



# SEDGWICK COUNTY HEALTH DEPARTMENT

## 2011 Quality Improvement Plan

Last Updated - 02/16/2011

### I. Purpose

The purpose of the 2011 Sedgwick County Health Department (SCHD) Quality Improvement Plan (QIP) is to provide context and framework for quality improvement (QI) activities at Sedgwick County Health Department.

**Policy Statement:** SCHD has an interest in systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement, QI efforts should target the department-level (“Big QI”) as well as the program- or project- level (“Small QI”).

### II. Definitions

**Strategic planning and Program planning and evaluation:** *Generally, Strategic planning and Quality improvement occur at the level of the overall organization, while Program planning and evaluation are program specific activities that feed into the Strategic plan and into Quality improvement. Program evaluation alone does not equate with Quality improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. (PHAB Acronyms and Glossary of Terms, 2009)*

**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. (PHAB Acronyms and Glossary of Terms, 2009)*

**Quality improvement (QI):** *is 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. (PHAB Acronyms and Glossary of Terms, 2009)*

**Quality Improvement Plan (QIP):** *identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be*

*in the Strategic Plan. See also performance management. (PHAB Acronyms and Glossary of Terms, 2009)*

*Quality methods: builds on an assessment component in which a group of selected indicators [selected by an agency] are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. These quality methods are frequently summarized at a high level as the Plan/Do/Check/Act (PDCA) or Shewhart Cycle. (PHAB Acronyms and Glossary of Terms, 2009)*

*Quality Improvement Project Teams: are program-level teams, organized by Program Managers and staff, to carry out QI activities, namely PDSA cycles. QI Project Teams are charged with developing, implementing, evaluating and reporting QI projects. (Sedgwick County, 2010)*

*Quality Tools: are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. A list of basic QI tools (along with an Information Sheet, Template and Example) can be found on the QI e-line page. (The Public Health QI Handbook, Bialek, et al)*

*Plan-Do-Study-Act (PDSA): is 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)*

### **III. Overview of Quality**

In 2009, SCHD sought funding from RWJF to evaluate the impact of CQI on LHD activities. While unsuccessful in the attempt, the process allowed staff to develop a better understanding of QI, how it could benefit a LHD and the role of QI in the future of public health.

In 2010, SCHD was funded by the Sunflower Foundation to provide training for all staff on principles and tools related to the concept of QI. During this training cycle, forty SCHD leaders (Director, Division Directors, Program Managers, Q-Team members) took part in two, half-day trainings on the topic of *QI Principles and Tools*; a half-day *QI Workshop*; divided into *QI Project Teams* to carry out a four-month *CQI Application Exercise* using the PDSA model; and finally, created storyboards to tell their story. The

culmination of the training plan included a half-day *All-Staff QI Training*. At the training, *QI Project Teams* presented the findings from their four-month projects to all-staff and a consultant from the *Public Health Foundation* presented a “*QI Principles and Tools*” training to all staff.

Also in 2010, the SCHED “Q-Team” was developed. At SCHED, the role of this team is to carry out QI efforts at the Sedgwick County Health Department. Examples of these efforts will include: Developing an annual comprehensive “Quality Improvement Plan”; preparing to meet local health department accreditation standards related to QI; and, developing and evaluating agency rapid cycle quality improvement tests. Q-Team members also receive more intensive QI training than other staff to prepare them to lead other staff in QI efforts.

In 2011, SCHED will continue to emphasize staff QI training. Opportunities will be provided for most staff to experience a “hands-on” QI project. All current and new staff will receive a minimum level of QI training that will allow them to play an active role in agency QI projects, as well as to educate them on the agency QI Policy and annual QIP. Also in 2011, SCHED will implement the use of *QI Tools and Principles* to the agency’s existing *Strategic Plan* measures.

## **IV. Roles and Responsibilities**

- A. All Staff
  - 1. Participate in the work of at least one QI project.
  - 2. Develop an understanding of basic QI principles & tools through QI training.
  - 3. With program manager, identify program areas for improvement and suggest improvement actions to address identified projects; paying particular interest to quarterly performance measures.
  - 4. Report QI training needs to project manager.
  - 5. Complete QI activities under the normal supervisory authority and supervisory structure of the Department and County.
  - 6. Apply QI principles and tools to daily work.
- B. Director of Health
  - 1. Provide leadership for department vision, mission, strategic plan and direction related to QI efforts.
  - 2. Assure all staff has access to resources to carry out QI projects and training.
  - 3. Advocate for a culture of QI, to staff as well as including in messages and presentations to staff as well as to internal and external partners.
  - 4. Promote a CQI environment (learning environment) for the department.
  - 5. Apply QI principles and tools to daily work.
- C. Quality Coordinator
  - 1. Coordinate, support, guide and define overall QI program department-wide.

