

Morrison-Todd-Wadena Community Health Board

Quality Improvement Plan

December, 2014

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I. Purpose and Scope

The purpose of the Morrison-Todd-Wadena Community Health Board Quality Improvement Plan (QIP) is to guide the planning, implementation, monitoring, and evaluation of cross county improvement efforts to build a culture of continuous quality improvement.



The vision of the Morrison-Todd-Wadena Community Health Board QIP is to create a culture of continuous improvement across the counties; to engage staff in contributing to the decision making and changes within the organization, and to develop staff capacity to engage in quality improvement efforts.

Quality improvement in public health is the use of a deliberate and defined improvement process like Plan-Do-Study-Act (or PDSA), which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance,

accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.¹

A quality improvement plan is a basic guidance document that describes how a health department will manage, deploy, and review quality. It also serves to inform staff and stakeholders of the direction, timeline, activities, and importance of quality and quality improvement.²

The quality improvement plan describes what a health department is planning to accomplish, and should be updated regularly to reflect what is currently happening in QI at your health department. The quality improvement plan provides written credibility to the entire Quality Improvement process, and is a visible sign of management support and commitment to quality throughout the health department.

The Public Health Accreditation Board (or PHAB) writes in its standards and measures guide that “to make and sustain quality improvement gains, a sound quality improvement infrastructure is needed. Part of creating this infrastructure involves writing, updating, and implementing a health department quality improvement plan. This plan is guided by the health department’s policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan.”

¹ Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, & Cofsky A. (2010). Defining quality improvement in public health. Journal of Public Health Management and Practice 16(1), 5-7.

² Kane T, Moran J, & Armbruster S. (2011). Developing a health department quality improvement plan. Washington, DC: Public Health Foundation.

II. Governance

Organizational Structure

The structure of the MTW CHB QI Team exists to oversee the Community Health Board's quality improvement initiatives, staff training, customer satisfaction, and performance-related communications. The QI team will be comprised of representatives from the public health departments and will range from five to seven people. Meetings will be held at least quarterly.

Membership and Rotation

The QI Team will consist of representatives from a variety of positions including directors, managers, lead staff and office support. Annually the Directors will select the members for the QI team. Ad hoc members will be added as needed to complete specific quality improvement projects.

Roles and Responsibilities

In order to achieve a quality improvement culture across the Community Health Board all staff must be actively engaged and committed to the basic principles of quality improvement.

Guiding Principles of QI

- Develop a strong customer focus
- Continually improve all processes
- Involve employees
- Mobilize both data and team knowledge to improve decision making

Directors' Role:

- Set vision and direction
- Direction and guidance on the QI team projects and purpose
- Assure QI Team has access to resources needed to carry out QI projects
- Lead by example and foster a culture of continuous quality improvement within their counties.
- Encourage staff to use QI tools and integrate QI into their daily work; recognize initiatives that and staff who contribute to efficiencies and cost savings.

QI Team Members' Role:

- Actively learn and participate in quality improvement trainings
- Advocate for QI and encourage a culture of learning and QI among staff
- Prioritize and select QI projects
- Monitor and evaluate QI projects
- Plan, coordinate and evaluate staff performance improvement trainings
- Plan and evaluate customer satisfaction surveys
- Develop communication methods to share QI Team results, surveys, and activities
- Communicate findings of QI Team to leadership and county boards as directed

All Public Health Staff Role:

- Develop a basic understanding of quality improvement principles and tools
- Identify areas of improvement and suggest improvement ideas and projects to the QI Team or Directors

