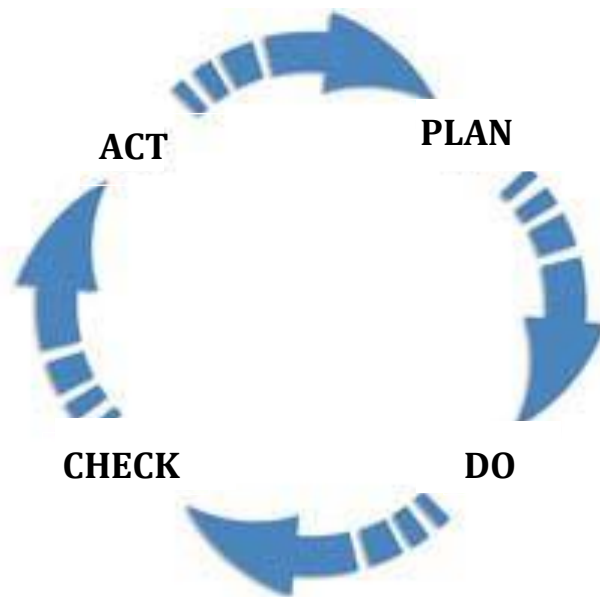


# Florence County Health Department

## Quality Improvement Plan



Connecting You to a **Better Life!**



**Public Health**  
Prevent. Promote. Protect.  
Florence County  
Health Department

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# 1. Purpose and Scope

Health and Human Services (HHS, 2008) defines quality as “the degree to which policies, programs, services and research for the population increase, desired health outcomes and conditions in which the populations can be healthy.” The purpose of this quality improvement plan is to provide a framework in which to establish policies and procedures for quality improvement (QI) activities within the Florence County Health Department (FCHD). The health department has an investment in evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency and effectiveness and to ensure its long-term success.

The health department’s goal is to integrate and maintain quality improvement into the way the agency does business, across all programs and services. This includes integration of quality improvement into its strategic vision and priorities as part of an overall performance management system. The agency has successfully implemented a continual QI process, including staff training. The FCHD will identify and complete at least one program and one administrative QI project annually.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



## A. Key Quality Terms

**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.

**P-D-C-A Improvement (Deming) Cycle:** Continuous improvement cycle of Plan, Do, Check (or Study), Act.



**Quality Improvement (QI):** The establishment of a program or process to manage change and achieve quality improvement in public health policies, programs, or infrastructure based on performance standards, measures, and reports.

**Strategic Issues:** A description of key issues the department chooses to address to enable it to close gaps between the ideal world it wishes to create and the real world that exists today.

**Strategic Vision:** A description of the ideal future of the department and the outcomes it hopes to create for the community and its residents.

## 2. Structure of QI Program (PHAB Reaccreditation 9.2.2(a))

The Florence County Health Department QI plan implementation and oversight will be the overall responsibility of the health officer who will designate a QI lead/Accreditation Coordinator to guide staff in QI training, project development, and accessing tools and resources. The health officer will also oversee the development and implementation of the agency strategic plan, which includes identified strategic objectives and performance measures. In addition, the health officer will be responsible for identifying and developing an administrative QI project annually. Staff involvement will be identified on program and administrative QI projects.

### A. Staff Responsibilities

Health Officer:

- Provide vision and direction for the QI team
- Champion QI efforts and leads QI team in administrative and programmatic projects
- Provide QI training opportunities to staff
- Select QI project leaders
- Receive project updates
- Report progress to stakeholders and Board of Health
- Promote use of best practices and evidence-based
- Integrate QI during leadership, all-staff, or team meetings
- Integrate QI plan and process with strategic plan/performance management
- Practice and encourage role modeling with QI tools and concepts
- Standardize QI in agency
- Ensure annual QI program review and evaluation including updating of QI plan

Health Department QI team (staff and administration):

- Participate on QI team
- Lead QI projects
- Attend QI training(s)
- Incorporate QI concepts into daily work

- Identify, implement, document, and evaluate QI projects
- Share QI project results with staff and leadership on a quarterly basis
- Identify staff to attend training and participate on project team
- Practice and encourage role modeling with QI tools and concepts
- Conduct process mapping for their programs

*B. Budget and Resource Allocation*

The Health Officer will establish a QI budget that includes all staff training annually. The QI budget will be a line item in the health department annual budget to ensure sustainability. Resource allocation for QI training and projects will be a priority for the budget and staff time. QI staff time is designated monthly following all staff meetings. A QI training resource library is available for staff development. Staff may request funding for further QI materials to increase organizational learning.

