

# Quality Improvement Plan

2015-2018

ONEIDA COUNTY HEALTH DEPARTMENT

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## Key Quality Terms

### **Accountability**

Subject to the obligation to report, explain or justify something; responsible; answerable.

### **Accreditation**

Public health department accreditation is the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards.

### **AIM Statement**

A written, measurable, and time-sensitive description of the accomplishments a group expects to make from its improvement efforts. The AIM Statement answers the question: “What are we trying to accomplish?”

### **CHA (Community Health Assessment)**

The CHA is a collaborative process conducted in partnership with other organizations and describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement

*Public Health Accreditation Board, 2011*

### **CHIP (Community Health Improvement Plan)**

The purpose of the CHIP is to describe how a health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves.

*Public Health Accreditation Board, 2011*

### **Continuous Quality Improvement (CQI)**

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. Also, 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. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.

### **Effectiveness**

The degree to which a decided, decisive, or desired effect is achieved; the degree to which desired objectives are achieved and a valid result is produced.

### **Efficiency**

Accomplishment of, or ability to accomplish, a job with a minimum expenditure of time and effort.

### **Evaluation**

To judge or determine the significance, worth, or quality of.

**Evidence**

The available body of facts or information indicating whether a belief or proposition is true or valid.

**Evidence-Based Practice (EBP)**

Entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected.

**Improvement Theory**

A hypothesis that includes what the data will show and what outcome is expected.

**Organizational Culture of Quality Improvement**

The use of a deliberate and defined improvement process, supported by the organization, and focused on activities that are responsive to community needs and improving population health. It refers to a continuous and on-going effort to achieve effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

**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.

**Plan-Do-Check-Act (PDCA)**

An on-going, four-step management method used for the control and continuous improvement of processes and projects. The OCHD Team uses the PDCA method for all QI Projects.

**Quality Culture**

QI is fully embedded into the way the agency does business, across all levels and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives.

*Roadmap to a Culture of Quality Improvement, NACCHO, 2012.*

**Quality Improvement (QI)**

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.

**Quality Improvement Plan**

A structured plan to promote, support, and implement a culture of quality within the organization. The QI Plan defines the roles and responsibilities of the QI Team, Leadership, and staff; states the vision of the organization related to quality; identifies the goals and objectives of the plan; outlines how improvement is measured; and describes how the plan is monitored, reviewed, and updated.

**Quality Improvement Project Team**

A group of multi-skilled employees charged with the oversight and responsibility of developing, implementing, evaluating, and reporting QI Projects to improve a process or develop new ones that support the Health Department's Quality Improvement and Performance Management System.

**Quality Improvement Roadmap**

A guide that describes six key phases on a path to a QI culture, outlining common characteristics for each phase and strategies an agency can implement to move to the next phase. Incorporating principles of change management, the roadmap identifies these characteristics on both the human and process aspect of change within an agency. *Culture of Quality Improvement, NACCHO, 2012.*

**Quality Improvement Team**

Quality Improvement Teams may be made up of Health Department Employees along with anyone needed to support a QI project. A QI Team may or may not include Quality Improvement Committee Members.

**Quantify**

The numerical measurement of processes or features.

**SMART Goals**

Goals which are Specific, Measurable, Attainable, Realistic, and Timely.

**Standardize**

The process of developing and implementing a set of criteria applied in a consistent and systematic manner.

**Strategic Plan**

A plan that sets forth what an organization plans to achieve, how well it will achieve it, and how it will know if it has achieved it. The SP provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities

*Public Health Accreditation Board, 2011*

**Storyboard**

Graphic representation of a QI Team's quality improvement journey.

**Team Charter**

Used to document a team's purpose and clearly define individual roles, responsibilities, and operating rules.

