



Quality Improvement Plan

A plan for improving efficiency and effectiveness in all services, programs, and processes.

May –December 2014

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This plan was developed by Robin Read, Public Health Administrator and Amy Fuller, Assessment Coordinator, in collaboration with Quality Improvement Leadership Team members: Erin Moore, Lisa Morin, Elizabeth Ketterer, and Annemarie Hill.



Our vision is that all Kittitas County residents have the freedom and ability to pursue healthy lives in a healthy environment.

Our mission is to protect and promote the health and the environment of the people of Kittitas County.

At Kittitas County Public Health Department (KCPHD), we are committed to continuous improvement of our programs, services, process, and procedures so that we may be effective at accomplishing our mission and vision. This Quality Improvement (QI) plan serves as both proof of this commitment and a guide for us to follow as we travel the path towards becoming an organization where quality improvement is inherent and efficiency and effectiveness are the ultimate goals in everything we do.

In 2014, KCPHD received a grant from the National Association of County and City Health Officials (NACCHO) Accreditation Support Initiative to create a QI plan which not only aligns with public health standards, but also helps prepare the organization for public health accreditation through the Public Health Accreditation Board (PHAB). One of the first steps in creating a QI plan was re-initiate the Quality Improvement Leadership Team (QILT) after a two year hiatus and complete a QI self-assessment to determine where KCPHD is on the path towards a quality organization. QILT was redesigned from an administration level team to a front line staff level team and was successful in establishing a QILT charter and completing NACCHO's Organizational Culture of Quality Self-Assessment Tool (SAT).

The SAT indicated that in general KCPHD is in phase three of the quality journey: informal or ad hoc quality improvement. Areas such as enabling employee success with support and resources; high performing teams; use of customer values to reprioritize and/or create programs; and organizational systems and processes which support daily operations all scored closer to phase four: formal QI in specific areas of the organization. Other areas scored closer to phase two: not involved with QI activities such as the use of value streams to increase customer satisfaction; use of performance measurements to drive improvement; annual actionable quality improvement planning; and nearly all elements of continual process improvement including applying QI methods, testing solutions, standardizing work processes, and process management.

Based on the results of the SAT and some prioritization of suggested strategies for furthering our journey to a quality organization, QILT chose three main areas to focus our QI plan on:

- Increasing customer service evaluation and improvement.
- Implementing QI projects
- Increasing the culture of quality throughout the organization.

An implementation plan has been developed for each goal area for the remainder of 2014. We will then evaluate progress on the goal areas, as well as implementation of the QI plan in general in preparation for a revised version of the plan in 2015.

Simultaneously, KCPHD received a grant from the Washington State Department of Health to do a quality improvement project on the department strategic plan, which is due for an update in 2014. After a brainstorming and prioritization process involving various stakeholders, one of the priority strategic issues identified was the implementation of an ongoing, sustainable system and culture of quality improvement and performance management. This QI plan is the first step toward achieving that goal and is integral to the implementation of the strategic plan.

A demonstrated quality improvement system has the potential to benefit not only the health of the residents of the county, but the credibility and efficiency of the Kittitas County Public Health Department, engendering the support of local, state and private policy makers and funding organizations. Ultimately, an effective QI plan and sustained process will support our health department in gaining national accreditation.

Definitions

Accreditation

Accreditation for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. 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.)

Alignment

Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Baldrige Glossary)

Continuous Improvement

A philosophy and attitude for analyzing capabilities and processes and improving them repeatedly to achieve customer satisfaction. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Customer

- 1) External: A person or organization that receives a product, service, or information but is not part of the organization supplying it.
- 2) Internal: The recipient (person or department) within an organization of another person's or department's output (product, service, or information).

(Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Customer Service

All interactions between a customer and a product provider at the time of service, and thereafter. Customer service adds value to a product and builds enduring relationship. (BusinessDictionary.com)

Data

Factual information, especially information organized for analysis or used to reason or make decisions. A set of collected facts. May be defined as documented measurements or observations. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Effectiveness

How well a process or a measure addresses its intended purpose. (Baldrige Glossary)

Efficiency

The ability to do something or produce something without wasting materials, time, or energy (Merriam-Webster.com)

Evaluation

A systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program or improve program effectiveness. A tool for making informed decisions about future program development. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Goal

A broad statement describing a desired future condition or achievement without being specific about how and when. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Improvement

The positive effect of a process change effort. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Measure

The term "measures and indicators" refers to numerical information that quantifies input, output, and performance dimensions of processes, products, programs, projects, services, and the overall organization (outcomes). (Baldrige Glossary)

Objective

Clearly defines what will be done to achieve the goal; is specific, measurable, achievable, relevant, and timely.

Process

Linked activities with the purpose of producing a product (or service) for a customer (user) within or outside the organization. Generally, *processes* involve combinations of people, machines, tools, techniques, materials, and improvements in a defined series of steps or actions. Processes rarely operate in isolation and must be considered in relation to other *processes* that impact them. (Baldrige Glossary)

Definitions

Public Health Accreditation Board (PHAB)

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 Acronyms and Glossary of Terms, Version 1.0)

Quality Culture

QI is embodied in the organizations core values, guiding principles, behaviors, and attitudes. Elements of a QI culture include leadership commitment to QI, employee empowerment and commitment, customer focus, teamwork and collaboration, and continuous process improvement. (Roadmap to a Culture of Quality Improvement)

Quality Improvement (QI)

Refers to the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs, or infrastructure based on performance standards, measures, and reports. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Quality Improvement Plan

A plan that identifies specific areas of current operational performance for improvement within the agency and describes how the organization will integrate QI into programs and operations. (PHAB Acronyms and Glossary of Terms, 2009)

Quality Improvement Project

Specific efforts by a team of individuals to achieve improvement in efficiency or effectiveness of a process, service, or program.

Quality Improvement Project Team

The group of individuals responsible for carrying out a specific QI project. Teams may include the Assessment Coordinator, a supervisor, QILT members, staff affected by the area of improvement, and other stakeholders.

Quality Journey

The progress made through phases or levels of quality improvement integration until a culture of QI has been reached and can be sustained.

Quality Organization

An organization in which quality improvement is fully embedded into the way the organization operates, across all levels and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. The basics of QI are so ingrained in staff that they seek out the root cause of problems. (Roadmap to a Culture of Quality Improvement)

Quality Tools

Tools that are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. (The Public Health QI Handbook)

Strategic Plan

A systematic process of envisioning a desired future, and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them. (Businessdictionary.com)

System

An organized or established set of procedures. (Merriam-Webster.com)

Stakeholder

Any individual, group, or organization that will have a significant impact on or will be significantly impacted by the quality of a specific product or service. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Story Board

Graphic representations of an organization's quality improvement journey or a quality improvement project. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Survey

The act of examining a process or questioning a selected sample of individuals to obtain data about a process, product, or service. (Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook)

Quality Improvement Structure

Quality Improvement Leadership Team

The KCPHD Quality Improvement Leadership Team's (QILT) purpose is to create and maintain an internal system of quality improvement for the Kittitas County Public Health Department that is clear, simple, and quantifiable.

QILT strives to create a system that:

- is realistic to implement,
- is acceptable to both management and staff,
- is dynamic and allows for adjustment based on future needs,
- does not increase workload for staff,
- utilizes existing data and existing work processes wherever possible,
- provides a high benefit for its efforts,
- allows changes to improve programs and services based on measurements and processes,
- ultimately leads to increasingly effective public health services, and
- contributes to a strong public health system.

QILT is necessary to provide leadership and accountability to the task of bringing about a quality improvement plan and process. The team will set direction; identify needs, resources, and priorities; facilitate the process; maintain momentum; and recognize results in the continuous improvement effort. QILT will work towards a department-wide continuous improvement system that delivers quality data and encourages improvement to the public health system. QILT will collect information about ongoing quality improvement efforts and assist the staff in the implementation of continuous quality improvement so that the benefits of the process reach all of its customers and stakeholders, including staff.

