Quality Improvement Plan 2017-2018

Tacoma-Pierce County

Health Department

Healthy People in Healthy Communities

January 2017

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I. Scope

A. Quality Mission

To develop and implement a quality improvement program that is integrated into all programmatic and operational aspects of the organization.

B. Quality Vision

To be an organization where all members continuously improve how we achieve healthy people and healthy communities.

C. Purpose

The QI Plan provides the structure that supports the following outcomes:

1. Build a Department quality culture emphasizing customer-focused, equity-minded, evidence-based, continuous improvement practices.
2. Define and monitor Department performance measures.
3. Identify, resource, and monitor Department cross-division improvement efforts.
4. Sustain the gains of improvement efforts.
5. Improve staff QI knowledge and skills.
6. Provide key quality terms to create a common vocabulary. (See Appendix A: Glossary)
7. Review selected program evaluations and make recommendations for improvements.
8. Review after-action reports and make recommendations to the appropriate managers/leads.
9. Review recommendations for improvement from the national Public Health Accreditation Board (PHAB) accreditation process and ensure that all appropriate recommended policy and process changes are implemented.
10. Review, evaluate and revise QI plan every two years.

II. GOVERNANCE STRUCTURE

A. ORGANIZATIONAL PRINCIPLES

The quality organizational structure assumes the following principles are in place to support our continued growth as an organization that embraces quality in all we do.

1. All staff members participate in creating and sustaining a learning culture. The agency identifies staff members from all levels in the organization to participate on quality work teams, sub teams and quality circles.
2. Teams use an open process and staff members are welcome to attend any of the quality meetings. Teams model transparency and accessibility, business documents are posted and accessible on “the HUB” intranet site.
3. Teams collect data to evaluate work and make data based decisions.
4. Teams take calculated risks as learning occurs from mistakes and all strive to improve.
5. We listen to internal and external customers when working on QI projects.
6. We model the department’s values of respect, integrity and leadership in this work.
7. Members of all quality teams will strive for consensus in decision making. If a vote is necessary, decisions will be made by majority vote of those team members present.

B. ORGANIZATIONAL STRUCTURE, MEMBERSHIP AND ROTATION

1. The **Quality Steering Team (QST)** is responsible for setting the vision and strategy for the department’s quality activities. The QST assures overall alignment of quality activities with the agency vision, mission and strategic plan and authorizes major expenditures on quality structure and activities.

   a. Structure
      i. Group size is 12-16. Members include the agency Director, each Division Director, one representative from Management Team, two representatives from Quality Coordinating Team, one Quality Management Consultant, and one to two representatives from each Division Quality Circle.
      ii. The team selects a leader for a term decided by the team. The team meets every other month but may meet more frequently as needed. QST will identify one member to be the Executive Sponsor for the Quality Coordinating Team.

b. Responsibilities
    i. Assure alignment of quality activities with the agency's vision, mission and strategic plan.
    ii. Set foundational policies, principles and expectations that support a quality culture at the Department including addressing health inequities.
    iii. Authorize major expenditures on quality structure and activities.
    iv. Approve biennial Quality Plan.
    v. Ensure major required resources, budget, staff and time is in place for quality efforts.
    vi. Ensure quality projects are informed by issues in the larger environment.
    vii. Authorize and prioritize projects with high and significant cross division impact.
    viii. Select, develop, track, monitor and learn from Department level performance measures.
    ix. Disseminate learning and share/celebrate successes on complex, cross division projects.
    x. Participate in annual review of Department measures including reporting to Board of Health.
    xi. Lead by example in supporting quality throughout the organization.
    xii. Ensure the structures are in place to support the assumptions in II A.; Organizational Principles.

