

Fiscal Year 2011 Quality Improvement Plan



Public Health
Prevent. Promote. Protect.

Franklin County
Health Department

Reviewed and approved by the Quality Improvement Steering Committee: April 4, 2011.

I. Purpose and Scope

A. Mission

“Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health.

It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community” (Accreditation Coalition Workgroup, 2009).

In June 2010 the Franklin County Health Department (FCHD) developed its first Accreditation/Quality Improvement (QI) Team. Later that fiscal year the QI Steering Committee was formed and developed a QI plan with the following as its mission:

Prevent. Promote. Protect. Franklin County.

This mission statement explains that the fundamental reason for the existence of FCHD is to prevent disease, promote health and protect Franklin County. All actions and decisions by the QI Steering Committee will be with the purpose of improving FCHD’s ability to perform this stated responsibility.

QI efforts will include the activities detailed in Section II. The QI Steering Committee will guide and evaluate QI efforts by:

- Identifying, monitoring, reviewing results from, and making recommendations on QI projects
- Reviewing performance measures
- Reviewing program evaluation reports
- Reviewing After Action Reports from outbreak investigations and emergency preparedness events and exercises
- Reviewing and revising the QI plan annually
- Reviewing recommendations for improvement based on the Public Health Accreditation Board Self Assessment Tool results and site visit reports

B. Organizational Structure

The Director has charged the QI Steering Committee with carrying out the purpose and scope of QI projects at FCHD. All QI Steering Committee members are responsible for conducting QI efforts and for promoting, training, challenging and empowering FCHD employees to participate in QI processes.

The QI Steering Committee is composed of the following FCHD staff members:

- Paula Alexander, Public Health Director II
- Jennifer Bardroff, Senior Health Environmentalist
- Debbie Bell, Health Educator III

- Tammie Bertram, Director of Nursing
- Julie Bibb-Reynolds, HANDS Technical Assistant
- Vanessa Brewer, Health Educator II
- Margie Bucklew, Administrative Specialist II
- Debbie Howes-Fleming, Health Educator III
- John Lile, Preparedness Planner
- Judy Mattingly, Accreditation Coordinator
- Kendra Palmer, Environmental Health Director
- Cindy Weddington, Administrative Specialist I
- Karen Weller, Home Health Nurse Administrator

The QI Steering Committee meets on the first Monday of each month at 8:30 am and maintains records of all meetings. At least annually the QI Team will provide a report of QI efforts to the Board of Health.

QI Steering Committee members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, decisions will be made by majority vote.

QI project teams are convened by the QI Steering Committee as required for specific initiatives. These teams are accountable to the QI Steering Committee and report activities and results on an ongoing basis.

C. Roles and Responsibilities:

- Provide vision and direction for QI projects
- Report on QI efforts to staff and Board of Health
- Request review of specific program evaluation activities or the implementation of QI projects
- Responsible for the facilitation of QI projects
- Counsel staff on implementation of QI projects
- Identify appropriate staff to participate in QI projects as needed
- Report to the Accreditation/QI Team on program evaluation activities and the monitoring of goals/objectives
- Incorporate QI concepts into daily work
- Encourage staff to incorporate QI concepts into daily work
- Revise QI plan annually
- Develop annual QI program evaluation
- Communicate selected QI results to the public
- Participate in QI projects as requested
- Collect and report data for performance measures
- Participate in QI training

II. Quality Improvement Efforts

QI efforts include review and improvement of all programs and processes that have a direct or indirect influence on the health of Franklin County residents. The following QI efforts will be implemented and reported to the QI Steering Committee in Fiscal Year 2011:

A. Quality Improvement Projects

At least three QI projects will be conducted in Fiscal Year 2011 to assess and continuously improve the quality of FCHD's processes and services. Within each QI project, the project team will 1) establish an AIM statement for improvement that focuses the group effort, 2) use data to evaluate and understand the impact of changes designed to meet the AIM, and 3) follow the Plan-Do-Check-Act cycle to discover what is an effective and efficient way to improve a process. The facilitator conducting the QI project will report the mid-term and final results of the project to the QI Steering Committee. After review and approval by the QI Steering Committee, a QI project may be presented to the Board of Health. Results will also be shared with FCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in the latest employee newsletter.

