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2012 Quality Improvement Plan

I. Purpose

The purpose of the 2012 Public Health – Idaho North Central District (PH-INCD) Quality Improvement Plan (QIP) is to provide context and framework for the Quality Improvement (QI) activities at Public Health – Idaho North Central District.

Policy Statement: PH-INCD has an interest in 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, QI efforts should target the department-level (“Big QI”) as well as the program- and project- level (“Small QI”).

II. Definitions

Strategic Planning and 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 is used to design program improvements and to measure the results of the improvements as implemented.

Continuous Quality Improvement (CQI): An ongoing effort to increase an agency’s approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. These efforts can seek “incremental” improvement over time or “breakthrough” all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.

Quality Improvement (QI): 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.

Quality Improvement Plan (QIP): Identifies specific areas of current operation performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be in the Strategic Plan. See also performance management.

Quality Methods: Builds on an assessment component in which a group of selected indicators 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 PDCA or Shewart cycle.

Quality Improvement Project Teams: 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: Are 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. A list of basic QI Tools (along with an information sheet, template and example) can be found on the PH-INCD intranet page. Each QI Team member will possess a pocket guide of tools for continuous improvement and effective planning. (The Public Health Memory Jogger II, Public Health Foundation)

Plan-Do-Study-Act (PDSA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA 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)

III. Overview of Quality

In 2011, PH-INCD received funding from NACCHO to establish a Quality Improvement Program with a written policy, plan and a documentation process for QI activities. In order to build an adequate QI infrastructure a QI Team will be established and trained creating a comprehensive philosophy, QI training will then be provided for all staff. Through this effort we will establish a framework for how performance standards may be met by engaging in a rigorous Continuous Quality Improvement (CQI) process, and we will establish an infrastructure to sustain CQI.

IV. Roles and Responsibilities

A. District Director

1. Provide leadership for the PH-INCD vision, mission strategic plan and direction related to QI efforts.
2. Assure that all staff have access to resources to carry out QI projects and training.
3. Advocate for a culture of QI, including messages and presentations to staff as well as internal and external partners.
4. Promote a CQI environment (learning environment) for PH-INCD.
5. Apply QI principles and tools to daily work.

B. Accreditation Coordinator

1. Coordinate, support, guide and define overall QI program.
2. Develop and manage all aspects of the annual Quality Improvement Plan (QIP) with input from the QI Team.
3. Integrate QI principles in PH-INCD policies and protocols.
4. Assist QI projects at Director, Division and Program level.
5. Document all QI related activities.
6. Ensure communication of QI project results.
7. Identify continuing education resources.
8. Facilitate QI Team.
9. Assist QI Team members in addressing problems encountered by QI Project Teams.
10. Ensure QIP meets PHAB Accreditation Standards.
11. Implement other strategies to develop "culture of QI".
12. Apply QI principles and tools to daily work.

C. Division Directors

1. Facilitate the implementation of QI activities at the Division Level.
2. Facilitate the development of QI Project Teams for all programs and offices.
3. Participate in QI projects as requested.
4. Support Program Managers in their efforts with QI activities.
5. Document QI efforts.
6. Communicate regularly with the District Director to share QI successes and lessons learned.
7. Provide feedback to shape annual QIP.
8. Apply QI principles and tools to daily work.

D. Quality Improvement Team (QI Team)

1. Provide QI expertise and guidance for QI Project Teams.
2. Provide QI training to new and existing staff.
3. Assist in development of PH-INCD QI activities.
4. Review annual QIP prior to approval.
5. Advocate for QI and encourage a culture of learning and QI among staff.
6. Apply QI principles and tools to daily work.

E. Program Managers

1. Support program QI Project Teams.
2. Serve as QI leads.
3. Assure staff participation in QI activities.
4. Assure staff QI training.
5. Facilitate an environment of CQI for all staff.
6. Keep Division Director apprised of QI activities.
7. Apply QI principles and tools to daily work.

F. All Staff

1. Develop an understanding of basic QI principles & tools through QI training.
2. Participate in the work of at least one QI project.
3. With the Program Manager, identify program areas for improvement and suggest improvement actions to address identified projects, paying particular interest to quarterly performance measures.
4. Report QI training needs to Program Manager.
5. Complete QI activities under the normal supervisory authority and supervisory structure of PH-INCD.
6. Apply QI principles and tools to daily work.

V. Staff Training

A. New Staff

1. Presentation at New Employee Orientation.

B. Current Staff

1. Ongoing staff training.
2. Program specific QI training as available.
3. Hands-on training via work on QI projects

C. QI Team

1. Will be offered hands-on and classroom training to develop their skills to serve PH-INCD QI Project Teams.

VI. Description of QI Project Selection

Below is the current standard methodology for quarterly strategic planning and performance management. The objectives, goals, Key Performance Indicators (KPI) and Key Strategies below should receive priority attention for all QI projects that are addressed by staff.

- A. Each program selects an **annual objective** based on best practice, historical data, other national standards or objectives. Progress toward the annual objective is tracked and reported at quarterly strategic planning meetings.
- B. **Program goals** are developed to help reach the **annual objective**.
- C. **Key Performance Indicators (KPI)** are then Identified to measure the amount of work being done to address the program goal.
- D. **Key strategies** are set to help the program reach its **annual objective**; **key strategies** are also tracked and reported quarterly.
- E. Quarterly progress is presented at quarterly “monitoring” meetings.

