

**Public Health Solutions District Health Department**

***Quality Improvement Plan***

**May 2017**

Adopted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Page**

*This plan has been approved and adopted by the following individuals:*

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M Jane Ford Witthoff (Health Director) Date

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Larry Cerny (Board of Health Chair) Date

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Caitlin Moore (Accreditation Coordinator) Date

For questions about this plan, please contact:

Caitlin Moore

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Accreditation Coordinator

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**SECTION 1 – INTRODUCTION**

**PURPOSE**

To establish a policy and procedure for quality improvement (QI) activities within the Public Health Solutions District Health Department.

**POLICY STATEMENT**

The Public Health Solutions (PHS) District Health Department is dedicated to systematically evaluating and improving the quality of processes, policies, and services to achieve a high level of efficiency and increase healthy outcomes throughout the community. In order to achieve a culture of continuous improvement, QI efforts will be utilized and regularly evaluated organization wide.

**MISSION**

To prevent disease and injury, promote wellness, and protect the personal, community, and environmental health of all people in Fillmore, Gage, Jefferson, Saline, and Thayer counties in southeast Nebraska.

**VISION STATEMENT**

PHS is a proactive, cohesive team that is priority driven, anticipates, and is responsive to the needs of the community. We are guided by a strong Board of Health. As the local public health authority, we are trusted and respected by the communities we serve to address the public health needs of our constituency. We are recognized within the district as a source of knowledge and expertise, and as a partner, collaborator, and change agent that stays involved to ensure problems are resolved. We foster a positive work environment which builds on strengths, is innovative, and mentors staff towards professional development, therby attracting and retaining high quality, knowledgeable, and passionate staff. We are an organization where individual roles, contributions, and diversity are understood and valued. We are sustained by a reliable, diverse, and growing funding source.

**VALUES**

* Promote wellness with information and education
* Protect the health of our community through prevention
* Improve health by providing essential services

**DEPARTMENTAL GOALS & STRATEGIC PRIORITIES**

1. Increase access to care: primary, dental, and mental health
2. Increase the availability and use of preventive health services
3. Improve behavioral health
4. Strengthen families and family support services

The activities and programs of PHS are organized under the three core functions of public health:

* *Assessment –* The collection and analysis of information to identify important health problems
* *Policy Development –* Building coalitions that can develop and advocate for local and state health policies to address the high priority health issues
* *Assurance –* Confirms state and local health agencies, as well as health professionals, are responsible for ensuring that programs and services are available to meet the identified priority needs of the population.

Additionally, PHS activities and programs are summarized under the associated 10 Essential Public Health Services. These essential services provide a working definition of the public health system and serve as a guiding framework for PHS responsibilities.

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.

The following Quality Improvement Plan serves as the foundation of the commitment of this health department to continuously improve the quality of the services we provide.

**DEFINITIONS & ACRONYMS**

**INTRODUCTION**

A common vocabulary is used department-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically below.

AT (Accreditation Team): This is a team of individuals made up of the Health Director, Accreditation Coordinator, and other key staff members focused more intently on accreditation. Due to department size, every staff member is crucial to the success of our accreditation application.

BOH (Board of Health)

CHA (Community Health Assessment)

CHIP (Community Health Improvement Plan)

NACCHO (National Association of County and City Health Officials)

PDCA (Plan, Do, Check, Act): An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned; the process is iterative.

PHAB (Public Health Accreditation Board)

PHS (Public Health Solutions)

QI: Raising the quality of a product/service to a higher standard. It is an integrative process that links knowledge, structures, processes, 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.

QI Teams: Program level teams, organized by the Accreditation team, to carry out QI activities. These teams are charged with developing, implementing, evaluating, and reporting QI projects.

**SECTION 2 – QI STRUCTURE**

**BACKGROUND**

As an essential community partner, PHS strives to ensure a better quality of life for the residnets of southeast Nebraska in Fillmore, Gage, Jefferson< Saline, and Thayer Counties. Additionally, PHS is dedicated to improving quality in all of its processes, programs, and services. In order to achieve accreditation through PHAB, a formal structure is essential to lead and guide our QI efforts.

**LEADERSHIP**

The key to the success of the continuous QI process is leadership. The following describes the roles of PHS leadership to provide support to quality improvement initiatives.