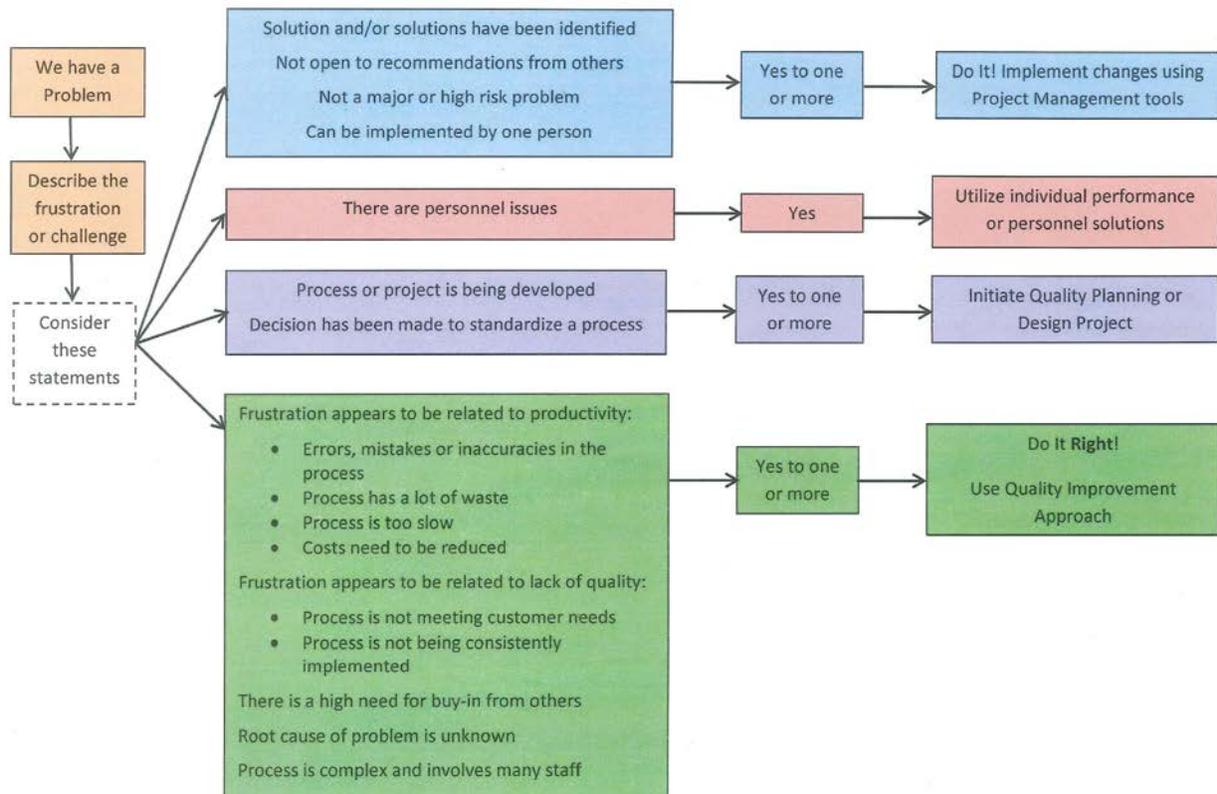
III. Training Plan

The annual QI work plan will address specific training goals and objectives. A list of online quality improvement trainings will be made available to all staff. The QI Team will provide advanced training annually for lead QI staff and other staff interested. Other training activities will be provided as requested and needed based on specific QI areas.

IV. Project Identification

Quality improvement projects will be selected based on the need to improve program processes, objectives or performance measures. Projects may be submitted by QI Team, Directors, or other staff. Projects will have priority if they align with the CHB’s strategic plan and/or community health improvement plans.

In order to assist staff in selecting a project for quality improvement the following matrix will be utilized from the Minnesota Department of Health- Office of Performance Improvement.



V. Goals, Objectives and Measures

The goals outlined below were selected due to their correlation to advancing the QI Maturity of staff and desire to increase the culture of QI across the Community Health Board. See Appendix B for the Organizational QI Maturity- Ten-Question Subset. The goals, objectives, and activities will be updated and monitored annually by the QI Team.

	Goal	Objectives to be achieved by Dec, 2016	Activities	Performance Measure
Organizational Culture	1. Advance the culture of QI within the department	75% of staff that agree that the CHB has a continuous QI culture	<ul style="list-style-type: none"> - Involve QI in decision making - Encourage staff to work within and across programs to identify improvements 	% of staff that agree/strongly agree that the CHB currently has a pervasive culture that focuses on continuous QI
Capacity & Competency	2. Improve staff capacity to engage in QI efforts	75% of staff that agree that the CHB currently has a high level of capacity to engage in QI efforts	<ul style="list-style-type: none"> - Implement, monitor and evaluate the QI work plan annually - Plan and evaluate effectiveness of staff QI trainings 	% of staff that agree/strongly agree that the CHB currently has a high level of capacity to engage in QI efforts
	3. Assure measurable CHB success with QI efforts	100% of projects selected and monitored by the QI Team will have demonstrated measureable improvement	<ul style="list-style-type: none"> - Use a data-driven approach to identify and prioritize QI projects - Monitor, evaluate and document QI projects' success measures 	% of projects selected and monitored by the QI Team that have demonstrated measureable improvements
Alignment & Spread	4. Use customer feedback for improvement planning	50% of all programs areas that demonstrate actively monitoring customer satisfaction	<ul style="list-style-type: none"> - Implement a systematic process for assessing, monitoring and evaluating and improving customer satisfaction 	% of program areas actively monitoring customer satisfaction
	5. Make use of QI tools and techniques part of daily work	75% of staff that know where to access internal QI resources and trainings	<ul style="list-style-type: none"> - Identify and organize QI resources and trainings - Recognize QI successes - Communicate QI Team information and results 	% of staff that know where to access internal QI resources and trainings

