

**Cincinnati Health Department**

**Comprehensive Quality Improvement Plan (CoQI Plan)**

***2016 - 2019***

 ***Projected Proposal Date to CHD Leadership* 06/13 – 07/22/2016**

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***Cincinnati Health Department***

**Comprehensive Quality Improvement Plan**

**Signature Page**

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

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| Signature |  | xx/xx/xxxx |
| Name and title (Health Commissioner/Agency Director) |  | Date |
| Signature |  | xx/xx/xxxx |
| Name and title (Board of Health Chairperson) |  | Date |
| Signature |  | xx/xx/xxxx |
| Name/ title Optional (Cincinnati Primary Care of Directors – Chairperson)  |  | Date |
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| Signature |  | xx/xx/xxxx |
| Name /title (Quality Improvement Council Coordinator) |  | Date |
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**Comprehensive Quality Improvement Plan**

***Cincinnati Health Department***

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*Cincinnati Health Department* is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment.

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**Purpose & Introduction**

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| **Executive summary** | The purpose of the 2016 Cincinnati Health Department (CHD) Comprehensive Quality Improvement Plan (CoQI) is to provide context and framework for agency wide quality improvement (QI) activities at the Cincinnati Health Department. CHD is committed to systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement (CQI), QI efforts must target the department-level (“Big QI”) as well as program and project- level (“Small QI”).This plan is a part of the Cincinnati Health Department (CHD) agency’s commitment to protecting and improving the health, safety, and well-being of the residents of Cincinnati, Ohio. This CoQI Plan follows the Cincinnati Health Department’s mission, community health assessment and improvement plans, strategic plan, performance management system, and workforce development plan. It is designed to prepare for a future state of quality in the organization and commitment to establishing and maintaining a quality improvement (QI) culture.A QI culture is accomplished and demonstrated when QI is fully embedded into the way the agency does business, across all levels, departments, and programs. The leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives (Roadmap to a Culture of Quality Improvement, NACCHO, 2012). |
| **Vision, Mission, &Values** | **Vision** To become the healthiest city in the nation.**Mission** To achieve health equity & improve the health of all who live, work, and play in Cincinnati.  **CORE Values (CHD’s Guiding Principles)** **Excellence**We honor our mission by upholding excellence in personal, public health and patient care services.  **Commitment** We foster a culture of compassion and mutual respect among our employees and clients, and recognize diversity as strength in our organization and community.**Communication** We are dedicated to cultivating a sense of transparency both internally and with the general public through clear, intentional and effective communication. **Accountability**We demonstrate the highest level of respect, integrity and professionalism, guided by our sense of trust and morality. **Leadership**We strive to be the model for public health practice to continuously improve health and social equity for people of Cincinnati. **Collaboration**Through comprehensive engagement with multisector stakeholders, we strengthen partnerships to improve community health.**Quality**We measure performance outcomes and social determinants of health through quantitative and qualitative methods for continuous quality improvement. |

**Definitions & Acronyms**

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| **Introduction** | A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.  |

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| **Definitions** | **Comprehensive Quality Improvement Council/Committee (CoQI Council):** The CHD agency wide council committee, organized by the Health Commissioner, Quality Coordinator, and the CHD Leadership Team, to carry out QI activities, namely PDSA cycles. The Co QI committee objectives include supporting PDSA cycles occurring at the section level, developing and facilitating “QI ALL Hands on DECK” meetings to introduce all CHD staff to basic concepts related to QI in public health. This committee is representative of each division of CHD.**Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.**Plan, Do, Study, Act (PDSA, also known as 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). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned (Embracing Quality in Local Public Health: Michigan’s QI Guidebook, 2008).**Quality Improvement (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 (PHAB Acronyms and Glossary of Terms, 2009). **Quality Methods:** Builds on an assessment component in which a group of selected indicators (selected by CHD) are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. These quality methods are frequently summarized at a high level as the PLAN-Do-Study-Act (PDSA) or other Shewhart Cycle (PHAB Acronyms and Glossary of Terms, 2009).**Quality Improvement Project Teams:** are program-level teams, organized by Program Managers and staff, to carry out QI activities, namely PDSA cycles. QI Project Teams are charged with developing, implementing, evaluating and reporting QI projects. **Quality Tools:** Tools designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing (The public Health QI Handbook, Bialek eta l, 2009). **Quality Improvement Plan:** A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan (PHAB Acronyms and Glossary of Terms, 2009).**Quality Culture:** QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012). **Strategic Planning, Program Planning, and Evaluation:** Generally, Strategic Planning and Quality Improvement occur at the level of the overall organization, while Program Planning and Evaluation are program-specific activities that feed into the Strategic Plan and into Quality Improvement. Program evaluation alone does not equate with Quality Improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented (PHAB Acronyms and Glossary of Terms, 2009).**Storyboard:** Graphic representation of a QI team’s quality improvement journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012). |