*Board of Health*

The Board of Health provides leadership, support, and resources for QI initiatives as follows:

1. Establish QI as a priority
2. Approve the QI plan
3. Recognize improvements

*Quality Team*

The Quality Team provides ongoing operational leadership of continuous QI activities. Due to a limited staff size, each PHS employee plays a significant role on the Quality Team. However, key team members which remain consistent across all QI initiatives include the following individuals:

|  |  |
| --- | --- |
| M Jane Ford Witthoff | Health Director |
| Caitlin Moore | Accreditation Coordinator |
| Sonya Williamson | Fiscal Administrator |

The Quality Team meets monthly and provides leadership, support, and resources for QI initiatives as follows:

* Development and application of the QI Plan
* Set yearly QI goals and objectives
* Assist in project selection
* Maintain QI activity reporting systems
* Update leadership and Board of Health on progress
* Advocate for a culture of quality to staff

**BUDGET AND RESOURCE ALLOCATION**

The following are ways that PHS has budgeted or set aside resources in order to support this endeavor.

1. Allocated a portion of a staff member’s time to serve as Accreditation Coordinator
2. Dedicate staff time to participate on the Quality Team
3. Allow staff time to work on individual QI projects
4. Provide evidence-based data collection methods in order to support QI activities

**QUALITY IMPROVEMENT TRAININGS**

The following types of trainings will be made available to staff in order to become more steeped in the QI culture.

1. New Employee Orientation

Employees will watch a “QI 101” recorded training during their first two weeks at the department, in order to receive an introduction into the continuous QI work we are striving to achieve at PHS.

1. All Staff

All staff will receive annual QI refreshers as determined by the Quality Team. Topics will vary depending on the needs seen throughout the year, but may include topics such as QI basics, performance measurement and quality data points, or how to pick a quality QI project.

1. Training for Quality Team

The Quality Team will receive more focused training; for example, the Accreditation Coordinator will attend the Open Forum for Quality Improvement hosted by the National Network of Public Health Institutes to gain a better understanding of QI in the public health department. Other focused trainings may come from the Nebraska State Department of Public Health or other local health departments.

**SECTION 3 – QI PROCESS**

The health and well-being of Americans is reliant on an effective and efficient public health system infrastructure. QI in public health is the use of a deliberate and defined improvement process focused on activities that are responsive to community needs and improving population health. It is important to recognize that QI is a continuous and ongoing effort to achieve measurable improvements across all indicators of quality in public health services or processes.

**PROJECT SELECTION**

QI projects may originate from a variety of sources.

1. PHS Health Director and Board of Health
2. Individual employee/Accreditation Coordinator consultations
3. Quality Team brainstorming sessions
4. Performance Management System detections

The Quality Team discusses projects, finalizes any decisions regarding QI initiatives within each department, and tracks the progress of each initiative. QI projects are selected based on departmental priorities, project limitations, and PHAB Accreditation Domains.

**PROJECT FORMATION**

Once the Quality Team decides on the new QI initiative, the Health Director reviews each initiative for approval. Team members will then develop a Team Charter which serves as a guide for the team throughout the QI process. (Refer to Appendix A for a copy of the Quality Team Charter template.)

**PROJECT IMPLEMENTATION**

PHS utilizes the Plan, Do, Check, Act (PDCA) cycle for continuous QI and learning. This is a four-step performance management tool that allows for continuous development and discovery of the need for QI interventions.

* *Plan –* Identify an opportunity and plan for improvement. (For tools used during the planning stage, see Appendix B).)
	+ Assemble a QI team
	+ Analyze data to identify concerns and determine anticipated outcomes
	+ Identify ideas for improving processes
	+ Develop an improvement theory to test
* *Do –* Test the theory for improvement
	+ Implement the proposed improvement theory
* *Check –* Use data to study results of the test
	+ Collect data to compare the results of the new process with those of the previous one
* *Act –* Standardize the improvement and establish future plans
	+ Decide whether to adopt, adapt, or abandon the improvement theory
	+ Decide future plans



Plan Do Check Act Cycle

**PROJECT SUMMATION**

Once the process is complete, Quality Team members will need to create a storyboard. This is a visual way of documenting the QI process created by a team that is working systematically to resolve a specific problem and/or improve a given process. Storyboards can serve as a guide to assist the Quality Team in the formation of an AIM statement, completion of the PDCA cycle, and to ensure continuous data collection and reporting. (Refer to Appendix C for a copy of the QI storyboard template.)

