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Subject: Quality Improvement Plan	APPROVED BY: Stephanie Dockweiler, RN, BSN, PHN Health Department Director Signature:  4/8/13	
Reviewed:		
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1. **Purpose:** To support a culture of quality within the Malheur County Health Department/WIC Program that incorporates a comprehensive philosophy of continuous quality improvement (CQI) in programs, customer service, and population health outcomes.
2. **Policy Statement:** To promote a culture of quality within the Malheur County Health Department/WIC Program to improve the health of our community by guaranteeing efficient, customer-focused processes and programs. Our Quality Improvement Plan (QIP) is a foundation for our health department quality improvement efforts and provides a framework for developing, monitoring, evaluating, and promoting continuous quality improvement (CQI) activities to improve overall performance that leads to improved population health outcomes.
3. **Key Terms:**
 - a. **Strategic planning and Program planning and evaluation:** Strategic Planning and Quality Improvement occur at the level of the overall organization, while program planning and evaluation are program specific activities that feed into the Strategic Plan and into Quality Improvement. (PHAB Acronyms and Glossary of Terms, 2009)
 - b. **Accreditation:** certification by a duly recognized body of the facilities, capability, objectivity, competence and integrity of an agency, service, or operational group or individual to provide the specific service(s) or operation(s) needed or expected (Public Health Quality Improvement Encyclopedia, 2012)
 - c. **Community Health Assessment:** is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation (PHAB Acronyms and Glossary of Terms, 2009)
 - d. **Community Health Improvement Plan:** is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in

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the community to improve the health status of that community (PHAB Acronyms and Glossary of Terms, 2009)

- e. **PHAB:** Public Health Accreditation Board, a non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments
- f. **Quality Improvement (QI):** is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. (PHAB Acronyms and Glossary of Terms, 2009)
- g. **Continuous Quality Improvement (CQI):** an on-going effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. It is also an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. (PHAB Acronyms and Glossary of Terms, 2009)
- h. **Quality Improvement Plan (QIP):** identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be in the Strategic Plan.(PHAB Acronyms and Glossary of Terms, 2009)
- i. **Quality methods:** Practices that build on an assessment component in which a set of indicators selected by an agency are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and reassesses to determine if interventions were effective. These quality methods are frequently summarized at a high level such as the Plan/Do/Check/Act (PDCA) or Shewhart Cycle. (PHAB Acronyms and Glossary of Terms, 2009)



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4. Overview of Quality in the Malheur County Health Department/WIC Program: The current state of Quality Improvement (QI) in the Malheur County Health Department/WIC Program is at the beginning stage with all of the current staff trained with an all-day professional training in QI tools and techniques. The department follows the PDCA cycle and we are in the process of implementing our first QI project using the Rapid Cycle Improvement Method. Over the next year, our goal is to continue training and complete 2 additional QI projects.

5. Governance Structure:

- a. Organizational structure:** The Health Department Director has designated a core Quality Improvement (QI) Team to lead QI efforts within the Malheur County Health Department/WIC Program.
- b. Membership and rotation:** The QI Team will consist of at least 8 members and represent a cross-section of job classifications and programs within Malheur County Health Department/WIC Program. Team members will serve a three-year term with staggering rotation, with no more than one-quarter of the team rotating off. Additional members to the team will be added for specific QI projects as their content expertise is required.
- c. Roles and responsibilities:**
 - i. All staff:** will be required to attend QI training; obtain an understanding of basic QI principles and tools through training opportunities; apply QI principles and tools to daily work; identify program areas for improvement and submit QI Project proposals; participate in QI projects; and collect and report data for reporting of performance measures.
 - ii. Health Department Director:** will provide vision and leadership for the QI program; advocate for a culture of QI; integrate QI principles in department policies and procedures; convene/facilitate the QI Team; determine resource allocation for QI programs and activities; and report to the County Commissioners regarding progress of QI activities.
- d. Staffing/Administrative Support:** QI Team members will be expected to attend regular monthly meetings, QI trainings, and engage in mentoring activities with other staff. Administrative support will be provided for QI activities as needed.

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6. Training:

- a. New employee orientation
- b. Introductory course for all staff
- c. Continue on-going staff training annually, or as needed

7. Project identification, alignment with strategic plan, and initiation process: The Malheur County Health Department/WIC Program is currently utilizing customer surveys, time studies, and/or gap analysis in order to identify QI projects and activities. A Malheur County Health Department/WIC Program QI Project Proposal form and QI Project Worksheet (Appendix A and B) have been developed to allow staff to identify future potential QI projects and activities. Prioritization of identified projects will be based on alignment with current Community Health Improvement Plan (CHIP) and strategic vision. The QI Team members will review QI Project Proposal forms as a regular agenda item at the monthly meetings and select QI projects to be conducted.