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| **Additional Acronyms** | Listed below are the most common acronyms used throughout this plan in alphabetical order.**CoQI:** Comprehensive Quality Improvement **CoQI Plan:** Comprehensive Quality Improvement Plan used for department-wide QI**CHA** : Community Health Assessment**CHIP**: Community Health Improvement Plan**NACCHO**: National Association of County and City Health Officials **PHAB**: Public Health Accreditation Board**SMART**: **S**pecific –**M**easurable- ***A****chievable*/**A**ctionable- ***R****ealistic*/**R**elevant/**R**esources-**T**ime-framed/ **T**ime-bound **SP:** Strategic Plan**PDSA**: Plan, Do, Study, Act  |

**Description of Quality in Agency**

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| **Introduction** | This section provides a description of quality efforts in The City of Cincinnati Health Department, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents.  |
| **Description of quality efforts** | In 2015, Cincinnati Health Department (CHD) was awarded a grant from the National Association of City and County Health Officials (NACCHO) through the Accreditation Support Initiative (ASI) project. As a result of the grant award, the Accreditation Coordinator started to recruit agency wide representative from each program to serve on the new COQI council/committee. The CoQI membes role is to provide accountability that QI efforts at CHD are prioritized and become standardized practice throughout the agency. Examples of these efforts will include: 1. Developing an annual comprehensive “Quality Improvement Plan” (COQI Plan)
2. Preparing to meet local health department accreditation standards related to QI; and,
3. Developing and evaluating agency rapid cycle quality improvement tests.

