

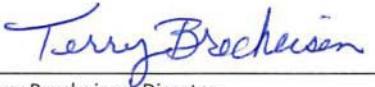
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Performance Management and Quality Improvement Plan

Unified Government Public Health Department
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8-28-18
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Executive Summary

Introduction

The Unified Government Public Health Department is devoted to providing the highest level of quality public health services to the residents in Wyandotte County by creating and embracing a culture of quality among all staff. In public health, quality is defined as the degree in which policy, programs, services, and research for the population increase desired outcomes and conditions to create a healthier community. Creating a culture of Performance Management and Quality Improvement is a continuous and ongoing effort that is measured by the efficiency, effectiveness, performance, and outcomes in services. The Unified Government of Public Health Department is committed to creating a culture of quality improvement among its staff at all levels. We envision a health department in which quality improvement is a cornerstone of our work; the intent of this plan is to guide the implementation of structures and support to build such a culture.

A key set of questions must be continually asked and answered including:

- What is the mandate of a Health Department?
- What are our goals? What are we trying to accomplish?
- Are we currently accomplishing our goals? If not, what is the status of our efforts?
- What changes do we need to make to move towards our goals?
- How will we know the changes we implement are improving our work?

The Performance and Quality Improvement system will create alignment between the Community Health Improvement Plan (CHIP), Unified Government Public Health Department's strategic plan, programmatic goals, and individual employee performance. To foster a culture of performance and quality improvement, it is important to create a plan that provides a framework for the Health Department's work. A strong commitment from all staff is necessary to create a performance and quality improvement culture.

The purpose of the Performance and Quality improvement system is to ensure the mission of the Unified Government Public Health Department is being met. The goal is to hold ourselves and the work we do accountable, not only to accreditation boards and government bodies, but to the residents in our county, and to provide them with a fully functioning, high achieving health department that meets their needs. This involves measuring and monitoring selected outputs and outcomes to ensure that sustainable improvements are made. All initiatives are planned and implemented in a collaborative manner through the Performance Improvement Team.

Unified Government Public Health Department Mission Statement

To prevent disease, promote wellness, and protect and improve the environment in Wyandotte County.

Unified Government Public Health Department Vision Statement

Healthy Wyandotte County residents living in a safe and clean environment.

Unified Government Public Health Department Values

Employees of the Unified Government Public Health Department are committed to carrying out the mission of the health department and providing services that adhere to our organizational values.

Service Delivery

- Responsive – our attention is drawn to our community's needs resulting in services and programs that meet their needs.
- Solution Driven – We are proactive and focused on solving the root problem not just addressing smaller issues as they arise.

People Centered

- Fair – We use trusted sources and our decisions are based on facts.
- Respectful – We show our employees and community the respect they deserve.
- Servant leaders – We are committed to providing the best services to our community. We will do what it takes to get the job done.

Decision Making

- Honest – We use trusted sources and our decisions are based on facts.
- Integrity – We stand by our decisions inside and outside of meetings – not just behind closed doors.
- Inclusive – All voices are welcome here. We are a community with rich cultural and social diversity. We work towards decisions that benefit all parts of the community.
- Transparent – We want to be honest and open with our decisions/data. Citizens have access to services and information.
- Bold – We are committed to the decisions we make and stand by them.
- Nimble – Since the work environment is always changing we have learned to be adaptable. We take advantage of opportunities as they come along.

Resource Management

- Sustainable – We are resourceful and only use what we need. We meet the needs of current residents as we keep the future in mind.
- Stewardship – We are good stewards of our resources. We take care of what we have so it will be there for future generations.

Performance Management System Scope

To assure that the Health Department's mission, vision and values are being met, the performance management system includes the following activities:

- Improving community health.
- Increasing safety and the perception of safety.
- Improving customer service and communications.

Benefit Analysis

A performance management system will allow for increased accountability, increased transparency, and service improvements. This system will also meet the requirements for achieving accreditation by the Public Health Accreditation Board (PHAB). The proposed system generates alignment throughout the agency and into the community with the goal being the health of our community as defined by the World Health Organization: a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.¹

Definitions

Assessment – A process of collecting and analyzing data to determine the current, historical, or projected status of an organization. Assessments are performed when there is a major change to a process to assure that the specific change or new requirement has been successfully implemented.

Client/Stakeholder – Stakeholders include all those parties with an interest in UG PHD work products or service. Clients are a subset of stakeholders and receive the work product or service and may appropriately determine the needs and requirements associated with that work product or service.

'Client' is an internal or external recipient of a product or service anywhere along the products life-cycle.

'Stakeholder' is an owner or interested party regarding the delivery of a product or service.

Community Health Assessment (CHA) – The CHA is a fundamental tool of public health practice. Its aim is to describe the health of the community by presenting information on health status, community health needs, resources, and epidemiologic and other studies or current local health problems.

¹Constitution of WHO: Principles. World Health Organization. <http://www.who.int/about/mission/en/>

Community Health Improvement Plan (CHIP) – The CHIP uses information from the Community Health Assessment. Strategies are identified and action teams are developed, comprised of public health leaders and community partners to address the problem identified in the CHA.