# Quality Improvement Plan

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2015-2018

## Quality Improvement Plan Purpose

The Oneida County Health Department (OCHD) Quality Improvement (QI) Plan exists within the context of the mission, vision, values, and priorities of the 2015 – 2018 Strategic Plan. The QI Plan is created to enable OCHD to more effectively achieve its stated mission:

*To protect, nurture, and advance the health of our community*

The values that drive the culture of OCHD are:

- Integrity
- Commitment to excellence
- Respect for all

The goals that drive the culture of OCHD are:

1. Strengthen cooperative agency systems
2. Strengthen communications
3. Strengthen workforce
4. Improve community health through collective impact
5. Strengthen data use

QI activities at OCHD are conducted to strive for the highest quality of services while meeting the needs and expectations of customers. The goal is to continuously improve the execution and design of processes across the 10 Essential Public Health Services (Center for Disease Control and Prevention, 2010):

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

QI activities at OCHD also strive to systematically assess and improve care and service to meet the following 2016-2021 Community Health Improvement Plan priorities:

1. Alcohol and other substance abuse, use, and addiction
2. Chronic disease
3. Mental health

## Culture of Quality and Desired Future State

OCHD acknowledges the importance of quality improvement within an effective performance management system which includes a culture of quality, ongoing qi activities – both programmatic and administrative, and continued learning within the organization. Additionally, evolving environments in public health along with Public Health Accreditation Board standards and recommendations will be this plan’s focus to be an effective 21<sup>st</sup> century health department.

Continuing to strengthen OCHD’s QI culture includes the formation of a QI Team, creation of a written QI plan, implementation of QI activities, assessment of the effectiveness of the QI plan and its activities along with updating the QI plan on an as needed basis.

The future state of quality at OCHD includes the following:

- Continued growth of the QI & PM systems at OCHD, assuring participation in both systems by all employees of the department
- Demonstrated competence by all staff in a wide range of quality improvement tools
- Advanced agency QI maturity as evidenced by completed maturity assessments
- Data driven decision making to include program planning and prioritization.



Figure 1. Pyramid demonstrating the interrelatedness of agency systems

OCHD recognizes that successful health departments operate with a systems-based approach. The figure above demonstrates the interrelatedness of large agency systems as well as responsible staff/teams, timeline, and fiscal practice. A successful 21<sup>st</sup> century health department nurtures integration of agency systems to maximize favorable program, process, and population health outcomes.

## Elements of the QI Effort's Structure

### Organizational Structure

Quality Improvement provides ongoing operational leadership of continuous quality improvement and accreditation activities at OCHD.

The Health Officer has charged the multidisciplinary QI Team with carrying out the purpose and scope of the QI program in the department. The QI Team is responsible for oversight of QI efforts and for promoting, training, challenging, and empowering OCHD staff to participate in the ongoing process of QI.

The OCHD QI Team will guide and evaluate the QI process by:

- Identifying, monitoring, and evaluating quality improvement projects
- Providing support to QI project teams
- Encouraging and fostering a supportive QI culture
- Implementing at least one QI project within the QI Team annually

QI members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the QI will make decisions by a majority vote.

The QI Team meets monthly and maintains records and minutes of all meetings. These minutes are then presented for review and acceptance by QI Team members. At least annually, the QI Team will provide a report of the QI program to the Board of Health.

### Membership and Rotation

Name	Title	Program
Linda Conlon*	Health Officer/Director	Administration
Marta Koelling*	Assistant Director	Administration
Kyla Waksmonski*	Accreditation Coordinator/ Community Health Specialist	Chronic Disease, Accreditation, QI/PM
Maria Skubal	Community Health Specialist	Chronic Disease, Tobacco
Christie Oestreich	Community Health Specialist	Tobacco, MCH, General Public Health
Dawn Klink	Public Health Nurse	WIC, PNCC, General Public Health
Beth Stamper	Account Clerk II	Reproductive Health
Todd Troskey	Registered Sanitarian	Environmental Health
Nichole Peplinski	PHN/Program Coordinator	Wisconsin Well Woman Program

The QI Team members will serve a term no longer than two years. No more than half of the team membership will be replaced each year in order to provide consistency.