The CoQI council members also received more intensive QI training to prepare them to provide leadership regarding “QI efforts” to other staff.In 2016-2017, CHD will continue to emphasize staff QI training. Opportunities will be provided for most staff to experience a “hands-on” QI project. All current and new staff will receive a minimum level of QI training that will allow them to play an active role in agency QI projects, as well as to educate them on the agency QI Policy and annual CoQI priorities. In 2017, CHD will implement the use of QI Tools and Principles to the agency’s existing Strategic Plan measures as described in the strategic plan. CHD completed a self-assessment using the Roadmap to a Culture of Quality Improvement (NACCHO, 2012) Health Department QI Culture Self-Assessment tool. To complete to assessment, each CoQI members administered the assessment and uploaded the results to the survey monkey tool that was created so that the data could quickly and efficiently be analyzed. After the CoQI members completed the assessments, the results were analyzed and interpreted using the scoring metrics as described for the assessment tool. Once the data was analyzed, it was clear that overall, within the organization, there is inconsistent QI knowledge, standards, and activities. Most of the agency’s routine quality improvement activities are limited to CHD’s primary care services. While other programs considered specific program goal measurement as QI activities, according to the scorecard, CHD as a whole has limited experience with quality improvement. Therefore, overall, CHD is at Phase 1**, “No Knowledge of QI”** as described in NACCHO’s *The Roadmap to a Culture of Quality.* The assessment results indicated that PHAB standards in Domain 9 (Evaluate and Continuously Improve Process, Programs, and Interventions) is an area for improvement throughout the organization. As a result of the findings and as our organization make all necessary adjustments required to become an accredited health department, our goal is to achieve the highest level of a culture of QI as described in the NACCHO document which is Phase 6: QI Culture. CHD QI Culture will be realized when we have leadership commitment, a QI infrastructure, performance management (PM) systems, PM/QI Councils, organization wide comprehensive QI (CoQI) Plan, employee empowerment and commitment, customer focus, teamwork and collaboration, and continuous process improvement. |
| **Links to other agency plans** | This Quality Improvement Plan will be linked to the Community Health Improvement Plan (CHIP), the Cincinnati Health Department Strategic Plan, and Plan Cincinnati (comprehensive city plan for the City of Cincinnati). |
| **Quality improvement management, roles & responsibilities** | This section describes options suggested for how the quality program will be structured and managed; **structure is a required component of the plan.** The CoQI Council recommends that leadership selects one of the two QI structures (option 1, formalized or Option 2, existing program structures). Both options are described below, and one could be formally selected to ensure that the organization develops a sustainable organization-wide Continuous Quality Improvement (CQI) program to achieve a culture of quality improvement.**Option 1:** CHD reorganize/expand the existing “Quality Management” program to include additional QI staff that has specialized knowledge in the environmental health services/essential public health services areas and/or IT program backgrounds. The reorganized/expanded Quality Management program will require repositioning on the organization’s structure table. Relocation should visually indicate linkage, connection, and intentional reach and touch of Quality Management to all health department programs.**Option 2:** CHD use existing program structure requiring that each program manager/supervisor or another assigned person within the program be specially identified as the specific program QI leader. This person will receive assistance from the CoQI council and/or may serve on it. This person’s job description should include responsibilities for making sure that QI projects are completed and documented the program. This person functions as the program’s QI specialist. As with other program supervisory and management responsibilities QI activities and reports are required and accountability of QI activities are to CoQI council and the organization’s director.Either of the structured QI programs will require teams to meet at least monthly. As written in the strategic plan, the organization will budget/allocate appropriate funding to provide specialized training for the QI program. The ultimate goal of the QI program whether formalized or added to existing roles will function in such a way to include frontline to leadership staff involvement and awareness of program continuous quality improvement. For assurance that the agency is transforming to a QI culture. The CoQI Coucil should consists of the agency director-Health Commissioner and cross-departmental representation including: division management, administration, QI Coordinator, front-line staff (3 that represent different divisions), human resources (HR), information technology (IT) and epidemiology (Epi). The agency’s director-health commissioner or QI Coordinator serves as Council chair; members serve a two year term, with no more than half of the team rotating off each year. Consecutive terms are allowable. Individual responsibilities are described below.

