Accreditation Preparation & Quality Improvement Demonstration Sites Project

Final Report

Prepared for NACCHO by the Kane County Health Department, IL

November 2008

Kane County Health Department
Your Health. Our Commitment

Brief Summary Statement

The Kane County Health Department (KCHD hereafter) serves about 550,000 residents in an urban-suburban area of Illinois about 35 miles west of Chicago. Using the NACCHO LHD Self-Assessment Tool for Accreditation Preparation and a quality improvement process, the KCHD identified a priority within Essential Service I, *Monitoring Health Status and Understanding Health Issues Facing the Community*, Standard I-A, *Focus on Data Collection, Processing and Maintenance*, substandard I-A-01, *staff expertise and training on collecting, managing integration of, and displaying data*. Therefore, the KCHD developed a community-tailored, user-friendly product for displaying data that we collect related to the community action plan goal to reduce maternal-child health disparities in Kane County.

Background

The KCHD protects and promotes the health of nearly 550, 000 residents of a north-eastern Illinois Chicago collar county with 27 municipalities. Kane County contains the second and eighth largest cities in Illinois, with a dense urban corridor that follows the curve of the Fox River, flowing southward through the entire county. Kane County has recently grown more ethnically diverse and in 2006, had the highest percent of Hispanic residents (27.8%) of all Illinois counties.

The KCHD was created by resolution only 22 years ago, and, benefiting from the 1988 Institute of Medicine Report, developed a core function model of public health from the very beginning. Public health partnerships, facilitated by the KCHD, flourish in Kane County with high rates of participation from community agency and group partners: Access to Care "KCHAIN" (Kane Community Health Access Integration Network) Collaborative, the Kane County Mental Health Council, the Kane County Health and Wellness Coalition, and the All Our Kids (AOK) Birth-to-Five Early Childhood Network, to name a few. The KCHD actively partners with the nearby north-eastern health departments formally through the Northern Illinois Public Health Consortium.

A new Executive Director was appointed for the KCHD in June 2007, and a re-alignment of the Department was completed by December 2007 resulting in a flat organizational model with about 120 employees working in four major Divisions: Health Protection, Family Health, Community Health, and Resources and Support. Department-wide training on the Essential Services of Public Health occurred in November 2007 and in February 2008, we held a second training on the Essential Services with 25% of the staff providing round table presentations and poster displays articulating the various ways Essential Services were being implemented in staff service delivery and intervention.

In 2007, the KCHD senior management team and the KCHD midlevel management staff completed a Leadership Academy offered by the University of Illinois (UIC) School of Nursing and received intensive training and technical assistance in developing a Balanced Score Card for the KCHD so that Balanced Score Card could provide a comprehensive platform for quality and process improvement across our organization.

We implemented 7 cross-cutting initiatives to begin our balanced score card process at the KCHD, with leadership committees composed of members from all four divisions on each committee: Training, Data, IPLAN, Communication, Finance, Wellness, and Quality Improvement/Process Improvement (QI/PI). Our QI/PI Committee, recognizing the need to work toward accreditation, utilizing a quality improvement platform, reached consensus about applying to be a part of the NACCHO Demonstration Project.

Goals and Objectives

1. Goal: To adopt and learn to use a quality improvement model for the Department.
    a. Objective: Adopt the Plan-Do-Check-Act Quality Improvement Model (PDCA)

    b. Objective: Train the staff on how to use the PDCA Model. (*Initially we planned to train the entire staff, but midcourse opted to train the management staff so that this team could train their own staff).*

2. Goal: To complete a self assessment of the Department.
    a. Objective: Complete the self assessment tool.
    b. Objective: Analyze the results of the assessment, identify areas of improvement, and set priorities among these.
3. Goal: To address an assessed improvement area using the Plan-Do-Check-Act model.
    a. Objective: To improve the external display of data from our MCH Community Action Plan as a way to improve our capacity for Essential Service I. *(As we worked through this process, we recognized an opportunity we could exploit if we were successful with the MCH data display. We would apply this same methodology/approach to the other four community action plan priorities and develop an annual timetable to update the community on progress toward our Community Action Plan Goals).*
    b. Apply the PDCA model within the KCHD to other improvement opportunities.