8. Quality Goals:

- a. All Malheur County Health Department/WIC Program staff received an introduction course in QI on February 8, 2013.
- b. Two QI projects will be completed at the Malheur County Health Department/WIC Program by December 31, 2013.
- c. Within three years, Malheur County Health Department/WIC Program will have progressed from completing QI activities to incorporating a QI culture agency-wide and will have incorporated continuous QI (CQI) activities in all processes and programs within the agency.

9. Description of how the QI program is measured, monitored, and reported:

- a. Quarterly evaluation of the quality program will occur within the QI Team. Goals and objectives of the QI plan will be reviewed and revised during the quarterly evaluations.
- b. Capacity measure: 100% of all QI Team members within the Malheur County Health Department/WIC Program will receive additional QI training by May 30, 2013.
- c. Process measure: All QI Team projects and activities will follow the PDCA Cycle, develop AIM statements, and focus on distinct projects that have estimated completion dates within three to six months of the start date

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- d. Outcome measure: 75% of QI Team projects will be completed within three to six months from start date and will have significant impact on performance measures, CHIP and Strategic Plan.

10. Description of how QI is communicated within Malheur County Health Department/WIC Program: Regular updates regarding QI projects, training, and initiatives will be provided as a regular agenda item at monthly All Staff Meetings.

11. Performance Measures: The selection and measurement of performance measures enables the QI Team to understand if the Malheur County Health Department/WIC Program is improving the health of Malheur County residents and if programs within the Malheur County Health Department/WIC Program are implementing efficient and effective processes and programs. Performance measures will be developed at the program level and will be based on the Malheur County Health Department/WIC Program Annual or Strategic Plan and the most recent CHIP. All measures will include a valid benchmark or target to measure data against. In March 2014, Malheur County Health Department/WIC Program’s Accreditation Team will develop program-level measures. Updates on progress toward these measures will be reported at QI Team meetings quarterly. Measures will be: meaningful, have data measured regularly (monthly or quarterly), report on efficiency and/or effectiveness, tie to a goal or objective, include a valid benchmark or target to measure against, are written with the intention of using data to improve processes, and must be reliable and repeatable.

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Malheur County Health Department/WIC Program Quality Improvement Calendar

Project Type	Accountable Staff	Project manager	Completion Date	QI Team Review
Quality Projects:				
1. Initial Check-In Time in FP Clinic	Clinic Staff	Stephanie Dockweiler	4/25/2013	5/6/2013
2. WIC Caseload	WIC Staff	Sandy Ackley	10/25/2013	11/4/2013
Performance Measures:				
1. Increase Immunization Rates	Clinic Staff	Kelly Jensen	5/1/2014	Quarterly
2. Increase FP visits	Clinic Staff	Angie Gerrard	5/1/2014	Quarterly
3. Outreach to teen population	Clinic Staff	Kathleen Quintero	5/1/2014	Quarterly
4. Increase Home Visiting Referrals	Home Visiting Staff	Rebecca Stricker	5/1/2014	Quarterly
Initiatives:				
County Health Rankings Summit	Stephanie Dockweiler	Stephanie Dockweiler	4/3/2013	5/6/2013
Immunizations Summit	TVIC	Kelly Jensen	4/11/2013	4/22/2013
Adverse Childhood Experience Summit	CCN Team	Rebecca Stricker	4/24/2013	5/6/2013
Breastfeeding Summit	Stephanie Dockweiler	Sandy Ackley	9/1/2013	9/9/2013
PHAB Performance Measures:				
Standard 1.1	Accreditation Team	Kelly Jensen	12/30/2013	1/6/2014
Standard 5.2	Accreditation Team	Kelly Jensen	3/30/2014	4/7/2014
Standard 9.1	Accreditation Team	Stephanie Dockweiler	6/30/2013	7/8/2013
Standard 9.2	Accreditation Team	Stephanie Dockweiler	6/30/2013	7/8/2013

QI Project Worksheet

Program/Activity		
Lead		
Project Start Date		
Lead Team	Support Team	
Gaps in service, efficiency or process targeted for improvement:		
Project goal(s):		
AIM Statement (goal statement, measure and timeframe. Example: Decrease department average monthly office expenses by 20% by May 2012):		
How will you measure improvement? What baseline data will you use?		
Plan-Do-Study-Act (PDCA) Cycle		
PLAN:		
1. Develop a Workplan: list action steps, assign duties and determine timelines. Provide a link to the Workplan.		
2. Collect baseline data.		

DO:

1. Carry out the plan. Pilot test the improvement theory.
2. Document progress. Note problems and solutions (what worked and what did not work).
3. Collect data after the plan was completed.

CHECK:

1. Analyze the data.
2. Determine if project objectives were achieved. Document what you learned.

ACT (3 options):

1. **Adopt:** If the data shows improvement and the team is satisfied with the results, standardize and adopt the change. Determine if the project can be expanded into other program areas.
2. **Adapt:** If project objectives were not achieved, modify the plan/make changes, return to the "Do" stage and continue with the project.
3. **Abandon:** Cease the project if it continues to fail.

List the QI tools used for this project (minimum one tool required):

List any performance measures you will continue to track relating to this project:

Project End Date: