# IMPLEMENTING QI AT RENO COUNTY HEALTH DEPARTMENT

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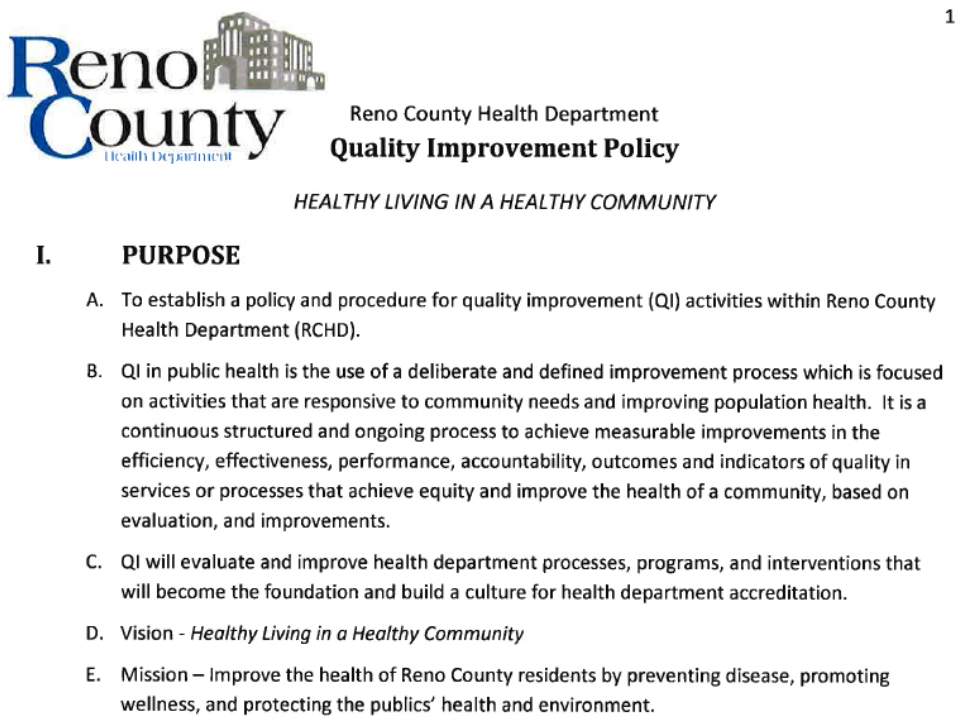
Data and Quality Supervisor

# AGENCY WIDE QUALITY IMPROVEMENT

Started with a QI Policy:

- Established the QI Council and its format and rules
- Established the creation of an annual QI Plan
- Set out QI Training Priorities



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Reno County Health Department

**Quality Improvement Policy**

*HEALTHY LIVING IN A HEALTHY COMMUNITY*

**I. PURPOSE**

A. To establish a policy and procedure for quality improvement (QI) activities within Reno County Health Department (RCHD).

B. QI in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It is a continuous structured and ongoing process to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and indicators of quality in services or processes that achieve equity and improve the health of a community, based on evaluation, and improvements.

C. QI will evaluate and improve health department processes, programs, and interventions that will become the foundation and build a culture for health department accreditation.

D. Vision - *Healthy Living in a Healthy Community*

E. Mission – Improve the health of Reno County residents by preventing disease, promoting wellness, and protecting the publics' health and environment.

# ANNUAL QUALITY IMPROVEMENT PLANS

Created plans in 2015, 2016, and 2017

Contain these Sections:

- Introduction
- Leadership and Organization
- Goals and Objectives
- Performance Measurement
- Quality Improvement Initiative
- Evaluation

**Quality Improvement Plan**
**Reno County Health Department**
**2017**

**Section 1** **Introduction**

***Introduction* : *Mission, Vision, Scope of Service***

The Reno County Health Department, whose vision is Reno County residents living long and healthy lives, will look to uphold its mission to provide leadership to improve the health of Reno County residents.

The following Quality Improvement Plan serves as the foundation of the commitment of the Reno County Health Department (RCHD) to continuously improve the quality of the treatment and services it provides.

***Quality.*** Quality services are services that are provided in a safe, effective, recipient-centered, timely, equitable, and recovery-oriented fashion.

The Reno County Health Department (RCHD) is committed to the ongoing improvement of the quality of care its consumers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The services provided incorporates evidence based, effective practices;
- The treatment and services are appropriate to each consumer's needs, and available when needed;
- Risk to consumers, providers and others is minimized, and errors in the delivery of services are prevented;
- Consumers' individual needs and expectations are respected; consumers – or those whom they designate – have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring;
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

# INTRODUCTION

Mission, Vision, Scope of Service


HEALTHY LIVING IN A HEALTHY COMMUNITY
ACE IT!
ACCOUNTABILITY
COMPASSION
EMPOWERMENT
INTEGRITY
TEAMWORK

**Section 2** **Leadership and Organization**

***Leadership.*** The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the RCHD provide support to quality improvement activities.