**SECTION 4 – GOALS & OBJECTIVES**

In 2015, PHS staff participated in a consensus workshop to create the 2015-2018 PHS Strategic Plan. During this facilitated session, employees worked in Quality Teams to identify relevant strategic action plans. These action plans were developed based on current agency priorities, general goals, and specific objectives the PHS staff aspires to accomplish within the next three years.

In addition, departmental Quality Teams are consistently utilized to focus performance management and QI initiatives within each program. Progress in meeting PHS goals and objectives is an important part of the annual evaluation of QI activities.

The following is an excerpt from the 2015-2018 PHS Strategic Plan. This selection demonstrates specific PHS strategic goals and objectives, the responsible employee, as well as a projected timeline for achievement.

|  |
| --- |
| 12-Months Tactics Timeline\*Designated champions |
| **Strategic Direction** | **Quarter I** | **Quarter II** | **Quarter III** | **Quarter IV** | **And Beyond…** |
| **Demonstrate performance improvement (\*Jennifer)** | PHS-wide data collection and analysis training provided | 2 programs for performance measurements selected (baseline data) | Quarterly data collected and trends documented | Year 1 outcomes measured and adapted accordingly | Results shared with stakeholders; repeat process accordingly |
| **Engage public health policy makers and advocates (\*Sharon)** | 1 employee chosen from each county to meet personally with county BOH member and inform of services and encourage to attend BOH meeting to increase attendance | Meeting set up with District Senators regarding public health issues in their district; engage BOH members at meetings with persuasive speech, food, and Annual Report | Program data reported at BOH meeting (value members, be courteous of time, more food) |  |  |
| **Develop competent staff (\*Sonya)** | Comprehensive written hiring procedure developed | Organizational workforce improvement plan in place | Written orientation plan developed and responsibility assigned for completion of orientation process | Written guidelines developed for individual professional development plans |  |
| **Establish and enhance community and partner development (\*Jill & Maria)** | Educate yourself on all PHS programs available in order to refer individuals to appropriate programs; staff education plan formalized | Meetings set up with providers / organizations to introduce PHS programs | Special events hosted and attended in all five counties | Follow up with customer, clients, and providers to build trust and ensure continued relationships | Capture data to measure improvements or success – allow you to strengthen program |
| **Achieve accreditation standards (\*Caitlin)** | Accreditation Team created inclusive of all staff; performance manager / quality improvement manager hired; method / location established for storing needed documentation | Policy established related to accreditation of work expectations of staff and their accountability of such; bring in Pat Lopez and others to help staff understand ALL the required standards |  | Goal: 1/3 of the accreditation standards met within the first year |  |

**POTENTIAL QI PROJECTS FOR 2017**

The following are a list of goals and strategic priorities identified by a community assessment, the 2015 Strategic Plan consensus workshop, and departmental Quality Team brainstorming sessions. This portion of the PHS Quality Improvement Plan is a living document and may be updated and/or altered at any time, provided approval from the PHS Health Director.

1. Engage public health policy makers and advocates
2. Demonstrate performance improvement by implementing a department-wide data collection system
3. Achieve PHAB Accreditation standards
4. Develop a written hiring and orientation plan in order to hire and retain competent staff
5. Establish and enhance community and partner development
6. Improve efficiency and time management for Immunizations program
7. Streamline budget management for individual programs

**MONITORING AND EVALUATION OF THE QI PROGRAM**

The following notes how monitoring and evaluation of the QI plan and projects will be completed.

At the end of each year, the Quality Team will conduct a review and evaluation of the QI Plan and associated activities. This review and evaluation will address the following topics:

* Completeness, clarity, and accuracy of the current plan
* Progress towards achieving identified goals/outcomes and targets/objectives
* Project completion
* Project documentation, lessons learned, and recommendations
* Training opportunities
* Staff engagement
* Resources

The Quality Team will then make recommendations for improvement to the Accreditation Team and revise the QI Plan as needed. These lessons learned and recommendations will be taken into account for the next QI Plan and projects for the following year.