VI. Monitoring and Reporting

The MTW CHB QI Team will annually review the QI Plan and all related process to ensure they remain relevant and meet the needs of the Community Health Board. The QI Team will ensure the QI plan aligns with the CHB strategic plan, and community health needs and priorities. The plan will be updated as needed and reviewed by the Directors for approval.

The QI Team will monitor and report on cross county QI projects. Upon completion of QI projects the project leads may be asked to share results, lessons learned and opportunities to replicate the project in other areas of the agency with the Directors and/or county boards through presentations or submission of a one-page project summary.

The QI maturity assessment tool will be utilized to determine progress in achieving greater QI culture within the CHB.

The QI Team Lead will present an annual report to Directors which summarizes:

- Cross county QI projects, including reporting of project data, a summary of barriers to achieving aims, plans for addressing barriers, successes, key learnings and sustainability plans
- Achievement on the comprehensive QI Maturity Score and data from the specific ten questions that make up the QI Maturity Tool
- A work plan for the next year
- Any recommended changes to the QI Plan

Making QI Visible

- Physically display project summaries/storyboards
- Disseminate QI projects and information on websites, e-newsletters, etc.
- Present successes at regional and state QI conferences

Appendix A: Key Quality Terms & Definitions

Accreditation: According to the Public Health Accreditation Board (PHAB), Accreditation is defined as:

- The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
- The periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards.
- A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

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

Baldrige National Quality Program. (2005).

Competencies: Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set.

Nash DB, Reifsnnyder J, Fabius RJ, and Pracilio VP. (2011). *Population Health: Creating a Culture of Wellness*. Sudbury, MA: Jones and Bartlett.

Continuous Quality Improvement (CQI): Continuous Quality Improvement (CQI) is an ongoing 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. The primary goals are to improve the efficiency, effective-ness, quality, or performance of services, processes, capacities, and outcomes.

Centers for Disease Control and Prevention, National Public Health Performance Standards Program and Public Health Foundation. (2007). *Acronyms, Glossary, and Reference Terms*.

Customer Satisfaction: Customer satisfaction is a measure of how products and services supplied by an organization meet or surpass customer expectations. Customer satisfaction is the number of customers, or percentage of total customers, whose reported experience with an entity, its products, or its services (ratings) exceeds specified satisfaction goals.

Farris PW, Bendle NT, Pfeiffer PE, ReibsteinDJ. (2010). *Marketing Metrics: The Definitive Guide to Measuring Marketing Performance*. Upper Saddle River, NJ: Pearson Education, Inc.

Data: Data are factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Data are information in numerical form that can be digitally transmitted or processed.

Merriam-Webster Online. *Data – Definition and More*. Online: <http://www.merriam-webster.com/dictionary/data>.

Goals: The term “goals” refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. Quantitative goals, frequently referred to as “targets,” include a numerical point or range.

Baldrige Performance Excellence Program. (2002). *Goals*. Baldrige Business, Public Sector, and other Nonprofit Glossary. Online: http://www.baldrige21.com/BALDRIGE_GLOSSARY/BN/Goals.html.

Lean: Lean refers to a collection of principles and methods that focus on the identification and elimination of non-value added activity (waste) involved in producing a product or delivering a service to customers.

James Womack, Daniel Jones, and Daniel Roos coined the term “lean” in their 1990 book, *The Machine that Changed the World*, to describe the manufacturing paradigm (often referred to as the Toyota Production System)

Mission: A mission statement is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

Centers for Disease Control and Prevention, National Public Health Performance Standards Program and Public Health Foundation. (2007). *Acronyms, Glossary, and Reference Terms*.

Objectives: Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives.

Turnock, BJ. (2009). *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett.