2. The **Quality Coordinating Team (QCT)** is responsible for managing departmental operational activities associated with implementing the quality vision and strategy set by the QST. As the coordinating body that oversees all quality efforts in the Department, its responsibilities include:

    - Developing structures and processes to guide development of agency performance measures.
    - Reviewing and learning from results of performance measures, guide and support use of quality improvement tools to examine and improve work processes.
    - Guiding and supporting the development of a quality culture within the agency, including forming sub teams and committees.

    a. Structure
        i. Group size is 12–16. Membership will vary but should include one to two representatives from each Division Quality Circle, one to two Quality Management Consultants, one to two representatives from each sub team and

lean six sigma green belts. Meetings should occur monthly. An Executive Sponsor from QST provides consultation and assistance in identifying solutions to issues as requested. The team develops leadership structure and is stable in 12-18 month increments.

b. Responsibilities
   i. Manage the biennial agency quality plan for the Department.
   ii. Identify training needs and establish a plan that furthers staff skills in the areas of performance measurement, quality improvement and incorporating quality principles into daily work.
   iii. Review and disseminate learning from results of performance measures.
   iv. Establish processes for nominating and selecting quality improvement projects where scope impacts two or more Divisions.
   v. Identify resources and develop budgets for approved projects.
   vi. Develop structures and processes to guide agency quality efforts.
   vii. Guide and support use of quality improvement (QI) tools to examine and improve work processes. This includes: supporting teams by assigning consultants, advocating for sufficient time and resources for QI project work, facilitating meetings, reviewing progress, trouble shooting, assuring changes or remedies are implemented.
   viii. Guide and support the development of a quality culture within the agency.
   ix. Provide for public recognition of teams.
   x. Plan and lead annual review of Division performance measures.
   xi. Review organization performance and align projects to strategic plans.
   xii. Develop dashboards or other measures to track volume and status of QI projects.
   xiii. Develop dashboards or other measures to track performance of identified measures.
   xiv. Recommend structure or policy changes based on learning from teams.
   xv. Prepare reports on progress.
   xvi. Identify and publish results, share learning, celebrate successes.

3. **Subteams**

   Because of the large amount of work associated with increasing staff ownership for all aspects of our quality culture, QCT forms sub teams as necessary.

   a. Structure

i. Accountable to QCT.
ii. Membership consists of Green Belts, Quality Management Consultants, and leaders of QI projects. Some will be members of QCT and some will not.
iii. Responsibilities are consistent with QCT team responsibilities.

4. **Division Quality Circles** are responsible for developing and managing quality activities within the divisions. The Quality Circle members champion quality efforts within the Division, setting program and division performance measures, prioritizing and authorizing Division quality improvement projects and actively modeling and supporting a quality culture. They meet monthly to accomplish work.

   a. Structure
      i. Group size is 12-16. Membership includes: An Executive Sponsor (either the Division Director or Assistant Division Director), staff from all levels in the Division. Quality Circles should consider inviting a member from outside the Division and should consider including at least one person who works closely with our external community on public health issues.

   b. Responsibilities
      i. Align Division quality activities with agency vision and with agency and division mission and strategic plans.
      ii. Take active steps to include all staff in creating and sustaining a learning culture and involve staff from all levels in the Division in quality processes.
         a. Use an open process, accessible to all Division staff, business documents are posted and accessible on “the HUB” intranet site.
         b. Take calculated risks, learn from mistakes, and strive to improve.
         c. Solicit input from internal and external customers.
         d. Further the Department’s commitment to eliminating health inequities.
         e. Model the Department values of respect, integrity and leadership.
      iii. Support a work culture that embraces quality through efforts such as hiring, training, and supporting staff to embrace quality as part of their professional work.
      iv. Develop, monitor and learn from program and division performance measures.
      v. Actively use quality tools and principles to improve work processes.
      vi. Gather, analyze, report data on at least a quarterly basis.
      vii. Identify and disseminate results, share learning, and celebrate successes.
      viii. Participate in annual review of Department performance measures.

C. ROLES AND RESPONSIBILITIES

Director
Quality champion and spokesperson; active participant in QST; provides environmental context and communicates long term quality vision and goals.