2. Develop and manage all aspects of the annual QIP with input from Q-Team and Leadership Group.
  3. Integrate QI principles in Department policies/protocols (e.g. Employee hiring; Performance review; Meeting minutes documentation; Develop/review QI Policy).
  4. Assist QI projects at Director, Division and Program level.
  5. Document all QI-related activities.
  6. Ensure communication of QI project results.
  7. Identify continuing education resources.
  8. Provide quarterly written updates to Director of Health.
  9. Facilitate Q-Team.
  10. Assist Q-Team members in addressing problems encountered by QI project teams.
  11. Ensure QIP meets PHAB accreditation requirements.
  12. Implement other strategies to develop “culture of QI”.
  13. Apply QI principles and tools to daily work.
- D. Division Directors
1. Facilitate the implementation of QI-activities at the Division level.
  2. Support Program Managers in their work with QI activities.
  3. Participate in QI project teams as requested or as required.
  4. Facilitate the development of QI project teams for all programs and sites.
  5. Provide QI staff with opportunities to share results of QI efforts (findings, improvements, lessons learned).
  6. Communicate with Program Managers to identify projects or processes to improve and assist with development of QI project proposal.
  7. Document QI efforts.
  8. Communicate regularly with Director and Quality Coordinator to share QI successes and lessons learned.
  9. Provide feedback to shape annual QIP.
  10. Identify staff for Q-Team, advanced QI training opportunities and identify staff training needs.
  11. Apply QI principles and tools to daily work.
- E. Quality Improvement Team (Q-Team)
1. Provide QI expertise and guidance for QI project teams.
  2. Provide QI Training to new and existing staff.
  3. Assist in development of Department QI activities.
  4. Review annual QIP prior to approval.
  5. Advocate for QI and encourage a culture of learning and QI among staff.
  6. Apply QI principles and tools to daily work.
- F. Program Managers
1. Support program QI project teams.
    - Serve as or identify QI project team Chairperson
    - Participate on the QI project team to provide unique perspective.
    - Guide QI project team to resources according to annual QIP.

- Assure projects advance Division and Program goals, objectives, strategic plans, KPIs, etc.
  - Advocate for the QI project team to other program staff.
  - Allow and create time and resources for QI activities as needed.
  - Assure QI project team is on task and meeting timeline.
  - Provide QI project teams with opportunities and venues to share findings.
2. Assure staff participation in QI activities.
  3. Assure staff QI training.
  4. Orient staff to QIP processes and resources.
  5. Evaluate staff regarding QI participation.
  6. Integrate improvements into strategic plans as appropriate.
  7. Report QI project results and improvements at Performance Management Meetings.
  8. Facilitate an environment of CQI for all staff.
  9. Keep Division Director apprised of QI activities.
  10. Initiate problem solving processes and/or QI projects.
  11. Apply QI principles and tools to daily work.

## V. Staff Training

- A. New Staff
  1. Presentation at New Employee Orientation
  2. Check-box on SNEOC form
  3. Electronic introductory course for all new staff
- B. Current Staff
  1. Ongoing staff training (quarterly meetings, division/staff meetings, etc.)
  2. Program-specific QI training as available.
  3. Hands-on training via work on QI projects.
- C. Q-Team
  1. Will be offered hands-on and “classroom” training to develop their skills to serve department QI project teams.

## VI. Description of QI Project Selection

Below is the current standard (used by all Divisions and Programs) methodology for quarterly strategic planning and performance management. Emphasis on the objectives, goals, KPI and strategies below should receive priority attention for all QI projects that are addressed by staff.

- Each program selects an **annual objective** based on best practice, historical data, other national standards or objectives (such as Healthy People 2010). Progress toward the annual objective is tracked (if possible) and reported at quarterly strategic planning meetings.
- **Program goals** are developed to help reach the annual objective.

- **Key Performance Indicators (KPI)** are then identified to measure the amount of work being done to address the **program goal**.
- **Key strategies** are set to help the program reach its annual objective; key strategies are also tracked and reported quarterly.
- Quarterly progress is presented at quarterly “monitoring” meetings.

In 2011, staff will apply QI tools and principles to opportunities for improvement in the agency, with emphasis placed on addressing measures related to the existing performance management system (quarterly strategic planning). In the past, program managers and staff have used a variety of methods to improve measureable outcomes; the use of PDSA and QI project teams will provide a strategic and uniform method for planning, implementing, reporting and documenting change.

QI activities at the program level will be led by staff via *QI project teams* and provided resources by the program manager. QI project teams are a collaborative which should include “frontline” staff, program managers, division directors, (at least one) Q-Team member and other county staff as needed (Human Resources, Finance, Purchasing, Legal, Billing). A QI project team may be developed to address a single QI project or it may be a more long-term team to address a series of related QI projects over time.

**(See “QI project team flowchart”, attached)** QI project teams should generally be developed after staff and the program manager have identified an issue to address. This may be done through intentional brainstorming or after an issue has “bubbled to the surface”. Once a project has been identified, the project manager and applicable staff should identify appropriate team members. The team should then hold an initial meeting to define roles and complete the QI Project Proposal sheet. A Q-Team member will be available to assist in facilitating the process. After the project plan is finalized, the team will initiate the steps of the PDSA model for improvement. The team should be intentional about documenting each step of the process, including use of QI tools. Upon completion of the PDSA cycle, the QI project team should document the completed process (using a storyboard or a written summary). The report will be shared with the Division Director and Q-Team. The Q-Team liaison will present the findings at a monthly Q-Team meeting. The Division Director or Program Manager will present the findings at the next “monitoring meeting” or leadership team meeting. Some projects may also be shared at quarterly all-staff meetings or other venues. It is up to the QI project team to determine if another PDSA cycle will be completed or what the next steps should be.