The ***Quality Improvement Council*** provides ongoing operational leadership of continuous quality improvement activities at the clinic. It meets at least monthly or not less than ten (10) times per year and consists of the following individuals:

***Staci Kammerer, Chair***
***Tamra Andsager, Vice Chair***
***Laurie Carr***
***Stephanie King***
***Nichole Hearon***
***Megan Gottschalk-Hammersmith, Administrative Representative***
***Anna Brown, Consultant***
***Pam Adrian, Recorder***

The responsibilities of the Committee include:

- Developing and approving the Quality Improvement Plan.
- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of clinic services.
- Oversees all aspects of the RCHD's performance management system.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Management Team and all Health Department Staff on quality improvement activities of the clinic on a regular basis.
- Formally adopting a specific approach to Continuous Quality Improvement (such as Plan-Do-Check-Act: PDCA).

The Leaders support QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure that Advisory Board members, staff, and recipients have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.

# LEADERSHIP

QI Council Members and Responsibilities

Reno County Health Department

# QI Council Monthly Report

## January 18, 2018

**Those present:** Tamara Andsager, Anna Brown, Laurie Carr, Megan Gottschalk-Hammersmith, Staci Kammerer, Stephanie King, and Nichole Hearon

- We reviewed the processing standards for MCH/FP
- We reviewed the processing standards for BHS
- Ruby will present to staff prior to the Nurse/Clerk meeting. It will then be reviewed and talked about during the nurse/clerk meeting held January 23rd.
- This process will be implemented on February 1st for PDSA Ruby/Front Desk/Appts
- Reviewed what was brought back from the Performance Management Meeting
  - High Risk Referrals – Questions are:
    - Where did it come from?
    - How are the numbers being generated?
    - Is this the best measurement as the hospital's response time is essential to the measurement?
- Reviewed QI folder for any other outstanding PDSA that may have been overlooked – none
- Tamra Andsager is the new Chairperson for this year. Stephanie King will be vice chair.

**Section 3** **Goals and Objectives**

The Quality Improvement Council identifies and defines goals and specific objectives to be accomplished each year. These goals include training of clinical and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiative(s). Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities.

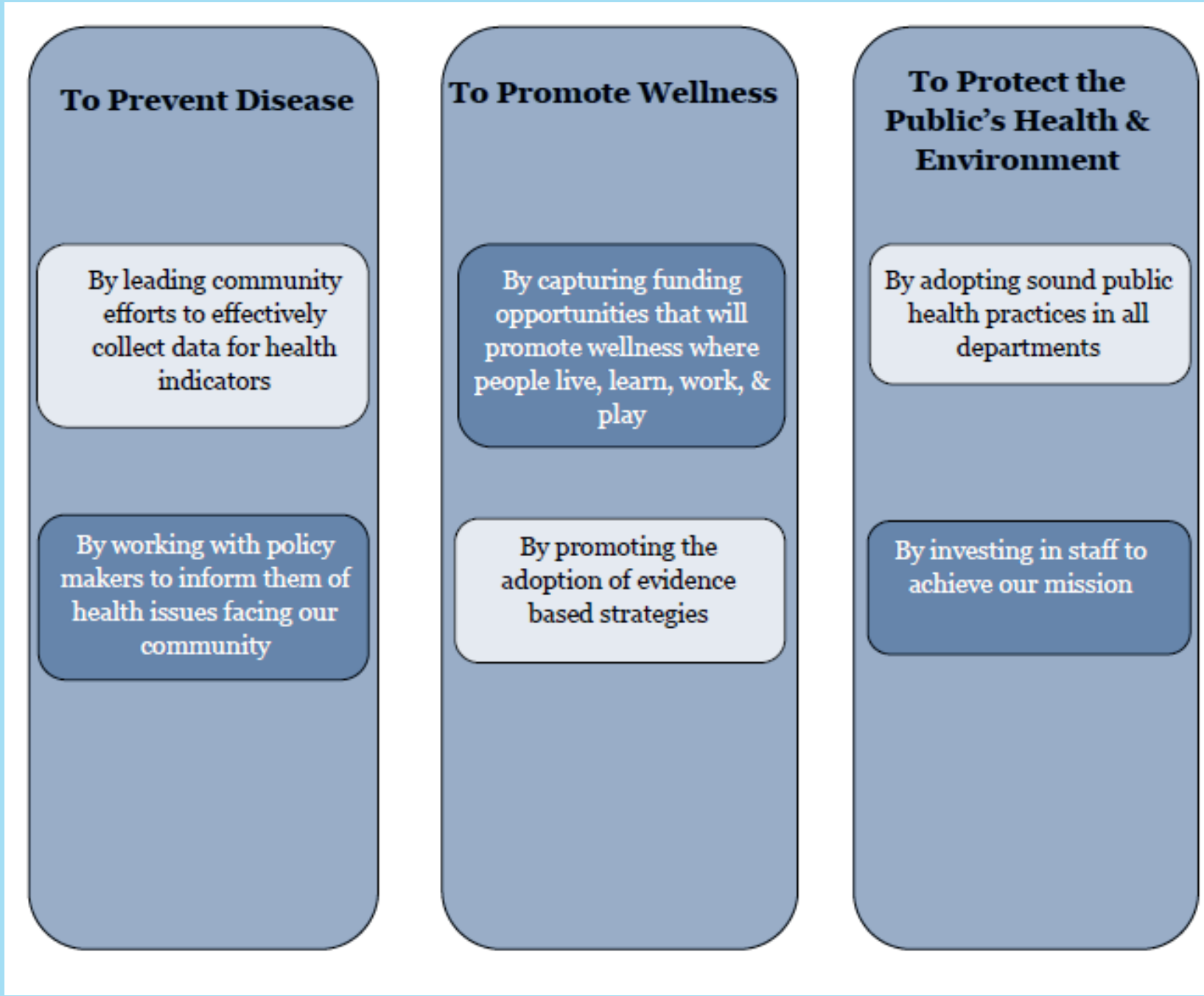
The following are the ongoing long term goals for the RCHD QI Program for accomplishing these goals for the 2017-2018 year (Quarter 1 begins July 1, 2017):

