QI and brief updates from each Public Health section. At least one Q Collective staff person will be designated as the lead for collecting and compiling copy for the Q.I.I.Q., and distributing the electronic version through email to all Public Health staff.

Public Health Division Meetings

Monthly meetings with all staff include standing agenda items for QI training on tools and processes, and presentations on current QI projects as available.

Q Collective Meeting Minutes

Agendas and minutes from the Q Collective meetings will be accessible to all public health staff within the Q Collective folder on the internal server at the following location: J:\hhs\ph\QI Committee\Q Collective\Meetings\Minutes

Alignment with the Strategic Plan

The development of QI projects during this plan year are directly related to two key objectives in the 2015-2020 Strategic Plan. Because the department is in a learning phase, the initial priorities, as outlined in the goal section, are in staff development and training for QI, and the beginning of

data collection and utilization of QI to better meet community and client needs. Specifically, this plan aligns with the following Strategic Plan objectives:

Strategy 1: Identify and meet the needs of our clients and community

Objective 1.1. By June 30, 2016, at least two Public Health sections will annually implement and analyze one standardized customer satisfaction or community partnership survey each year to at least 90 percent of current clients, customers and community partners.

Objective 1.2. By June 30, 2017, all Public Health sections will annually implement and analyze one standardized customer satisfaction or community partnership survey to at least 90 percent of current clients, customers and community partners.

Objective 1.3. By June 30, 2018, all Public Health sections will implement at least one improvement identified in the survey to enhance customer satisfaction and public health leadership with community partners.

Strategy 6: Implement a performance management system to document how Public Health work contributes to population health outcomes

Objective 6.1. By Dec. 31, 2015, develop and implement one written Quality Improvement plan that has targeted goals for QI in Public Health.

Objective 6.2. By June 30, 2016, identify and formalize the performance standards and measurement collection.

Objective 6.3. By June 30, 2017, develop and implement an evaluation and reporting process for all performance standards.

Evaluation of QI Plan and Activities

This QI Plan and all tracking documents including in the appendices will be reviewed and updated biannually to ensure concordance between QI activities and the current QI processes. This biannual review will include:

- An evaluation of the performance measures to assure they accurately encompass the needed Public Health improvement areas.
- An assessment of the effectiveness of current QI project identification, prioritization, monitoring and reporting.
- A monthly review of ongoing PDSA's to determine their effectiveness within each respective division within public health.
- A review of progress toward desired QI project outcomes defined in the QI tracking template, and updating of the QI tracking template and performance measures to reflect successes and changing or emerging priorities.

Lincoln County Public Health QI Reporting Calendar July 1, 2015 to June 30, 2016																	
					Report to Q Collective												
Performance Standard	**Project Name**	**Objective**	**Project Team**	**Start Date**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Number of clients lost in the Western Title Building	Lost In Western Title	Reduce the number of clients who are unable to find their destination unassisted in the Western Title Building	Rebecca Austen, Jackie Litzau, Erin Parrish, Sam Schafer, Rachel Peterson, Nancy Hale	12/3/15				x	x		x	x	x			
Number of children excluded from school due to missing vaccines.	Vaccine School Exclusion Letters	Reduce the number of children excluded from school due to missing vaccines from 87 in 2015 to 40 in 2016.	Cathy Vickers, Mollie Vance, Rebecca Austen, Joyce Mandrake	6/24/15									x			
	Budgets		Public Health Leadership Team													
Number of clients coming in during non-walk in hours for unscheduled appointments.	WIC Walk-In Hours	Reduce the number of clients coming in during non-walk in hours for unscheduled appointments	Julia Young-Lorian, Ary Irizarry, Maria Eliosa, Crystal Beard, Dawn Travelstead													

Number of re-inspections completed within 14 days.	Environmental Health Re-inspections	Tracking system for when a restaurant failed a foundation finding during and EH inspection, they are to be re-inspected within 14 days.	Amy Chapman, Nancy Hale, Sarah-Cate Antoine	7/17/15												

