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*District 4 Public Health*

*Quality Improvement Plan*

*Fiscal Year 2018*

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# Quality Improvement Plan

## Signature Page

This plan has been approved and adopted by the following Administrative staff:

\_\_\_\_\_ Date \_\_\_\_\_  
Olugbenga Obasanjo, MD  
District Health Director

\_\_\_\_\_ Date \_\_\_\_\_  
Susie Hammock  
Accreditation & Quality Improvement Coordinator



## Quality Improvement Plan

### Record of Adoption & Changes

QI Plan Adoption Date:		
Date of Revision/Alteration	Initials of Staff Responsible	Description of Changes
9/27/18	SH	Updated the Storyboard Template on page 15 to reflect the one we use.
9/27/18	SH	Updated links on pages 9,10, and 11 to replace dead links.

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## Purpose

The purpose of District 4 Public Health’s Quality Improvement Plan is to develop and support a culture of excellence utilizing a staff-guided and data driven, disciplined approach. Through innovation and collaboration, this process will lead to continuous improvement of programs, processes, systems, services and administration.

## Change Management and Culture of Quality in District 4 Public Health

Change management is essential to sustaining a culture of quality. Quality Improvement (QI) is about designing *system and process* changes that lead to operational improvements, and an organizational culture of quality in which concepts of quality are ingrained in organizational values, goals, practices, and processes.

## Key Quality Terms

- **Continuous Quality Improvement (CQI):** An ongoing effort to increase an agency’s approach to manage performance and motivate improvement. CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. These efforts can seek “incremental” improvement over time or “breakthrough” all at once.
- **Collaboration:** The process of two or more organizations working together to realize shared goals. Teams can obtain greater resources, recognition and reward when facing competition for finite resources.
- **Measurable:** Measurable refers to data being collected and quantified to reflect input, output, performance and outcomes. Example: SMART goals: S-Specific, M-Measurable, A-Achievable, R-Relevant, T-Time-Oriented.
- **Good to Great:** A philosophy of making the transition from merely good to truly great. At District 4, we are always striving to become a more effective organization.

## Key Quality Terms, cont.

- **Disciplined Approach:** Disciplined Approach is a system-driven and policy-driven method used by District 4 Public Health. It is an organized, controlled manner in which we complete tasks or improve ourselves and our organization.
- **Customer Satisfaction:** Customer Satisfaction is a measure of how services are provided to customers. The goal of District 4 Public Health is to exceed the needs and expectations of both internal and external customers.
- **Innovation:** Innovation is a new idea or more effective process. District 4 Public Health is leading the way by using best practices and cutting-edge ideas.
- **Cultivate:** Cultivate is growing and developing quality skills and standards.
- **Inform, Prevent, Protect:** Inform, Prevent, Protect is the purpose of public health. District 4 Public Health collects, uses and shares information to prevent disease and injury and protects the public against health threats.
- **Communication:** Communication is the act of exchanging and understanding of information or news.

## QI Project Teams

### Selection

QI Project teams will be selected based on the nature of the QI project and the recommendation of the County Nurse Manager. The Team Leader and the QI Council Sponsor will be selected based on expertise.

### Requirements

Once the Project Team has been established, they are required to have (at least) the first meeting face-to-face. Subsequent meetings may take place through video conference calls, telephone calls, or through email.

#### During the first 1-3 meetings, the team should:

*(PLAN)*

Determine meeting frequency

Decide on a Start Date, Implementation date, and ACT date

Begin developing the Problem/Opportunity Statement

Develop the AIM Statement

Discuss the current process surrounding the problem

Identify customers/stakeholders and what their needs are

Begin to collect data on the current process

Begin to identify all possible causes of dysfunction (using fishbone diagram, 5 why's, etc)

Begin to identify potential improvements (S.M.A.R.T. Objectives)

Begin to develop an Improvement Theory (If,Then)