Managers – UG PHD uses these terms to distinguish between levels of management:
'Manager' – those in management positions that typically supervise one or more persons (i.e. program supervisor, health manager, public health nurse supervisor).
'Senior Manager' – a subset of managers; those in positions in UG PHD responsible for strategic direction (i.e. division manager, director).

National Association of County and City Health Officials (NACCHO) - Seeks to improve public health while adhering to a set of core values: equity, excellence, participation, respect, integrity, leadership, science, and innovation.

Performance Management - A systematic process that helps an organization achieve its mission and strategic goals.

Plan-Do-Study-Act (PDSA) - The **PDSA cycle** is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Public Health Accreditation Board (PHAB) – Nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.

Quality Assurance (QA) – Prevention of quality problems through planned and systematic activities including documentation.

Quality Improvement (QI) - The utilization of deliberate and defined improvement processes focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Strategic Plan– A plan that identifies projects that will have a positive impact upon the organization's internal operations. Directed at improving the overall value provided by the organization to all of its stakeholders.

10 Essential Public Health Services

Performance and Quality Improvement activities at the Health Department are designed to promote the highest quality of service while meeting the needs and expectations of customers. The goal is to continuously improve the execution and design of process across the 10 Essential Public Health Services²:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems.

² Centers for Disease control and Prevention, 2010.

Performance Management Self-Assessment

The Unified Government Public Health Department is actively engaged in strengthening their internal infrastructure and capabilities. A key component of successful health departments is a performance and quality management system. To ensure that health departments are high performing, they must assess existing performance management. Therefore, the health department conducted an internal performance management self-assessment in May 2017.

Overview

The assessment analyzed five components:

- Visible Leadership
- Performance Standards
- Performance Management
- Reporting Process
- Quality Improvement

For each component, several questions served as indicators of performance management capacity. The questions covered the elements, resources, skills, accountability, and communications to effectively practice each component. The Public Health Department Accreditation Coordinator emailed the link to a select group of supervisors, managers and front-line staff.

Selected Results

From the Performance Management Self-Assessment, the following were identified as weaknesses:

- Performance Standards
 - Regularly reviewing standards and targets.
 - Defined processes and methods for choosing performance standards, indicators or targets.
 - Communication of performance standards, indicators, or targets through the organization and to stakeholders and partners.
 - Regular review of standards and targets.
 - Accountability.
- Performance Management
 - Defined methods and criteria for selecting performance measures.

- Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication in data collection.
- Reporting process
 - Leaders are effectively communicating performance outcomes to the public to demonstrate effective use of public dollars.
 - Reports on progress are clear, relevant and current so people can understand and use them for decision making (e.g., dashboard).
- Quality Improvement
 - Staff has the authority to make certain changes to improve performance.
 - QI is practiced widely in the program, organization, or system.
 - QI training is available to managers and staff.
 - Organization regularly develops performance improvement or QI plans that specify times, actions, and responsible parties.

These selected results are a valuable tool to enhance discussion within the Health Department and provide a context in which to create an effective Performance and Quality Improvement Plan as outlined in the rest of this document.

Program Description

Leadership and the Performance Improvement Team

Leadership defines and embodies the Mission, Vision and Values of the Unified Government Public Health Department to create the cultural context for performance improvement and provide a unifying framework to align and direct the activities of programs and employees. The Executive Leadership in the Health Department, comprised of the Director and Deputy Director, owns responsibility for prioritizing and spearheading efforts to keep quality and performance at the center of new and ongoing work. Division and team leaders are responsible for the services provided and the care and treatment in their program areas, including the use of performance metrics and quality improvement tools.

The Performance Improvement Team assumes the responsibility for all formal performance management and quality improvement processes and initiatives in the Health Department. The members on the team agree to meet routinely, lead quality efforts in their Divisions, and comply with reporting requirements. This team also leads the effort to fully implement ENVISIO as a performance management tracking tool and to use it to inform quality improvement efforts.

Strategic Planning

The strategic planning process describes the goals and objective that the Health Department adopts to prepare for future challenges and public health need of our community. The Health Department Strategic Plan aligns with the newly adopted Unified Government Strategic Plan developed by the Governing Body in 2016.

The Community Health Assessment (CHA) presents data regarding health status and behaviors from a variety of sources, including local, state, and national health agencies. Wyandotte County Community Health Improvement Plan (CHIP) identified four to use as strategic priorities: 1) Access to Medical, Dental, and Mental Health Care; 2) Access to Safe and Affordable Housing; 3) Education and Jobs; 4) Violence. The Community Health Assessment and Improvement Plan places an emphasis on a community-driven, community-owned approach which helps the community take responsibility for its own health.

To understand the strengths and weaknesses of a local public health system, as well as to characterize the capacity of the system to promote and protect health, an assessment of the system and its performance can be beneficial. The National Public Health Performance Standards were developed by a consortium of stakeholders to support an assessment process called Local Public Health System Assessment. Consisting of a series of performance measures reflecting ideal performance, the process of the Local Public Health Assessment (LPHSA) is to

assess the performance of a local public health system relative to ideal performance. Along with the Performance Management Self-Assessment, the Local Public Health System Assessment was also conducted in 2017. Weaknesses in the Health Department's contribution were identified and were integrated into the Unified Government's strategic plan and Performance and Quality Improvement Plan.

