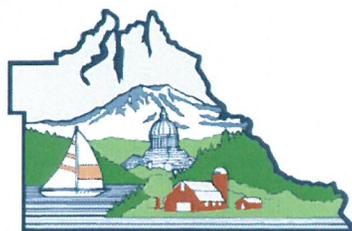


COUNTY COMMISSIONERS

John Hutchings  
District One

Gary Edwards  
District Two

Bud Blake  
District Three



**THURSTON COUNTY**  
WASHINGTON  
SINCE 1852

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT**

Schelli Slaughter,  
Director

Rachel C. Wood, MD, MPH  
Health Officer

**Date:** February 7, 2018

**To:** Jeanie Knight, Disease Control & Prevention Division Director

**From:** Schelli Slaughter, Department Director

SS

**Re:** Appointment to Quality Improvement Planning Committee

You have been appointed to serve as a member of the 2018 Thurston County Public Health & Social Services Quality Improvement Planning Committee. Your selection is based on your current job assignment, your background, and your ability to help the Department incorporate quality improvement principles and practices into our daily work.

The Committee will meet every other month during the 2018 calendar year. The attached document provides additional detail about the goal, expectations and activities of the Committee. Mary Ann O'Garro will be arranging meetings and is available to assist you as a member of the Committee.

Thank you for your contributions to the Department and willingness to participate in this effort. I look forward to seeing what the Committee accomplishes together.

## **Quality Improvement Planning Committee (QIPC)**

Thurston County Public Health & Social Services Department

### **Opportunity**

The Department was awarded a grant by the National Association of City and County Health Officials (NACCHO) to address readiness to apply for Public Health Accreditation in the areas of Performance Management and Quality Improvement.

### **Goal**

The Quality Improvement Planning Committee (QIPC) is tasked with kicking off a renewed focus on Department-wide Quality Improvement in calendar year 2018, which supports the Department value of Service Excellence.

### **Membership Expectations**

- Serve on the Committee for one calendar year.
- Attend scheduled meetings of the Committee, which are anticipated to be every other month.
- Participate in sub-committees or ad hoc committees as time and interest allows.
- Engage in new learning and/or orientation as recommended or as is beneficial for Committee members.
- Assist in the planning and/or review of priority performance management and quality improvement activities.
- Engage in knowledge sharing of Committee activities with non-members and others as opportunities arise.

### **Priority Activities**

- Update the Department Quality Improvement Program Policy
- Develop a Charter for the group overseeing the Department Quality Improvement Program
- Support the completion of an Organizational Performance Management Self-Assessment
- Support the development of a written description of the Department Performance Management System

### **Background**

The Department has a Quality Improvement Policy (11-314) that establishes a Department-wide program. The policy does not reflect the current organizational structure of the Department and needs updating. The Department has an interest in Public Health Accreditation and meeting requirements that are associated with that.

### **Contact**

- For more information contact Mary Ann O'Garro.

# 2018 Member Roster

## Quality Improvement Planning Committee

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### Committee Members

- ◆ Susan Buckalew, Administrative Assistant I  
Vital Services
- ◆ Jerry Caird, Environmental Health Specialist II  
Food and Environmental Services
- ◆ Chris Hawkins, Manager  
Community Engagement, Evidence and Partnerships
- ◆ Jeanie Knight, Division Director  
Disease Control and Prevention
- ◆ Jennifer Popchockhakim, Social Services Program Specialist III  
Thurston/Mason Developmental Disabilities
- ◆ Gretchen Thaller, Manager  
Maternal Child Health

### Support Staff

- ◆ Mary Ann O'Garro, Epidemiologist  
Community Engagement, Evidence and Partnerships

# Training Options

## Quality Improvement and Performance Management

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The following training has been evaluated for use with the public health workforce. This list will be added to as trainings are recommended and evaluated for Department staff.

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### **CQI for Public Health: The Fundamentals**

The Ohio State University, College of Public Health

<https://osupublichealth.catalog.instructure.com/courses/phqi-0001>

#### Audience

- Anyone with an interest, but not extensive knowledge of the topic. (beginner/introduction)

#### Cost

- No fee, registration/enrollment is required.

#### Summary

- This self-study course has three modules, the first module *Introduction to CQI* (continuous quality improvement) may be useful for individuals interested in basic information about this topic. The second module *Problem-Solving PDSA* (plan-do-study-act cycle) provides an orientation to this quality improvement process.
- Each module takes approximately 60 minutes to complete. A certificate is available, if all three modules are completed. Clock or contact hours are available to some professionals, including Registered Sanitarians and Health Educators.

#### Registration

- Enrolling involves filling out a simple one page form. When completed, an email from *Canvas* will come to confirm your enrollment. You will be asked to set up a password, which allows you to login and out of the training.

## **DRAFT Quality Improvement Policy Language**

Thurston County Public Health & Social Services Department

### **TITLE**

Building a Culture of Continuous Quality Improvement and a Department-wide Quality Improvement System

### **PURPOSE**

The purpose of this policy is to build and maintain a culture of quality improvement that is Department-wide. The policy ensures that:

- Continuous quality improvement activities are integrated across all operations of the Department.
- The continuous quality improvement system is data-driven and facilitated by a wide array of staff in order to incorporate team knowledge and diversity.

### **APPLICABILITY**

The policy applies across the Department, which includes all divisions, offices, programs, services and teams. For the purpose of this policy, quality improvement is defined as a continuous system of activities that gradually improve the products and processes of the Department's programs and services.

### **ROLES AND RESPONSIBILITIES**

The Department's Quality Improvement Committee will oversee activities described in the policy and work collaboratively with the Department Leadership Team to implement these activities.

Membership of the Quality Improvement Committee will include broad representation across the Department consisting of different levels of staff to ensure inclusion and integrate diverse perspectives. Quality Improvement Committee members are appointed by the Department Director and will consist, at minimum of seven total members.

Membership will include the following types of employees:

- Division directors, managers and/or supervisors
- Public health and non-public health program and service employees
- Employees with assessment, evaluation, quality improvement and/or performance management experience

The Quality Improvement Committee will meet no less than quarterly.

## **COMMITTEE ACTIVITIES**

The primary activities of the Quality Improvement Committee are:

- Developing and maintaining an annual committee workplan in collaboration with the Department Leadership Team.
- Sharing progress, accomplishments and recommendations derived from committee work with the Department Leadership Team at least annually.
- Providing training and education on quality improvement methods and tools to Department staff at least annually.
- Providing technical assistance to interested Department divisions, programs, services or teams to conduct quality improvement projects.
- Providing technical assistance for the development and implementation of credible, meaningful performance measures.
- Reviewing the Department's Quality Improvement Policy no less than every three years.
- Providing support for the development of new Department policies and procedures related to quality improvement and organizational performance management.
- Conducting an organizational performance management self-assessment no less than every five years.
- Developing and maintaining a Department Quality Improvement Plan.