Deputy Director
Executive sponsor for agency quality improvement efforts; champion for our foundational priority, "Our organization is high performing, innovative and quality focused:" as the Director for the Administrative Services Division is an active participant in QST; responsible for the administration of the Department's quality initiatives.

Division Directors
Active participant in QST; authorize and support Quality Circles within their Division; model and empower an active quality culture within the assigned areas of responsibility and with the agency; assign resources to support approved quality projects; use performance data to set meaningful targets and make changes to achieve better outcomes.

Administrative Managers
Rotate participation on QST as a representative of Management Team; participate in Division Quality Circle; authorize quality improvement projects within areas of authority; model and empower an active quality culture within the assigned areas of responsibility and within the agency; assign resources to support approved quality projects; use performance data to set meaningful targets and make changes to achieve better outcomes.

All Department Staff
Understand and apply the principles of quality culture – customer focus, process approach, continual improvement, and using evidence (data) to inform decisions; take responsibility for the quality of work – suggest improvements, participate in change efforts, share strategies that are effective; collect and report data for performance measures; use data to identify areas needing improvement.

Project Executive Sponsor
Champion a specific quality improvement project within the broader environment. Authorize resources for quality projects, and assist Action Team to solve problems. Monitor outcomes and hold team accountable for deliverables. Challenge team to innovate. Support implementation of solutions.

Quality Management Consultants
Have significant experience and certification in quality improvement and quality management processes. They advise, consult, train, refine and build understanding and skills for quality management throughout the organization.

D. STAFFING AND ADMINISTRATION

1. All Department Staff
   Every person in the Department is important to our Agency's quality efforts. We all play a role in building and sustaining an agency that produces quality work and effectively improves the health of communities in Pierce County.

2. Staff is expected to:
   a. Follow Department quality policies and principles.
   b. Work to align their quality activities with the Department's vision, mission and strategic plan.
   c. Engage in quality efforts and projects.
   d. Participate in quality trainings (i.e. QI, performance measures, etc).
   e. Support and encourage others to engage in quality efforts.
   f. Share their successes with others at the agency.
   g. Integrate quality improvement concepts into daily work.
   h. Understand how their program performance measures support division and department-level quality efforts.
   i. Collect and report data for performance measures.
   j. Use data to identify areas needing improvement.

3. The Office of Assessment, Planning & Improvement (OAPI) provides technical support to the Department's quality infrastructure and systems. This support includes:
   a. Hire and supervise Quality Consultants who provide consultation, support and technical assistance to the department's quality improvement efforts, performance measurement activities and quality culture activities.
   b. Deliver staff training in Quality methods and tools.
   c. Provide technical assistance to program staff to track and trend their performance data.
   d. Provide technical assistance to Division Quality Circles conducting quality projects and performance management efforts (e.g., data collection/analysis, program evaluation, performance measure selection, monitor and report select

performance measures, data analysis, meeting facilitation, project management tools or participation as a team member).

4. Staff members with Lean/Six Sigma Green Belt responsibilities include:
    a. Regularly participate in the QCT.
    b. Provide technical assistance on quality methods and tools to QI projects/process improvement efforts throughout the Department (including divisions other than theirs).

5. Health Equity Coordinator provides consultation and support to ensure health equity is embedded in our quality efforts including performance measures.

E. Budget and Resource Allocation

Finance and division staff members provide budget consultation on available resources as required/approved to facilitate QI projects.

III. Quality Improvement Training

Employee competencies include expectations for understanding and participating in quality improvement efforts. The department's yearly training plan will include continued investment to train staff on QI principles, tools and techniques. Also, OAPI members (including the Quality Management Consultants) are available to consult, train and advise on topics such as: performance management, developing meaningful performance measures, project management, change management, lean principles, and tools. QST and QCT members are responsible for developing a routine process to acknowledge and celebrate success as well as discuss poor outcomes and what can be learned.