- To implement quantitative measurement to assess key processes or outcomes to be tracked on the Reno County Health Department's Performance Management scorecard. The QI Council meets with the Management Team quarterly as the Performance Management Team. The QI Council assisted department supervisors and the health department's administrative with setting goals and objectives for programs and the health department as a whole;
- To review reported Performance Measures quarterly and provide recommendations and feedback to the Performance Management Team and the staff responsible for these measures;

- Based upon the review of the first quarter's performance measures, two Quality Improvement projects were initiated by the Performance Management team:
  - Employee Satisfaction: Nick is leading this project
  - Clinical Process Standards: Ruby is leading this project
- Both of the projects were selected based on the performance measures selected at the beginning of the year and the connection of the measured goal to the Health Department's Strategic Plan
- Staff may also still identify and propose additional QI Projects to the QI Council as need arises

# GOALS AND OBJECTIVES

Change annually and make connections to Performance Management System


To Prevent Disease
By leading community efforts to effectively collect data for health indicators
By working with policy makers to inform them of health issues facing our community
To Promote Wellness
By capturing funding opportunities that will promote wellness where people live, learn, work, & play
By promoting the adoption of evidence based strategies
To Protect the Public's Health & Environment
By adopting sound public health practices in all departments
By investing in staff to achieve our mission

# Goals/Objectives/Strategies

Goal 1

Create a plan for employee development.

Goal 2

To develop a public relations plan that promotes the role of Public Health in Reno County

Goal 3

Use technology to improve quality improvement.

Objective 1

By June 2017 create an overall Health Department Plan for employee development

Objective 2

By December 2017 develop a plan for external communication

Objective 3

By December 2017 all departments will complete a QI project that improves their efficiency with technology

**The Performance Indicator Selected for the Reno County Health Department Quality Improvement Plan.** For purposes of this plan, an indicator(s) comprises six key elements: goal, measure, initiative, baseline, target and source. Indicators are reported and analyzed quarterly. Each department was asked to create its own key performance indicators and the organization also selected key performance indicators that reflect the work set out in the Strategic Plan and the Community Health Improvement Plan. Below is an example of the require fields for each indicator with the RCHD Performance Scorecard:

| Goal | Measure | Initiative | Baseline | Target | Source | 1Q | 2Q | 3Q | 4Q |
|---|---|---|---|---|---|---|---|---|---|

The Performance Management Scorecard can be found on the RCHD network at: F: Data: PM: Performance Scorecard.