Based on the Public Health Accreditation Board (PHAB) Self Assessment Tool, the QI Steering Committee selected the repair request process as the first QI project to begin July 2010. A second QI project was selected based on accreditation documentation and Kentucky Department for Public Health requests, the process for verifying employee credentials. The Director also designated the grant application process as an area for QI efforts.

Priority for QI projects will be given to PHAB standards/measures that are either partially or not demonstrated. The Director may request that a specific QI project be conducted. In addition, any staff member may request the implementation of a QI project. These QI proposals will be discussed at QI Steering Committee meetings.

In addition to conducting new QI projects, data from previously conducted QI projects will be periodically monitored to ensure sustained improvements. If improvements are not sustained, the QI Steering Committee will make recommendations for further actions.

B. Program Goals and Objectives

The selection and measurement of goals and objectives enables the QI Steering Committee to understand a) if FCHD is improving the health of Franklin County residents and b) if FCHD teams are implementing efficient and effective processes and programs.

Program goals and objectives will address the mandated services required of all public health departments. The seven core services required by Statute or Regulation are Enforcement of Public Health Regulations, Surveillance of Public Health, Communicable Disease Control, Public Health Education, Public Health Policy, Families and Children Risk Reduction and Disaster Preparedness. In addition, the six preventive services for specific population from appropriated funds are Family Planning, Prenatal Care, Well Child Care, Women, Infants, and Children (WIC), Adult Preventive Services and Chronic Disease Monitoring and Support (Kentucky Department for Public Health Administrative Reference, 2011).

Program goals and objectives may include both Quality Assurance (QA) and QI. “QA is a systematic process of checking the delivery of a service to ensure action(s) taken meet established standards and are in compliance with public health practice and applicable state and federal regulatory requirements” (Kentucky Department for Public Health Administrative Reference, 2011). QA may identify areas for QI.

Table 1 QA versus QI

Quality Assurance	Quality Improvement
<ul style="list-style-type: none"> • Reactive 	<ul style="list-style-type: none"> • Proactive
<ul style="list-style-type: none"> • Works on problems after they occur 	<ul style="list-style-type: none"> • Works on processes
<ul style="list-style-type: none"> • Regulatory usually by State or Federal law 	<ul style="list-style-type: none"> • Seeks to improve (culture shift)
<ul style="list-style-type: none"> • Led by management 	<ul style="list-style-type: none"> • Led by staff
<ul style="list-style-type: none"> • Periodic look-back 	<ul style="list-style-type: none"> • Continuous
<ul style="list-style-type: none"> • Responds to a mandate or crisis or fixed schedule 	<ul style="list-style-type: none"> • Proactively selects a process to improve
<ul style="list-style-type: none"> • Meets a standard (Pass/Fail) 	<ul style="list-style-type: none"> • To exceed expectations

(“A Closer Look, QI Nuts and Bolts” ASTHO webinar presentation, 2010)

Table 2 Program Goals and Objectives for Fiscal Year 2011

Goal	Objective (quantifiable and time-framed measure)	Person Responsible
Increase satisfaction among Home Health patients.	Decrease the number of indicators scored below the national average by 2012.	Karen Weller
Decrease lost revenue related to medical supplies.	Increase MD orders by 30% for Home Health medical supplies by 2012.	Karen Weller
Increase employee professional development plans.	Increase use of 096 evaluation form, including professional development plan, for 100% of non-contract employees by July 2012.	Management Team
Improve immunization rates.	Increase immunization rates from 92% to 95% for 24 month olds by 2012.	Tammie Bertram
Increase effectiveness of community coalitions.	Increase Wilder Factors Collaboration Inventory by 2013.	Judy Mattingly
Begin Public Health Ready certification process.	Increase documentation leading to certification by FY 2012.	John Lile and Jenny Bardroff
Raise awareness of the importance of flu vaccinations	Increase attitudes and values measured by pre and post test	Health Education

among medical providers.	surveys by FY 2012.	
Adapt to Managed Care/Medicare/Medicaid changes.	Maintain and/or increase school nursing staff to at least 6.	Management Team
Decrease time and revenue lost from the collection of past due permit fees.	Decrease the number of establishments with past due permit fees from 60 to 30 by 2012.	Environmental Team

FCHD staff will collect data for program goals and objectives. Persons identified as responsible for reporting data in the above table will monitor and report the progress of the goals and objectives toward reaching the mission of FCHD. Depending on the availability of data, some goals and objectives will be reported quarterly while others will be reported annually. Annually and after review by the QI Steering Committee, a summary of the data will be provided to the Board of Health. Results will also be shared with FCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in the latest employee newsletter.