*\*Note: These positions serve on the Leadership Team and will be permanent members of the QI Team.*



## Roles and Responsibilities

Role	Responsibility
<b>Director and Assistant Director</b>	<ul style="list-style-type: none"> <li>• Set vision and direction</li> <li>• Oversee development of annual QI Plan and related budget</li> <li>• Provide consultation for QI Team planning and activities</li> <li>• Serve as a QI Team member</li> <li>• Nominate QI Team members</li> <li>• Report on QI Team activities to appropriate entities including BOH and County Board</li> <li>• Provide leadership for department mission and strategic plan related to QI</li> <li>• Assure all staff has access to resources needed to carry out QI projects and training opportunities</li> <li>• Promote a CQI learning environment for the department</li> </ul>
<b>Accreditation Coordinator</b>	<ul style="list-style-type: none"> <li>• Report on QI Team activities to appropriate entities</li> <li>• Revise and update QI Plan annually</li> <li>• Develop member orientation process and materials</li> <li>• Develop and distribute QI Team agendas and minutes</li> <li>• Facilitate QI Team meetings</li> <li>• Coordinate annual QI Plan/QI Team evaluation</li> <li>• Coordinate performance improvement training</li> <li>• Integrate QI principles into department policies and procedures</li> <li>• Provide consultation and technical assistance for QI projects at the department and program levels</li> <li>• Document all QI-related activities</li> <li>• Identify continuing education resources</li> <li>• Ensure QI Plan and QI Team meets PHAB accreditation requirements</li> <li>• Implement appropriate strategies to develop and sustain a culture of QI</li> </ul>
<b>QI Team Members</b>	<ul style="list-style-type: none"> <li>• Actively learn about QI</li> <li>• Serve as Project Consultants for QI projects, as assigned</li> <li>• Advocate for QI and encourage a culture of learning and QI among staff</li> <li>• Prioritize and select QI projects</li> </ul>
<b>Health and Aging Committee (Board of Health)</b>	<ul style="list-style-type: none"> <li>• Supports QI efforts</li> <li>• Review QI project outcomes</li> <li>• Approves agency QI plan</li> <li>• Financially supports QI initiatives through the budget process</li> </ul>

## Staffing and Administrative Support

Oneida County Health Department is committed to supporting quality improvement initiatives by providing:

### Administrative Support

- Staff coordination for the monthly QI Team meetings, including:
  - Facilitating meetings
  - Developing and distributing the agenda
  - Maintaining meeting minutes
  - Providing staff training in QI methods and tools
  - Assisting program staff to track and trend their performance data

### Technical Support

- Technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools or meeting facilitation
- Technical assistance to QI projects, which may include data collection/analysis, advice on QI methods/tools, meeting facilitation/project management services, or participation as a team member

The OCHD Leadership Team supports the efforts of the QI Team. The Leadership Team will be responsible for administrative QI projects. Additionally, the Leadership Team will coordinate with the QI Team in QI training activities and other staff development opportunities.

## Budget and Resource Allocation

The primary budget allocation for this program is for implementation of QI projects. As resources allow, budget line items may be dedicated to QI efforts, including the purchase of training materials, attendance at conferences, and securing the services of expert consultation in the areas of QI. Future planning in this area will include analysis of cost, return on investment of implementation of quality improvement projects, and a more in-depth understanding of budget allocation specific to QI for staff members and the Leadership team.

A combination of tax levy, revenue, and grant dollars fund staffing and/or administrative support for QI efforts. Tracking for dollars spent on quality improvement efforts is done through Nightingale Notes.

## QI Training

### New Employee Orientation

As part of the new employee orientation process, new employees are required to review the following information:

- Quality Improvement Quick Guide: Public Health Foundation. Click [here](#) to view this guide and webinar.
- Oneida County Quality Improvement Plan.
- CDC Performance Management and Quality Improvement. Click [here](#) to view this guide.
- Why QI one pager. Click [here](#) to view this resource
- Additional QI training as described in the OCHD Workforce Development Plan

## Advanced Training for QI, Accreditation, and Leadership Teams

As part of the QI Team, members are given the Public Health Foundation Public Health Quality Improvement Encyclopedia and are provided additional training on QI tools and methodologies. These include, but are not limited to:

- Aim Statement
- Affinity Diagrams
- Brainstorming
- Cause & Effect Diagrams
- Data Collection & Analysis (Check Sheet, Bar Chart, Pie Chart, Run Chart)
- Flowcharts
- Gantt Chart
- PDCA
- Storyboards
- Welcome to the QI Team [one pager](#)
- Quality Improvement webinars found [here](#)

## QI Project Team

Each QI project team will receive training and technical support at a minimum at the project kick-off meeting and at an interim point as determined by the project lead.