Begin to develop an Action Plan

**Later Meetings should include:**

*(DO)*

Implement the improvement

Collect and Document the Data

Document the problems and unexpected observations

*(STUDY)*

Analyze the effect of the intervention

Document lessons learned, knowledge gained, and any surprising results

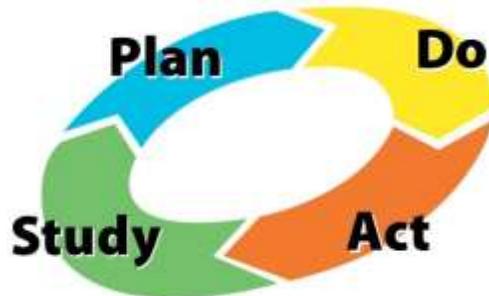
*(ACT)*

Adopt, Adapt, or Abandon

Create Communications Plan (who, how, when)

All QI Project activity will be reported to the QI Council on a quarterly basis by the QI Council Sponsor of the Project Team. Once the project is complete, it may be presented to the Boards of Health, if the QI Council decides that it should be shared.

Storyboards will be posted at the District Office as well as on the employee intranet.



## Organizational Structure

The Quality Improvement Council is charged with carrying out the purpose and scope of the QI program at District 4 Public Health, as stated in the QI Council Charter (Found [Here](#)). The Quality Improvement Council at District 4 was formed in March 2016, and was reviewed and updated in July 2016 and meets on a quarterly basis. A basic introduction to QI was provided to all staff during Fiscal Year 2017.

**Membership and Rotation:** The QI Council will be representative of both the county health department staff, including frontline staff and clinical staff, as well as the District Office staff, including administrative, clinical, environmental health, and WIC. Terms will not be limited, and members may be rotated and replaced as needed. Every effort is made to have a QI Council with a well-rounded knowledge of all areas of public health, so that all staff is represented in the decision-making process with regard to choosing QI Projects.

## Roles and Responsibilities:

The QI Council will guide and evaluate QI efforts by:

- Participating in quarterly meetings to review progress of quality improvement efforts
- Engaging in and facilitating QI efforts
- Incorporating QI concepts into daily work
- Promoting, training, challenging and empowering District 4 Public Health employees to participate in QI processes
- Identifying, monitoring, reviewing results from, and making recommendations on QI projects
- Identifying appropriate staff to participate in QI projects as needed
- Reviewing and revising the QI plan annually
- Preparing annual reports for staff meetings and Board of Health
- Communicating selected QI results to the public
- Reviewing recommendation for improvement based on self-assessments of the Public Health Accreditation Board (PHAB) Standards and Measures and site visit reports.

**Staffing and Administrative Support:** The Accreditation and Quality Improvement Coordinator will function as the QI Council chair and will be responsible for the development of agendas, meeting materials and the completion of meeting minutes. The Accreditation/QI Coordinator also ensures implementation of QI Council plans and assumes its coordination with other aspects of the Strategic Plan.

**Resource Allocation:** Resources for support of this plan will be budgeted annually as part of general funds. The Accreditation/QI Coordinator will ensure this by being involved in the budgetary process.

## QI Training

District 4 Public Health has begun promoting a culture of quality. All staff received training on basic QI principles in FY17. The training encouraged the use of data to make program decisions and help staff identify potential areas for improvement. New employees are introduced to QI during New Employee Orientation, with further trainings offered throughout their career with District 4. The QI Coordinator and/or members of the QI Council will provide *just-in-time training* to staff designated for specific QI projects. The goal of these trainings is to encourage and support a culture of continuous quality improvement throughout District 4.

District 4 has incorporated QI training goals and objectives within the agency Workforce Development Plan. The Workforce Development Plan includes training topics, target audience, and resources for training. As a part of this push for relevant training for all staff, the District Health Director, Dr. Obasanjo, has mandated that all employees will go through the Lean Six Sigma Yellow Belt training, which started with the first “graduating class” in 2016. Beginning in February of 2018, all QI Council members will be required to complete online CQI courses through Ohio State University, <https://cph.osu.edu/practice/cqi-public-health-fundamentals>.