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| **CoQI Council Members** | **Responsibility** |
| **Agency Director – Health Commissioner** Dr. O’dell Owens | Provide vision & direction to establish and maintain QI Culture by developing a formal organization wide QI programAllocate resources for QI activitiesReport to Board of Health a minimum of twice a year* Provide leadership for department vision, mission, strategic plan and direction related to QI efforts
* Assure all staff has access to resources to carry out QI projects and training
* Advocate for a culture of QI, to staff as well as including in messages and presentations to staff and to internal and external partners
* Promote a QI Culture environment (learning environment) for the department
* Apply QI principles and tools to daily work
 |
| **QI Coordinator**Dr. Regina Hutchins | May serve as chair Convene Quality CouncilWork jointly with agency director/health commissioner to provide vision & direction to establish QI cultureRequest resources for activities* Ensure the CHD Quality Improvement Plan meets PHAB accreditation requirements
* Work with the Health Commissioner to ensure that department-wide PHAB standard QI activities are informing and guiding processes and practices of the agency
* Coordinate, support, guide and define overall PHAB standard QI program department-wide
* Develop and manage all aspects of the annual CoQIP with input from CoQI Council and Leadership Group
* Integrate QI principles in Department policies/protocols (e.g. Employee hiring; Performance review; Meeting minutes documentation; Develop/review QI Policy).
* Provide guidance for/with QI projects at Director, Division and Program level as needed
* Develop system/location where all QI-related activities are documented
* Ensure communication of QI project results
* Identify continuing education resources related to QI in Public Health
* Provide quarterly written updates to Health Commissioner
* Facilitate and equip CoQI members to facilitate CoQI meetings
* Assist CoQI members in addressing problems encountered by QI program project teams
* Implement other strategies to develop “culture of QI”
* Apply QI principles and tools to daily work
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| **Comprehensive Quality Improvement (CoQI) Council** | Provides ongoing leadership and oversight of continuous quality improvement activities, In the first year, the council convenes every month and more frequently if needed Once CoQI and the plan is being implemented as planned the council may determine to convene every other month* Champion QI efforts throughout agency
* Provide QI expertise and guidance for QI program project teams
* Provide QI Training to new and existing staff
* Assist in development of Department QI activities
* Advocate for QI and encourage a culture of learning and QI among staff
* Assure adequate resources are devoted to QI initiatives
* Monitor QI projects, act to solve problems, and support implementation of quality improvements system-wide
* Evaluate agency-wide QI efforts (annually)
* Review, revise and approve CoQI Plan (annually)
* Make recommendations for improvement based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data
* Apply QI principles and tools to daily work
 |
| **Division Directors**(2 recommended) | Identify appropriate staff for QI teamsOversee QI efforts within division Facilitate QI teams as neededProvide administrative support to Council on rotating basisAssure QI related performance and/or professional development goals for all division staffEncourage staff to incorporate QI efforts into daily work* Facilitate the implementation of QI-activities at the Division level
* Support Program Managers in their work with QI activities
* Participate in QI project teams as requested or as required
* Facilitate the development of QI project teams for all programs and sites
* Provide QI staff with opportunities to share results of QI efforts (findings, improvements, lessons learned)
* Communicate with Program Managers to identify projects or processes to improve and assist with development of QI project proposal.
* Document QI efforts
* Communicate regularly with Health Commissioner and Quality Coordinator to share QI successes and lessons learned
* Provide feedback to shape annual CoQI Plan
* Identify staff for CoQI advanced QI training opportunities and identify staff training needs
* Apply QI principles and tools to daily work
 |
| **Program Managers** | Support program QI project teams and serve as or identify QI project team Chairperson * + Participate on the QI project team to provide unique perspective
	+ Guide QI project team to resources according to annual CoQI Plan
	+ Assure projects advance Division and Program goals, objectives, strategic plans, Keep Performance Indicators (KPIs), etc.
	+ Advocate for the QI project team to other program staff
	+ Allow and create time and resources for QI activities as needed
	+ Assure QI project team is on task and meeting timeline
	+ Provide QI project teams with opportunities and venues to share findings
* Assure staff participation in QI activities
* Assure staff QI training
* Orient staff to QIP processes and resources
* Evaluate staff regarding QI participation
* Integrate improvements into strategic plans as appropriate
* Report QI project results and improvements at Performance Management Meetings
* Facilitate an environment of CQI for all staff
* Keep Division Director apprised of QI activities
* Initiate problem solving processes and/or QI projects
 |
| **All Health Department Staff** | Participate in QI projects as requested, offer ideas, speak up/speak out on issues, processes, practices that get in the way of providing quality services or poor customer satisfaction. identify/nominate QI projects supervisor/manager or to the CoQI council, participate in QI training, and incorporate QI concepts into daily work* Participate in the work of at least one QI project
* Develop an understanding of basic QI principles & tools through QI training
* With program manager, identify program areas for improvement and suggest improvement actions to address identified projects; paying particular interest to quarterly performance measures
* Report QI training needs to project manager
* Complete QI activities under the normal supervisory authority and supervisory structure of the Department and County
* Apply QI principles and tools to daily work
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The CoQI Council strives for consensus on all decisions and agrees to abide by vote in absence of consensus. Administrative support (distribution of meeting agendas, summaries, and arrangements for meeting needs) is provided by CoQI members on a rotating basis. Division/Program QI Teams are accountable to the Council. |

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| **Quality improvement process** | The Cincinnati Health Department will utilize the PDSA process within our agency. To begin the development of the QI Culture within the Cincinnati Health Department, it is the recommendation by the Accreditation Coordinator – Director that CHD’s next steps include completing the following:1. Conduct an inventory of current quality initiatives within programs
2. Directors receive training on and initial development of logic models for programs to use as frame work to develop goals, objectives, and performance measures for each program at the program level (if needed)
3. Schedule all-staff training on Basic Concepts of QI and PDSA
4. Leadership re-evaluate, plan and implement if/as necessary a large-scale, agency wide reorganization of programs etc. to best align programs and services etc. as indicated in the strategic plan and to support PHAB accreditation standards
5. Leadership establish/determine which QI structure will be used to ensure agency wide continuous quality improvement and if necessary create a formal program and/or positions that will be charged with coordinating all QI efforts within the agency for assurance that the agency is working towards and will sustain PHAB Accreditation QI standards.