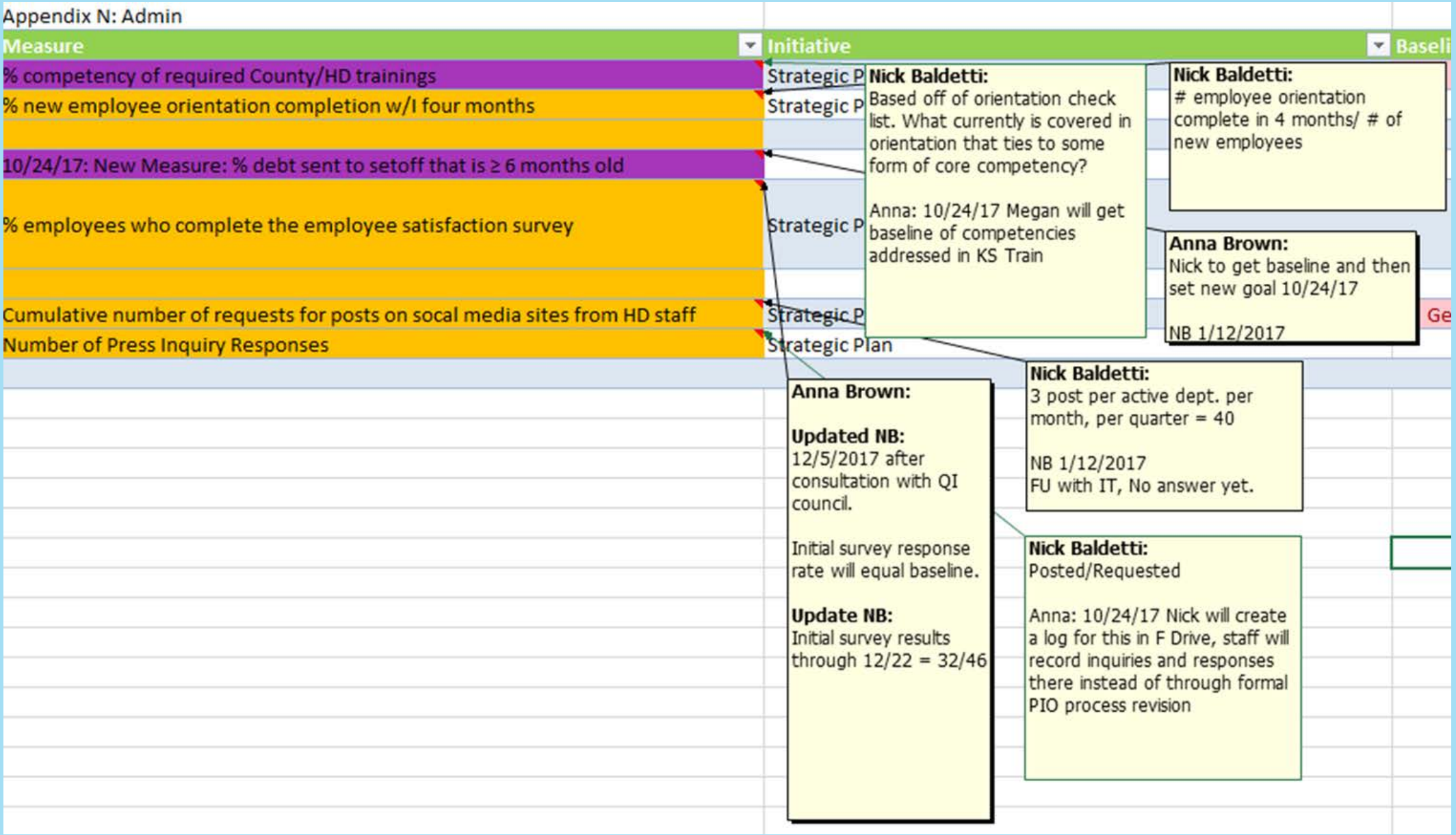
# PERFORMANCE MEASUREMENT

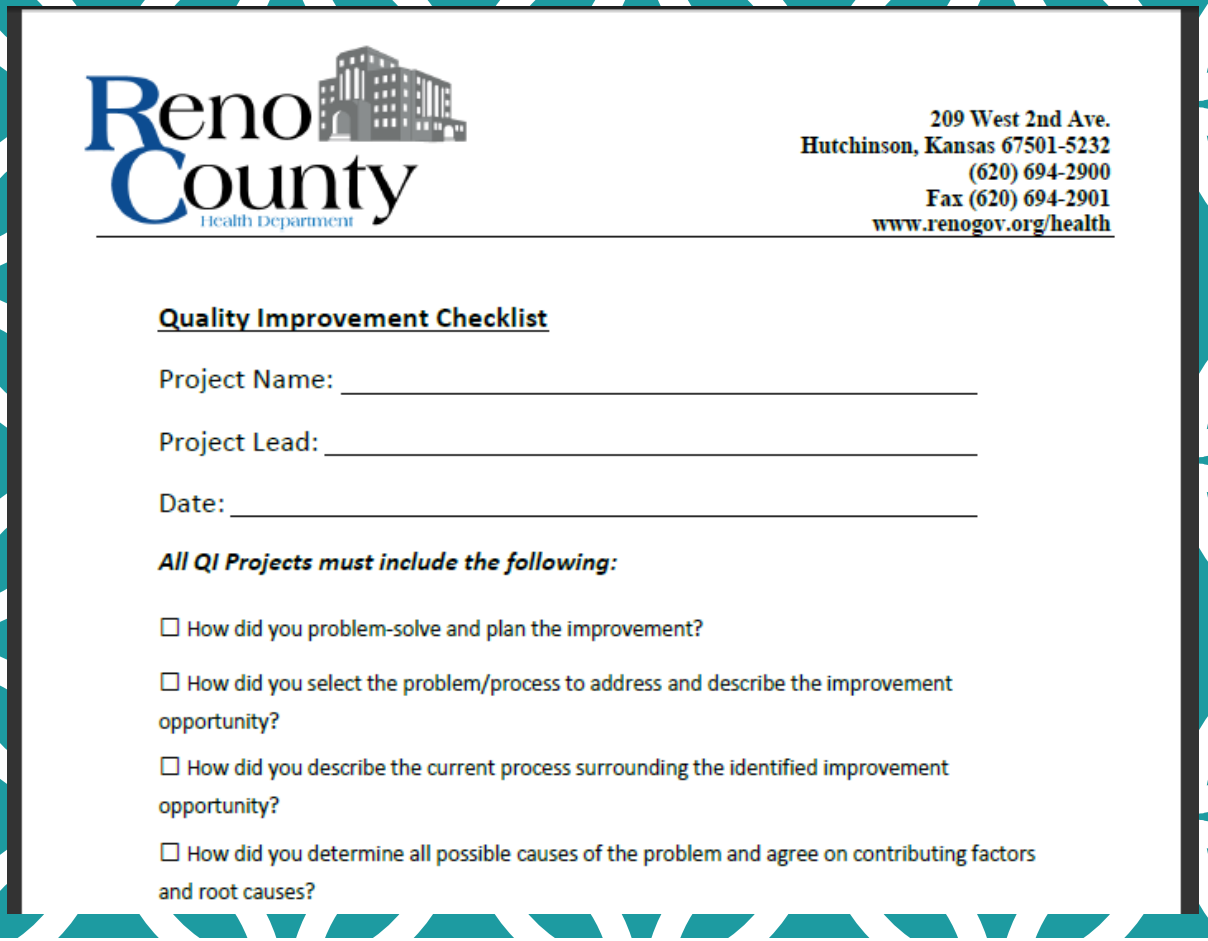
Purpose, Process and Performance Indicators

| Admin | Appendix N: Admin | | | | |
|---|---|---|---|---|---|
| **Goal** | **Measure** | **Initiative** | **Baseline** | **Target** | **Source** |
| Create a plan for employee development | % competency of required County/HD trainings | Strategic Plan | TBD | | |
| Create a plan for employee development | % new employee orientation completion w/I four months | Strategic Plan | 100% | 100% | Personnel Files |
| | | | | | |
| | 10/24/17: New Measure: % debt sent to setoff that is ≥ 6 months old | | | 90% | Finance |
| Create a plan for employee development | % employees who complete the employee satisfaction survey | Strategic Plan | 70% | 90% | Employee Satisfaction Survey |
| | | | | | |
| Develop a public relations plan | Cumulative number of requests for posts on socal media sites from HD staff | Strategic Plan | Get from IT | 40 | PIO |
| Develop a public relations plan | Number of Press Inquiry Responses | Strategic Plan | 80% | 100% | Inquiry Log |

| 1Q | 2Q | 3Q | 4Q |
|---|---|---|---|
| | | | |
| 100% | 100% | | |
| | | | |
| | | | |
| - | 70% | | |
| | | | |
| - | | | |
| - | 100% | | |
| | | | |

Appendix N: Admin





Reno County Health Department

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**Quality Improvement Checklist**

Project Name: _____

Project Lead: _____

Date: _____

***All QI Projects must include the following:***

☐ How did you problem-solve and plan the improvement?

☐ How did you select the problem/process to address and describe the improvement opportunity?

☐ How did you describe the current process surrounding the identified improvement opportunity?

☐ How did you determine all possible causes of the problem and agree on contributing factors and root causes?

☐ How did you develop a solution and action plan, including time-framed targets for improvement?

☐ What did you do to implement the solution or process change?

☐ How did you review and evaluate the result of the change?

☐ How have you reflected and acted on what you learned?

☐ Improvement Model Used

☐ Actions Taken

☐ Data Collection Tool Used

☐ How progress is reported

Public Health
Prevent. Promote. Protect.