IV. Quality Improvement Project Identification and Alignment with Strategic Plan

In 2016, the department completed the 2016-2020 Strategic Plan. Performance measures for 2017 and forward will be aligned in a clear "line of sight" manner with the strategic directions and goals developed in the plan.

Quality Improvement (QI) projects involve time limited teams that assess, plan, implement and monitor improvements to a specific process using quality improvement tools. Agency leadership empowers staff members working on a quality improvement project to respond to customer feedback and think creatively about how to improve work processes to be more efficient, effective and better match customer needs.

a. Structure
    i. Group size is variable and project specific. It consists of those closest to the work and committed to making improvements, the project sponsor, and a quality management consultant, if assigned.
    ii. QI project teams assign leadership and determine meeting frequency at a level sufficient enough to keep the project moving forward on budget and within timeframe.

b. Responsibilities
    i. Use the principles of Quality Improvement to examine business processes and make data-driven improvements, reduce errors, improve customer satisfaction, and efficiency.
    ii. Evaluate results of process changes and continue to make improvements.
    iii. Celebrate successes and share results.
    iv. Identify any policy or structure issues that impact the work but are outside the scope of the project.
    v. QST selects, defines and sponsors complex department-wide projects. QST evaluates department-level projects against the following criteria. The proposed project should:
        a. Have a direct and significant impact on a strategic objective.
        b. Address an issue or process that is high-risk, high-volume, problematic and/or currently out of compliance with a policy, regulation or PHAB standard.

   c. Access resources (time, staff, and funds) in a way that does not negatively impact other priorities.
   d. Have sustainable outcomes.
   e. Address improvement in customer service and/or efficiencies; and not duplicate other projects currently underway.

vi. Teams may launch projects as needed and as resources permit.

vii. Quality projects use a variety of improvement methods to guide them. Depending on the circumstances, they will most likely follow quality planning (QP), QI, or lean/six sigma methods. In general, these methods will be consistent with the Department's Public Health Improvement Model steps (see Figure 1).

viii. Quality projects use the QI Project Definition Document (see QCT shared documents on the Hub). This document guides the sponsor, designated leader, and team through the important project definition phase. It is expected that each project team will update sponsors during the course of the project, at the conclusion of significant milestones. Sponsors may choose to have more frequent updates as needed.

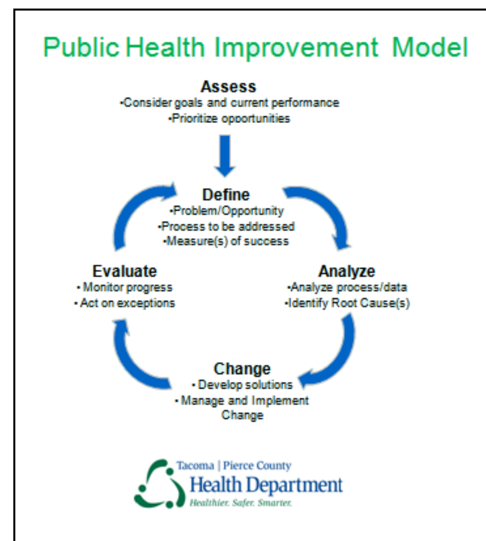


Figure 1

ix. Quality leaders such as Quality Management Consultants, Green Belts and OAPI staff will support project leaders and their teams through standard training sessions on quality principles, methods and tools, as well as ad hoc consulting on an as needed basis.

x. Quality projects are expected, at a minimum, to provide a written overview of their journey and key findings. Written project summaries will be posted on The Hub (intranet) Quality Culture site.

c. Quality Improvement (QI) Projects are either initiated by staff members or quality teams as they analyze performance measurement data. Those working on the project have the authority and responsibility to define the problem and to assess and develop a solution or intervention following quality improvement standards of practice. Authority to initiate or approve projects is related to project scope.