**To expedite agency wide QI effort, The Accreditation Coordinator suggest that CHD follows this agency wide “QI emersion implementation” process:****Training:**In 1-2 months provide all staff (QI ALL Hands on Deck) training that will include an overview of Accreditation, QI, and PDSA.Each program meet to brainstorm, discuss, and select potential improvement projectsConduct a survey of staff needs regarding training on QI tools to complete suggested/preferred improvement projectsCHD provide training on flowcharts, run charts, and Cause and Effect Diagrams for each program as each program select **AC Recommended QI Training Strategy:** **CoQI Member**1. Be offered hands-on and “classroom” training to develop their skills to serve department QI project teams

**Current Staff**1. Start and establish ongoing staff training (quarterly meetings, division/staff meetings, etc.)
2. Obtain program-specific QI training as available
3. Hands-on training via work on QI projects within next 6 months
4. CHD Obtain electronic introductory course for all new staff

**Future New Staff** 1. Presentation at New Employee Orientation  |

**Quality Goals, Objectives& Implementation**

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| **Introduction****EXAMPLE:** | This section presents the overall goals and implementation plan for QI.This section contains **required** components of the QI Plan. State the frequency with which overall goals& objectives are determined and/or reviewed. Consider addressing overall agency-wide quality goals including culture, training (link to your Workforce Development Plan; see Training section that follows), QI project support, and resources within your goals. Show connections to your agency strategic plan. Objectives should be SMART: ***S****pecific*, ***M****easurable*, ***A****chievable*, ***R****ealistic*, and ***T****ime-bound*. They may be capacity (Ex: By xx/xx/xxxx, *Agency* will have a LEAN-certified QI Coordinator.), process (Ex: By xx/xx/xxxx, *Agency* will establish a QI learner community for all county agencies participating in the County Shared Service Consortium.), or outcome (Ex: By xx/xx/xxxx, *Agency’s* QI projects will result in cost savings of at least $60,000 annually.).Note that this template uses the terminology goal, objective, measure, timeframe and person responsible. If your organization uses different nomenclature – for instance within your strategic plan – use that language here.  |
| **Goal** | **Objectives& Activities** | **Measure** | **Timeframe** | **Responsible** |
| **Goal:** Human resources infrastructure and processes reflect quality expectations | **EXAMPLE:** By MONTH, YEAR, all position descriptions will include QI competencies and expectations for involvement in QI, including training and team participation.Select competencies; identify expectations for each level/position; revise descriptions; communicate with staff | Position descriptions with expectations (see also training section) | xx/xx/xxxx – xx/xx/xxxx | HR manager – Harry Barnes |
| **EXAMPLE:** By MONTH, YEAR, 50% of employees will have one performance goal directly related to QI.Create examples; educate supervisors & staff; “pilot” in EH division; revise; roll out  | Performance goals are listed in Performance Plan documents | xx/xx/xxxx – xx/xx/xxxx | HR manager; all supervisors |
| **Etc.** |  |  |  |
| **Goal:** All staff actively participate in QI activities | **EXAMPLE:** Support 3 quality improvement projects (at least 1 program and 1 administrative) in different divisions.Review documentation for project ideas, select project, leader& teams | Team charters & documentation; storyboards(see current project list at [*hyperlink*]) | xx/xx/xxxx – xx/xx/xxxx | CoQI Council; respective team members |
|  | **Etc.** |  |  |  |
| **Etc.**  |  |  |  |  |

**Projects**

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| **Introduction** | This section describes the process for QI project identification, prioritization, and selection of team members. Information about current and where past projects may be obtained.Cincinnati Health Department will create a folder on “J Drive” and it will be named samples of QI projects. This is where different programs can store completed QI project summaries. |
| **Project selection**  | **Note that documentation required for PHAB Measure 9.2.2 must be from two quality improvement activities, one from a program area, and another from an administrative area. Clinical examples are *not* accepted. CHD must be able to demonstrate alignment with our organization’s mission/vision and strategic plan.**To **identify** potential projects CHD will consider: * Performance reflected in Ohio’s Health Department Profile and Performance Database, Ohio’s Public Health Quality Indicator reports, and/or within CHD’s performance management system
* Alignment with CHD’s strategic plan and mission
* After-action reports
* Customer satisfaction surveys
* Staff survey results/suggestions (use project nomination form
* Program evaluations
* Needs related to accreditation preparation
* Community health assessment or systems performance assessment findings
* Community health improvement plans
* Audit or compliance issues

