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

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
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.
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 Hearn
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.
January 18, 2018

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

- 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/Apps
- 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.
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.

**Objective 1**
By June 2017 create an overall Health Department Plan for employee development.

**Goal 2**
To develop a public relations plan that promotes the role of Public Health in Reno County

**Objective 2**
By December 2017 develop a plan for external communication

**Goal 3**
Use technology to improve quality improvement.

**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:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Measure</th>
<th>Initiative</th>
<th>Baseline</th>
<th>Target</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Q</td>
<td>2Q</td>
<td>3Q</td>
<td>4Q</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Performance Management Scorecard can be found on the RCHD network at: F: Data: PM: Performance Scorecard.
<table>
<thead>
<tr>
<th>Admin</th>
<th>Appendix N: Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Measure</td>
</tr>
<tr>
<td>Create a plan for employee development</td>
<td>% competency of required County/HD trainings</td>
</tr>
<tr>
<td>Create a plan for employee development</td>
<td>% new employee orientation completion w/1 four months</td>
</tr>
<tr>
<td></td>
<td>10/24/17: New Measure: % debt sent to setoff that is 6 months old</td>
</tr>
<tr>
<td>Develop a public relations plan</td>
<td>Cumulative number of requests for posts on social media sites from HD staff</td>
</tr>
<tr>
<td>Develop a public relations plan</td>
<td>Number of Press Inquiry Responses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarter 1 (1Q)</th>
<th>Quarter 2 (2Q)</th>
<th>Quarter 3 (3Q)</th>
<th>Quarter 4 (4Q)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 70%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- 100%</td>
</tr>
<tr>
<td>Measure</td>
<td>Initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% competency of required County/HD trainings</td>
<td>Nick Baldetti: Based off of orientation checklist. What currently is covered in orientation that ties to some form of core competency?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% new employee orientation completion w/1 four months</td>
<td>Anna: 10/24/17 Megan will get baseline of competencies addressed in KS Train</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/24/17: New Measure: % debt sent to setoff that is ≥ 6 months old</td>
<td>Nick Baldetti: # employee orientation complete in 4 months / # of new employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% employees who complete the employee satisfaction survey</td>
<td>Anna Brown: Nick to get baseline and then set new goal 10/24/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative number of requests for posts on social media sites from HD staff</td>
<td>Nick Baldetti: 3 post per active dept. per month, per quarter = 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Press Inquiry Responses</td>
<td>NB 1/12/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated NB: 12/5/2017 after consultation with QI council. Initial survey response rate will equal baseline.</td>
<td>Nick Baldetti: Posted/Requested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update NB: Initial survey results through 12/22 = 32/46</td>
<td>Anna: 10/24/17 Nick will create a log for this in F Drive, staff will record inquiries and responses there instead of through formal PIO process revision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUALITY IMPROVEMENT INITIATIVE

Quality Improvement Initiative

PDSA

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
Performance Measures
Performance Monitoring & Reporting
Continuous Quality Improvement

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

Mission, Vision, Values
Board of Health (Reno County BOCC)

Performance Management Team
RCHD Advisory Board
RCHD Admin
RCHD Management Team
QI Council
All Staff

Improved Performance
Improved Health
Providing Leadership
Teamwork
Integrity
Empowerment
Accountability
Compassion
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
“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.”

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?

Model for Improvement

Time-bound, measurable 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
<table>
<thead>
<tr>
<th>PDSA Cycle #</th>
<th>Plan</th>
<th>Do</th>
<th>Study</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>What change will you test?</td>
<td>What do you predict will happen?</td>
<td>What did you observe while testing?</td>
<td>What are the results of your test?</td>
</tr>
<tr>
<td>#1</td>
<td>Organize parts before assembly</td>
<td>Assembly will be easier</td>
<td>Fumbled with the parts, they were sorted by type, but were not where they were needed for assembly</td>
<td>Assembly was easier, but still awkward</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Cycle</th>
<th>Time</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>119</td>
<td>2</td>
</tr>
</tbody>
</table>

Record data on Post-it and submit it.
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
Mr. Potato Head Exercise:  Copyright © 2014 TrueSimple, LLC

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