## Quality Improvement Projects

At least two QI projects will be conducted each fiscal year, beginning in FY18 to continuously improve the quality of District 4 Public Health’s processes and services. Within each QI project, the project team will 1) establish an AIM statement for improvement that focuses the group effort, 2) use data to evaluate and understand the impact of changes designed to meet the AIM, and 3) follow the Plan-Do-Study-Act cycle to discover what is an effective and efficient way to improve a process (as detailed on pages 7-8).

Priority for QI projects will be given to PHAB standards/measures that are either “slightly met” or “not demonstrated” according to the district PHAB self-assessment and/or site visit report; or as requested by the District Health Director. In addition, all staff members are encouraged to request the implementation of a QI project (see **Appendix E**). Staff members can submit their suggestions through the District 4 Public Health employee intranet ([QI Project Suggestion Form](#)). These QI project proposals will be reviewed and selected at QI Council meetings. The QI Council will also use District 4’s Strategic Plan and Performance Management System to identify and prioritize issues and opportunities for improvement within District 4 and to determine which areas of focus may generate the most improvement for the time invested. These opportunities may focus on improving quality and customer service and/or reduce service delivery costs.



## Quality Improvement Projects (cont.)

In addition to staff suggestions, the QI Council will also review the PMS Dashboard once a year to determine if there are any areas that consistently fall short of their goals each quarter. If an issue is identified through the PMS Dashboard, the QI Council will address the issue with that Program Manager to determine if the inability to meet quarterly goals was caused by something outside of their control, or if there is a process that can be improved upon. Once it is established that there is a process that can be improved, the Council will brainstorm with the Program Manager for ideas to solve the problem, and present their suggestions for improvement to the ELT.

Each QI team will have a sponsor (typically a QI Council member) and a team leader. The team leader and/or sponsor will report on the progress of the project to the QI Council on a quarterly basis. After review and approval by the QI Council, a QI project may be presented to the Boards of Health. Results will also be shared with District 4 Public Health staff by displaying a storyboard poster in the District Office, as well as in the quarterly employee newsletter.

In addition to conducting new QI projects, data from previously conducted QI projects will be monitored twice a year to ensure sustained improvements. If improvements are not sustained, the QI Council will make recommendations for future actions.

There are some smaller projects that do not require the full Plan-Do-Study-Act (PDSA) process. For smaller projects, we have implemented the “Just Did It” form (see **Appendix D**), which was adapted from the collaborative work of North Central Health District and the Coastal Health District. This form can be found on the employee intranet and filled out by the employee ([Just Did It Form](#)). Once the form is filled out, it is sent to the Accreditation/QI Coordinator and the employee’s supervisor. The “Just Did It” form gives any employee a platform to describe a problem that he or she saw, and then explain what their solution for the problem was. This form and process is inclusive of all employees in the district, and helps everyone to understand the QI process and to participate in Continuous Quality Improvement (CQI).

## Goals, Objectives, and Measures

### QI Projects:

Each QI Team will define the performance measures of QI projects by developing an AIM statement (See **Appendix A** for QI Improvement Projects to Date-updated annually). Objectives will be determined through the QI Tool of S.M.A.R.T. objectives.

### QI Program Goals:

Leading up to the publishing of the QI Plan, the Accreditation and QI Coordinator provided QI training to existing staff, and began giving QI training to all new employees at the quarterly new hire orientation. Three QI teams were formed, and currently, all three teams have projects underway. These actions took place before the publishing of this document in an effort to create a shift toward a culture of Quality Improvement in District 4. The following goals are for the next three years.