When **selecting or prioritizing** from among several identified project ideas, CHD will consider additional criteria:* Alignment with agency’s mission or strategic plan
* Number of people affected
* Financial consequence
* Timeliness
* Capacity
* Availability of baseline data or present data collection efforts, and/or
* Alignment with PHAB Domains or prior review feedback

Any staff member may recommend a project to the Council for consideration at any time. Projects are selected by the Council first and foremost based on alignment with our mission and strategic plan priorities. Ideas are based on data obtained from internal and external customer feedback, program evaluations or after-action reviews, performance as reflected in reports from Ohio’s Health Department Profile and Performance Database, and/or from Cincinnati Health Department’s performance management system. When multiple project ideas are presented, they will be prioritized using a criteria rating process.Project team members will be selected so that the scope of the problem/project is represented; teams will consist of five to seven members and represent affected departments, disciplines, and clients as needed. |
| **Current** **projects** | J Drive is where information about current and past projects may be accessed as well as customer surveys.An archive of past projects and inventory of all current projects are maintained on the agency’s shared drive [*hyperlink*]. Templates used for project meetings may be found in the same location [*hyperlink*].  |

Provided below is an example of a QI project calendar that could be used to document/communicate at a glance all QI projects and activities that are in process. This is just an example.

 **Example of QI Calendar**

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| **Quality Improvement Calendar (2016-2017)** |
|  | **Staff Responsible** | **Completion Date** | **QIC Review Date** | **Additional Review Dates** |
| **A. Orientation Plan** |
| **All employees** | **Executive Leadership Team, Managers, Supervisors** |  **July 2016** | **August 2016** | **September 2016** |
| **B. Review of Policies/Procedures**  |
| **Develop review process policy** | **Executive Leadership Team,** **HR Manager/s** | **October 2016** | **November 2016** | **December 2016** |
| **Review existing polices/develop new policies** | **Managers, Supervisors** | **December 2016** | **January 2017** | **February 2017** |
| **C. Review QI Activities** |
| **Human Resources Hiring additional QI Team Members** | **HR Manager** |  **January 2017** | **February 2017** | **March 2017** |
| **Food Safety Inspection Reports****QI Team** | **FSP Manger, Supervisors,**  | **March 2017** | **June 2017** | **September 2017** |
| **E. Review of Health Indicators** |
| **Five priority indicators (Review of WA State Health Indicators)** | **Executive Leadership Team, Managers, Supervisors, Assessment Staff** | **March 2017** | **April 2017** | **May 2017** |
| **F. Review of PHEPR After Action Reports** |
| **G. Review of Public Health Standards Report** |
| **H. QI Evaluation** | **Executive Leadership Team** | **January 2017** | **February 2017** | **March 2017** |
| **I. QI Plan** | **Executive Leadership Team,**  | **January 2017** | **February 2017** | **March 2017 (BOH presentation)** |
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**Training**

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| **Introduction** | Cincinnati Health Department will incorporated QI training goals and objectives within the agency’s Workforce Development Plan (*hyperlink*). The WFD Plan includes training topics and descriptions, competencies, target audience (who will receive training), and resources/sources of training. |
| **Training and Support** | CHD has created a CoQI team which consists of representatives of every department and has attended training on October 29, 2015. The CoQI team will attend CHD leadership meetings, inform and educate with leadership about creating the culture of QI. * CoQI members will complete an online introductory QI learning modules for all current staff
* Achievement of quality certification for QI Coordinator
* Review of QI concepts at all-staff meetings/add as a standardized agenda item for all regularly scheduled program meetings
* Just-in-time training by CoQI Council member for active QI teams
* Orientation to agency QI initiatives, policies, and projects; mandatory completion of online QI learning modules for all new employees
* Other QI training events as they arise and are determined to be applicable, for example: National Network of Public Health Institutes (Open Forum for Quality Improvement in Public Health), National Association of County and City Health Officials (QI training), American Society for Quality, International Society for Performance Improvement, etc.
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**Communication**