*C. Members of QI Team*

The performance management/QI team is made up of the health officer and any or all of the following depending on the project: Emergency Preparedness Coordinator/Community Health Specialist, Public Health Nurse, and Administrative Assistant. Additional ad-hoc members (i.e. WIC Dietitian or student intern) will be engaged in QI activities on an as-needed basis.

### **3. Training Plan** (PHAB Reaccreditation 9.2.2(b))

New staff is provided with QI training on introductory online courses through links available on each employee orientation guide. The new staff links utilize foundational QI resources such as . FCHD also provides a QI library created with such documents as Michigan Quality Guidebook, Public Health 3.0: A Call to Action to create a 21<sup>st</sup> Century Public Health Infrastructure, Guidebook for Performance Management by Turning Point, and Roadmap to a Culture of Quality Improvement by NACCHO. New staff is directed to pass Quality Improvement projects and staff training for review. The past quality improvement projects are available on the shared G: drive/Plans and Reports/Quality Improvement/Projects/Year.

Staff has been trained in quality improvement techniques and uses quality improvement tools and processes on a regular basis. Advanced training for lead QI staff is accomplished annually through webinars or regional/statewide training. Continuing staff training on QI and other training as needed such as position-specific QI training occurs through webinars, local trainings, regional or state-based opportunities.

Training and technical assistance resources that are available to staff include:

- NACCHO Quality Improvement - <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/quality-improvement>
- ASTHO Quality Improvement - <https://astho.org/Accreditation-and-Performance/PMQI/?terms=quality+improvement>
- Embracing quality in local public health: Michigan's quality improvement guidebook (hardcopy located in health department main office)
- Overview of Plan, Do, Study, and Act Cycle and related tools - <https://www.miophi.org/wp-content/uploads/2013/06/MLC-Learning-Session-June-2009-PDSA.pdf>
- PDSA Stages 2-4: Do, Study, and Act - <https://www.miophi.org/wp-content/uploads/2013/06/PDSA-Stages-2-4-Planning-for-Do-and-Study-finishing-cycle-with-Act.pdf>
- Performance Management Basics and Resources (PowerPoint) - <https://www.miophi.org/wp-content/uploads/2013/06/Performance-Management-Basics-and-Resources.pdf>
- An Introduction to Logic Modeling and Story Boards (PowerPoint) - <https://www.miophi.org/wp-content/uploads/2013/06/An-Introduction-to-Logic-Modeling-and-Story-Boards.pdf>
- Survey Design Webinar (Powerpoint) - <https://www.miophi.org/wp-content/uploads/2013/06/MLC-3-Survey-Design-Webinar.pdf>
- An Overview of Quality Assurance and Quality Improvement (PowerPoint) - <https://www.miophi.org/wp-content/uploads/2013/06/An-Overview-of-QA-Accreditation-and-QI-8-26-08-with-color.pdf>
- Embracing Quality, Improving Efficiency, and Increasing Effectiveness (PowerPoint) - <https://www.miophi.org/wp-content/uploads/2014/02/2013-PPHC-Pre-Session-FINAL-Slides-10.15.13.pdf>
- Public Health Foundation - <http://www.phf.org/search/results2.aspx?k=quality%20improvement>
- Local, state, regional and national training

#### **4. Process for Identification of QI Efforts** (PHAB Reaccreditation 9.2.2(c))

QI projects may be identified in various ways and will be aligned with department goals and identified needs. Sources of information to inform the focus of QI efforts will include:

- Strategic Plan
- Performance measures
  
- Community Health Improvement Planning (CHIP) priorities
- Community needs assessments (CHA)
- PHAB Accreditation self-assessment
- Department staff/team meeting discussion
- Customer satisfaction survey results
- Results of process mapping of programs and services
- Contract objective deliverables
- After Action Reports/Improvement Plans
- Other health indicators



The department will use the following processes to identify and prioritize QI projects/efforts for the coming year:

- Potential impact on health status
- Potential impact on an intervention's or program's effectiveness
- Potential impact on efficiency
- Use the strategic priorities identified during the strategic planning process
- Complete a process map for any new service
- Review high-cost services
- Discuss and review data and prioritize projects at staff/team meetings
- Follow-up on recommendations from Board of Health/standing committees/other policymakers
- Review recommendations in the After Action Report Improvement Plan

#### **5. Developing Goals, Objectives, and Measures** (PHAB Reaccreditation 9.2.2 (d))

The agency plans to link QI efforts with strategic planning goals and performance measures using a scorecard approach. The agency began this process in 2012 and has continued utilizing this approach for all consecutive projects in the following years. Florence County Health Department has implemented the QI storyboard format to plan, do, check, and act in terms of establishing goals, objectives, and measuring outcomes for all quality improvement projects.