Measurement, Analysis and Knowledge Management

Defining Programs

The service areas of the Unified Government Public Health Department are:

- Air Quality and Environmental Services
- Fiscal Office and Grants Management
- WIC
- Patient Support Services
- Child Care Licensing
- Community Health
- Planning and Operations
- Communicable Disease Control
- Community Outreach & Education
- Clinical Services
- Early Intervention Prevention Programs

Performance Management Training

To maintain the success of the performance management system, the agency will sustain a systematic approach. It is important to introduce all new staff to the Community Health Improvement Plan, the agency's strategic plan and the reasoning and methodology for the agency's performance and quality improvement system.

Training will be provided to introduce staff to performance management, organizational alignment, and selection of appropriate and realistic performance measures. The training will standardize language used and familiarizes staff with the methodology for selecting appropriate performance measures.

Setting Performance Measures

All program managers and leadership will work with the Performance Improvement Team to develop performance measures that align with the agency's strategic plan. The program managers will work with their staff to determine the most appropriate and realistic outputs and outcomes to avoid duplication in data collection. The Performance Improvement Team will provide guidance as needed, and the Health Planning Division will ensure the measures are created within ENVISIO for long-term tracking.

Accountability and Reporting

Assigning accountability to programs and closely monitoring progress towards identified targets can create a well-functioning system. Regular reporting to both health department leadership and the Performance Improvement Team will help create a culture of improvement throughout the agency. ENVISIO, the strategic planning and management software allows employees to be "owners," "contributors," and "observers." By assigning ownership to performance measures, employees become accountable to their work and regularly updating their measures monthly.

Each member of the Performance Improvement Team will be required to report progress towards achieving their program's performance and quality improvement goals every month. The dashboard system ENVISIO will allow for easy measuring of progress and system assessment towards reaching targets. Two weeks after each quarter ends, the Performance Improvement Team will convene to assess progress toward reaching targets. This meeting will provide opportunity to identify potential quality improvement projects. As leadership collectively reviews program measures and updates, it allows for pooled resourcing to build capacity or lend insight on techniques and innovation.

Operational Focus

The Unified Government Public Health Department strives to be an inclusive organization where all levels of staff are considered critical to the success of the quality program.

Organizational Structure and Responsibilities

Membership	Responsibility
Director and Deputy Director	<ul style="list-style-type: none">• Provide leadership for department vision, mission, strategic plan and direction related to PM efforts.• Commit to cultivating a culture of quality and promote a continuous Quality Improvement environment for the department• Review and approve projects for the organization• Assure all staff have access to resources to carry out QI projects and training• Take part in training in QI methods and tools

Leadership/Managers and Supervisors	<ul style="list-style-type: none"> • Commit to cultivating a culture of quality and promote a continuous Quality Improvement environment in their areas of supervision/management • Identify QI projects and process improvement on a regular basis • Review and approve division-focused or projects • Participate in QI training • Support and encourage staff participation in QI training and support staff in dedicating time to pursue QI projects • Report on process improvement and quality improvement taking place within each division or program area
All UG Public Health Department Staff	<ul style="list-style-type: none"> • Develop an understanding of QI through training • Cultivate an openness to discussing QI • Apply QI principles and tools to daily work and actively pursue process improvement • Identify QI projects and process improvement • Participate and contribute to QI projects and processes • Email Performance Improvement Coordinator to share/communicate process improvement

Performance Improvement Team

The Quality Improvement and Performance Management groundwork laid in 2016 through 2017 resulted in a drastic capacity for Quality Improvement and Performance Management work. Staff completed Quality Improvement trainings, a Quality Improvement Plan was developed, and a Performance Management Plan was in draft form. At the start of 2018 it was determined that the work of the Quality Improvement and Performance Committees overlapped to such a degree (in content and participants) that it would be beneficial to combine the two and streamline quality efforts. This move resulted in the restructured Performance and Quality Improvement Team.

The Performance Improvement Coordinator convenes the agency's Performance Improvement Team and acts as a liaison with additional health department leadership. The Performance Improvement Team and Performance Improvement Coordinator work to create and foster a Performance and Quality Improvement culture in the UGPHD.

The Performance Improvement Team is composed of 12 individuals representing a cross sector of divisions in the Health Department including: administration, division managers, program supervisors, and program staff. A concerted effort will be made to include employees from a variety of work categories to bring a robust sample of opinions to the Health Department's Performance and Quality Improvement efforts.

Performance Improvement Team members will serve a three-year term with one-third of the Team rotating off every year. Team members will be expected to attend quarterly meetings, Performance Management and Quality Improvement trainings and engage in mentoring activities with other staff.