## Ongoing Staff Training

At least annually, all staff are provided a QI training which may include:

- Basic QI tools
- Research on QI topics
- Applicable completed QI projects
- Integration of QI practice

## Identification of Projects and Alignment with Strategic Plan and Performance Management Plan

### Project Selection

QI projects will be selected based on the need to improve program processes, objectives, and/or performance measures that align with the department plans and performance management system. Projects may be identified in a number of ways, including, but not limited to RCI Quickstrike project ideas by staff, identification by the Leadership team or QI Team, results of QI maturity assessment, and by staff during quarterly reviews of performance data. Projects will be programmatic and administrative in nature.

QI team members will decide to accept a proposal, request more information or modifications, or reject the proposal based on the QI Project Selection Criteria below. QI team members are available to offer technical assistance to staff to develop project proposals. Project proposals will have priority if they are

data driven and if they are aligned with the department Strategic Plan, the Community Health Improvement Plan, program work plans, program evaluations, Accreditation, customer satisfaction, or ethical & cultural competency goals. If needed, an [algorithm](#) is available to help determine if an idea is indeed a quality improvement project. A QI team member will be assigned to each accepted QI project, with the exception of RCI Quickstrike projects.

The QI Team will oversee quality improvement initiatives within the department. OCHD expects at least two full scale quality improvement projects and at least five quickstrike projects be addressed annually. To further develop QI Team competency, increase engagement, and promote action-based meetings, the QI Team will complete at least one quality improvement project annually to be worked on during QI Team meetings. In addition to projects identified, the QI Team, working with OCHD staff, will continue to work on other ad-hoc QI projects as identified. The support and enthusiasm of all leadership and staff will continue to be paramount in the identification, implementation, and completion of all identified QI projects.

### Alignment

The QI Plan identifies how the department will build capacity for improvement and implement improvement activities so that department and community health outcomes can be achieved. The following plans are the backbone of the health department that provide structure and guidance for quality improvement activities that ultimately impact the community's health.

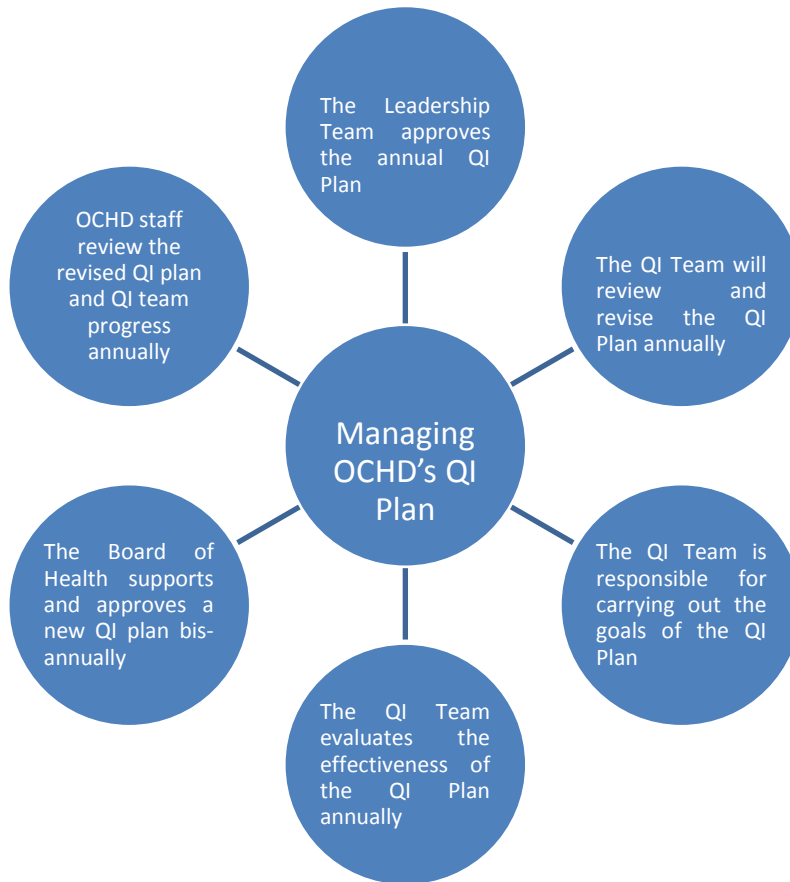
- a. Public Health Emergency Response Plan (PHERP)
- b. Community Health Improvement Plan—*Healthy People Healthy Oneida County (HPHOC)*
- c. Strategic Plan
- d. Workforce Development Plan
- e. Performance Management Plan
- f. Marketing Plan

