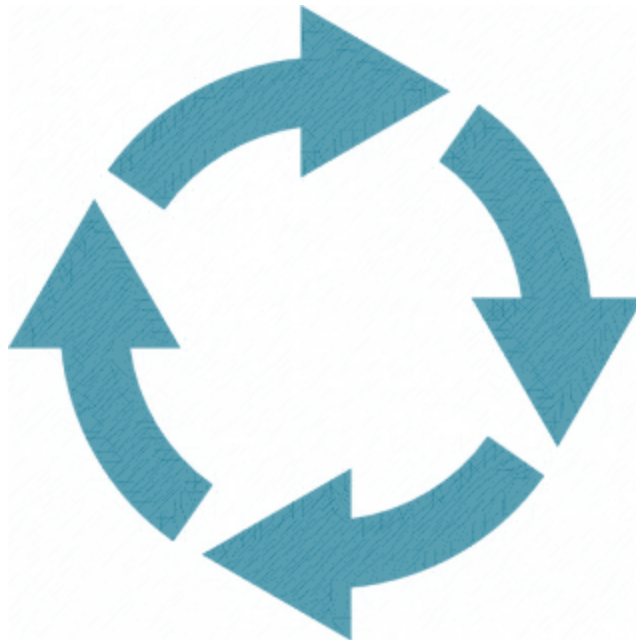




Cerro Gordo County  
Department of Public Health

CERRO  
GORDO  
COUNTY  
DEPARTMENT  
OF PUBLIC  
HEALTH

## QUALITY IMPROVEMENT PLAN



Date Adopted: July 8, 2015  
Review Frequency: Annual

## Overview

The Cerro Gordo County Department of Public Health has adopted the Plan, Do, Study, Act (PDSA) methodology to drive the Department to a state of continuous quality improvement (QI). This plan provides the intentions and guidance to better serve the public and the health department employees. This plan outlines the mission and vision of QI work, resources available selection of QI projects and formation of QI teams.

### Document Revision

Revision #	Date of Revision	Section Revised with page #	Person Completing Revision

## Mission

Establish a department-wide framework to provide structure for developing, monitoring, evaluating and promoting continuous QI activities for employees and the people we serve.

## Vision

To ensure a culture of quality through sustainable, value-added improvements aligned with the Department's mission, vision and values.

## Alignment

The Quality Improvement Plan will integrate with and inform other Department plans to ensure that departmental and community health outcomes are accomplished. Each of the Department's plans inform and feed off each other, building integration and clear messaging. See the figure to the right.

## Definitions

**AIM Statement:** An AIM statement is an explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way. It answers the question: *What are we trying to accomplish?* [Minnesota Department of Public Health, n.d.)

**Big QI:** The practice of striving for excellence in all of an organization's services, products, processes, and overall operations, making it a top management philosophy that results in complete organizational involvement in quality. [Riley, Moran, Corso, Beitsch, Bialek and Cofsky, 2009]



Figure 1. Cerro Gordo County Department of Public Health Plan Integration model

**Continuous Quality Improvement (CQI):** An intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. The intent is to improve the level of performance of key processes and outcomes [National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007]

## **Customer**

### **External**

A person or organization that receives a product, service, or information but is not part of the organization supplying it.

### **Internal**

The recipient (person or department) within an organization of another person's or department's output (product, service, or information).

**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) meets or exceeds specified satisfaction goals. [Farris, Bendle, Pfeiffer & Reibstein, 2010]

**Little QI:** A systems approach to implementing quality and beginning to generate a QI culture within the organization by striving for quality in a limited or specific improvement project or area. [Riley, Moran, Corso, Beitsch, Bialek & Cofsky, 2009]

**Performance Management:** Quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator. They are used to assess achievement of standards. [Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008]

**Plan-Do-Study-Act (PDSA) or Plan-Do-Check-Act (PDCA):** An iterative, four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008]

**Program Evaluation:** The systematic application of social [or scientific] research procedures for assessing the conceptualization, design, implementation, and utility of social [community] intervention programs. [Rossi, Freeman, Lipsey. Evaluation: A Systematic Approach, 1999]

**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):** Refers to the establishment of a program or process to manage change and achieve successes in public health policies, programs, or infrastructure based on performance standards, measures, and report. [Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008]

**Quality Improvement Plan (QIP):** A document which outlines how the department will conduct continuous quality improvement activities.