# QUALITY IMPROVEMENT INITIATIVE

PDSA

# Performance Management System

Reno County Health Department

Board of Health ( Reno County BOCC)

Mission, Vision, Values

Performance Management Team

RCHD Advisory Board → RCHD Admin, RCHD Management Team, QI Council → All Staff

## Goals & Objectives

(Strategic Plan, Community Health Improvement Plan, Workforce Development Plan, Performance Management Plan, Quality Improvement Plan, Program Goals and Standards)

- KDHE Requirements
- Healthy People 2020
- PHAB Standards
- National Public Health Performance Standards
- PH Core Competencies
- County Rankings
- Local BRFSS and Survey Results

| Performance Standards | Performance Measures | Performance Monitoring & Reporting | Continuous Quality Improvement |
|---|---|---|---|
| Program Standards | Measures | Monitoring Targets | Reporting to PM Team |
| Organizational Standards | Data Collection | Accreditation | Analysis & Learning |
| Employee Standards | | Assessments | PDSA |
| Statutory Standards | | Reporting | |

- Improved Performance
- Improved Health
- Providing Leadership
- Teamwork
- Integrity
- Empowerment
- Accountability
- Compassion

05/11/17

# Reno County Health Department

## Vision: Reno County residents are living long and healthy lives

## Mission: To provide leadership to improve the health of Reno County Residents

### Teamwork

Focusing on agency health goals in order to improve the education and healthcare for all citizens.

### Integrity

Demonstrating dependability, honesty and responsibility in all actions.

### Empowerment

Enabling staff and citizens to collaborate in creative ways to encourage healthy behaviors.

### Accountability

Taking the lead in our community in preventing, promoting, and protecting the public's health and environment.

### Compassionate

Demonstrating concern for others with respect and empathy.

Sources:

Assessing and Improving Agency-Wide Quality Improvement Training, Kane County Health Department, NACCHO Model Practices Abstract

Competencies for Quality Leaders in Public Health, Ty Kane and Sonja Armbruster, Wichita State University, 2015.

Reno County QI Policy, 2016

Reno County QI Plan, 2017

Reno County PDSA Templates and Forms, 2017

Roadmap to a Culture of Quality Improvement, NACCHO, Fall 2012

# A Basic QI Tool – The PDSA Cycle

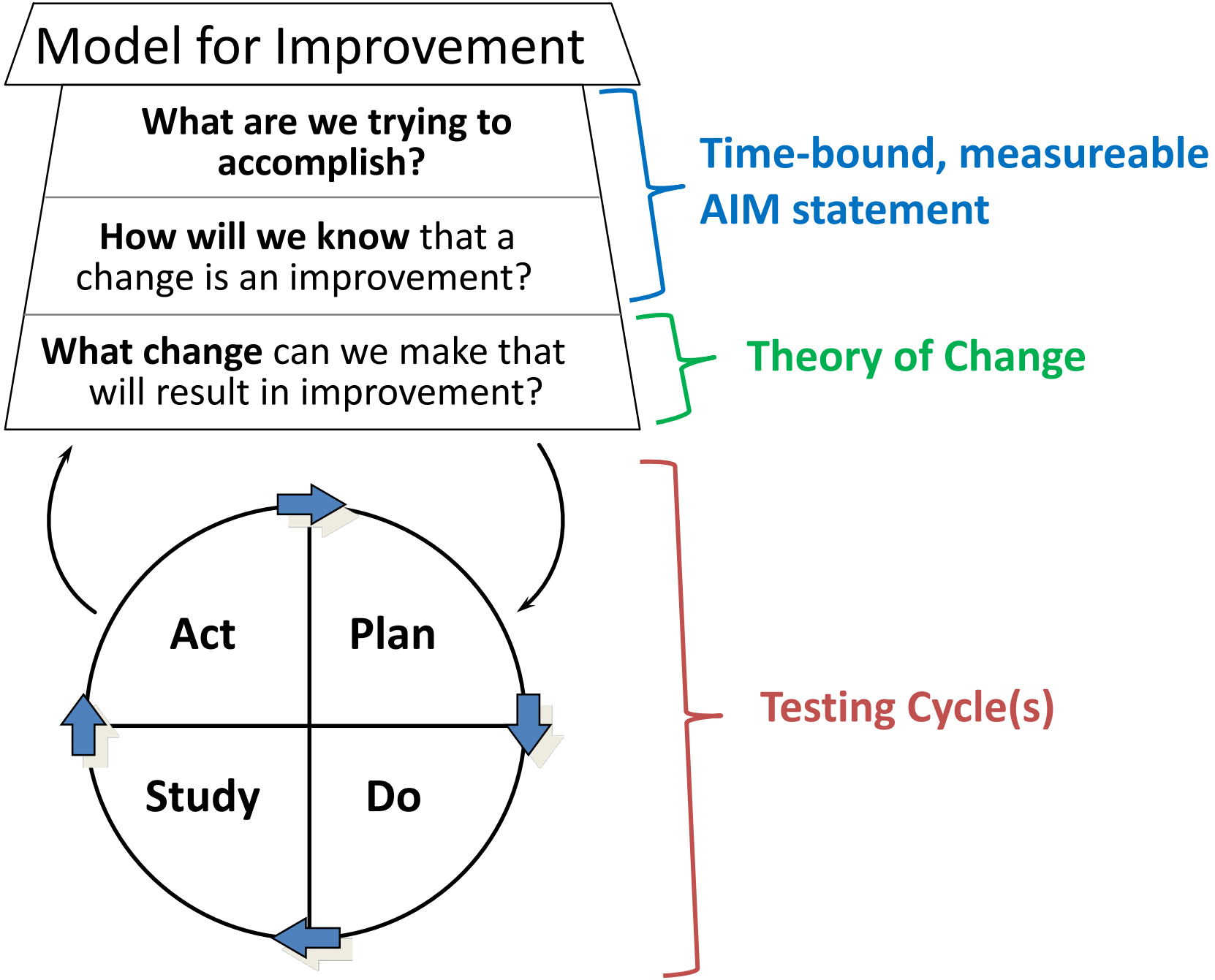
***Katie Mahuron**, Public Health Specialist*
*Local Public Health Program, Bureau of Community Health Systems,*
*Kansas Department of Health and Environment*