Performance Management: Performance Management uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

Public Health Accreditation Board. (2011). *Standards and Measures Version 1.0*. PHAB: Alexandria, VA. Online: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

Plan-Do-Study-Act (PDSA): PDSA refers to the process of continual improvement and learning proposed by Walter Shewhart and espoused by W. Edwards Deming. The letters stand for Plan, Do, Study, and Act. The four stages of the PDSA cycle: Plan – the change to be tested or implemented; Do – carry out the test or change; Study – data before and after the change and reflect on what was learned; Act – plan the next change cycle or full implementation. Also sometimes called Plan-Do-Check-Act (PDCA).

Program Evaluation: Program evaluation is defined as the systematic application of social [or scientific] research procedures for assessing the conceptualization, design, implementation, and utility of social [community] intervention programs.

Rossi PH, Freeman HE, Lipsey MW. (1999). *Evaluation: A Systematic Approach* (6th ed.). Sage: Thousand Oaks, CA.

Quality Assurance: Quality Assurance consists of planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.

American Society for Quality.

Quality Improvement (QI): Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, and Cofsky A. (2010). Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice* 16(1), 5-7.

Quality Improvement Plan: The Quality Improvement Plan is a basic guidance document indicating how the department will manage, deploy, and review quality throughout the organization. The main focus is on how we deliver our products and services to our customers and how we ensure that we are aligned to their needs. The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently. Over time, the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document. Initially, however, the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization.

Kane T, Moran JW, and Armbruster S. (2010). *Developing a Health Department Quality Improvement Plan*. Public Health Foundation.

Online: http://www.phf.org/resourcestools/documents/developing_a_quality_improvement_plan.pdf.

Strategic Plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

Swayne LE, Duncan WJ, and Ginter PM. (2008). *Strategic Management of Health Care Organizations*. Jossey-Bass: New Jersey.

Training: Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties.

Institute of Medicine. (2003). *Who Will Keep the Public Healthy?* National Academies Press: Washington, DC.

Values: Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work.

Public Health Accreditation Board.

Vision: Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders.

Bezold, C. (1995). *On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies*. Institute for Alternative Futures and the National Civic League: Alexandria, VA.

Appendix B: Organizational QI Maturity: Ten-Questions Subset

Organizational QI Maturity

Ten-Question Subset

The questions on this survey are drawn from a QI maturity survey developed to evaluate the Robert Wood Johnson Foundation [Multi-State Learning Collaborative \(MLC\)](#).¹ This select set of 10 questions was developed by the [Minnesota Public Health Research to Action Network](#) to represent the key domains of QI maturity.

Quality Improvement (QI) Plan

Organizational Culture	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
1. Staff members are routinely asked to contribute to decisions at my public health agency.	<input type="checkbox"/>					
2. When trying to facilitate change, staff has the authority to work within and across program boundaries.	<input type="checkbox"/>					
3. The key decision makers in my agency believe quality improvement is very important.	<input type="checkbox"/>					
4. My public health agency currently has a pervasive culture that focuses on continuous quality improvement.	<input type="checkbox"/>					
Capacity/Competency	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
5. The leaders of my public health agency are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="checkbox"/>					
6. My public health agency has a quality improvement plan.	<input type="checkbox"/>					
7. My public health agency currently has a high level of capacity to engage in quality improvement efforts.	<input type="checkbox"/>					
Alignment and Spread	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
8. Job descriptions for many individuals responsible for programs and services at my public health agency include specific responsibilities related to measuring and improving quality.	<input type="checkbox"/>					
9. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	<input type="checkbox"/>					
10. My public health agency currently has aligned our commitment to quality with most of our efforts, policies and plans.	<input type="checkbox"/>					

Appendix C: QI Team Charter Template

QI TEAM CHARTER		
1. Team Name:	2. Version:	3. Subject (Target Area):
4. Problem / Opportunity Statement:		
5. Team Sponsor (Health Official):	6. Team Leader & Scribe:	
7. Team Members:	Role:	
8. Process Improvement Area:		
9. Initial Aim Statement:		
10. Revised Aim Statement (s):		
11. Scope (Boundaries)/Team Authority:		
12. Customers (Internal and External):	13. Customer Needs Addressed:	
14. Success Measures (What does success look like?):		
15. Considerations (Assumptions / Constraints / Obstacles):		

16. PDSA Timeline:	Date:
Plan	
Do	
Study	
Act	
17. Meeting Frequency:	
18. Communication Plan (Who, How, and When):	
19. Stakeholders (Internal and External):	
20. Improvement Theories (If...Then):	
If	Then
If	Then