Self-Assessment

Our QI/PI Committee engaged in a self study of our capacity as a local health department, using the *Self-Assessment Tool for Accreditation Preparation*, which is based on the Operational Definition of a Functional Local Health Department (LHD). Since the QI/PI Committee is composed of members of all four Divisions of the KCHD, the Committee members engaged their Division members in collecting indicators of the various standards and sub-standards in the tool. This preparation and collection period occurred over a period of three weeks. This process prompted us to become very aware of functions we had in place but had never formally recognized or documented in a formal way. We knew we needed to create internal procedures to assure that data related to the various standards and sub-standards would be routinely collected and documented in the future.

The actual scoring of the self assessment tool took place in a half day work session attended by the QI/PI Committee. Senior Management took time to review the scoring done by the QI/PI team and communicated on areas wherein the score appeared incongruent. These issues raised by senior management on particular scores were evaluated by the QI/PI Committee at a subsequent session and decisions made on final scoring. In a very few cases a discrepancy still remained and then the Division members with lead responsibility for that area offered final evidence and arguments for the score. The QI/PI Committee then voted on the score—this resolved all outstanding issues.

Our self study provided us with data to assist with decision-making related to quality improvement within our Department. The decision timeframe for identifying a specific improvement for our Demonstration grant encompassed a period of 8 weeks since we allowed the decision-making to be iterative and a learning and growth opportunity by including all of our middle management team, our Data and QI/PI Committees, and our Senior Management team to work with our project's QI Consultant and the improvement process.

The sequence for the decision-making process, therefore, proceeded in the following manner. The QI/PI Committee conducted an analysis session, using the NACCHO Scorecard Report to clarify and analyze scoring deficits within each Essential Service category and subcategories. The scoring data was provided to the QI/PI Committee sorted by score, by Essential Service, and by subcategory focus so that we could "see" the data from several perspectives. Discussion was free-flowing at first, allowing members to comment on data patterns, anomalies, and surprising vs. anticipated results.

Next the QI/PI Committee conducted a priority-setting session to set priorities for improvement areas from among the scores which demonstrated deficits. Four (4) priorities

emerged, following a brainstorming Process. The QI/PI Committee recommended these priority areas for consideration to the KCHD Senior Management Team.

KCHD senior management conducted analytic activities, utilizing the NACCHO Scorecard Report and the recommendations of the KCHD QI/PI Committee. A broad area for improvement was selected with this input from both the QI/PI Committee and the Senior Management team: Essential Service I. A more specific area of focus was selected later on after our QI/PI and Senior Management Team held a QI session facilitated by our project consultant, Dr. Kay Edwards. In this day long session all members of the QI/PI Committee, the Data Committee, and the Senior Management Team participated. Brainstorming, nominal group technique, and a matrix diagram process were tools utilized by our team to narrow our focus for the improvement project we wanted to initiate. First, we came to consensus and identified *Essential Service 1, Monitor health status and understand health issues facing the community; Standard 1-A with FOCUS: Data Collection, Processing, and Maintenance.* Next we agreed to address Indicator 1*: Staff has expertise and training to collect, manage, integrate, and display data*. Finally we targeted our need to *display data* effectively. This became the topic of our improvement process for the Demonstration Grant.

Highlights from Self-Assessment Results

Standard/ Indicator #	**Standard and Significance**
III	*Give people information they need to make healthy choices.* We concluded this as a key for improvement because our of our newly adopted KCHD 2030 vision to make Kane County residents the healthiest people in Illinois. Communication of health information is essential, yet we realized the need to improve health communication through specific KCHD programs for individual and community change
VIII	*Maintain a competent public health workforce*. We already had a priority set within the organization for this priority through our Balanced Score Card Initiative via an existing cross-cutting committee on training. This improvement need correlated with our Balanced Score Card strategic map *Learning and Growth* goal; we had initiated a competency assessment process for management staff and were preparing to initiate a merit component for our staff members.
IX	*Evaluate and improve programs.* We also thought improvement in our program evaluation methods was already a priority due to our new Balanced Score Card goals for data driven decision-making and zero-based budgeting. Cross-cutting committees on data and finance were also newly functioning and beginning foundational activities.
I.A.1	*Monitor health status and understand health issues facing the community; Data collection, processing, and maintenance; Staff has expertise & training to collect, manage integrate & display data* I.A.01 was selected as our priority in this demonstration project with a focus on display of data. We believe this was our highest priority for KCHD improvement for several reasons: a) It would drive excellence in other areas; b) Was part of an Essential Service category that had the second lowest score overall; c) it would facilitate bringing our own voluntary level of excellence up on our Community Action Plan priorities; d) two of our existing Balanced Score Card cross-cutting committees, Data and QI/PI were poised to address this improvement need.