## **VII. 2011 Agency QI Goals**

- A. QI Project Teams
  1. Each Program Manager will facilitate the development of a staff-led, “single-project-focused” QI project team of three to five staff, including the Project Manager.

- B. QI Projects
  - 1. Each program should complete at least one QI project annually. The project may be related to program outcome measures, health outcomes, KPI measures, documentation, policy review or development, staff training, another measurable variable, etc.
  - 2. QI projects will be documented and easily accessible in electronic format. Division Directors will ensure that Project Managers understand how the agency QI E-line site will facilitate this.
  - 3. QI Project reports will indicate how program changes will be made based on QI project results.
- C. Training
  - 1. All new and existing staff will document introductory QI Principles and Tools training and QI Plan orientation.
  - 2. Q-Team members will receive ongoing training to better serve as agency QI leaders.
- D. Recognition
  - 1. The Director will recognize high performing staff, programs and divisions for advancing QI at SCHD.
- E. Promotion
  - 1. The QI Coordinator will work with the Director and Leadership Group to identify opportunities to present SCHD “QI efforts” at conferences, in publications, presentations, etc.
- F. Long-term Goals
  - 1. Long-term QI goals will be developed midway through the 2011 QI Plan, no later than July 15, 2011.

## VIII. Quality Improvement Plan Management

<b>National Benchmark/Objective: (See PHAB, Guide to Standards and Measures, Standard 9.2) Implement QI of public health processes, programs and interventions.</b>	
<b>Annual Goal 1: Establish a QI plan based on organizational policies and direction</b>	
Objective: Develop an annual agency QI Plan that seeks to improve public health services, health outcomes and address the requirements of PHAB accreditation.	
Measure: Signed and documented 2011 SCHD QI Plan	
Key Strategies:	Draft of QI Plan drafted by the Quality Coordinator.
	QI Plan vetted by Q-Team and Division Directors.
	QI Plan vetted and approved by Director of Health
<b>Annual Goal 2: Implement QI efforts</b>	
Objective: Effectively implement each element of the annual agency QI Plan within the defined timeline for each.	
Measure 1: Achieve 100% compliance with required Division QI Projects (1 per program per year)	
Measure 2: Complete 100% of requested Administrative QI Projects (1 per quarter)	
Key Strategies:	Quarterly, each Division Director will complete a brief summary of QI projects to monitor progress of QI-related activities.
	Quality Coordinator will document 100% of QI Project Proposals.
	Quality Coordinator will meet as-needed with Division Directors and staff to plan, implement and/or evaluate QI-related activities.
	Quality Coordinator will make the following data available: # of Division and Administrative QI Projects (Annually, Quarterly, Per Division, Per Program, Per Staff).
	Quality Coordinator will document the impact of Division and Administrative QI Projects.
<b>Annual Goal 3: Demonstrate staff participation in QI methods and tools training.</b>	
Objective: Provide adequate QI training to all staff.	
Measure 1: Train 100% of current and new staff on “QI Principles and Tools” and “2011 QI Plan”	
Key Strategies:	Quality Coordinator will maintain an up-to-date log of staff who have attended QI training (“QI Principles and Tools” and “2011 QI Plan”).
	All staff will complete a Pre and Post-training test to evaluate effectiveness of training material.
	Quality Coordinator will work with HR to develop communication strategy to ensure all new staff are identified and trained.

## IX. Communication Strategies

- A. The following methods will be implemented to ensure regular internal communication regarding the QI Plan:
- QI project updates at each All-Staff Quarterly Meeting.
  - Q-Tips in HD Newsletter.



- Inclusion of a quality blurb in CB Newsletter (findings from recent PDSA, etc.).
- Presentations (QI Project reports, QI Tools, etc.) at Division and program-level meetings.
- Revamp Customer Service Award or create new quarterly award?
- Quarterly “Quality Star” (Division/Program or Individual) with traveling trophy.
- Storyboard presentations at each department quarterly all-staff meeting.

## **X. Sustainability**

### **A. QI and Employee Performance Evaluation**

1. **PFP Overview:** The Employee Performance Evaluation (PFP) is a mandatory, seven-part performance review document that is revised annually and updated quarterly by each employee and their supervisor. Part One of the PFP lists each employee’s five primary job responsibilities, performance goals and expectations, and performance measures.
2. In 2011, Division Directors and Advanced Program Managers will tie QI activities to the PFP, “Primary Job Responsibility”.
3. Staff involvement in QI activities will be evaluated through the PFP, Part III “Approach to Work”.

### **B. Agency QI Policy**

1. The agency QI Policy, developed in 2010, was created explicitly to create an environment of sustainability for the agency’s first comprehensive QI plan. The QI Policy will be included in the agency policy book and updated regularly to ensure its effectiveness in guiding agency-wide QI efforts.