Livingston County Department of Health
Plan-Do-Check-Act Quality Improvement Process- Storybook
Mt. Morris, NY-140 Employees serving a population of 65,000

1. Getting Started/Assemble the Team:
   In 2000, the six Center Directors (Administration and Fiscal Management; EMS, Environmental Health, Patient Services, and two Center for Preventive Services, 11 Supervisors, and 1 staff member first began discussing Essential Services, the Operational Definition, and voluntary Accreditation. Each year discussions continued. The Department applied its activities to the 10 Essential Services (2005-2006). This was the indicator that there was still work to be done. The Team added a facilitator and QI Consultant, completed the orientation process, set the agenda, and completed the LHD Self-Assessment Tool for Accreditation Preparation. The Team selected a Quality Improvement Project: Incorporating core competencies in the performance appraisal process.

2. Examine the Current Approach:
The Accreditation Team concluded that competencies are fundamental to any practice and the current performance appraisal process lacked competency specificity. Utilizing the Force Field Analysis, the Team identified the strengths that would contribute to the success of the QI process, and those that could potentially be problematic. The Team realized the QI project was multi-faceted; identifying several tasks requiring completion before the inclusion could take place.

3. Identify Potential Solutions:
a. Utilizing Radar Charts, identify fundamental core competencies applicable to all staff.
b. Analyze the Performance Appraisal process; develop a singular process implemented by each Center consistently.
c. Develop a Communication Plan to explain Accreditation, Core Competencies, and the process to the entire Staff.
d. Select certain titles that might be grouped for Core Competencies.
e. Incorporate (developed or adopted) Core Competencies into the Performance Appraisal Process.

4. Develop an Improvement Theory:
The Team agreed that developing fundamental Core Competencies and incorporating them into the Performance Appraisal Process would improve performance. The Team concluded that incorporating Core Competencies based upon title and job responsibilities would enhance the skills of staff, result in positive community health impacts, provide opportunities for advancement, enhance competency cross training.

5. Test the Theory:
a. The Team evaluated how each Center rated (scale of 1-5) utilizing the 8 Core Competencies (developed by Council on Linkages), then each Center evaluated how the Department ranked (scale of 1-5).
b. Discussion uncovered that the Performance Appraisal process varied by Center. Flow charts for each Center’s process were developed, consolidated into a singular process.

6. Check/Use Data to Study Results of the Test
   The similarities among the Centers for both Radar analyses were astounding and gave reassurance that the Team (and Department) was on the right track.

   Using the Eight Core Competencies, the Team identified 1-3 elements for each that all staff, regardless of title, job description, or Center, which they would be expected to meet. A detailed discussion, with examples of how they would apply to each staff member followed. The team is confident that these core competencies are the first step toward completing the QI project, understanding that the QI project will be on going for several years.

   Currently staff is tracking the time from commencing the Performance Appraisal process to completion to determine if the process is too lengthy, if there are barriers, and/or if there are ways to streamline the new process. The estimate was that the process takes from 4-8 weeks. Based upon one month of analysis, the process is taking less than 3 weeks.

   The Accreditation Team developed a Communication Plan to be implemented that would keep all staff informed; engage them in the process of QI and Accreditation.

7. Standardize the Improvement or Develop New Theory-
The QI tools have been incorporated into the Department’s day-to-day work, preparing or planning for a project. It is anticipated the QI process will have long-lasting effects on the Department’s program evaluation plan.

   Continuing with the QI process includes: completion of the above, utilizing the tools learned from this project in other QI projects and incorporating the QI tools into the daily work plans.

8. Establish Future Plans
   Task #1- Incorporation of the fundamental Core Competencies will be incorporated into the Performance Appraisal form, commencing February 2009. (It was decided to implement this once the entire staff has been informed of the QI project.)
   Task #2- The singular process and time frame for Performance Appraisals will be evaluated after three months (February 2009).

   The Accreditation Team has identified the next steps:
   1. Identify the Core Competencies required for each title, incorporate them into the Performance Appraisal Process.
   2. Identify the order in which titles will be worked on.
   3. Identify existing competencies that are appropriate/applicable and can be incorporated into the performance appraisal process.

   4. Implement the Communication Plan.
   The Team is ready to move into Phase 2, which captures the next steps for the QI project and preparation for Accreditation. The Team has developed a Communication Plan, which will provide information to the entire staff about the Quality Improvement project, Core Competencies, and Accreditation. The Gantt Chart below outlines the work expected from January to October 2009. This QI project addresses a deficit found in the Self-Assessment matrix with regard to Core Competencies, it also addresses the need to improve on evaluations for programs and services. A recent review of the Self-Assessment results indicates that this QI project has moved the Department closer to Accreditation readiness. The information shared, exposure to the various tools, and applicability to the Ten Essential Services, is not only a benefit not expected, but enhances the Department’s ability to meet the Accreditation indicators.

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