Membership	Responsibility
Coordinator	<ul style="list-style-type: none"> • Coordinate and support the Performance Improvement Team. • Ensure that Quality Improvement and Performance Management adheres to PHAB standards and the strategic plan. • Support Performance Improvement Team's convened to work on performance management and quality improvement projects and assist with the organization of data. • At minimum, provide quarterly updates- both on program and training on Performance • Work with director/deputy director in project selection.
Team Members	<ul style="list-style-type: none"> • Implement and educate on Performance and Quality Improvement within the organization. • Build and sustain a Performance and Quality Improvement vision and culture in the organization. • Review the Performance and Quality Improvement Plan on an annual basis. • Take part in advanced Performance and Quality Improvement training. • Assist in training other staff in Performance and Quality Improvement methods and tools. • Support the Performance and Quality Improvement committees as needed by Performance Improvement Coordinator.

Process Improvement

The objective of process improvement is to reduce variation in the results of our work and to focus on system improvements, as opposed to individual behavior change, as the means to achieving significant gains. Systems thinking, process improvement, and data driven evaluation and change are principles that are the basis for local public health department improvement activities.

All process improvement initiatives are designed to promote quality, enhance cost effectiveness of services, and promote the safety of users and staff. Special attention is given to processes that are known to be high risk, high volume, and problem prone areas. The Effort-to-Impact Matrix is a tool that agencies can use to consider both the amount of effort required to complete each project and the end impact of each project's completion.

HIGH EFFORT; LOW IMPACT	HIGH EFFORT; HIGH IMPACT
Contains the projects that require a lot of effort and are of a low impact.	Contains the projects that require a lot of effort and are of a high impact.
LOW EFFORT; LOW IMPACT	LOW EFFORT; HIGH IMPACT
Contains the projects that require little effort and are of a low impact.	Contains the projects that require little effort and are of a high impact.

Quality Management and Improvement

Quality management methods can be thought of as a systematic, data-driven approach to understanding work processes, solving process problems, and improving the results from our work. The Plan, Do, Study Act (PDSA) cycle is the most familiar quality management approach to process improvement.

The PDSA model has two parts:

1. Three fundamental questions which can be addressed in any order.
2. The Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings. The PDSA cycle guides the test of a change to determine the change is an improvement.

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?



Plan: Identify an opportunity and plan for improvement

Do: Test the theory for improvement

Study: Use data to study results of the test

Act: Standardize the improvement and establish future plans.

Employees and staff should use the following steps for Quality Improvement Initiatives:

1. Quality improvement efforts will be nominated by the program coordinators in coordination with their staff and will be brought to the Performance Improvement Team for review via the QI Project Submission (see Appendix B).
2. Quality Improvement projects will then be selected based on the feasibility of the project. The performance Improvement Team will use the QI Project Feasibility Decision Tree (See Appendix A) in junction with the QI Project Submission Form.
3. Once the QI project is selected a PI Team member will be assigned to facilitate the project.
4. The QI Project Planning Guide (Appendix C) can be used by the facilitator to make the process easier for the participants. For each QI project, the facilitator will help address the three fundamental questions of the PDSA cycle:

- a. What are we trying to accomplish?
 - b. How will we know that a change is an improvement?
 - c. What changes can we make that will result in an improvement?
5. Throughout the QI Project, the PDSA Cycle should be used as a framework.
 6. After the QI project is completed, the facilitator and project staff will fill out the QI Project Reporting Form (Appendix D).

The Health Department has a variety of sources to collect data about clients, Wyandotte County residents, natural resources, and process performance. Data that we have available to us are: birth, death, morbidity data, mandatory reporting, medical record data, program data, summary data from the State of Kansas reporting systems, comparative health status, surveillance, program volume, environmental data, and client satisfaction surveys.

With the creation of the Performance and Quality Improvement system, information will begin to be collected regularly and analyzed by programs to identify important aspects of public health services. Information will be selected based on their relevance to patients and residents. Variations in practice or gaps between performance and benchmarks will be analyzed by the Performance Improvement team to identify and prioritize those aspects of care and services that should be the focus of continuous quality improvement initiatives.

Quality Improvement Training

Training opportunities at the health department will be divided into three tiers that include: new employee training, ongoing staff training, and advanced training. These training opportunities will provide all staff with the skills to incorporate quality improvement with their division and personal goals.

New Employee Training:

- New employees will be oriented to the Performance and Quality Improvement System and Plan facilitated by the Performance Improvement Coordinator and Team.

Ongoing Staff Training:

- All staff will receive e-mail notifications of quality improvement tools and online learning sessions.
- All employees are encouraged to attend yearly quality improvement refresher training.
- All staff should learn about quality improvement tools and use them in quality improvement efforts. Staff will have access to the QI Tool Encyclopedia with this link: (<Y:\Health Improvement Planning\Quality Improvement\QI Tools\Public Health Quality Improvement Encyclopedia>).

Advanced Training for Performance Improvement Team:

- The Team will attend an annual QI Plan review and planning session facilitated by the Performance Improvement Coordinator.
- The Performance Improvement Team should learn about QI tools and use them in Quality Improvement efforts. Staff will have access to the QI Tool Encyclopedia with this link <Y:\Health Improvement Planning\Quality Improvement\QI Tools\Public Health Quality Improvement Encyclopedia>).
- The Performance Improvement Team will attend the Kansas City Metro Quality Improvement Annual Training.