**Quality Planning:** A systematic process that translates quality policy into measurable objectives and requirements and lays down a sequence of steps for realizing them within a specified time frame. It is used in situations where a process does not yet exist, or a process is in need of a complete redesign.

**Quality Tools (QI Tools):** Tools designed to assist a team when solving a defined problem or project. These tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [Bialek et al., The Public Health QI Handbook, 2009]

**Service Section:** The divisions within the Cerro Gordo County Department of Public Health.

## Culture of Quality

### Current State

The Cerro Gordo County Department of Public Health is at the beginning stage of QI with few staff trained and only a couple of formal QI projects completed.

### Future State

The Cerro Gordo County Department of Public Health is committed to developing a culture of quality to focus on excellence, teamwork and the customers/clients/constituents we serve. Over the next year, all staff will receive QI training, establish a QI Council and complete one (1) QI project in each service section.

## Quality Improvement Council

The Cerro Gordo County Department of Public Health has instituted the use of a Quality Improvement Council to provide QI expertise and guidance for QI projects. The establishment of this Council provides the QI program with clear guidance and organizational support.

*QI Council membership criteria*, each member will:

- Have an interest and an aptitude for QI; service on the Council is voluntary
- Commit to develop and promote continuous QI throughout the Health Department
- Serve for a minimum of 2 years from the date of appointment
- Agree to meet at least monthly and as needed to implement the QI Plan

### *QI Membership*

Membership consists of representation from a combination of managers and front-line staff not to exceed nine (9) people with less than half as management. All service sections will have representation. During the first year, membership will be staggered with half serving two (2) years and half serving three (3); then the normal rotation of two (2) years will ensue. Current membership:

Name	Title	Service Sections	Expiration Date
<b>Bethany Bjorklund</b>	Immunization Nurse	Acute Infectious Disease, Epidemiology & Preparedness	July 1, 2018
<b>Daniel Ries</b>	Senior Environmental Health Specialist	Environmental Health	July 1, 2017
<b>Darla Smith</b>	Public Health Nurse	Family & Community Health	July 1, 2017
<b>Kara Vogelson (QI Coordinator)</b>	Manager	Organizational Development & Research	July 1, 2018

<b>Lisa Losen</b>	Manager	Home Care Aides	July 1, 2018
<b>Penny McCaslin</b>	Health Promotion Associate	Chronic Disease Prevention & Health Promotion	July 1, 2018
<b>Cathy Gomez</b>	Manager	Finance & Administration	July 1, 2017

*QI Council activities include:*

- Oversee, monitor and evaluate the QI plan
- Oversee QI efforts department-wide
- Communicate QI efforts
- Assist in the development of QI activities
- Provide technical assistance to staff members
- Be a champion for QI projects and tools
- Review, revise and evaluate the QI projects and plan annually

One person from the Council will serve as the QI Coordinator, responsible for reporting duties to the Board of Health and Health Director.

During each meeting, the Council will discuss training needs, current and future QI projects and technical assistance needs.

### Staff Roles & Responsibilities

To facilitate the adoption of continuous QI, several people and groups will be involved. Their expected activities are provided in the table below.

Activity	All Staff	QI Council	QI Coordinator	Managers	Health Director	Board of Health
Establish Quality Improvement (QI) as a priority	x					x
Develop an understanding of basic QI principles & tools by participating in QI training; apply principals & tools into daily work	x				x	x
Report QI training needs to manager &/or QI Coordinator	x					
Identify areas needing improvement & suggest improvement actions to identified areas (with department manager & supported by data), especially as they pertain to agency goals and mission	x					
Facilitate a plan to implement improvements for program measures that are not meeting stated goals				x		
Collect & report data for QI program projects	x					
Participate in QI Plan evaluation data gathering (survey)	x					
Advocate for continuous QI & encourage a culture of learning & QI among staff	x				x	
Activity	All Staff	QI Council	QI Coordinator	Managers	Health Director	Board of Health
Facilitate the implementation of QI activities & an				x	x	

