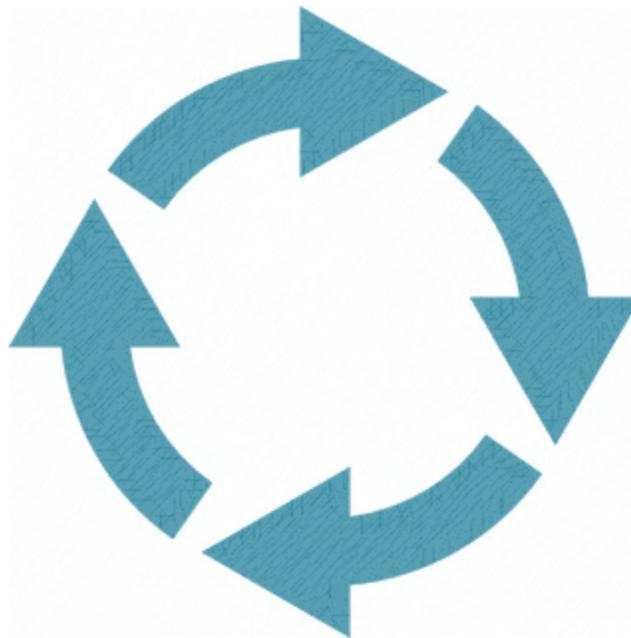


CERRO  
GORDO  
COUNTY  
DEPARTMENT  
OF PUBLIC  
HEALTH

## 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	Revision description with page #	Person Completing Revision
1	7/28/16	Pg. 2: remove PDCA from PDSA definition Pg. 3: update current & future state Pg. 4: move heading in table down Pg. 6: more clearly define training recommendations Pg. 8 & forward: remove all references to wiki Pg. 9: revise objectives & activities for year 2	K. Vogelson
2	6/19/17	Pg. 1: typo – added a comma in the first paragraph Pg. 3: removed information about first year rotations Pg 3: added information about recruiting new Council members Pg. 3: updated Council membership Pg. 4: defined term limits Pg. 4: shifted Council meetings to at least quarterly Pg. 4: added service section to Lisa’s line in membership Pg. 4: added information about QI Coordinator and minute-taker Pg. 6: add facilitator language Pg. 7: remove current staff training and replace implementation with participation in Pg. 9: update evaluation table Appendix A: added example AIM statement	K. Vogelson
3	7/5/2018	Pg. 3: updated Council membership Pg 4: added subscription to PHQIX for Council members Pg 4: changed QI Coordinator from voted on to appointed position Pg 6: removed facilitators’ names and gave direction Pg 6: assigned responsibility to specific tasks of documentation form, report & story board Pg 7: updated who can submit for a QI project Pg 8: updated communication plan	K. Vogelson

## 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]

**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]



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

**Plan-Do-Study-Act (PDSA):** 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 intermediate stage of quality improvement with an established Quality Improvement Council, ongoing quality improvement projects and all staff trained.

### Future State

The Cerro Gordo County Department of Public Health has committed to a culture of quality with focus on excellence, teamwork and the customers/clients/constituents we serve.

## 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 quarterly and as needed to implement the QI Plan
- Subscribe to PHQIX weekly digest

#### *QI Membership*

Membership consists of representation from a combination of managers and other staff not to exceed nine (9) people with less than half as management. All service sections will have representation. New members shall be recruited by members leaving the Council based on interest in QI. The person recruited will volunteer for the position, with manager’s approval. If there are no volunteers, members will be appointed by their manager. Each member must be approved by the Health Director prior to serving on the Council.

<b>Name</b>	<b>Title</b>	<b>Service Sections</b>	<b>Expiration Date</b>
<b>Samantha Smith</b>	Immunization Nurse	Acute Infectious Disease, Epidemiology & Preparedness	July 1, 2020
<b>Kara Morel</b>	Environmental Health Specialist I	Environmental Health	July 1, 2019
<b>Kara Vogelson (QI Coordinator)</b>	Manager	Organizational Development & Research	N/A - appointed
<b>Tammy Gerken</b>	Public Health Nurse	Family & Community Health	July 1, 2020
<b>Katelyn Nicholson</b>	Public Health Dietitian	Chronic Disease Prevention & Health Promotion	July 1, 2020
<b>Marcy Strasheim</b>	Administrative Operations & Business Support Assistant	Finance & Administration	July 1, 2019

Members may only serve one term; however, they may take one year off and then serve again. The QI Coordinator is exempt from term limits.

#### *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 volunteer as the minute-taker and per job description, the QI Coordinator is appointed by the Health Director. The QI Coordinator is 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 & 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	
Facilitate the implementation of QI activities & an environment of continual QI				x	x	
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 Improvement 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
- Request a QI Facilitator (see Kara Vogelsson for current list of facilitators)
- 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
- Team leader will provide the form, final report and storyboard to the QI Council

## Quality Improvement Training

All staff shall be trained in QI; required trainings are the bulleted items under new and current staff. The remainder of the training is split into levels and all staff members are encouraged to train on their own to their maximum level. This list will evolve as we work with our community health consultant and other experts to shape training.