QILT members include the Public Health Administrator, the Assessment Coordinator, and one staff member from each division of KCPHD: environmental health, front desk, health promotion, and public health nursing. The Assessment Coordinator will be responsible for meeting facilitation, meeting minutes and materials. Decisions are made through discussion and consensus building. If a member is no longer able to attend, it will be the responsibility of the division leader and QILT to recruit a new candidate for division.



Roles, Responsibilities, Staffing, and Resources

All stakeholders involved with KCPHD's programs and services have a role in the department's quality efforts. We can only be successful as a quality organization with the support and involvement of all stakeholders.

CUSTOMERS AND COMMUNITY PARTNERS

- Provide feedback and customer service data which will help inform quality improvement efforts.

KITTITAS COUNTY BOARD OF HEALTH AND BOARD OF COUNTY COMMISSIONERS

- Invest in the staffing resources needed to lead QI efforts.
- Provide ongoing feedback on the progress of the QI plan and QI projects.

BOARD OF HEALTH ADVISORY COMMITTEE

- Provide ongoing feedback on the progress of the QI plan and QI projects.

QUALITY IMPROVEMENT LEADERSHIP TEAM

- Provide direction for continuous quality improvement efforts, and guide the creation and implementation of the QI Plan.
- Utilize the information gathered in ongoing assessment and evaluation to guide the development of quality improvement projects.
- Guide the development of the quality improvement projects with use of quality improvement tools.
- Make recommendations on budget, personnel, training opportunities, and policy issues and concerns that involve the continuous improvement effort.
- Assist all KCPHD staff with creating and communicating benchmarks, determining measurements and timelines, and evaluating processes.
- Recognize successes in the continuous improvement process and develop strategies to communicate success stories.
- Replicate positive results and continually integrate the improvement process in all of KCPHD's services.
- Call upon the expertise and experience of any person inside or outside the department for advice and technical assistance.

ASSESSMENT COORDINATOR

- Convenes and facilitates QILT and QILT meetings.
- Reports regularly on QILT activities and QI efforts to the KCPHD management team, Board of Health, advisory committee, and all staff members.
- Provides support and technical assistance for QI efforts across the department.
- Leads the development, implementation, monitoring, and evaluation of the QI plan.

KCPHD MANAGEMENT TEAM

- Responsible for fostering a culture of QI across the department.
- Supporting the efforts of and fostering the QI leadership of QILT members.
- Ensures the prioritization of QI efforts
- Advocate for the allocation of financial and staff resources to QI efforts.

KCPHD STAFF MEMBERS

- Identify and recommend QI projects.
- Train in basic QI concepts and methods.
- Implement processes necessary for performance data collection to be used in QI project identification and prioritization.

Quality Improvement Training

Training and learning opportunities for quality improvement are essential components of a strong QI culture and a quality organization. QI training and learning will be instilled at all levels of the organization and will be systemized as part of the culture of quality at KCPHD.

Quality Improvement Leadership Team

QILT members will be involved in ongoing training and learning through each other, and through the assessment coordinator. QILT members are working towards becoming familiar with various QI tools and becoming comfortable with QI concepts. Besides ongoing learning, QILT members will participate in QI related webinars and local trainings as they become available. In addition, they will participate in trainings tailored for QILT by the Washington State Centers for Performance Management Excellence.

KCPHD Management Team

Management team members will participate in QI related webinars and local trainings as they become available. In addition, they will also participate in trainings tailored for the KCPHD management team by the Washington State Centers for Performance Management Excellence.

All KCPHD Staff Members

All KCPHD employees will participate in department wide quality improvement trainings. The trainings will be mandatory requirements and written into job descriptions. New employee orientation to the agency will include training on current QI initiatives, policies, and projects. Both new and current staff will be required to complete online QI learning modules. There will be regularly scheduled reviews of QI concepts at all-staff meetings. Annual staff retreats will include QI trainings and evaluations of overall staff QI knowledge gage benchmarks to identify learning gaps. QILT members will be available to staff to mentor them in use of QI tools for ongoing training.