Quality Improvement Process

AIM Statement: Develop a community-tailored, user-friendly product for displaying data that the Kane County Health Department collects related to the community IPLAN goal to reduce maternal-child health disparities in Kane County.

PLAN: We identified our area of improvement through a two (2) step process:

Step 1: Broad improvement priority identification: The KCHD QI/PI Committee and KCHD senior leadership team both reviewed the Self-Assessment Tool Results. The QI/PI Committee conducted an analysis session, using the NACCHO Scorecard Report to clarify and analyze scoring deficits within each Essential Service category and subcategories. Next the QI/PI Committee conducted a priority-setting session to set priorities for beginning improvement projects from among the scores which required improvement. Four (4) priorities emerged, following a brainstorming Process and were recommended for consideration to Senior Management Team:

KCHD senior management conducted the analytic activities, utilizing the NACCHO Scorecard Report and the recommendations of the KCHD QI/PI Committee. A broad area for improvement was selected with this input from both the QI/PI Committee and the Senior Management team: Essential Service I.

Step 2: Selection of a specific area for improvement for the NACCHO Demonstration Project, within the top priority area, Essential Service I, Monitor Health Status and understand health issues facing the community. Two of the KCHD cross-cutting committees, the QI/PI Committee and the Data Committee, participated in a meeting on 8/7/08 facilitated by the QI consultant engaged through our NACCHO grant award. The planning portion of our PDCA cycle continued in this meeting.

At our planning meeting in Step 2 of the planning process, some important observations emerged through an initial brainstorming session on data display improvement issues:

- The lead poison issue really grabbed the attention of Board members in their district profiles because of the way it was displayed…the power of data display is significant and broadly is the charge of our data committee
- The IPLAN (Illinois Plan for Local Assessment of Need) Community Health Action Plan scorecard we just finished leads us to a critical next step—how can we create a display product that speaks to the Board and other community stakeholders in terms they understand and help them decide a specific health issue is important to them and worthy of their energy and support
- We have a good display of our *goals* in the scorecard, but we lack a user friendly display product for helping community members understand our current status and progress toward each goal.
- Our self study revealed that we are weak in the area of data display.
- The more that people in the community get messages that make the health issue/priority clear and understandable, the more likely they are to engage in improving the outcome.

2. After participants engaged in this dialog about the potential focus of our improvement project, we used a modified brainstorming and matrix diagram process to facilitate selection of our priority area—see Appendix E. We considered issues related to the collection, integration, and the display of data, differentiating, at the same time, data sources that were internal, external, or a combination. The decision we reached to focus on the display of Community Action health priorities is depicted in Matrix Table 2 below:

Matrix Table 2:

Data Function	Internal Source	External Source	Both Internal and External Source
Collect			
Integrate			
Display			X

Improvement theory discussion led us to look at other display products used by local and state health departments. We broke up into small working groups for each of our five (5) health priority topics (see Table 3 below) to continue working on display solutions specific to each of our community health action plan priorities: Mental Health, MCH Disparities, Chronic Disease, Public Health Infrastructure, and Access to Care:

Table 3: Community Health Priorities Subgroups

Action Plan Priority	**Mental Health**	**MCH Disparities**	**Chronic Disease**	**Public Health Infrastructure**	**Access to Care**
	Isaacson	Heaton	Obuchowski	Dobbins	Hashmi
	Pascoe	Sharp	Carlson	Marishka	Onwuta
	Tebeau	Jeffers	Schleuter	Wurst	Maurice
		Christoffel		Verzal	

The work of the small groups and then large group discussion of the small group findings helped us to narrow in on a specific health plan priority and improvement project. Our plan developed to: **Create a visual data display for the MCH goal in the Community Action Score Card that is visually appealing, is readily understood by community stakeholders, and communicates the current progress toward each health goal.** However, we planned to utilize the MCH data product developed through this PDCA cycle and apply it to the four (4) other community health priority areas.

DO: Success in creating a visual data display product that really communicates with community stakeholders depended greatly, we realized, on having the right partners on the creative team and in recruiting expert graphic expertise at the appropriate juncture. Team members were accountable for identifying other experts within the Department who were necessary to project success and for participating in creative ideation sessions as well as in analytic response and commentary to phased versions of the product.

Roles:

a. The MCH subgroup took the leadership role in developing a data display product for the MCH Disparities goal of our Community Health Action Plan.
b. The QI/PI Committee Chair took on the role of project coordinator, assuring that all members were involved, met deadlines, and received feedback.
c. Our PIO, and the Executive Director were selected to take on the final editing role for the project.
d. Additional experts in the Department were recruited to assist in the data display product development.

Testing Ideas/Process:

a. The MCH subgroup, with its helping experts, via three meetings and significant email communication/commentary on several iterations of a visual data display product, developed a draft that was ready for professional graphic assistance. Quality improvement was measured qualitatively on a number of document attributes: clarity, brevity, graphic representation simplicity, visual appeal, technical terms explained/simplified, progress toward goal prominent.
b. Because we wanted the product to be published in both Spanish and English to meet the language needs of our community, we recruited a staff person to assist with the translation.
c. Representatives from the MCH group and the PIO for the Department met with a graphic designer to obtain graphic expertise for the preliminary product.
d. Revisions were made to the product based on the graphic designer's input.
e. The Department Executive Director provided editing input into the product.
f. A final data display product was created and duplicated in readiness for the CHECK portion of the cycle.

Obstacles:

Time was one of the biggest obstacles to moving the development process along in the three weeks allotted for the "DO" portion of the PDCA cycle Members of the subgroup had to come together from offices in two different cities and work through a large number of options for data display. We solved this by utilizing electronic communication to refine and complete our data display work once the in-person initial ideation meeting was conducted.

Language barrier: Creating a template that "worked" in terms of simplicity, graphic clarity, and optimal balance of text and graphics was difficult due to the obstacle of needing to write the message twice—using Spanish and English on each page. We resolved this issue by translating all the text and trying different template patterns until the cleanest visual pattern emerged. Assistance from the graphic artist helped in this part of the process.

CHECK:

a. The product was revised and then presented to the Public Health Committee of the County Board/Board of Health for feedback.
b. After the feedback from the Public Health Committee was incorporated into the product, members of the MCH subgroup presented the MCH data display template to the Perinatal Committee (MCH leaders in the community), the AOK Network (representatives of agencies serving children ages 0-5 in our community), and the Circles of Wise Women (African American community women who are working to reduce disparities in our community) for feedback and input. We brought the document itself to each group and had time on their meeting agenda reserved for discussion of the document. Their clarifying questions and comments were recorded and brought back to the design work group. The feedback from the community groups is described next.
c. The input and feedback from these community groups was incorporated into the MCH display product. These groups helped us greatly in pinpointing unfamiliar terms and jargon, insisting on greater simplicity, and advising us on sticking to our main goal of helping stakeholders understand our current status and progress toward the health goal. (We felt it was too easy for us as public health experts to put too much information in, use higher level terms and labels, and to mix health advice into the data message.) One of the bar graphs for disparity utilized miniature photos of babies with varied skin colors to denote the infant mortality rate for each race. Our design work group grappled with this graphic and decided to seek input from the community feedback groups. They confirmed that it was important to use the rather "graphic" graphics for the final goal on reducing African American infant mortality disparity in Kane County.
d. The display product was shared with the entire PDCA cycle team in a second PDCA meeting on 9/8/08 and feedback was elicited. At this same meeting, the subgroups that we formed to utilize a common data display template for the other four community health priorities shared progress on their work in selecting data elements for display. Feedback was given to all 5 subgroups—Appendix D
e. This check process resulted in an improved product which is attached to this report: greater clarity and brevity, less technical terms and jargon, greater visual appeal and simplicity for the graphic representation, and greater focus on communicating our progress toward each goal, Our expectations for the PDCA cycle improvement have been met initially but will be further tested as this same data display template is utilized to communicate with community stakeholders about the other four (4) community health plan priorities.

ACT: This new data display template has been refined and implemented in a broader PDCA cycle which will be ready for publication in December, 2008. In this cycle, the subgroups formed for our other community health priorities completed data displays that communicate our current status and progress toward our 2010, 2015, and 2030 goals.

Each subgroup has been testing its data display with community groups that are engaged in addressing the particular health priority area that their visual display depicts through text and

graphic. This feedback, as evidenced by our initial PDCA cycle, is vital for assuring we produce a product that really speaks to community stakeholders in clear language and engaging graphics. Our PIO and Executive Director, along with a graphic artist are editing and producing the final products submitted by each subgroup. Fewer words and pages per health priority area has become a specific goal as the display exhibit undergoes further development, review, and editing.

Final versions of these data display products will be incorporated into a single publication that will be distributed annually to our community stakeholders along with the original Community Health Scorecard. We will use this publication in our Health Department communications strategy to improve our community's understanding of the health priorities. This increased understanding is a valuable ingredient in the process we are implementing to increase stakeholder involvement in addressing these health priorities over the course of the remaining three years of the Community Action Plan.

Results

The end result of this project is creation of a display product for our MCH Community Action Plan health priorities that targets the community stakeholders—See Appendix C. The display effectively communicates our 2010, 2015, and 2030 goals as well as our current progress toward those goals. (See attached product.) The display includes:

- A colorful title page features pictures of people representative of our county in age, ethnicity, and race. This assists the reader to the data inside the display product to the real world of people in Kane County and their lives.
- The logo of the Kane County Health Department is displayed on every page of the display product.
- Written messages are written in both Spanish and English since Kane County population is comprised of 25% Hispanic ethnicity and the display product needs to speak to all residents.
- The display product maintains a consistent layout to facilitate reading in the language of preference—so the eye easily tracks the message in an identical pattern from page to page.
- Each page of the display product identifies a key MCH health goal and a year for its attainment.
- Each page of the display product features a simple graphic that assists the reader to understand the current status of this goal in Kane County.
- Each page of the display product presents key ideas and, as needed, definitions that relate to the graphic and the goal.
- The display product is brief and makes a key point.
- The display product is designed for community stakeholders rather than addressing the lay reader/community resident.

An additional result of the project is the development of a commitment to publishing this data display product annually:

- For the MCH health priority in our Community Action Plan
- For the other four health priorities in our Community Action Plan: mental health, chronic disease, access to care, and public health infrastructure

Project milestones include:

- Completing the LHD capacity self assessment
- Analyzing the results of the self assessment
- Selecting a QI Consultant
- Identifying priorities for both a broad area of improvement and a specific improvement project for the grant
- Training all management staff on the PDCA model and initiating use of the tool within Divisions

- Obtaining QI consultation for the QI Improvement Team to implement the selected improvement project
- Creating the initial draft of the MCH display product
- Obtaining feedback from community stakeholders on the initial MCH display product
- Incorporating the feedback from the community stakeholders into the MCH display product
- Editing of the MCH display product by the graphic artist, the KCHD Public Information Officer, and the KCHD Executive Director
- Translating the MCH display product into Spanish
- Final MCH display product completed on time
- MCH display product launches a second, voluntary project: development of similar display products for the 4 other Community Action Plan priorities: mental health, chronic disease, access to care, and public health infrastructure

Lessons Learned

1. *Self assessment process: Lessons learned:*

    - We engaged a recently formed cross-cutting QI/PI Committee of our LHD to conduct the self assessment and make recommendations to the Senior Management Team. In retrospect, it would have been advantageous, before engaging in this assessment, to first provide a training for the Committee members, by a QI consultant about quality improvement initiatives at the local health department level, the movement toward voluntary accreditation, and the benefits of adopting a Department QI model like PDCA. This readiness preparation could help the self assessment team and other peers who needed to collect illustrative evidence of each self assessment category to engage more completely in the process.

    - Consensus on self assessment scores in the various standards and indicators could be reached more easily if they were specifically the accountability of a particular person, program, or Division. Therefore, special preparation ahead of time for indicators that crossed the entire Department may be helpful in facilitating progress and decreasing the time needed to achieve consensus.

    - A series of brief meetings may be more effective in determining scores on each indicator—we noticed that the fatigue factor affected dialog and discussion if our meeting went too long. However, the fatigue may have been exacerbated by the need to offer commentary on the tool itself and may be less critical in a stand alone scoring process.

    - Use of the scoring database was very helpful to our team in evaluating and analyzing the scores. Being able to sort by essential service, by indicator, and simply by score, enabled us to set priorities more easily. Having access to this database for future work beyond the project period would be very beneficial to grantees.