Communication

To support the performance and quality improvement as a usual way of doing business, the United Government Public Health Department strives for regular communication about performance and quality improvement projects within the health department that are transparent and communicated effectively to all staff, stakeholders and members of the community. Creating and cultivating a culture of QI will ensure that staff are aware of the resources available to them and the current projects being developed as well as providing an opportunity for each project success to be shared.

Quality Sharing

All activities at the Health Department will be communicated in multiple ways to ensure that performance and quality improvement efforts are communicated effectively. Communication venues include:

- Quality improvement update provided at each quarterly All-Staff meeting.
- All staff will have access to all Performance Improvement Team meeting documents (agendas, summaries, data tools, etc.) located on the shared electronic (Y) drive for review by all staff members at any time.
- Additional emails to reinforce quality improvement culture and provide any relevant quality updates.
- Story Boards

Quality improvement projects identified in the Performance and Quality Improvement Plan are included and tracked within ENVISIO. Progress is updated monthly and reported to the Performance Improvement Team quarterly. Ad hoc quality improvement projects will be brought to the quarterly Performance Improvement team for review.

System Approach & Sustainability

Public Health System Alignment

The Performance and Quality Improvement system will align programmatic performance measures with goals from the strategic plan. This creates linkages between programs, the agency's goals, and the community's priorities.

Unified Government Strategic Plan Priorities



CHIP Priorities:



The Public Health Department will focus on the following Governing Body areas as described in the Strategic Plan priorities:

Increasing Community Health – This encompasses all Public Health Department activities. Staff will work to improve access, quality, and affordability of care.

Improving Customer Service & Communications – Staff members are providing important services to the community and will maintain a high standard of quality for customer service and communication.

Increase Safety and Perception of Safety – Emergency Preparedness will keep our community safe in the event of a public health-related disaster, and regulated childcare protects young children in the county.

Practical Alignment

The public health system can measure its impact on health of the community served by utilizing alignment between the four areas addressed in this Performance and Quality Improvement Plan:

CHIP: The accountability assigned in this plan helps to improve the health outcome of residents, with the alignment assuring that all public health entities pool resources and work together to accomplish the defined objectives.

Strategic Plan: The alignment in this plan assists in spearheading initiatives within the health department, guaranteeing that all staff and programs are working towards improving the strategic issues defined in the CHIP.

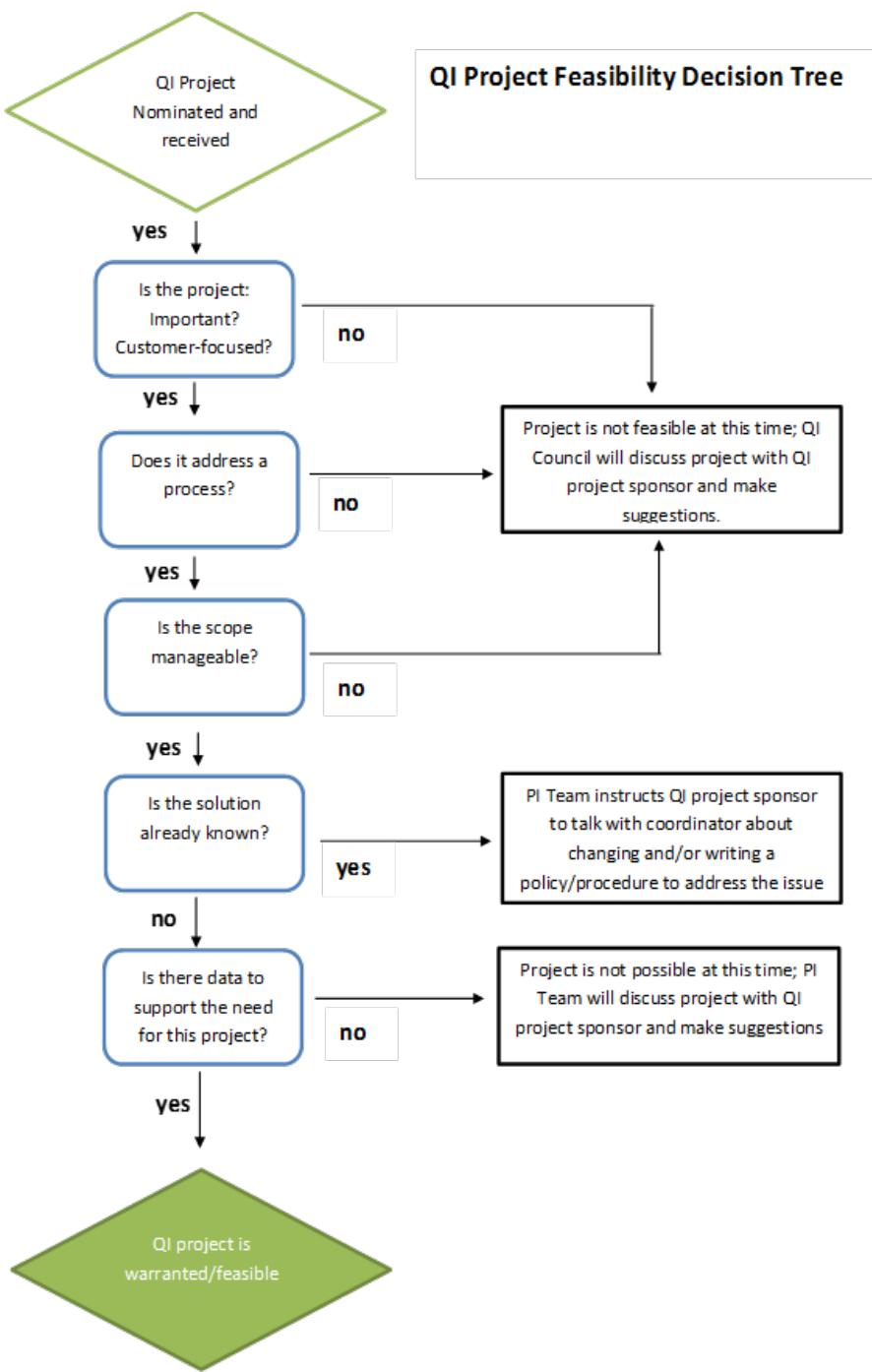
Performance Management: Aligning programmatic performance measures with the strategic plan allows programs to justify services provided, in addition to creating accountability for improving the public's health.