environment of continual QI						
Provide QI expertise & guidance for QI project teams		x	x			
Develop & use new staff orientation process & materials related to QI				x		
Provide QI training to new and existing staff and orient staff to processes and resources			x	x		
Assist in development of QI activities		x				
Review, revise, evaluate & approve the QI Plan annually		x	x		x	
Ensure QI Plan meets Public Health Accreditation Board (PHAB) standards			x			
Coordinate & facilitate QI Council meetings			x			
Advise Health Director of QI principles for policies & procedures			x			
Seek out & document QI activities			x			
Assure staff participation in QI activities (each SS must participate in one project annually) including approving volunteer employee from each SS to join the Quality Council				x		
Provide staff with opportunities to share results of QI efforts				x	x	
Provide leadership for department vision, mission strategic plan & direction related to QI efforts					x	
Assure all staff has access to resources needed to carry out QI projects and training opportunities; assign budget					x	
Report on QI activities to the Board of Health			x		x	
Recognize successful QI Improvements &/or teams				x	x	x

## Quality Improvement Teams

For each QI project, a QI team consisting of 4-7 members is recommended. Each QI team will have a team leader responsible for overseeing team activities and setting and facilitating team meetings.

### *QI Team duties:*

- Assign a team leader & scribe
- The scribe will take meeting minutes and document all activities on the Team QI Documentation Form (see Appendix A)
- The scribe will provide meeting minutes to all members before the next meeting
- Apply QI principles to the identified area in need of improvement
- Hold meetings regularly to use QI tools
- Provide the form, final report and storyboard to the QI Council

## Quality Improvement Training

All staff shall be trained in QI. Teams will use the PDSA model when completing projects as it provides a proven methodology to complete projects. Each suggested training resource and its location is noted below. This list will evolve as we work with our community health consultant and other experts to shape training.

### *New staff:*

- QI orientation with the QI Coordinator
- Just in time training for first project
- QI – An Overview (located in R:\Quality Improvement\QI Training Resources)

### *Current staff:*

- QI – An Overview (located in R:\Quality Improvement\QI Training Resources)
- Continuing and position-specific staff training as identified by the QI Coordinator

### Beginner Training:

Suggested readings & webinars

- ABCs of PDCA (located in R:\Quality Improvement\QI Training Resources)
- Nine Pillars of Public Health Quality Improvement (located in R:\Quality Improvement\QI Training Resources)
- Building Blocks of a Quality Culture (located in R:\Quality Improvement\QI Training Resources)

### Intermediate Training:

Suggested readings & webinars

- The Quality of a Quality Improvement Project: A Checklist (located in R:\Quality Improvement\QI Training Resources)
- Role and Responsibility Charting (RACI) (located in R:\Quality Improvement\QI Training Resources)

### Advanced Training:

Suggested readings & webinars – all on the web

- Gaining Buy-in/ Organizational Change
- Coaching QI Teams
- Webinars/Videos
- QI Plans

### Self-guided Resource:

- Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook (located in R:\Quality Improvement\QI Training Resources)
- QI Roadmap Guide (located <http://qiroadmap.org/resources>)

Continue to check R:\Quality Improvement\QI Training Resources for upcoming videos that will explain specific QI tools to use (interrelationship Diagram, Force Field Analysis, Team building, etc.)

## Quality Improvement Project Selection

Each service section within the Cerro Gordo County Department of Public Health will be responsible for implementing a minimum of one (1) QI project per fiscal year.