FCHD continues to implement new and improved strategies for the implementation of QI. FCHD has incorporated additional QI tools such as a QI matrix and rapid cycle QI process. Customer feedback is regularly gathered through annual surveys for overall department programs, environmental inspections, and Women, Infant, and Children (WIC). In addition, customer feedback is utilized through regular and specific program based evaluations to consider in improving interventions. The evaluation of customer surveys is reviewed at staff meetings or with key partners for consideration to make improvements based on the feedback. Through this process improvement efforts can be implemented to create improved population health promotion.

## **6. Communication Plan** (PHAB Reaccreditation 9.2.2 (e))

Leadership and staff are committed to a culture of quality and to communicating results of QI efforts internally and externally. Regular communication of QI activities will help maintain the goal of QI implementation. Reporting on QI activities internally and externally will be achieved by:

- Staff updates during meetings or through email
- Website
- Meeting minutes
- Story boards
- PowerPoint presentations
- Board of Health meetings
- Newsletters and updates
- Media sources
- Annual report

## **7. Monitoring and Evaluation** (PHAB Reaccreditation 9.2.2(f))

### *A. Monitoring Progress and Results*

FCHD is committed to using data for decisions to improve policies, programs and outcomes. The department uses the Plan-Do-Check-Act (PDCA) cycle for QI projects. Each QI project will be documented. Documentation includes:

- a. Problem Statement
- b. Team Members
- c. SMART Goal
- d. Current Approach
- e. Potential Solutions
- f. Improvement Theory
- g. Test Theory
- h. Check Results
- i. Standardize the Improvement or Develop New Theory
- j. Establish Future Plans





## B. Evaluation of QI Plan and Activities

By managing change through quality improvement, FCHD creates a learning organization. Progress and results of QI projects will be shared at staff/team meetings. The QI team will make recommendations on QI project development and work with staff to take actions to make improvements based on data monitoring and analysis which includes:

- QI plan will be reviewed and updated annually to reflect program enhancements and revisions
- Reviews of the QI process and progress made on achieving goals and objectives
- Results of assessment of customer/stakeholder satisfaction with services and programs
- How QI activities resulted in increased efficiency or effectiveness
- Results of recognition and communication of QI activities
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## 8. Sustainability of QI Activities

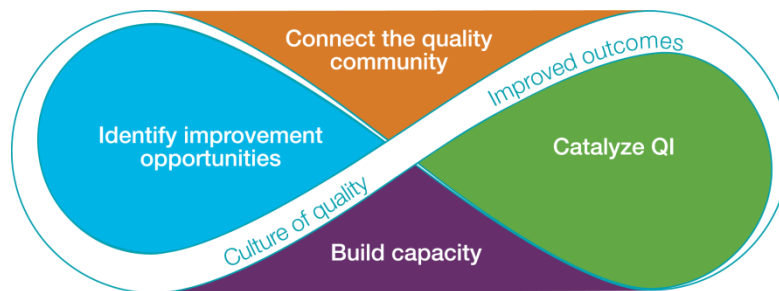
It is important to ensure QI efforts and activities are sustained over time. Strategies the agency has implemented include:

- Incorporate public health accreditation and QI into employee position descriptions.
- Standing QI agenda item for staff/team/Board of Health meetings.
- Integrating QI with other ongoing efforts to improve efficiency and effectiveness of agency services including CHIP and contract deliverables.
- Identify staff and other resources needed to sustain the performance management system during the annual review process.
- Include the QI Plan in a checklist of policies and procedures that require regular review and updating.



## 9. Summary

The FCHD develops and implements quality improvement processes integrated into organizational practice, programs, processes, and interventions. (Public Health Accreditation Board 9.2) An important component of the performance management system is the implementation of a quality improvement program. Continuous quality improvement efforts provide a powerful format to achieve measurable outcomes in the performance of indicators, services or processes to positively impact the health of the community. FCHD demonstrates a culture of quality through leadership and staff commitment in all programmatic and administrative aspects of the organization.



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