Workforce Development: The alignment through this plan increases employee engagement by assuring that employees know the value of their work.

Plan Evaluation

The Performance and Quality Improvement Plan will be reviewed annually to reflect the agency and program enhancements and revisions. This process may include surveying key stakeholders and end users on their satisfaction and knowledge of performance management and quality improvement. In addition to an annual review, if revisions are made, all staff will receive an electronic copy of the Performance and Quality Improvement Plan accompanied with instructions on how to find it. The process to assess the effectiveness of the plan and activities will include:

- Review of the process and the progress toward achieving goals and objectives
- Efficiencies and effectiveness obtained, and lessons learned
- Customer/stakeholder satisfaction with services and programs
- Description of how reports on progress were used to revise and update the Performance and Quality Improvement Plan.



Appendix B. Quality Improvement Project Submission Form

Employee Name:	Date:			
Program:				
Idea/Project:				
What would you like to improve?				
Do you have information/evidence/data available to support the need to work on this topic?	Yes No			
If yes, please describe here:				
What kind of improvement will result? (Select all that apply):				
Enhanced Employee Performance				
Improved Teamwork and Communications				
Improved Use of Resources				
Improved Working Conditions and Employee Morale				
Increased Efficiency				
Improved Quality of Services				
Increased Safety				
Reduced Cost				
Reduced Waste				
Satisfied Customers/Stakeholders				
Other:				
What is the desired result? (Example: Reduced turnaround time)				
Who will benefit? (Check all that apply)	Program	Public	Staff	Other:
Which of the six areas of public health responsibility does this QI project align with? (Check all that apply)				
Assure an adequate local public health infrastructure				
Promote healthy communities and healthy behavior				
Prevent the spread of infectious disease				
Protect against environmental health hazards				
Prepare for and respond to disasters and assist communities in recovery				
Assure the quality and accessibility of health services				

Appendix C.

QI Project Planning Guide

A guide for PI facilitators

As a member of the Performance Improvement Team, you will be asked to facilitate quality improvement projects within the Department. Your job as a facilitator is to make the process easier for the participants. The main task will be to help the team increase its effectiveness by improving the process. Creating an environment where groups can be productive and effective in achieving their goals is the primary role of the facilitator. This guide was developed to assist with that process.

Facilitator Responsibilities:

- Schedule and lead QI project team meetings and discussions
- Guide QI project team through the Plan, Do, Check, Act cycle
- Intervene if discussion starts to fragment
- Prevent dominance and include everyone
- Summarize discussions and conversations
- Bring closure to the meeting with an end result or action

For each QI project, the facilitator will help address three basic questions of the PDSA cycle:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in an improvement?

Select a Project	Tools
<ul style="list-style-type: none">○ Identify QI Project Team○ Complete the QI project charter○ Conduct stakeholder analysis (what is going on?)	
Schedule Meeting(s)	Tools
<ul style="list-style-type: none">○ Schedule meeting(s)○ Prepare agenda for the first meeting	QI Charter
Set a Goal	Tools
<ul style="list-style-type: none">○ QI Refresher<ul style="list-style-type: none">○ Team rules, expectations	
Change management	
<ul style="list-style-type: none">○ Write an initial AIM Statement/SMART goal (Specific, Measurable, Attainable, Relevant, and Time Bound)<ul style="list-style-type: none">○ What are we trying to accomplish?○ Why is it important?○ Who is the specific project's target population?● When will this be accomplished?● Examine the current process● Determine root causes of problem	Flow Chart
Identify Measures	Tools
Answers the question: how will we know our changes are an improvement?	
<ul style="list-style-type: none">○ Establish measures that will tell team if there is an improvement	