Kansas
Department of Health and Environment

# Quality Improvement is. . .

*"A continuous and ongoing effort and culture to best achieve measurable improvements in the efficiency, effectiveness, quality, performance, and outcomes of services and systems with the goal of improving the health of their communities."*

Riley, William J, et al. "Defining Quality Improvement in Public Health." The Journal of Public Health Management and Practice. 16.1. (2010): 6.


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do
Time-bound, measureable AIM statement
Theory of Change
Testing Cycle(s)

# Prediction: a key part of PDSA

- Encourages sharper planning
- Primes your brain to learn
- Ensures use of metrics

*If you can predict what will happen when you make a change, you have practical knowledge*

# The Exercise

**Goal: Build Mr./Mrs. Potato Head as fast and accurately as possible in the next hour**

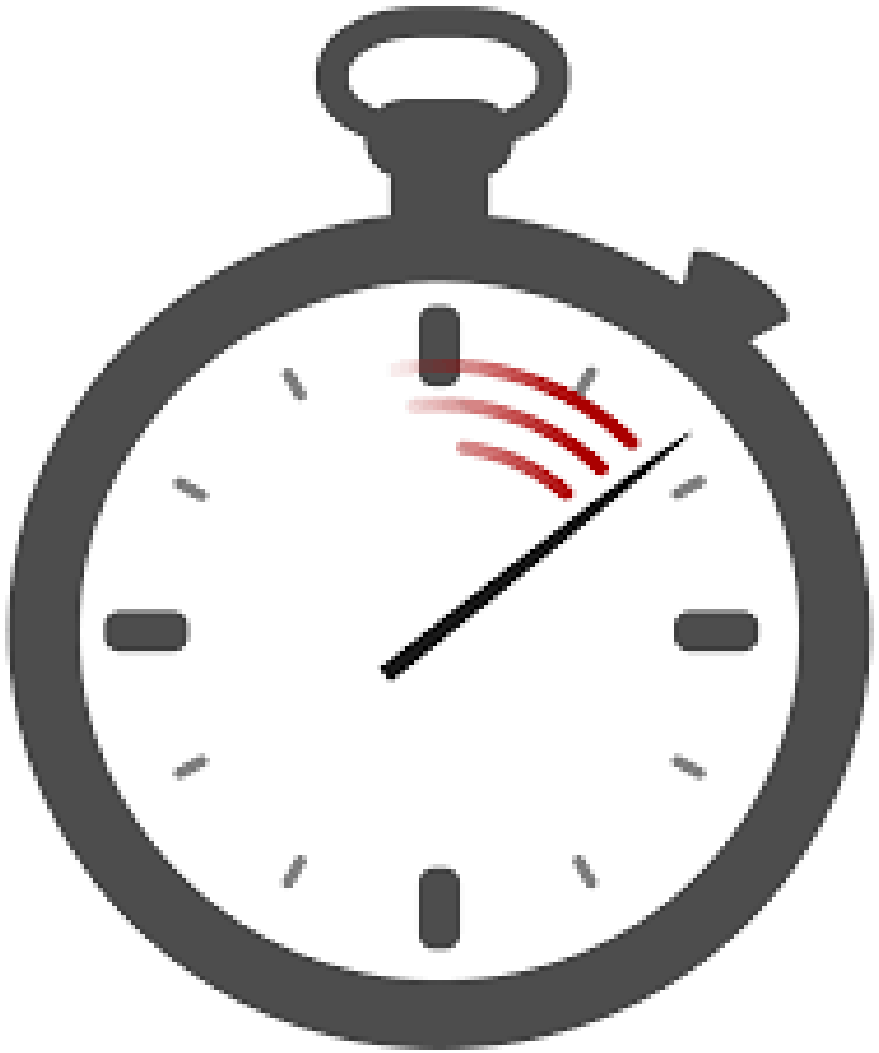
5 jobs:

- Builder
- PDSA scribe
- Timer
- Inspector
- Reporter

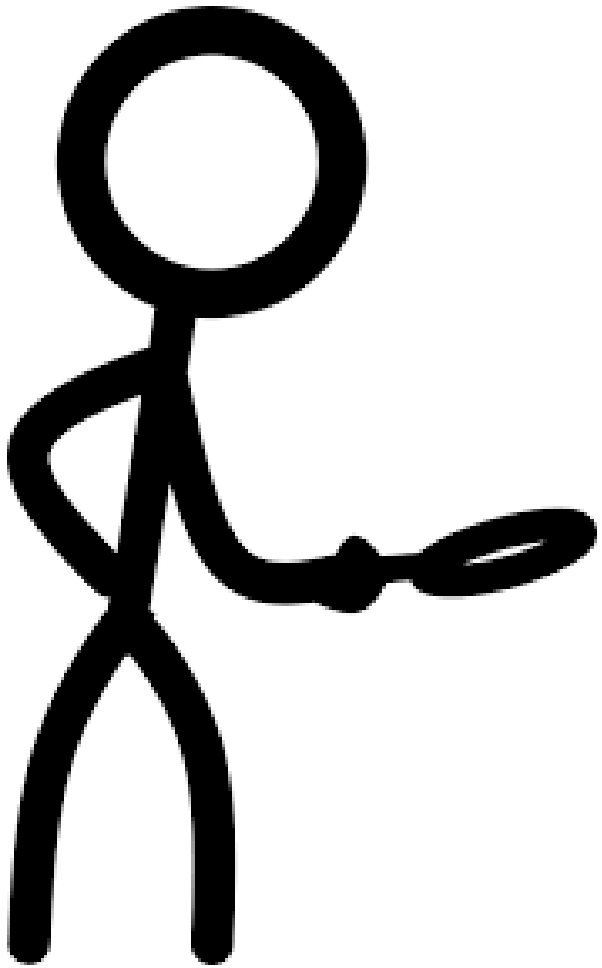
***Builder*** will make Mr. or Mrs. Potato Head

| | Plan | | Do | Study | | Act |
|---|---|---|---|---|---|---|
| PDSA Cycle # | What change will you test? | What do you predict will happen?<br>• Time<br>• Accuracy | What did you observe while testing? | What are the results of your test?<br>• Time<br>• Accuracy | What did you learn? | Adopt<br>Adapt (how?)<br>or Abandon? |
| Example | *Organize parts before assembly* | *Assembly will be easier*<br>• *Time = 125 sec*<br>• *Accuracy = 2* | *Fumbled with the parts, they were sorted by type, but were not where they were needed for assembly* | *Assembly was easier, but still awkward*<br>• *Time = 115 sec*<br>• *Accuracy = 3* | *Sorting parts where they need to be should make assembly easier and reduce delay* | *Adapt – sort by location instead of by type* |
| 1 | Initial Test to set Baseline | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

***PDSA scribe*** will fill out this Table



***Timer*** will time the build



***Inspector*** will judge the build and provide a score for the build

# Accuracy Score

**3** = All pieces are on and positioned correctly

**2** = All pieces are on but one or more is out of place

**1**= One or more pieces are not on

Include your team name!

# *Reporter*

| *Cycle* | *Time* | *Accuracy* |
|---|---|---|
| 1 | 119 | 2 |

Record data on Post-it and submit it.

# Debrief

How can we apply what we learned in our daily work?

# Your Challenge

1. Pick a topic

2. Identify one or more key measures you want to improve

3. Complete at least one PDSA cycle in the next month.

*We'd love to hear how you do!* katiemahuron@ks.gov

# Attributions:

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Williams, DM. Mr. Potato Head Plan, Do, Study, Act (PDSA) Exercise. Austin, TX: TrueSimple, LLC. 2014. Available for non-commercial use through www.truesimple.com