Project Scope	Authority to approve
One Division or Program	Division Quality Circle
Two or more Divisions	Quality Coordinating Team
Agency wide significant projects	Quality Steering Team

V. PERFORMANCE MANAGEMENT SYSTEM

The Department's performance management system aligns and integrates the approach to improving results through evidence-based decision-making, continuous organizational learning, and performance improvement (see Figure 2). The performance management system enables the department to focus on learning and improvement by integrating all aspects of management, policy-making processes and transforming practices and processes so the focus is on achieving improved results and better health outcomes. The selection and use of evidence from performance measures allows the QST to understand if the Department is improving the health of Pierce County residents and if divisions are implementing efficient and effective processes and programs.

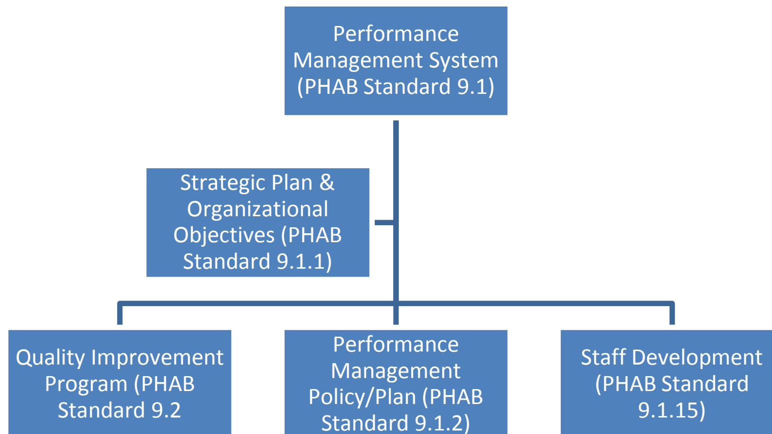


Figure 2

The Division Director will identify responsible staff for collecting and entering performance data on a regular basis. All Performance Management data will be entered into The Hub (Intranet site) Divisional Quality Structure location.

- Division Quality Circles review program and Division performance measures quarterly.
- The QCT reviews Division level performance measures quarterly.
- The QST reviews department level performance data every six months.
- The QCT presents a summary of performance measures annually.

VI. Quality Improvement Plan Monitoring

Program-level quality improvement is continuous and a part of daily work. Green Belt staff members in each Division provide leadership and technical assistance in the methods and tools appropriate for program level process improvement efforts. Quality Management Consultants and the Quality Program Manager within the Office of Assessment, Planning & Improvement can assist and consult on more complex quality initiatives.

QI project teams include a "process owner" who ensures quality controls are in place and incremental improvement is achieved as appropriate.

A. Program Evaluation Reports

Program and process evaluations are a regular part of our quality culture and are conducted as part of the quality support provided by OAPI. Division Directors and Administrative Managers request program evaluations through OAPI, and the requests are prioritized. Divisions share completed evaluations that affect a single program as needed to their staff. Project leads provide evaluations that have broader agency impact to the QCT, and post on The Hub for staff to view.

B. Review of After-Action Reports and Issue Debriefs

Staff also develop internal debrief reports for projects, processes and events that involve multiple divisions or multiple community partners to record recommendations for internal improvements. The appropriate Division Director or Administrative Manager will provide summaries of written reports to QCT for review and will post the report on The Hub.

C. Public Health Accreditation Board (PHAB) Accreditation

The department uses PHAB Accreditation to assess its performance against a set of national public health standards. This compliance/review process assists the department in identifying performance improvement opportunities, enhance management, develop leadership, and strengthen collaborative partnerships within the community.

Through accreditation, the department continues its commitment to quality and performance improvement.

VII. Quality Improvement Communications

Staff can find the QI plan on the department's Intranet site, The Hub, in the Cross Division Team location under Quality Structure tab. Agency leadership will also share with the Board of Health.

Results of QI projects and our performance measures will be shared throughout the department to encourage and enhance the department's quality culture. Opportunities to share and fully engage staff include:

- All-Staff meetings.
- Program meetings.
- Electronic newsletter, "The Latest".
- Informally through story boards, Kan-Ban boards and celebrations of completed projects.