Ex: Overall wait time for an STI examination; time to receive final septic tank permits; overall time to process a food permit	
<ul style="list-style-type: none"> ○ Determine data needs ○ Identify a baseline (what is our current situation?) ○ Refine SMART goal, if needed 	
Develop ideas for improvement	<i>Tools</i>
<ul style="list-style-type: none"> ○ Research best practices, solutions that have worked for others ○ Brainstorm ideas ○ Prioritize ideas ○ Other suggested tools: ○ What could go wrong with suggested improvements? ○ Identify factors possibly standing in the way of implementing change 	Effort-to-Impact Matrix
Action Plan & Timeline	<i>Tools</i>
Develop a timeline for implementation of improvement(s) into the work process	
Establish responsibilities/roles of each team member	
Establish way to track progress on activities being implemented	
Test Ideas/Improvements	<i>Tools</i>
<ul style="list-style-type: none"> ○ Test the improvements on a small scale (pilot project) <ul style="list-style-type: none"> ○ Identify the period of time for piloting the change 	
Identify the tools for collecting the data to measure the improvement	
<ul style="list-style-type: none"> ○ Document problems, unexpected observations, lessons learned, and knowledge gained 	
Check	<i>Tools</i>
<ul style="list-style-type: none"> ○ Meet with the QI Project sponsor/team <ul style="list-style-type: none"> ○ Evaluate the degree of improvement of the pilot project ○ Assess the measurable data based on the AIM statement of the project ○ Recommend the project to be adopted, adapted or abandoned 	
○ Share results with stakeholders	Summary Report; Storyboard
Schedule Meeting(s)	<i>Tools</i>
<ul style="list-style-type: none"> ○ Discuss lessons learned and next steps ○ Determine plan to sustain the improvement/maintain the gains 	Summary Report; Story Board

Appendix D. Quality Improvement Project Reporting Form

PLAN	Agency		
	Project Title		
	Aim		
	Impact		
	Measures (Include both process and outcome measures)	Outcome Measure:	
		Process Measures:	
	Team Members		
Month/Year			
Please summarize the key action steps you have taken in the past month		Describe the results of your action steps and what you learned from the process.	
D	1.	<input type="checkbox"/> CHECK	
O	2.		
	3.		
	4.		
	5.		
ACT	1.		
	2.		
	3.		
	4.		
What are you most proud of achieving?			
What were the costs incurred for conducting this QI project?			
Salaries and Fringe	\$		
Travel	\$		
Equipment	\$		
Supplies	\$		
Printing	\$		
Other	\$		
TOTAL	\$		