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| **Introduction** | In order to support quality as a usual-way-of-business, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public. This section describes how quality and quality initiatives are shared.   |
| **Quality sharing** | During monthly meetings, CoQI Council representatives will update the committee about plans inside their various departments. Documentation will be kept on the J Drive. A CHD Newsletter will highlight any projects. CoQI Council will discuss different QI projects within each program and nominate/select projects to present to Board of Health a minimum of twice per year.**All Employees*** *Quality Report* feature within the electronic newsletter (quarterly in first year, then every other month thereafter) will provide regular updates on quality initiatives, including Council membership, project outcomes, policy changes, and/or training opportunities
* In all-staff meeting in the spring of each year:
	+ QI projects completed within the past 12 months will report experiences and results; team members will be recognized
	+ A Quality Council representative will report QI Plan progress, evaluation results and subsequent changes
* Project storyboards will be posted in the selected conference rooms
* All Quality Council meeting documents (agendas, summaries) and QI Team documents (agendas, summaries, data tools, storyboards, etc.) will be maintained on the shared electronic drive (J Drive) for review by all staff members at any time
* *Quality Report* will feature a QI team twice a year
* *On J Drive a folder will exists in which all staff can make suggestions for QI ideas/suggestion box*
* A *Q-Blog* will chronicle the activities of current QI teams through the intranet

**Board of Health*** Board of Health members will receive at least two formal updates on quality initiatives annually, one of which will focus on the evaluation report

**Public*** Project descriptions and results will be featured on the agency’s website, and included in the annual report to the public

**Other*** In addition to these regularly occurring communications, the Quality Council will seek avenues to share quality initiatives with other community partners and other state and national audiences as appropriate.
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**Monitoring and Evaluation**

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| **Introduction** | This section describes the monitoring and evaluation for the QI Plan and associated goals.  |
| **QI plan** | Indicate how the plan will be tracked, reviewed, evaluated, and revised. Include the frequency with which these activities will take place. Link to your performance management system as appropriate.In February – March of each year, the Council will conduct an evaluation of the CoQI Plan and activities of the previous year. This will be conducted through a survey of Council members, and a subsequent facilitated discussion. Evaluation will address:* progress toward and/achievement of goals as outlined in the Goals, Objectives and Implementation section,
* effectiveness of meetings,
* effectiveness of the CoQI Plan in overseeing quality projects and integration within the agency,
* clarity of the CoQI Plan and its associated documents,
* satisfaction surveys,
* lessons learned, and
* Review of QI Team evaluations (see below).

A report of this evaluation and subsequent actions will be used in conjunction with a review of the CoQI Plan itself to revise the Plan.  |
| **QI teams** | QI Teams will provide project progress reports to the CoQI Council once per quarter. All teams will develop and submit project storyboards at the conclusion of the project. Within one month of a project’s finalization, all team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcome, lessons learned, and to seek suggestions for overall agency QI efforts. |

**CHD QI Culture and QI Project Selection is manifested when:**

All Divisions and Programs methodology for quarterly strategic planning and performance management are developed/ updated. Emphasis on the objectives, goals, KPI and strategies below receive priority attention for all QI projects that are addressed by staff.

Each program selects an **annual objective** based on best practice, historical data, other national standards or objectives (such as Healthy People 2020)

Progress toward the annual objective is tracked (if possible) and reported at quarterly strategic planning meetings

**Program goals** are developed to help reach the annual objective.

**Key Performance Indicators** (KPI) are then identified to measure the amount of work being done to address the **program goal**

**Key strategies** are set to help the program reach its annual objective; key strategies are also tracked and reported quarterly

 Quarterly progress is presented at quarterly “monitoring” meetings

By 2018, staff will apply QI tools and principles to opportunities for improvement in the agency, with emphasis placed on addressing measures related to the performance management system

(quarterly strategic planning).

Currently, in 2016, CHD program managers and staff use a variety of methods to improve measureable outcomes; the use of PDSA and QI project teams will provide a strategic and uniform method for planning, implementing, reporting and documenting change.

QI activities at the program level will be led by staff via *QI project teams* and provided resources by the program manager. QI project teams are a collaborative which should include “frontline” staff, program managers, division directors, (at least one) CoQI member and other CHD staff as needed (Human Resources, Finance, etc).