VIII. Quality Improvement Plan Revision and Review

The QCT revises the QI plan biennially to reflect growth and change in the quality culture of the Department. QST approves the plan in January of each year.

QCT completes an annual evaluation of the previous year's quality efforts: Year 1 evaluation informs any revisions to the QI plan and calendar for Year 2. The Year 2 evaluation is more comprehensive, reflecting back on the previous year and soliciting customer/stakeholder input for the next biennial QI Plan.

The Department provides an annual report to the Board of Health on QI and performance management efforts. Customer service and health equity successes are also highlighted.

APPENDIX A

GLOSSARY OF KEY QUALITY & PERFORMANCE MANAGEMENT TERMS

Strategic priorities are Tacoma-Pierce County Health Department's (DEPARTMENT) broadest, long-term organizational goals that define desired results associated with specific strategic issues. All priority goals and objectives should flow from these directions.

Vision is a statement of the agency's goals—why it does what it does and what it hopes to achieve.

Mission is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work.

Strategic planning is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization.

Goals are general statements expressing an organization's (Dept., division, program) aspirations or intended effects, often stated without time limits. Goals may not necessarily be stated in quantitative terms though they should be associated with one or more measureable objectives.

Performance measures are quantitative indicators of performance and can be used to show progress toward a goal or objective overtime. It is the specific number representation of a capacity, process, or outcome that is relevant to the assessment of performance. [Note: sometimes performance measures are confused with objectives. For our purposes, when we talk about performance measures, we are only referring to what is being measured (number + unit of measure), not the entire SMART objective (see definition of objectives below).]

Types of performance measures:

Process measures are the steps or activities in producing a product or service and provide feedback on how well you are performing a process.

For example:

- Number of days between a request for services and an actual meeting with a service provider.

Outcome measures are the expected, desired, or actual results from the outputs of the activities of a service or agency and shows whether you made progress in reaching your ultimate goal.

For example:

- Percentage of children with age-appropriate immunization levels at age two.

Target: The quantifiable amount of improvement to be achieved. For example, "from 85% to 95% of children receive …"

Stretch goal/stretch target is a quantitative target that is well beyond the organization's current level of performance. Stretch standards can provide a higher bar for performance that remains stable over the course of several evaluation cycles.

Timeline: The time allotted to achieve the targeted performance. For example, "by end of year, by end of third quarter, within 6 months of start of program.

Objectives are results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable, attributable, realistic, time-limited statements of intention (a.k.a., SMART). Objectives include a direction, target, measure, and timeframe. For example: "Increase the % of children under two in county registry who receive all recommended immunizations from current 85% to 95% by January 2013." You cannot manage your progress toward strategic goals without objectives. People sometimes confuse objectives with performance measures, which is one component of a SMART objective (see definition of performance measures above).

Baseline is the current quantitative level of performance at which an organization, process, or function is operating.

Benchmark is a quantitative level of performance, which defines best in class results. A benchmark may be utilized to define a stretch standard. For example, we may determine that

the immunization rates of an LHJ in another state are the best in the country and therefore set that rate to compare ourselves against.

Customer standard is a quantitative target for performance based on feedback from the customer. A customer standard can be used to determine if the existing process/system is statistically capable of meeting customer requirements. For example, the current range of performance of a process may show response time varying between 25 and 40 days but the customer standard might be less than ten days.

Variation: The quantitative range and pattern of variation of a performance measure. Understanding the variation in results over time and within samples is key to improvement and should be taken into account whenever evaluating performance measures.

Performance measurement is the selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public. It is the regular collection and reporting of data to track work produced and results achieved. It is what we do to determine if we are making progress toward our objectives.