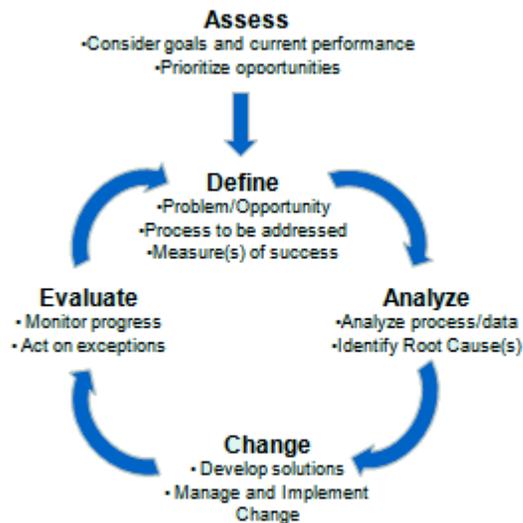
QI Project Identification

At any given time during the year, there will be at least one quality improvement project in progress per division (Environmental Health, Community Health, and Administration). Potential QI projects are selected by QILT based on data obtained from program evaluations, customer satisfaction surveys, staff survey results and suggestions, needs related to accreditation preparation, community health assessment, community health improvement plans, or audit or compliance issues. Any staff member may recommend a project to QILT for consideration at any time.

To initiate a QI project, a project recommendation form will be filled out and submitted to QILT for review. This form will include a project definition, project/process owner, team members, processes to be addressed, strategic goals/directions, targets and measures, customers affected by the project, resources and timelines for the project. QILT members and/or the Assessment Coordinator can assist staff in filling out the project definition form.

Proposals will be evaluated to determine alignment with KCPHD's mission or strategic plan, alignment with PHAB domains, number of people affected, financial consequence, timeliness, and the agency's capacity to complete the project. QILT members will then work with QI project team to follow the Public Health Improvement Model outlined in the figure below. This model, developed by Tacoma-Pierce County Health Department, is a modification of the Plan-Do-Study-Act model of quality improvement and planning.

Public Health Improvement Model *



*Borrowed from



Quality Improvement Goals

Goal 1: Improve customer service.	
2014 Objective: By December 31 st , KCPHD QILT and Management Team will have begun the process of establishing a system for continual evaluation and improvement of customer service.	
Measure 1: 100% of QILT will understand the concept of a value stream and process mapping.	
Measure 2: 100% of services provided to the public will have defined data indicators.	
Measure 3: 100% of services offered will have evaluation processes in place.	
Measure 4: Completed inventory of services to be improved upon using QI methods.	
Key Strategies:	Who's responsible:
Obtain knowledge in concept of value stream and process mapping, and concepts to introduce new service including value and waste, standardized work, measurement and process management.	QILT/ Management
Identify current services, data to collect (service accessibility, timeliness, helpfulness, etc.) and the strengths and weaknesses of those services.	QILT
Goal 2: Implement department-wide quality improvement efforts.	
2014 Objective: By December 31 st , KCPHD will have initiated at least three QI projects (one per division: Environmental Health, Community Health, and Administration).	
Measure: 100% compliance with division project requirement.	
Key Strategies:	Who's responsible:
Identify one area of improvement per division based on team feedback.	QILT/ Management
Define measure(s), objectives, preliminary tactics, and resources for each selected improvement area.	QILT
Educate project team members & the leader in key QI concepts and methods and their role.	QILT
Goal 3: Develop a sustainable culture of quality improvement.	
2014 Objective: By December 31 st , KCPHD Management Team and QILT will increase department-wide understanding and utilization of QI processes.	
Measure 1: 100% of all staff have increased knowledge and comfort level with QI.	
Measure 2: 100% of all staff have participated a QI training or activity.	
Measure 3: 100% of all staff job descriptions include QI piece.	
Key Strategies:	Who's responsible:
Assess current staff knowledge and comfort level regarding QI principles and methods.	Assessment Coordinator
Enlist an outside trainer to deliver formal QI training to QILT and MT members so that they may better serve as agency leaders in QI.	Assessment Coordinator
Implement on-going staff training on basic principles and practices of proven, reliable QI methods.	Assessment Coordinator
Implement communication plan regarding QI Project progress reports to engage all staff.	Assessment Coordinator
Incorporate QI training and utilization expectations into job descriptions.	Health Administrator