Lincoln County Public Health QI Reporting Calendar July 1, 2016 to June 30, 2017																
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Performance Standard	**Project Name**	**Objective**	**Project Team**	**Start Date**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
Number of clients lost in the Western Title Building	Lost In Western Title	Reduce the number of clients who are unable to find their destination unassisted in the Western Title Building	Rebecca Austen, Jackie Litzau, Erin Parrish, Sam Schafer, Nicole Fields		x						x	x				
Number of animal bite reporting forms filled out correctly.	Animal Bites	Increase the number of animal bite reporting forms that are filled out completely and correctly	Nancy Hale, Amy Chapman, Nicole Fields ,	9/1/16			x	x		x	x	x				
Several, located here: J:\hhs\Quality Improvement\SRCH\SRCH 3.0	Sustainable Relationships for Community Health	Create a closed-loop referral system in the FQHC for tobacco cessation and colorectal cancer screening	Erin Parrish, Sam Schafer, Nicole Fields, Val Davis	7/20/16			x			x	x	x				
Number of WIC clients attending WIC monthly health fairs.	WIC Health Fair Attendance	Increase the number of WIC clients attending WIC monthly	Ary Irizarry, Nicole Fields	1/05/17							x	x				

		health fairs.														

Appendix A. Quality Improvement Definitions

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 services, 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.

CONTINUOUS QUALITY IMPROVEMENT (CQI): An intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes.

OUTCOME MEASURES: Assess the effect of the system. They are also sometimes called impact measures. Examples would be the percent of clients with health insurance, or the percent of clients who stopped smoking.

PERFORMANCE IMPROVEMENT: Positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual departments that are part of the whole health system. A policy or procedure that will improve practice is an example.

PERFORMANCE MANAGEMENT: The practice of actively using performance data to improve health. It involves strategic use of performance measures and standards to establish performance targets and goals. In alignment with the organizational mission, performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of practice.

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 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.

PLAN, DO, STUDY, ACT (PDSA): Same as Plan, Do, Check, Act (PDCA) please refer to that definition.

PROCESS MEASURES: Assess how the system is being implemented. Oftentimes these are counts, such as number of clients seen or number of referrals made.

Q COLLECTIVE: The Q Collective, Lincoln County Public Health's Quality Improvement Committee, will be responsible for the overall implementation of the Quality Improvement Plan, and will be comprised of staff that represents the various program areas within our agency. See the Q Collective Charter for details.

QUALITY ASSURANCE (QA): Quality assurance is a formal process of reviewing the quality of services provided by any staff member in a clinical setting and addressing any problems through corrective actions, typically using a rapid cycle change process such as the PDSA.

QUALITY IMPROVEMENT (QI): Is a formal approach to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes.

SMART OBJECTIVE: An objective that is S=Specific, M=Measureable, A=Attainable, R=Realistic, and T=Timely.

STRATEGIC MANAGEMENT: In contrast to strategic planning, strategic management 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 input from stakeholders communicated among external constituencies as well as internally.

STRATEGIC PLANNING: The process an organization uses for clarifying its mission and vision, defining its major goals and objectives, developing its long-term strategies for moving an organization forward in a purposeful way, and ensuring a high level of performance for the future.

TRANSPARENCY: Transparency is the process of collecting and reporting performance and quality data in a format that can be accessed, understood and utilized by staff and the public.

Appendix B. Q Collective Charter

PURPOSE OF THE Q COLLECTIVE

The Q Collective is chartered to create, implement, monitor, and evaluate the quality improvement efforts of Lincoln County Public Health, and to build a culture of continuous quality improvement throughout the Health and Human Services (HHS) organization.

Q COLLECTIVE RESPONSIBILITIES AND SCOPE

The Q Collective's work is to support Public Health leadership and staff by providing training, resources, and structures for quality improvement efforts. The Q Collective will draft an biannual work plan with specific activities, timelines and those responsible to achieve these objectives:

- Identify QI improvement projects and create a biannual QI plan; monitor plan performance; analyze performance gaps, and make recommendations for closing gaps.
- Review the QI plan at least biannually and adjust as required to reflect current and emerging priorities.
- Evaluate and meet QI training needs within Q Collective capabilities; identify and seek resources needed to provide additional training.
- Provide guidance and technical assistance to staff engaged in QI projects.
- Communicate to all staff about QI efforts; recognize efforts and celebrate successes; provide staff access to training materials and tools.

Q COLLECTIVE MEMBERSHIP

The Q Collective will be composed of staff members and managers from each of the four Public Health sections (Health Promotion, Environmental Health, Communicable Disease, Maternal and Child Health). The costs of staff participation will be incurred by the respective program budgets.

Terms of Membership: The initial Q Collective will be in place until the first Accreditation process is completed. At that time, membership terms will be evaluated. Members will have staggered two-year terms so that no more than fifty percent of the total membership will change in any calendar year. The Public Health Division Director will act as the team's convener, and administer the activities.