Performance management is what you do with the information you learn and knowledge you gain from measuring performance. Performance management is an ongoing, systematic approach to improving results through evidence based decision-making, continuous organizational learning, and a focus on accountability. **Continuous quality improvement** is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas throughout the agency. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. A variety of methods and tools (QI/QP/Lean, etc.) are utilized as part of a larger, on-going system of improvement. Performance measurement tells us what we need to work on; Performance management helps us to prioritize and organize what we work on; and CQI helps us to do the work.

Quality Improvement Project: A time-limited effort to improve an existing process regarding a specific quantitatively defined problem such as error frequency, cycle-time, etc. A quality improvement project typically hands-off to operations for the control and on-going improvement of the process in question. QI is also known as process improvement, six-sigma, etc.

Quality Planning Project: A time-limited effort to design a new process or service. A QP project differs from other planning efforts in that it is focused on customer requirements and utilizes

quality/lean design principles to prevent failure. A quality planning project typically hands-off to operations for the on-going control and improvement of the process in question. QP is also known as process design, design for six-sigma, Hoshin planning, quality by design, etc.

Quality Control: The actions, tools, and methods used to limit variation in an existing process. These include process measurement and display tools such as line charts and control charts, but also the use of process controls such as training aids, process documentation, reminders, inventory triggers (Kanban) and failure proofing (poke yoke).

Program QI: The application of quality management tools and methods at a program level. Program QI typically includes an assessment of program purpose and goals, customer needs, and current quantitative performance in order to identify specific improvement opportunities. While programs may have focused projects or focused events (Kaizen), the work is not time-limited. Programs will take their key processes through repeated cycles of improvement.

Lean: An organizational focus on reducing waste and adding value through the application of particular improvement methods and tools, including 5s, value stream analysis, inventory triggers (Kanban) and failure proofing (poke oke).

Public Health Accreditation Board (PHAB) is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, June 2015).

PHAB Domains are groups of standards that pertain to a broad group of public health services. There are 12 domains; the first ten domains address the ten Essential Public Health Services. Domain 11 addresses management and administration, and Domain 12 addresses governance. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, June 2015).