Monitoring and Evaluation

QI Plan

This QI Plan will be reviewed and evaluated annually. Evaluation will occur through several mediums: a survey of members (January), re-administration of the QI SAT and subsequent facilitated discussion. Evaluation will address:

- effectiveness of QILT meetings
- effectiveness of the QI Plan in overseeing quality projects and integration within the agency
- clarity of the QI Plan and its associated documents
- lessons learned
- progress toward and/achievement of goals as outlined in the Goals and Objectives.
- changes in baseline numbers from the original QI-Sat scorecard.
- review of QI Project Team evaluations.

An evaluation report will address each of these items, and make recommendations for change. Goals will be revised and corrective actions and revisions will be made after this annual review.

QI Projects

For QI projects associated with the QI goals, the Assessment Coordinator will document and track all project data indicators. The Assessment Coordinator will document all project proposals and keep electronic copies and an updated binder available for reference. QI project leaders will submit progress reports to QILT monthly.

At the end of each quarter, project leaders will meet with QILT to review progress reports on division QI projects. As projects are finalized, the QI project team will develop and submit a project storyboard that outlines the QI process and outcomes used in the project. Within one month of project finalization, all QI Project team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcome, lessons learned, and to seek suggestions for overall agency QI efforts. will be reviewed to see if they are effective and relevant.



In order to support quality as a usual-way-of-business, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public.

All KCPHD Employees

Assessment will submit a QI update section in the KCPHD Quarterly Report (every three months) that will provide regular updates on quality initiatives, project outcomes, policy changes, and training opportunities. The Quality Improvement update will feature a different QI project team twice a year.

QI will be featured on the agenda of the annual all-staff retreat in the spring of each year:

- QI projects completed within the past 12 months will report experiences and results
- Team members will be recognized
- A QILT representative will report plan progress and evaluation results

Visual representations of current projects and progress markers will be displayed in common areas. All QILT meeting documents (agendas, summaries) and QI Project Team documents (agendas, summaries, data tools, storyboards, etc.) will be maintained on the shared electronic drive for review by all staff members at any time. Updates on QI projects will also be given at monthly all staff meetings.

Board of Health

Board of Health members receive monthly updates on quality initiatives in the context of the Health Administrator report. Divisions will share results of finalized quality improvement projects through presentations to the BOH. Results of the annual evaluation report will also be presented by the Assessment Coordinator in Spring of each year.

Board of Health Advisory Committee

Board of Health Advisory Committee members will receive monthly updates on quality initiatives in the context of the Health Administrator report. Divisions will share results of finalized quality improvement projects through presentations to the BOH. Results of the annual evaluation report will also be presented by the Assessment Coordinator in Spring of each year.

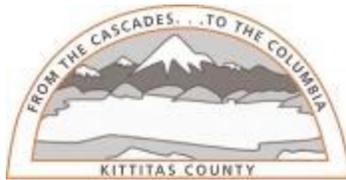
Public/Community Partners

QI initiatives and results will be shared with the community through news releases and featured in Department displays. They will also be included in the quarterly and annual reports to the public.

Public Health Peers

In addition to these regularly occurring communications, the KCPHD will seek avenues to share quality initiatives with other community partners and other state and national audiences as appropriate:

- Washington State Public Health Association Annual Conference
- Washington State Environmental Health Association Annual Conference
- Washington State Performance management Center for Excellence Learning Congress
- Additional state and national conferences as identified by relevancy.



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