Goal	Strategies	Person Responsible	Timeframe	Target	Goal Status
<b>Year One Goal:</b> All QI Council members will participate in Continuous Quality Improvement (CQI) training through Ohio State University within one month of their assignment.	By signing the QI Council Charter, members agree to participate in the CQI training.	Accreditation/QI Coordinator	January 2018- January 2019	All QI Council Members	In Progress
<b>Year One Goal:</b> To provide annual QI training to all health department staff, as well as individual programs in the district office.	Communicate with county nurse managers to get training added to annual staff meeting schedule; as well as prog. Mgrs. in the D.O.	Accreditation/QI Coordinator	January 2018- January 2019	All Staff	In Progress
<b>Three Year Goal:</b> By June 2020, 75% of county health departments will have conducted at least one QI project.	Involve all staff at every health department in the QI process with the "Just Did It" form and the QI Suggestion Form	Accreditation/QI Coordinator	June 2017- June 2020	All Health Department employees	In Progress

## Monitoring and Reporting

All QI Teams are responsible for developing a storyboard that depicts progress toward and steps taken to achieve the AIM statement. See **Appendix B** for Storyboard Template. The QI Council will review the status of all QI projects at their quarterly meetings. Data must be collected at baseline and at the end of the QI test period. QI Teams are responsible for collecting and analyzing data related to their AIM statement. The QI Council will make recommendations for data collection methods and ensure improvements are sustained.

## Communication and Recognition

All QI Teams will communicate progress to the QI Council at quarterly meetings. Updates on QI projects may be provided through the employee intranet, emails, District 4 Public Health website, presentations, newsletters, Board of Health meetings, etc. When appropriate, QI results will be communicated with the public through press releases. QI projects will also be submitted for state and national conference sessions, poster sessions and awards when the QI Council and /or Board of Health deems appropriate.

## QI Program Review

On an annual basis, the QI Council will assess the effectiveness of District 4 Public Health's QI Plan and make revisions based on lessons learned through the year. This QI Plan will note measures of progress to date in the Plan goals, objectives, and measures table (located on page 11) of this plan. All revisions to this plan will be documented in the Record of Adoption and Change table (located on page 3) and must be signed and approved by the District Health Director and Accreditation/QI Coordinator.

**Appendix A: Quality Improvement Projects to Date**

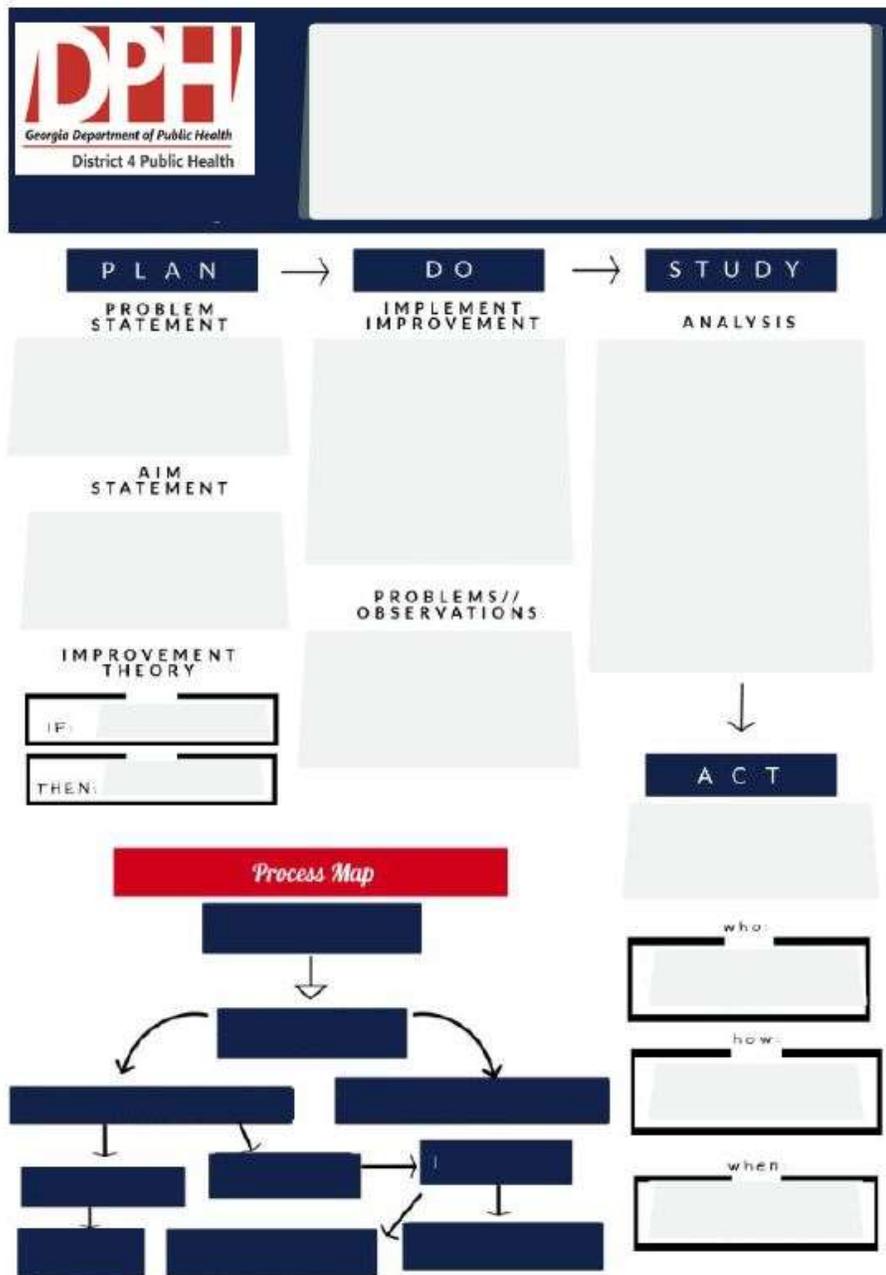
This a record that is updated annually. The living document is stored on the Shared Drive in the Accreditation/QI folder.