    - A NACCHO mentoring match for new grantees with LHD's with experience/expertise in organizing and completing the assessment tool may be an option to offer new grantees since we were in the process of finding a QI consultant during the time we were planning and implementing the self assessment.

2. *QI process: Lessons Learned:*

    - Our team benefited greatly from hearing firsthand stories and experiences of other LHD's that were working toward voluntary accreditation. It helped us get grounded in the bigger context of the project we eventually selected. In hindsight, we would do more to keep this "big" picture in focus.

    - It took us quite some time to select a very specific improvement project. We thought we had narrowed it sufficiently, but the iterative process we used helped us to reach the level of specificity that a six month change cycle could really address. If we did this project over, we would use this lesson learned to reduce the time period for selecting a project.

    - We learned that the various QI Tools are helpful at different points and stages of a QI process. It would have helped us to do a more in-depth training on the various QI tools earlier in the project so that we could use them more frequently and effectively.

    - The QI model we adopted, PDCA, guided us in our project work, but our project of creating an effective MCH display product was more process-oriented and we needed to work through our improvement priority without objective measurement data available in the early stages. This type of data will be available once we release the final product and obtain user ratings.

    - The model we used was helpful for involving more team members in the project without overwhelming them. We had a QI team composed of two cross-cutting committees. The team broke into 5 working groups, but only one working group, the MCH group, was charged with developing the display product for the demonstration grant. The other 4 working groups were charged with a similar task of creating a display product that would be utilized only after the MCH product was completed. In this way, the entire team was engaged in similar work and were able to provide good feedback to the MCH workgroup, and assisted in refining the MCH product as a template that they could use later.

Next Steps

From the beginning we built next steps into our project and planning. Since we had recently developed a scorecard with 2010, 2015, and 2030 goals for all five health priorities in our Community Action Plan, we decided that our improvement project should be expanded into a template for data display for the other 4 health priorities. We have already begun the work of applying the MCH template for these other 4 priorities: mental health, access to care, chronic disease, and public health infrastructure. We are learning that we need to adapt the template somewhat so that the entire document is brief and concise. We plan to publish, as a single document, a display product that includes all our Community Action Plan priorities by December 31, 2008.

Sustainability of our capacity to communicate about our community health priorities' status is critical. Titled *Vital Signs*, this display product will serve as an annual publication that reports health status and progress toward goals to our community stakeholders. It will be published in December of 2009, 2010, and 2011, the remaining years in our current Community Action Plan cycle. Since this was a deficit in our self assessment, this commitment to sustainability supports our preparation for national accreditation.

Paramount to sustainability and to our preparation for national accreditation is our use of the PDCA model Department-wide. We have begun using the model at the Department, Division, and program levels. At the Department level, we are using the model to manage

changes precipitated by a hiring freeze as well as a significant staff reduction that took place in the past three months. Senior management developed PDCA cycles to assure improvements in key areas such as staffing, finance, strategic planning, and community expectations. At the Division level, similar PDCA cycles are being implemented to manage change in a similar way, especially related to the hiring freeze. Finally, , managers are beginning to identify PDCA opportunities to teach their teams to use at the program level.

Conclusions

Participation in the accreditation preparation and quality improvement demonstration sites project has been a great benefit to the Kane County Health Department. As a Leadership team we are all aware of the need and benefits of voluntary accreditation. The work of our internal team has been enriched and supported by our QI consultant and the NACCHO technical assistance we have received. Our Senior Management Team has a realistic vision of where we are in the accreditation journey and the priority we need to maintain for us to achieve accreditation. We have a concrete understanding of our current capacity based on the self assessment study. We are able to use the PDCA QI tool to focus and organize our internal QI program. We have a success story we can look up to because of our completion of our MCH display product improvement project for this grant. But also, we can see that we are already moving beyond a grant deliverable to set our own goal of expanding that project. We are using the PDCA model, fully realizing that this is the pathway that will help us arrive at accreditation.

Appendices

Appendix A: QI Storyboard
Appendix B: Revised QI Summary Worksheet
Appendix C: MCH Display Product
Appendix D: Feedback from QI Team review of draft display products for 5 health priorities
Appendix E: NACCHO QI Group Process Matrix: PDCA Priority Selection