We conducted three subjective opinions and health outcome data rather than with subsequent self success and/or improvement as an agency opposed to the current plan which was based results which made it perceptions. We provided QI training to our entire 118 member staff. At the end of the training we had 12 new fishbone diagrams which we will be using over the course of the next few years for QI projects as well as all of our staff having an overview of QI and why it is important to infuse it into our program plans. We provided QI training to our entire 118 member staff. At the end of the training we had 12 new fishbone diagrams which we will be using over the course of the next few years for QI projects as well as all of our staff having an overview of QI and why it is important to infuse it into our program plans.

1. Getting Started
CMDHD leadership team completed the Operational Definition self-assessment. They reviewed the results and determined we were very good at “Planning” and “Doing”, but not so good at “Checking” and “Acting”. We do measure customer satisfaction as a form of program evaluation. Michigan has a public health accreditation process that focuses on program outputs, policies and procedures, but less on program and health outcomes. We have an agency strategic plan to improve agency operations, but it is not focused on community involvement, best practices and data collection/analysis. The administrative team decided to concentrate on Domain IX A. LHD Evaluation Strategy Focuses on Community Outcomes as its primary target area, but wanted to develop strategies that would improve the scores in all of the domains and in all cases would have an emphasis in quality improvement. This approach will lead us to our goal of being able to build capacity to improve performance and health outcomes, while also, preparing us for national accreditation.

2. Assemble the Team
Our “Dream Team” consisted of the health officer and 4 directors. Three of the directors provide direct service and the 4th is our expert “IT Guy”.

3. Examine the Current Approach
The Central Michigan District Health Department (CMDHD) is innovative and creative in implementing new ideas and/or finding new approaches to current processes. Seldom do we take the time and/or effort to determine if these new programs/processes are actually improvements. We have an agency plan, but it is not data-driven and cannot be measured except by staff perceptions.

4. Identify Potential Solutions
Design a plan based on the self-assessment results which made it “data-driven” plans as opposed to the current plan which was based on the thoughts and feelings of vocal staff members. We will be able to measure our success and/or improvement as an agency with subsequent self-assessments, surveys and health outcome data rather than subjective opinions.

We conducted three test-projects during the grant period. We chose a Personal Health, Health Education and Environmental Health program and had each division director conduct their own rapid cycle improvement process. The three test-projects also used data or evaluation results to guide their projects rather than “going with your gut”. The data generated and/or new processes implemented have shown improvements in health and/or agency efficiency in two of the three projects.

2. Assemble the Team
Our “Dream Team” consisted of the health officer and 4 directors. Three of the directors provide direct service and the 4th is our expert “IT Guy”.

5. Develop an Improvement Theory
Our improvement theory is that if we can develop and implement a strategic quality improvement plan based on survey data and the Operational Definition domains that we will have improved employee performance and improved health outcomes. Plan->Do->Check->Act

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6. Test the Theory
With the advice and expertise of our consultant Janan Wunsch-Smith and project leader, Mary Kushton, the staff and leadership team developed an agency quality improvement plan that incorporated the “data” from the self-assessment and Baldrige surveys and the staff input on how to improve the self-assessment scores. Affinity diagrams were used to combine similar ideas and concepts. The group referenced the Michigan QI Guidebook, participated in the TA Extravaganza and the Public Health Foundation Memory Jogger. Two of the test projects utilized fishbone diagrams as well.

7. Check the Results
The new (10 page) agency plan was completed, shared with the Central Michigan District Board of Health at its November meeting and shared via a district-wide conference call and PowerPoint presentation with all staff. The plan includes 7 goals that are based on the Operational Definition domains. Each goal has at least two, time-specific objectives and strategies. These will be “checked” at the monthly administrative staff meetings.

The initial response has been nothing but positive. The staff is eager to begin the plan which will begin in January 2009.

8. Standardize the Improvement or Develop New Theory
The agency’s quality improvement plan will be implemented in January 2009. It will be monitored on a monthly basis and revised as necessary, but at least annually. The Baldrige survey and the Operational Definition Self-Assessment will be repeated in May 2010 to measure improvement and to adjust the plan as the data/feedback warrants.

9. Establish Future Plans
The administrative team will continue to offer quality improvement training opportunities to the staff and will encourage board members to do the same.

Once the agency has valid community health assessment data, it will be able to utilize the data to create quality improvement benchmarks as part of the PDSA planning process for agency programs. We have 12 fishbone diagrams already developed by the staff which we will be using as starting points in our QI efforts.

Small-group “Fishbone Diagram” development.