Q COLLECTIVE MEETINGS

The Q Collective will meet monthly for approximately sixty minutes, or longer as needed.

GUIDING PRINCIPLES

The Q Collective will operate using the following principles:

- It will ground its work on QI methodology and employ QI tools to understand and improve outcomes.
- Its decisions will be data-driven and evidence-based, but it will also use and respect people's knowledge and experience.
- It will make the customer perspective central to its decision-making and strive to consistently meet or exceed customer expectations.
- Its processes will be transparent, collaborative and inclusive.
- It will foster engagement and accountability with all persons involved in the QI effort.
- It will focus on learning and improvement over judgment and blame, and value prevention over correction.

Q COLLECTIVE EXPECTATIONS

Members of the Q Collective will agree to participate in discussions and in the decision-making process. They will openly communicate with each other and come prepared to the meetings. Attendance is a priority in the work schedules and confidentiality will be honored.

ADMINISTRATIVE RESPONSIBILITY AND SUPPORT

The Q Collective will develop reporting formats or forms, a file storage system and other administrative processes that support and document their work. The Public Health Division Director will arrange for administrative, clerical or other resources, and support the Q Collective requests to carry out its duties.

REPORTING

Each fiscal year, the Q Collective will submit, for the HHS Executive team approval, a report summarizing:

- The baseline-to-outcome performance of each item on the QI log, including, as appropriate, a summary of barriers to reaching the target, plans for addressing barriers and examples of successes and learning.
- Any recommended changes to the Q Collective's charter.
- The Q Collective work plan and the QI plan for the coming year.

Appendix C. QI Project Proposal Template

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QI Project Request

QI Project Title:	
Date of request:	
Name of requester:	
Programs(s) impacted:	
What is the problem to be addressed by QI?	
What is the baseline data?	
What is the desired outcome?	
PDSA team members:	
Desired start date:	

☐ Approved	☐ Denied
Project Reviewed by:	
Date of review:	
Comments:	

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Appendix D. QI Project Tracking Calendar

Lincoln County Public Health QI Reporting Calendar July 1, 2015 to June 30, 2016																
					Report to Q-Collective											
Performance Standard	**Project Name**	**Objective**	**Project Team**	**Start Date**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
Example: Increase immunization rates	*Vaccine school exclusion letters*	*Reduce the number of children excluded from school due to missing vaccines from 87 in 2015 to 40 in 2016.*	*Cathy, Mollie, Rebecca*	*Feb. 2015*	*x*								*x*			

Appendix E. PDSA Worksheet

Project Name: Team Members: Date: Cycle #:

Plan	Define the Purpose/Identify the Problem. Specify the related organizational goal (e.g. from the Strategic Plan, CHIP, program plans or QI plan.)				
	SMART Objective: (Specific, Measureable, Achievable, Realistic, Time Sensitive).				
	What is the current approach/process?				
	Baseline Data:				
	Root Cause Analysis:				
	What is the improvement theory? (Why do you think this change will be an improvement?)				
	What change are we testing?	How will it be tested?	By whom?	Where?	When?
	What data will need to be collected?	How will it be collected?	By whom?	Where?	When?

Do	Record data, observations and problems encountered:
Study	Analysis of what worked and did not work. Summarize results and lessons.
Act	☐ Adopt and standardize change as tested. ☐ Adapt change and test again. ☐ Abandon change and test new improvement theory (define below). New theory to test:

Appendix F. QI Maturity Assessment

Question	Average	Min	Max	Mode
1. The key decision makers in my agency believe quality improvement is very important.	4.041666667	2	5	4
2. My public health agency has a quality improvement plan.	3.333333333	2	5	3
3. The *leaders* of my public health agency are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	3.125	0	5	2
4. My public health agency *currently* has a *pervasive culture* that focuses on continuous quality improvement.	3.125	1	5	3
5. My public health agency *currently* has *aligned our commitment* to quality with *most* of our efforts, policies and plans.	2.875	0	5	3
6. Staff members are routinely asked to contribute to decisions at my public health agency.	2.791666667	0	5	3
7. My public health agency *currently* has *a high level of capacity* to engage in quality improvement efforts.	2.5	0	4	2
8. When trying to facilitate change, staff has the authority to work within and across program boundaries.	2.125	0	4	2
9. Job descriptions for many individuals responsible for programs and services at my public health agency include specific responsibilities related to measuring and improving quality.	2	0	4	2
10. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	1.875	0	4	1
Average	2.779166667			
Median	2.65			
Mode	3			
n	24			