In addition to advancing the objectives contained in these plans, the QI Plan will also promote compliance with contract and grant requirements across all department programs.

## Monitoring the Quality Improvement System

### Monitoring the QI Plan

The OCHD QI plan undergoes extensive management at all levels of the agency. See the diagram below for a description of the responsibilities of each group.



### QI Maturity Assessment

Annually, the QI Team assesses staff QI maturity and progress of QI work plan goals. OCHD utilizes the NACCHO QI Self- Assessment Tool (SAT) which is a comprehensive assessment of the six foundational elements that build a culture of quality. The QI work plan incorporates the agency's weakest elements in an effort to improve the organizational culture of quality. Those elements that are implemented in the work plan are re-assessed annually and the NACCHO QI SAT, in entirety, is completed the year the Quality Improvement Plan is scheduled for revision.

### Data Collection and Monitoring

Data will be collected for each performance measure and each QI project. It will be the responsibility of each lead staff member as identified in the performance management plan, for collecting and monitoring data for their own measure. It will be the responsibility of each project team leader to collect and monitor

data for their own QI project. Assistance and support will be provided by the director, assistant director, and/or Accreditation/Performance Management Coordinator as requested.

QI project data will be reviewed at least quarterly at the QI Team meeting. Performance measure data will be monitored quarterly at the all staff meeting. The performance management tracking log and the QI project NIATx form are available to all staff via the agency's network shared drive.

Additional considerations for data collection, analysis, and monitoring include:

- For individual projects, data will be collected and analyzed as indicated in the project plan. Staff directing the project will have responsibility for all aspects of the project including the collection and analysis of project data. This information may be presented in the form of a storyboard.
- Project data will be reviewed by appropriate OCHD staff along with QI Project Teams and QI Team members.
- Data from all projects will be collected and analyzed by appropriate OCHD staff and this information will be summarized on the project NIATx form and stored on the OCHD shared drive.
- All data reporting will be included in the project documentation and QI project outcomes will be discussed in the annual QI summary report.
- Outcomes of QI projects completed within two years will be reviewed bis-annually at QI Team meetings to assure project sustainability.

### **Actions to Make Improvements Based on Progress Reports**

Based on progress reports, the Leadership Team and/or the QI Team may make recommendations or suggestions regarding implementation of QI projects and/or determine if a performance measure issue is significant enough to warrant the implementation of a QI project.

### **Sustaining QI Project Outcomes**

Sustaining QI project outcomes is essential. Response by OCHD staff, the QI Team, and QI Project Teams to monitoring data and addressing unfavorable outcomes will be critical. QI project outcomes data will be monitored for at least two years after the QI project has closed. This data will be reviewed bis-annually at QI Team meetings. Unfavorable outcomes will be addressed with program/process investigation and additional QI as needed.

## Communication

### Communication of QI

A number of methods will be used to assure regular and consistent communication. These methods include, but are not limited to the following:

Key Message	Mode of Communication	Target Audience	Frequency
Opportunities to apply QI tools and methods	QI Team Meetings and when applicable, All Staff/Program Meetings	Staff	As needed
QI outcomes, lessons learned, resources	QI Team Meetings, All Staff/Program Meetings, Board of Health Meetings	Staff, Board of Health	QI Team: Monthly All Staff: Monthly Program: As needed BOH: Annually
QI training opportunities	QI Team Meetings, QI Project Team Meetings, All Staff Development training	Staff	QI Team: As needed QI Project Team: As needed All Staff: At least annually
QI branding, definitions, and value	Storyboards, visuals	Staff	At least quarterly
Progress on QI TEAM goals and objectives	Storyboards, visuals, QI Team meetings	Staff	Quarterly
QI 101	Online Training Modules	Staff	As part of new employee orientation
Annual QI Project Summary	QI Team Meetings, All Staff Meetings, Board of Health Meetings	Staff, Board of Health	Annually

\*A yearly QI communication log is kept at the end of this plan.