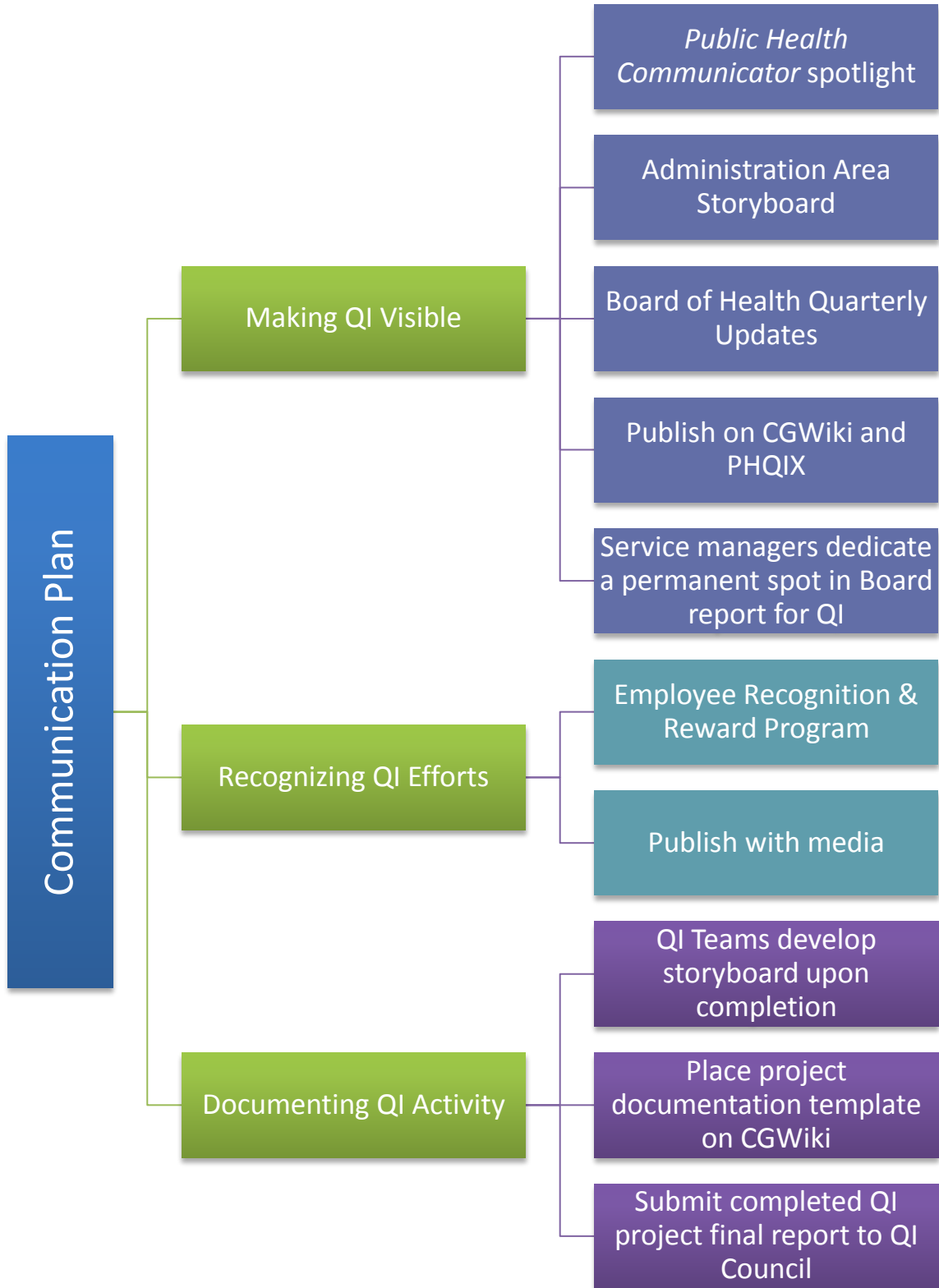
Service Sections include:

- Environmental Health
- Family & Community Health
- Acute Infectious Disease, Epidemiology and Preparedness
- Chronic Disease Prevention & Health Promotion
- Finance & Administration
- Organizational Development & Research

Project selection will occur through multiple venues including identification by Core Team, QI Council, or staff members that align with Department plans. Projects should be selected based on alignment with the Department's vision, mission and on the need to improve program processes, objectives and/or performance measures that align with the Department's plans. All shall focus on improving health indicators, increasing cost effectiveness and/or increasing staff capacity. The QI Project Documentation Form (Appendix A) will aid in guiding project selection; upon completion the form should be sent to the QI Coordinator who will review and send to the Health Director prior to projects beginning. All projects shall focus on customers (internal or external).



# Communication Plan



## Quality Improvement Monitoring and Evaluation

The table below will be used to determine progress on each QI goal. Goals were selected to advance the culture of QI in the Health Department. The QI Council will monitor the implementation of the activities listed within the table. Data will be collected and analyzed by the QI Coordinator and findings including effectiveness, efficiencies and lessons learned will be documented and reported on a bi-annual basis to health department staff and the Board of Health.