# District 4 Public Health QI Projects to Date

QI Team	Process Addressed	AIM Statement	Status/ Measure of Progress	Date Started	Date Completed

## Appendix B: Storyboard Template

This is an example of a communication tool. A blank storyboard template can be found in the Accreditation/QI folder on the shared drive.







## Appendix C: QI Resources

### QI Tools

<http://toolbox.naccho.org> - NACCHO QI Toolkit

### QI Links

<http://qiroadmap.org/culture-to-qi/> - NAACHO Roadmap to a Culture of Quality Improvement

<https://cph.osu.edu/practice/cqi-public-health-fundamentals> - Ohio State University CQI Courses

## Appendix D: "Just Did It" Template

This is an example of the form that employees will fill out when they find their own QI Project and their own solution.



### "JUST DID IT!" QI Form

Not every problem/area of improvement requires a full-blown Quality Improvement (QI) project to improve it. Sometimes problems arise and areas of improvement are identified and *you* can come up with a solution or process improvement.... You **JUST DID IT!**

Wonderful! Now, please share what you did and how you did it by filling out this form!

**What is the problem?**

**What did you do to improve it?**

**How is it going now?**

**What would you do differently next time? Is there room for further improvement?**

Your Name:

Your Email:

Today's Date:

*Once you have filled out the form, please email to Susie Hammock ([susie.hammock@dph.ga.gov](mailto:susie.hammock@dph.ga.gov)) as well as your supervisor or program manager.*

# Appendix E: QI Project Suggestion Template



## QI Project Suggestion Form

We need everyone in every county health department as well as the District Office to be on the lookout for possible QI Projects. If you see an area that needs improvement, or a process that could be improved upon, say something! We want to hear from you! Even if we aren't able to do the project that you suggest, we love that you are paying attention, and that you are subscribing to the culture of QI that we are working to cultivate.

**What is the problem?**

**What do you think should be done to improve it?**

**What support do you feel is needed to get this done?**

Your Name:

Your Email:

Today's Date:

*Once you have filled out the form, please email to Susie Hammock ([susie.hammock@dph.ga.gov](mailto:susie.hammock@dph.ga.gov)) as well as your supervisor or program manager.*