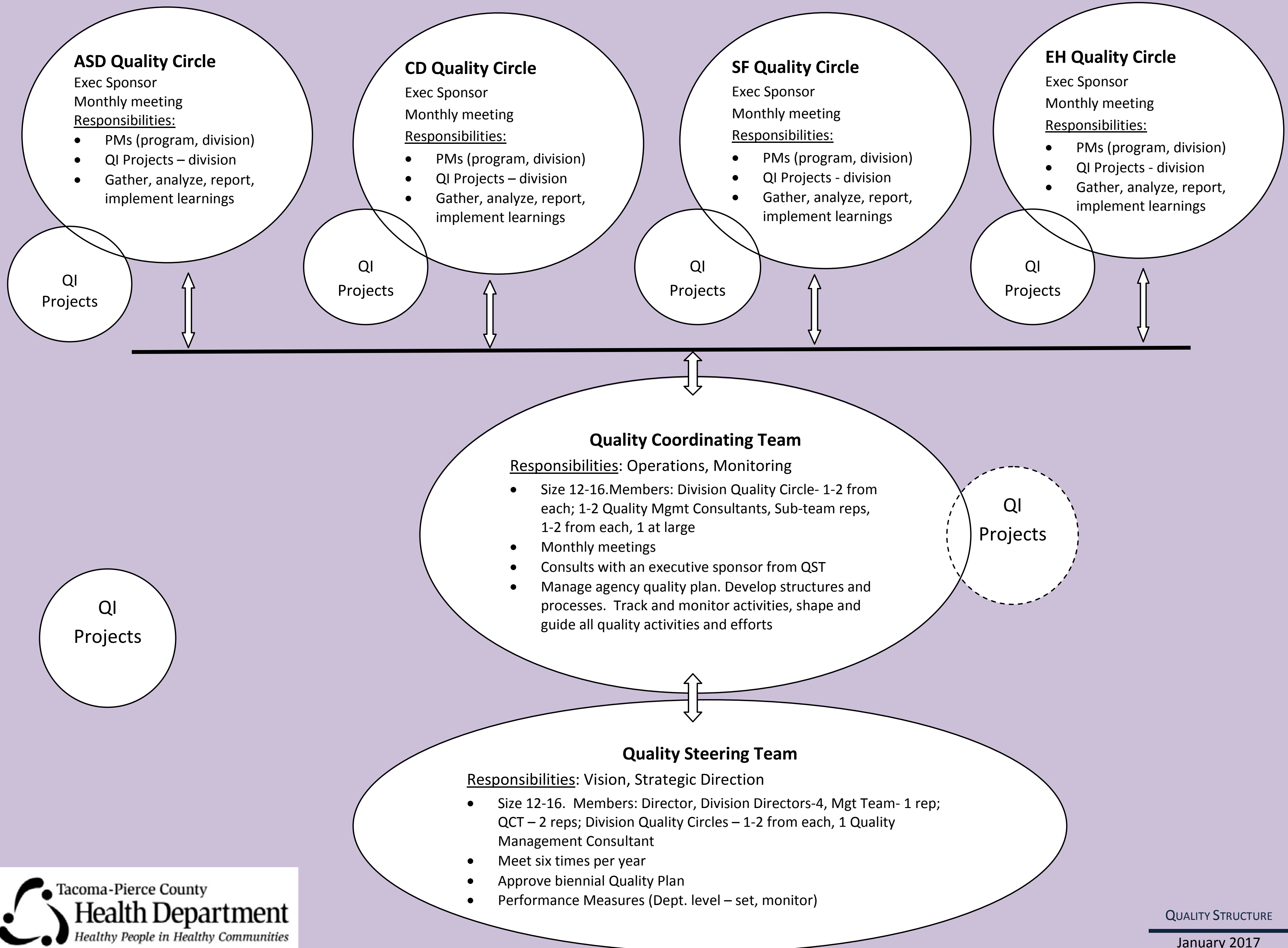
PHAB Standards are the required level of achievement that a health department is expected to meet. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, June 2015).

PHAB Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a

measure. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, June 2015).

Accreditation for public health departments is defined as:

- The development and acceptance of a set of national public health department accreditation standards;
- The development and acceptance of a standardized process to measure health department performance against those standards;
- The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
  The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. June 2015).


ALL STAFF
ASD Quality Circle
Exec Sponsor
Monthly meeting
Responsibilities:
• PMs (program, division)
• QI Projects – division
• Gather, analyze, report, implement learnings
CD Quality Circle
Exec Sponsor
Monthly meeting
Responsibilities:
• PMs (program, division)
• QI Projects – division
• Gather, analyze, report, implement learnings
SF Quality Circle
Exec Sponsor
Monthly meeting
Responsibilities:
• PMs (program, division)
• QI Projects - division
• Gather, analyze, report, implement learnings
EH Quality Circle
Exec Sponsor
Monthly meeting
Responsibilities:
• PMs (program, division)
• QI Projects - division
• Gather, analyze, report, implement learnings
QI Projects
QI Projects
QI Projects
QI Projects
Quality Coordinating Team
Responsibilities: Operations, Monitoring
• Size 12-16.Members: Division Quality Circle- 1-2 from each; 1-2 Quality Mgmt Consultants, Sub-team reps, 1-2 from each, 1 at large
• Monthly meetings
• Consults with an executive sponsor from QST
• Manage agency quality plan. Develop structures and processes. Track and monitor activities, shape and guide all quality activities and efforts
QI Projects
QI Projects
Quality Steering Team
Responsibilities: Vision, Strategic Direction
• Size 12-16. Members: Director, Division Directors-4, Mgt Team- 1 rep; QCT – 2 reps; Division Quality Circles – 1-2 from each, 1 Quality Management Consultant
• Meet six times per year
• Approve biennial Quality Plan
• Performance Measures (Dept. level – set, monitor)
Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities
QUALITY STRUCTURE
January 2017