In 2012, staff will apply QI tools and principles to opportunities for improvement in the agency, with emphasis placed on addressing measures related to the existing performance management system (quarterly strategic planning). In the past, program managers and staff have used 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) QI Team member and other staff as needed. A QI Team may be developed to address a single QI project or it may be a more long term team to address a series of QI projects over time.

QI Project Teams should generally be developed after staff and the program manager have identified an issue to address. This may be done through intentional brainstorming or after an issue has “bubbled to the surface”. Once a project has been identified, the project manager and applicable staff should identify appropriate team members. The team should then hold an initial meeting to define roles and complete the QI Project Proposal sheet. A QI Team member will be available to assist in facilitating the process. After the project plan is finalized, the team will initiate the steps of the PDSA model for improvement. The team should be intentional about documenting each step of the process, including use of QI tools. Upon completion of the PDSA cycle, the QI Project Team should document the completed process (using a storyboard or a written summary). The report will be shared with the Division Director and QI Team. The QI Team liaison will present the finding at a monthly QI Team meeting. The Division Director or Program Manager will present the findings at the next “monitoring meeting” or leadership team meeting. Some projects may also be shared at quarterly All Staff Meetings or other venues. It is up to the QI Project Team to determine if another PDSA cycle will be completed or what steps should be taken next.

VII. 2012 Agency QI Goals

1. QI Project Teams

1. Each Program Manager will facilitate the development of a staff-led, “single-project-focused” QI Project Team of three to five staff, including the Project Manager.

2. QI Projects

1. Each program should complete as least one QI project annually. The project may be related to program outcome measures, health outcomes, KPI measures, documentation, policy review or development, staff training, another measurable variable, etc.
2. QI Projects will be documented and easily accessible in electronic format. Division Directors will ensure that Project Managers understand how the PH-INCD Intranet will facilitate this.
3. QI Project reports will indicate how program changes will be made based on QI Project results.

3. Training

1. All new and existing staff will document introductory QI Principles and Tools training and QI Plan orientation.
2. QI Team members will receive ongoing training to better serve as agency QI leaders.

4. Recognition

1. The District Director will recognize high performing staff, programs and divisions for advancing QI at PH-INCD.

5. Promotion

1. The QI Coordinator will work with the District Director and QI Team to identify opportunities to present PH-INCD “QI efforts” at conferences, in publications, presentations, etc.

6. Long-term QI Goals

1. Long-term QI Goals will be developed midway through the 2012 QI Plan, no later than September 2012.

VIII. Quality Improvement Management Plan

National Benchmark/Objective: (see PHAB, Guide to Standards and Measures, Standard 9.2) Implement QI of public health processes, programs and interventions.	
Annual Goal 1: Establish a QI Plan based on organizational policies and direction.	
Objective: Develop an annual agency QI Plan that seeks to improve public health services, health outcomes and address the requirements of PHAB Accreditation.	
Measure 1: Signed and documented 2012 PH-INCD QI Plan	
Key Strategies:	Draft of QI Plan drafted by the Accreditation Coordinator.
	QI Plan vetted by QI Team.
	QI Plan vetted and approved by the District Director.
Annual Goal 2: Implement QI Efforts	
Objective: Effectively implement each element of the annual agency QI Plan within the defined timeline for each.	
Measure 1: Achieve 100% compliance with required Division QI Projects (1/program/year)	
Measure 2: Complete 100% of requested Administrative QI Projects (1/quarter)	
Key Strategies:	Quarterly, each Division Director will complete a brief summary of QI Projects to monitor progress of QI-related activities.
	Accreditation Coordinator will document 100% of the QI Project Proposals.
	Accreditation Coordinator will meet as needed with Division Directors and staff to plan, implement and/or evaluate QI –related activities.
	Accreditation Coordinator will make the following data available: # of Division and Administrative QI Projects (annually, quarterly, per division, per program, per staff).
	Accreditation Coordinator will document the impact of Division and Administrative Program QI Projects.
Annual Goal 3: Demonstrate staff participation in QI Methods and Tools training.	
Objective: Provide adequate QI training to all staff.	
Measure 1: Train 100% of current and new staff on “QI Principles and Tools” and “2012 QI Plan”	
Key Strategies:	Accreditation Coordinator will maintain and an up-to-date log of staff who have attended QI training (“QI Principles and Tools” and “2012 QI Plan”).
	All Staff will complete a Pre and Post training test to evaluate effectiveness of training material.
	Accreditation Coordinator will work with HR to develop communication strategy to ensure all new staff are identified and trained.

IX. Communication Strategies

- A. The following methods will be implemented to ensure regular internal communication regarding the QI Plan:
1. QI Project updates at each All Staff Meeting (quarterly).
 2. QI Tips on Employee Intranet home page.
 3. Presentations (QI Projects, QI Tools, etc.) at Division and program level meetings.
 4. Presentations at each department quarterly All Staff Meeting.

X. Sustainability

A. QI and Employee Performance Evaluation (IPERFORM)

1. IPERFORM Overview: IPERFORM is a mandatory, performance review system that will be revised by the Accreditation Coordinator to include QI standards. Each employee will be evaluated annually.
2. In 2012, Division Directors and Program Managers will tie QI activities to the employee performance review.
3. Staff involvement in QI activities will be evaluated in the IPERFORM system.

B. Agency QI Policy

1. The agency QI Policy, developed in 2011, was created explicitly to create an environment of sustainability for the agency's first comprehensive QI Plan. The QI Policy will be included in the Employee Policy Manual and updated regularly to ensure its effectiveness in guiding agency-wide QI efforts.