### *New staff (required):*

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

### 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)
- Intermediate QI Training presentation

### 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

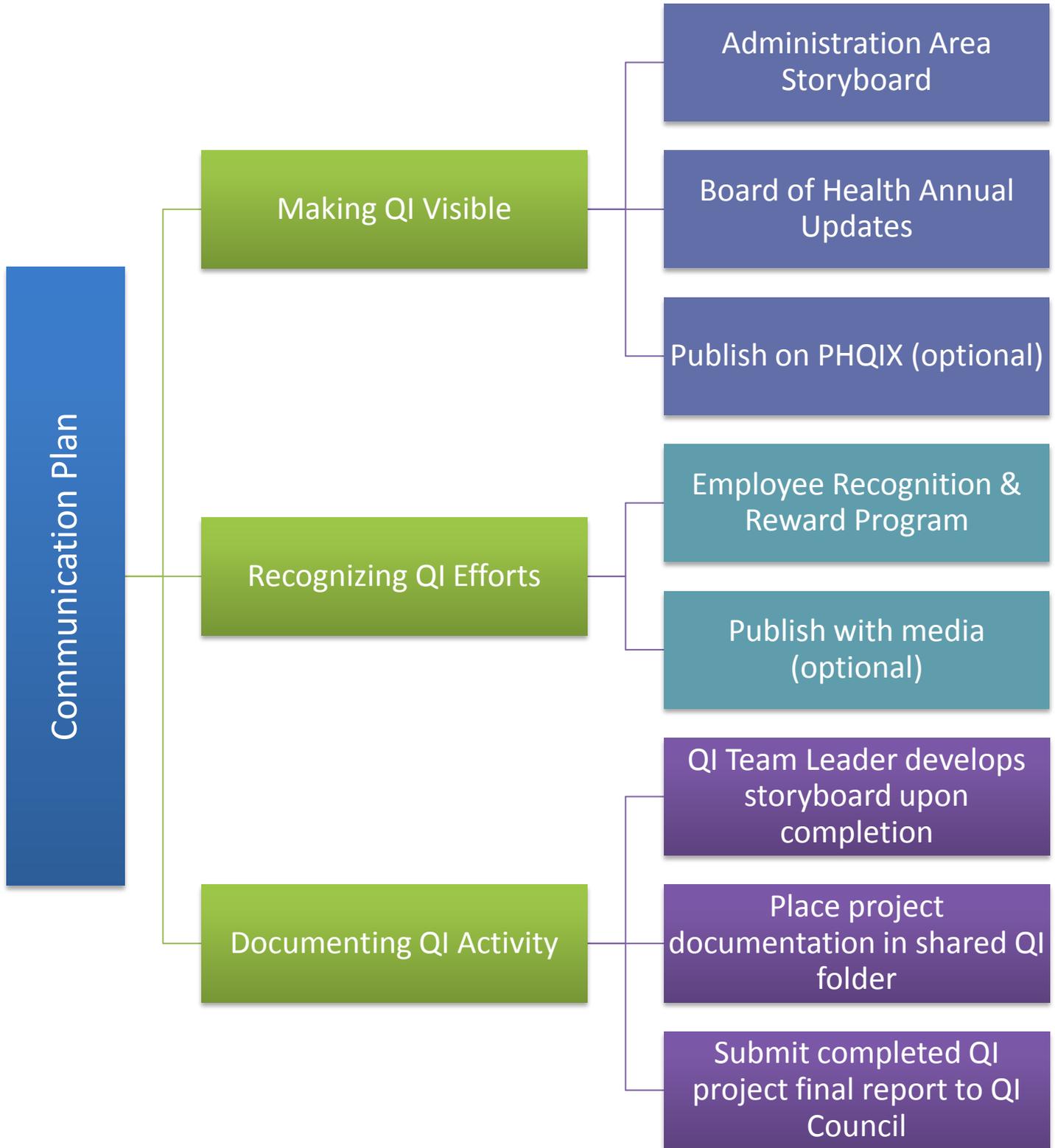
Each service section within the Cerro Gordo County Department of Public Health will be responsible for participating in a minimum of one (1) QI project per fiscal year.

### 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, Integrated Management Council or any staff member as the projects 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	Objectives	Activities	Individual	Performance Measure
<b>Advance the culture of QI within the Department</b>	≥95% 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 annually</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>	≥80% 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> <li>c. Ensure all staff have the opportunity for intermediate training</li> <li>d. Add a minimum of 2 QI facilitators</li> </ul>	<ul style="list-style-type: none"> <li>QI Coordinator &amp; Managers</li> <li>Managers, HD &amp; Board of Health</li> <li>QI Coordinator &amp; Managers</li> <li>QI Council</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>	100% 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</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>	5 of 6 service sections will demonstrate actively monitoring customer satisfaction	<ul style="list-style-type: none"> <li>a. Continue the 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;</b>	≥85% of staff will know where to	<ul style="list-style-type: none"> <li>a. Identify and organize resources; ensure updated resources are</li> </ul>	<ul style="list-style-type: none"> <li>QI Coordinator</li> </ul>	% of staff who know where to

<b>techniques user-friendly, participatory &amp; part of daily work</b>	access internal QI resources	added		access internal QI resources
		b. Encourage staff use of resources	QI Coordinator, Managers & QI Council	
		c. Disseminate information according to the communication plan	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. 5. 6.	
State the need or problem:		
List customers this will affect (internal &/or external):		
Initial AIM Statement: <i>(EXAMPLE: Reduce adverse drug events in critical care by 75 percent within one year.)</i>		
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		