C. Community Health Status Assessment Goals and Objectives

Health indicators aid internal FCHD staff, as well as external local public health system partners, in program planning and evaluation by monitoring key outcomes that are affected by public health programs and policy. Many indicators are used as intermediate or long-term outcome measures as part of program evaluation.

In Fiscal Year 2010 the QI Steering Committee reviewed the Franklin County MAPP Community Themes and Strengths (Quality of Life), Forces of Change and Community Health Status Assessments. These indicator sets are updated at least every five years to monitor overall trends in the health of Franklin County residents. In addition, the County Health Rankings, which are updated annually, were also reviewed.

Based on the original review of health indicator assessments in Fiscal Years 2010, four priority indicators that had a worse outcome compared to the Kentucky State average and a worsening trend, Chlamydia/gonorrhea, HIV, tobacco use and childhood obesity were selected as objectives to be included in the 2011 QI plan.

For Fiscal Year 2011, health indicator goals and objectives were established as shown in Table 2. Data showing results of these goals and objectives will be shared with the QI Steering Committee quarterly and the Board of Health at least annually. Results will also be shared with FCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in the latest employee newsletter.

Table 3 Health Indicator Goals and Objectives for Fiscal Year 2011

Indicator	Goal	Objective (quantifiable and time-framed measure)
Chlamydia	Lower the rate of Chlamydia among 15-24 year olds	Increase the number of partners of Chlamydia cases

		that receive treatment to 100%
Gonorrhea	Lower the rate of gonorrhea among 15-24 year olds	Increase the number of partners of gonorrhea cases that receive treatment to 100%
HIV/AIDS	Lower the rate of HIV/AIDS	Increase testing from 762 to 950 by 2011 and to 1050 by 2012.
Tobacco Use	Lower the tobacco usage rate among high school students	Decrease high school tobacco use from 27% to 22% by 2013.
	Lower the tobacco usage rate among pregnant women	Decrease tobacco use among pregnant women from 29.6% to 24.6% by 2013.
Childhood Obesity	Lower the rate of childhood obesity	Increase the number of elementary schools who require physical activity to be integrated into the classroom curriculum from 0 to 10 by 2011.
	Lower the rate of childhood obesity	Increase the number of daycare centers who implement the Color Me Healthy curriculum from 0 to 9 by 2012.

D. Review of After Action Reports

For significant outbreak investigations and emergency preparedness events and exercises, after action reports or internal reports are produced to record recommendations for improvements. The Preparedness Planner will provide summaries of those reports, including recommendations, to the Accreditation/QI Team members for review.

E. National Public Health Performance Standards Program (NPHPSP)

The National Public Health Performance Standards Program (NPHPSP) provides a measurement framework for 10 Essential Public Health Services and crosswalks directly to the PHAB Accreditation Standards/Measures. A formal review of the NPHPSP occurs every five years for FCHD. FCHD conducted its most recent review in September 2008. The QI Steering Committee reviewed the results and identified initial recommendations for improvements in areas that received lower scores: mobilizing community partnerships and linkage to personal health services.

Based on these initial recommendations, the QI Steering Committee will make recommendations for QI project teams and/or community coalitions to address these areas for improvement using the PDCA cycle. The facilitator responsible for the QI project team(s) will provide an interim and final report to the QI Steering Committee on progress toward goals. Results will also be

shared with FCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in the latest employee newsletter.

F. QI Training and Recognition

In Fiscal Year 2011 the following four trainings covering QI principles, tools and techniques will be provided to FCHD staff in an effort to build a quality-focused culture. At the end of the year, a summary of QI training and participation will be provided to the QI Steering Committee.

1. QI Facilitators will complete American Society for Quality's Quality 101 online course.
2. QI Steering Committee members will receive training on the PDCA QI cycle.
3. A training covering key principles of QI will be delivered to all staff to encourage the use of data to make program decisions and to help staff identify potential areas for improvement.
4. A QI case study will be presented to all staff introducing them to each phase of the PDCA QI cycle as well as examples of QI tools and techniques.