**COMMUNICATION WITHIN DEPARTMENT**

Regular communication about QI initiatives and goals within the health department is paramount to build awareness, increase knowledge, encourage engagement, and to promote an overall culture of quality within Public Health Solutions. Regular updates on QI implementation, project selection and progress towards goals, and successes, as well as training activities and opportunities, will be made available to all staff through the following methods:

For Staff:

* The QI Plan, QI project documents, and Quality Team minutes will be maintained in the Shared Drive on the all-staff network.
* QI activities will be posted on a bulletin board (storyboard) hosted in a central space in the office
* QI updates will be included during all-staff meetings and placed on the agendas accordingly

For the Board of Health:

* The QI Plan will be shared with the BOH on an annual basis for input and review
* QI updates and success stories will be shared at Board meetings

For the Public:

* QI update will be included in the annual report
* QI updates will be placed on our website for the public to browse

**APPENDICES**

**APPENDIX A: QI TEAM CHARTER**

|  |
| --- |
| **PHS QI Team Charter** |
| **1. Team Name:**  | **2. Version:**  | **3. Subject (Target Area):** |
|  |  |  |
| **4. Problem/Opportunity Statement:** |
|  |
| **5. Team Sponsor (Health Official):** | **6. Team Leader:** |
|  |  |
| **7. Team Members:** | **Role:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **8. Process Improvement Area:** |
|  |
| **9. Initial AIM Statement:** |
|  |
|  |
| **10. Revised AIM Statement(s):** |
|  |
|  |
| **11. Scope (Boundaries)/Team Authority:** |
|  |
| **12. Customers (Internal and External):** | **13. Customer Needs Addressed:** |
|  |  |
|  |  |
|  |
| **14. Success Measures (What does success look like?):** |
|  |
|  |
|  |
| **15. Considerations (Assumptions/Constraints/Obstacles):** |
|  |
|  |
| **16. PDSA Timeline:** | **Date:** |
|  **Plan** |  |
|  **Do** |  |
|  **Check** |  |
|  **Act** |  |
| **17. Meeting Frequency:** |
|  |
| **18. Communication Plan (Who, How, and When):** |
|  |
| **19. Stakeholders (Internal and External):** |
|  |
| **20. Improvement Theories (If…Then):** |
| **If** | **Then** |

**APPENDIX B: QI TOOLS**

The following are some of the tools available to assist in the Quality Improvement process.

1. **Process Map/Flowchart:** Use of this diagram represents a workflow or process, showing each step as a graphic symbol and their order by connecting them with arrows. Flowcharts are used in analyzing, designing, documenting, or managing a process or program. An “as is” flowchart may be compared to how the process is intended to work. The graphic symbols used in PHS process maps/flowcharts represent the following:

Flow Line

Start/End (Terminal Point)

Process

Decision (Yes/No)

1. **Brainstorming:** A technique used to systematically generate ideas from a group of people by nurturing free-thinking. Brainstorming sessions must be orchestrated by a facilitator in an environment free of criticism. The advantages of brainstorming are that is:
2. Focuses on generating a large number of ideas
3. Generates active involvement of every participant
4. Encourages out-of-the-box thinking
5. Fosters a sense of ownership in the final decision
6. **Fishbone Diagram (Cause and Effect Diagram):** This is a tool that will visually display the many potential causes for a specific problem or effect and helps to identify the basic root causes of a problem. The structure of the diagram helps team members think in a very systematic way and encourages group participation. An ancillary benefit to the Fishbone Diagram is that it can help bring out a more thorough exploration of the issues behind the problem. A template for a Fishbone Diagram is represented below:



**APPENDIX C: PHS QI STORYBOARD**

HEALTH DEPARTMENT NAME: Public Health Solutions

ADDRESS: 995 E Hwy 33, Suite 1, Crete, NE 68333

Phone Number: 402-826-3880

Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Population Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAN**

**Identify an opportunity and plan for improvement**

1. **Getting Started**
2. **Assemble the Team**
3. **Examine the Current Approach**
4. **Identify Potential Solutions**
5. **Develop an Improvement Theory**

**DO**

**Test the theory for improvement**

1. **Test the Theory**

**CHECK**

**Use data to study results of the test**

1. **Check the Results**

**ACT**

**Standardize the improvement and establish future plans**

1. **Standardize the Improvement or Develop New Theory**
2. **Establish Future Plans**