Goal	Year One Objectives	Activities	Individual	Performance Measure
<b>Advance the culture of QI within the Department</b>	50% of staff will agree that the department currently has a pervasive culture that focuses on continuous QI	<ul style="list-style-type: none"> <li>a. Involve staff in decision making related to QI</li> <li>b. Encourage staff to work within and across program boundaries</li> <li>c. Each service section will participate in a QI project within the first year</li> <li>d. Fully implement, monitor and evaluate the QI plan annually</li> </ul>	<ul style="list-style-type: none"> <li>Managers &amp; Health Director (HD)</li> <li>Managers &amp; HD Managers</li> <li>QI Council</li> <li>QI Council</li> </ul>	% of staff that agree that the department currently has a pervasive culture that focuses on continuous QI
<b>Improve staff capacity to engage in QI efforts</b>	50% of staff will agree that the department currently has a high level of capacity to engage in QI efforts	<ul style="list-style-type: none"> <li>a. Deliver tools and training for staff</li> <li>b. Recognize QI Teams in their QI efforts</li> </ul>	<ul style="list-style-type: none"> <li>QI Coordinator &amp; Managers</li> <li>Managers, HD &amp; Board of Health</li> </ul>	% of staff agree that the department currently has a high level of capacity to engage in QI efforts
<b>Assure measurable departmental success with QI efforts</b>	80% of projects selected will have demonstrated measurable improvement	<ul style="list-style-type: none"> <li>a. Ensure all projects will fit one of 3 priorities:                             <ul style="list-style-type: none"> <li>1. Improve health indicators</li> <li>2. Increase cost effectiveness</li> <li>3. Increase staff capacity</li> </ul> </li> <li>b. Monitor and evaluate QI projects</li> <li>c. QI Team Leaders will document process and maintain electronically in the shared folder/wiki</li> </ul>	<ul style="list-style-type: none"> <li>All staff</li> <li>QI Team Leaders &amp; QI Coordinator</li> <li>QI Team Leaders</li> </ul>	% of projects selected will have demonstrated measurable improvement
<b>Use customer feedback for improvement planning</b>	50% of all service sections will demonstrate actively monitoring customer satisfaction	<ul style="list-style-type: none"> <li>a. Implement a systematic process for assessing, monitoring, evaluating and improving customer satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>QI Council, Marketing &amp; Public Information Officer (MPIO)</li> </ul>	% of service areas actively monitoring customer satisfaction
<b>Make the use of QI Tools &amp; techniques user-friendly,</b>	75% of staff will know where to access internal QI resources	<ul style="list-style-type: none"> <li>a. Identify and organize resources</li> </ul>	<ul style="list-style-type: none"> <li>QI Coordinator</li> </ul>	% of staff who know where to access internal QI resources

**participatory  
& part of  
daily work**

- b. Encourage staff use of resources
- c. Disseminate information according to the communication plan

QI Coordinator,  
Managers & QI  
Council  
QI Teams, MPIO,  
Managers, QI  
Coordinator & HD

## Appendix A

<b>QI Project Documentation Form</b>		Date:
Service Section & Subject:		Team Leader:
Select all goals: <input type="checkbox"/> Improve health indicators in CHNA HIP and/or priorities List indicator: _____  <input type="checkbox"/> Increase cost effectiveness <input type="checkbox"/> Increase staff capacity	<u>Team Members</u>	
	<i>The 1<sup>st</sup> person is the scribe (responsible for documentation)</i>	
	1.	
	2.	
	3.	
	4.	
State the need or problem:		5.
		6.
List customers this will affect (internal &/or external):		
Initial AIM Statement:		
Once completed with this top section, please notify your manager <input type="checkbox"/> Manager notified & date _____ Does Manager approve? <input type="checkbox"/> Yes <input type="checkbox"/> No Whether or not your manager approves please send this completed form to the QI Coordinator.		
Revised AIM Statement:		
Meeting Dates:	<b>Timeline</b>	
	Plan:	
	Do:	
	Check:	
	Act:	
QI Tools Used:	Root Cause(s):	
Measurable Outcomes:		
1.		
2.		
3.		
Lessons Learned & Insights		
Upon completion, send this form, copies of your meeting notes and copies of the tools used to the QI Coordinator		