## Process to Assess Effectiveness

### Review of the Process and the Progress Toward Achieving Goals and Objectives

Process and progress toward achieving goals and objectives will be documented on the OCHD QI work plan.

The OCHD 2015-2018 QI work plan focuses on three goals: promote continuous process improvement, sustain quality improvement project outcomes, and continue to build a culture of quality. The workplan is reviewed at least quarterly by the OCHD leadership team and QI team. Progress is also monitored through the agency performance management system to assure that progress is being made. At least annually, analysis of work plan strategies is completed to determine next steps.

### **Efficiencies and Effectiveness Obtained and Lessons Learned**

Examples of efficiencies and effectiveness obtained and lessons learned thus far are:

- Policy and procedure is a great source for ideas for QI projects. Many policies address requirements for staff training. If these requirements are not being met, a QI project can make that happen.
- QI Project Teams are comprised of QI Team members along with OCHD staff from all areas of the agency. This weaving of personnel helps build credibility and buy-in within the entire health department. Having a broad range of Project Team members as liaisons to their own programs allows access to and a better understanding of all programs chances for improvement, dissemination of project results, and easier identification of appropriate QI projects.
- Efficiencies related to documentation through the use of technology has been identified and implemented. Documentation has been simplified via linked Excel workbooks.
- Establishment of a QI Team provides a foundation for the QI culture of our organization. OCHD's commitment to QI is demonstrated by support of the QI Team, implementation of quality improvement processes based on QI projects, ongoing communication to staff and stakeholders alike regarding our QI activities, and their impact on the quality of our agency.
- QI Team QI projects increase engagement, involvement, and QI competency of QI Team members.

### **Customer/Stakeholder Satisfaction with Services and Programs**

OCHD has a commitment to meeting the needs of our customers/stakeholders. Programs survey their clients as a means to identify areas of improvement for their programs. These surveys are a great way to identify QI projects.

### **Description of How Reports on Progress are used to Revise and Update the QI Plan**

The QI Committee and OCHD Leadership are responsible for the ongoing evaluation of the QI Plan goals and objectives, including review of progress reports and data-monitoring and analysis. The QI Plan is reviewed at least once per year and QI Work Plan is reviewed quarterly. Both the QI Plan and Work Plan can be revised as needed to reflect QI project activities and those requiring modification.

The QI Work Plan spreadsheet contains the goals, objectives, responsible person(s), completion date/status, and measureable outcomes for the QI Work Plan. The QI Work Plan reports on the progress of the overall QI Plan. The QI Coordinator is responsible for updating of the QI Work Plan. The monitoring of the QI Work Plan helps clarify the roles and responsibilities of Leadership, the QI Committee, Project Teams, as well as OCHD staff. Tracking the ways in which OCHD is working toward a culture of QI assures alignment of the QI Plan with the agencies Strategic Plan and measureable outcomes. As the QI Work Plan is updated, the QI Plan is edited as necessary to reflect the progress towards OCHD's goals and objectives.



## Quality Improvement Goals, Objectives, and Measures

### Quality Improvement Work Plan

The current goals were selected due to their direct correlation to advancing QI maturity of staff and establishing a culture of QI in the department. This work plan will continue to be updated with new objectives and strategies as the plan progresses.