A QI project team may be developed to address a single QI project or it may be a more long-term team to address a series of related QI projects over time.

**Quality Improvement References and Resources**

There are a growing number of resources to support quality improvement in public health. The following table lists those used to develop this plan, both state and national and other resources that could be used as CHD continues on its mission for develop a QI Culture. Resources are listed in alphabetical order and are not exhaustive of what is available.

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| **American Society for Quality** | http://asq.orgA membership organization whose mission is: *to increase the use and impact of quality in response to the diverse needs of the world.* Training, resources, certifications, and learning communities. |
| **Association of State and****Territorial Health Officials** | http://www.astho.orgMembership organization for state health officials. Resources, links to QI and performance management tools. |
| **Center for Public Health Practice, The Ohio State University College****of Public Health** | http://cph.osu.edu/practiceLive and online competency‐based training and other organizational development resources.https://www.cphplearn.org/Learning content management system; searchable catalog. |
| **Center for Public Health Quality** | http://www.centerforpublichealthquality.org/A new, national resource with training, toolkits, consultation, and technical assistance. |
| **Centers for Disease Control and****Prevention** | http://www.cdc.gov/stltpublichealth/performance/Concepts, resources, and links about quality improvement and performance management. |
| **Journal of Public Health****Management and Practice** | Volume 18 (1) January/February 2012 ‐ pg. 1‐101,E1‐E16Volume 16 (1) January/February 2010 ‐ pg. 1‐85,E1‐E17Journals dedicated to quality improvement. |
| **Michigan Public Health Institute** | http://mphiaccredandqi.org/Guidebook.aspxPractitioners Quality Improvement Guidebook.http://mphiaccredandqi.org/PMQITraining/Login.aspxPerformance Management/QI online course. |
| **National Association of County****and City Health Officials****(NACCHO)** | http://www.naccho.org/topics/infrastructure/accreditation/quality.cfmQI resources, training, templates.http://www.naccho.org/toolbox/program.cfm?id=25Searchable QI literature, templates, examples, etc.http://qiroadmap.org/Roadmap to a Culture of Quality Improvement. |
| **National Network of Public Health****Institutes (NNPHI)** | www.nnphi.org/apiAccreditation and performance improvement resources.www.nnphi.org/npjpsp/resourcesPublic health improvement webinars and training.www.nnphi.org/phpitPublic health performance improvement toolkit. |
| **Public Health Quality****Improvement Exchange (PHQIX)** | https://www.phqix.org/Online community for learning and sharing about quality in public health. Searchable; forum for online dialogue and sharing (uploading) example documents (including example QI Plans). |
| **Public Health Accreditation Board****(PHAB)** | http://www.phaboard.org/Non‐profit organization that oversees public health agency accreditation. Accreditation standards, measures, and requirements; training, resources, accreditation. |
| **Public Health Foundation (PHF)** | http://www.phf.org/focusareas/pmqi/pages/default.aspxPerformance management and quality improvement website, including Turning Point framework. |
| **TRAIN/Ohio TRAIN** | www.train.org; www.ohiotrain.orgSearchable public health‐related continuing education opportunities offered by affiliates from across the country, including Ohio. |
| **University of Minnesota** | http://www.sph.umn.edu/programs/certificate/piph/Public Health Certificate in Performance Improvement. |

**List of Appendices**

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| Include list of appendices here. Some templates for the examples below are included in the *User & Resource Guide*.**EXAMPLE:****Appendix X:**Commonly Used QI Tools**Appendix X:** Summary of QI Projects**Appendix X:**QI Team Charter Template**Appendix X:**QI Project Storyboard Template**Appendix X:**QI Training Plan**Appendix X:**QI Activity Timeline |

**Quality Improvement Process Review**

**Employee Name:**

**Submission Date:**

**Title:**

**Proposal Name:**

What process or public health function at CHD is to be addressed?

**In further detail, please describe the project or process that is to be addressed by answering the following questions.**

1. How does this project proposal support CHD’s missions, vision, and goals?
2. Who will this process impact?
3. What types of resources and support will be required to complete the proposed QI project?
4. How will this positively impact and/or support our strategic goals and mission?
5. How will this quality improvement project be measured? At what point is it successful?
6. Please list any further concerns or comments.