Goal	Objective	Strategies	Responsible	Outcome
<b>Promote continual process improvement</b>	1. By December 31, 2017, increase the score of the QI SAT 6.1 from 3.25 to 3.75 <i>*Reassessed 12/19/16 and score was 4.50</i>	1.1 By December 31, 2016, develop greater understanding of QI methods through repetitive applications and after-action learning.	KW, MK-agenda	Complete- AALR complete and on all staff agenda e/o month.
		1.2 By December 31, 2017, implement measures to track post-improvement results.		QI section in PM
		1.3 By December 31, 2017, train QI team members how to distinguish between value and waste, the forms of waste, and how to select appropriate improvement methods.		
		1.4 By December 31, 2017, document how to select a QI method based on an understanding of a) the improvement goal or target state, and b) the type of waste(s) present.		
	2. Increase the score of QI SAT 6.4 from 3.63 to 4.13 <i>*Reassessed 12/19/16 and score was 5.0</i>	2.1 By December 31, 2016, conduct formal lessons learned as part of the closure of improvement projects.		Complete- AALR complete and on all staff agenda e/o month.
		2.2 By December 31, 2016, develop a process and system for storing and sharing learnings; teach QI team members in their use.		Complete- AALR complete and on all staff agenda e/o month.
	3. Increase the score of QI SAT 6.5 from 3.71 to 4.21 <i>*Reassessed 12/19/16 and score was 3.57</i>	3.1 By December 31, 2016, develop a process for identifying and sharing best practices to the applicable audience.		Complete, but need additional strategy. AALR and report out.
		3.2 By December 31, 2017, identify key best practices for the organization – list of resources.		

<b>Sustain quality improvement project outcomes</b>	1. By December 31, 2017, develop a process for tracking QI activities and sustainability annually.	<p>1.1 By December 31, 2017, integrate QI projects into PM online dashboard (quickstrikes included)</p> <p>1.2 By December 31, 2016, develop QI project summary infographic after each year</p> <p>1.3 By December 31, 2017, consider trending data for program specific QI projects in annual report</p>	<p>Completed for 2015 in Feb 2016 – shared with QI Team and All Staff</p> <p>In annual report form</p>
<b>Continue to Build a Culture of Quality</b>	1. By December 31, 2016, develop a process for QI Team liaison to quickstrike projects.	<p>1.1 By December 31, 2016, define roles and responsibilities for liaisons</p> <p>1.2 By December 31, 2016, determine timeline with which liaisons are assigned and follow-up</p>	<p>Completed 1/2016, reviewed 3/21/2016</p> <p>New ideas and solutions log, review at each meeting</p>
	2. By December 31, 2017, increase staff QI competency. (survey)	<p>2.1 By September 30, 2017, develop criteria for OCHD staff to be competent in</p> <p>2.2 By October 31, 2017, build QI competency into staff competency assessment</p> <p>2.3 By November 30, 2017, identify staff training opportunities based on competency gap</p> <p>2.4 By December 31, 2017, hold at least one staff training based on competency survey</p>	<p>Put in July meeting agenda, research QI competency examples before then, anticipated competency taken in August via paper then transferred to electronic staff WFD doc</p>
	3. By December 31, 2016, Implement at least three program QI projects and three admin QI projects annually. At least two of these QI projects will be implemented based on the PM system.	<p>3.1 By March 31, 2016, review pm data to determine need, look at final pm numbers</p> <p>3.2 By June 30, 2016, the QI team will review the number of QI projects (admin, program)</p> <p>3.3 By July 31, 2016, the QI team will identify strategies to identify possible qi projects if OCHD has not met threshold of three admin and three program QI projects.</p> <p>3.4 By December 31, 2016, consider qi component in program agendas on an annual basis (for either PM review or qi project brainstorm)</p>	<p>Complete- March 9</p> <p>Reviewed 7-18-16; 6 program, 3 admin, 1 both (emergent notification)</p> <p>N/A</p>

4. By December 31, 2016, OCHD will implement at least two large QI projects annually.

4.1 By March 31, 2016, identify baseline data from PM or brainstorming

4.2 By June 30, 2016, the QI team will review the number of QI projects (large and quickstrike)

4.3 By July 31, 2016, the QI team will identify strategies to identify possible large qi projects if OCHD has not met threshold of two large projects.

Complete- March 9 meeting

Reviewed 7-18-16; 7 large, 4 small

N/A



## QI Communication Log

### 2016 Communication Record

Date	Description of Communication	Presenter	Additional Info
2/11/2016	BOH presentation of 2015 QI Summary and 2015-2018 QI Plan	LC	
2/15/2016	QI Team presentation of 2015 QI Summary and 2015-2018 QI Plan. Discussed roles and responsibilities within the plan, workplan, etc.	KW	
7/19/16	Finalized content, updated workplan progress	KW	
12/19/16	Updated workplan progress	KW	