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: INCREASE SAFETY AND PERCEPTION OF SAFETY				
Test the Public Health Emergency Response Plan (PHERP) with local and regional response partners.	<ol style="list-style-type: none"> Coordinate with the Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA) to prepare for a joint dispensing exercise. Conduct a full-scale dispensing exercise with regional partners to test Phase 2 capabilities. 	Start: January 2018 End: December 2018	Owner: Ron Starbuck Contributor: Travis Lanter	<ul style="list-style-type: none"> Completed AAR. Exercise conducted. Completed After Action Review/ Improvement Plan (AAR/IP) within 90 days of exercise. <p>Target: 1 exercise conducted; 1 AAR completed, at least 2 improvements made from the Improvement Plan</p>
Ensure the safety of Wyandotte County children who are enrolled in childcare.	<ol style="list-style-type: none"> Collaborate with the DA's office to develop protocol for enforcing penalties for illegal childcare. 	Start: January 2018 End: December 2018	Owner: Olliea Jarret Contributor: Lori Lanter, Kari Neil	<ul style="list-style-type: none"> Childcare providers training. Number of providers trained <p>Target: At least 1 training available for providers per month; at least 15 providers trained per month</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Work with partners to publish and implement the Community Health Improvement Plan	<ol style="list-style-type: none"> Shift CHIP planning committees into Action Teams with a lead agency, Health Department liaison, and defined core team. Implement a quarterly reporting mechanism. Conduct an annual report. 	Start: June 2018 End: November 2019	Owners: Juliann Van Liew and Wesley McKain Contributor: Cora Burgoyne	<ul style="list-style-type: none"> CHIP action teams created. Quarterly reporting structure implemented Annual progress report <p>Target: 4 action teams with lead agencies; quarterly reports published; annual progress report Template created</p>
Improve health in the workplace for employees of the Health Department	<ol style="list-style-type: none"> Conduct a survey of health department employees about physical activity in the workplace. Use survey results to formulate plan for changes to HD policies and environments. Implement initiatives/policy changes within HD. 	Start: August 2018 End: December 2019	Owner: Janell Friesen Contributor: Workplace Wellness Committee	<ul style="list-style-type: none"> Survey conducted of UGHD employees Implemented Wellness policies and/or initiatives implemented by HD <p>Target: 50% of employees participate in survey; 3 policies or initiatives implemented</p>
Ensure the development of the health department's workforce.	<ol style="list-style-type: none"> Create tiered training plans based on the Public Health Core Competencies. Train new and existing staff on the training plan requirements. Staff complete training plans annually. 	Start: August 2018 End: December, 2019	Owner: Travis Lanter Contributor: Juliann Van Liew	<ul style="list-style-type: none"> Tiered training plans created Staff oriented to training plan requirements Training plans completed <p>Targets: 3 tiered training plans created; 100% of staff oriented to requirements; 100% of staff complete training plans.</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Strengthen the food system in Wyandotte County to meet food access needs.	<ol style="list-style-type: none"> 1. Work with external consultant to complete a Local Food Economy Assessment and publish a report including recommendations for policies or economic development incentives to strengthen the food system. 2. Present Local Food Economy Assessment to commission 3. Engage with relevant UG departments to support implementation of recommendations. 	Start: December 2017 End: July 2019	Owner: Allyssa Carodine Contributor: Wesley McKain	<ul style="list-style-type: none"> • Written Food Assessment published • Presentation provided to Commission • Implementation of recommendations <p>Target: 1 assessment/report published; 1 presentation to commission; at least 1 recommendation implemented from the assessment</p>
Reduce the adult smoking rate in Wyandotte County.	<ol style="list-style-type: none"> 1. Work with hospitals and/or clinics to improve tobacco cessation treatment and referrals (including UG Health Department). 2. Increase utilization of the Quitline each state fiscal year. 	Start: July 2018 End: December 2019	Owner: Rebecca Garza Contributor: Wesley McKain	<ul style="list-style-type: none"> • Reduced adult smoking. • Increased health department referrals to Quitline • Hospitals/clinics engaged in cessation work <p>Targets: Smoking rate of 22% in 2022 (down from 24% in 2015), increase Quitline referrals from the HD by 5%, at least 3 hospitals/clinics engaged in this work, at least 5% increase in Quitline utilization by Wyandotte residents.</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Monitor air quality funding and alert Commission to changes in federal support that affect local resources for air quality monitoring and enforcement.	<ol style="list-style-type: none"> Keep up-to-date on state and national air quality policy and funding updates and notices. If changes occur, keep the County Administration and Commission notified as necessary. Explore potential new funding opportunities for air quality work. 	Start: January 2018 End: December 2019	Owner: Rollin Sachs Contributor: Terry Brecheisen	<ul style="list-style-type: none"> Quarterly updates County Administration and Commission notified as necessary. <p>Target: 4 quarterly updates; 1 update to administration/commission</p>
Ensure the safety of Wyandotte County residents who utilize swimming pools, saunas, and spas in the county.	<ol style="list-style-type: none"> Conduct monthly inspections of all continuous (year round) pools, spas, and saunas in Wyandotte County. 	Start: January 2019 End: December 2019	Owner: Rollin Sachs Contributor: Terry Brecheisen	<ul style="list-style-type: none"> Pools inspected <p>Target: 100% of continuous pools inspected every month</p>
Reduce the health impact of lead exposure in Wyandotte County children.	<ol style="list-style-type: none"> Conduct educational workshop targeted to home owners. Conduct lead prevention workshops. Promote lead testing for UGPHD clients. 	Start: April 2018 End: March 2020	Owner: Christina VanCleave Contributor: Kari Neill, Terrie Garrison	<ul style="list-style-type: none"> Educational workshops completed Lead prevention workshops completed Lead testing promoted among HD clients. <p>Target: 2000 residents educated; 3 lead prevention workshops conducted; at least 10 HD clients tested for lead per month.</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Promote prenatal and infant health.	<ol style="list-style-type: none"> 1. Expand Becoming A Mom prenatal classes. 2. Launch a Safe Sleep community education campaign with partners. 3. Educate family planning clients on reproductive health options. 4. Assist clients in developing a reproductive health plan that is documented in their medical record. 5. Provide home visiting services to high-risk residents using the Healthy Families America model. 	<p>Start: December 2017 End: January 2019</p>	<p>Owner: Barb Kempf, Alyssa Carodine, Angelina Vinson Contributor: Christina VanCleave</p>	<ul style="list-style-type: none"> • Becoming a Mom classes expanded • Safe Sleep campaign launched internally and in the community • Increased percentage of family planning clients educated on reproductive health options • Increased percentage of clients with a reproductive health plan • A full caseload of home visiting clients <p>Targets: 1 additional BAM location; at least 100 HD clients received safe sleep education; 100% of HD clients educated on family planning; 100% of HD clients with a reproductive health plan in their medical record; an active caseload of 45 clients receiving home visiting services.</p>
Increase the Breastfeeding Initiation rate among health department clients	<ol style="list-style-type: none"> 1. Conduct survey of health department clients about breast feeding barriers 2. Analyze survey results 3. Conduct test of change to improve breast feeding related education and services 	<p>Start: August 2018 End: December 2020</p>	<p>Owner: Nancy Sanchez Contributor: Angelina Vinson</p>	<ul style="list-style-type: none"> • Survey implemented and results analyzed • Test of change (QI project) implemented <p>Target: At least 50 clients participate in survey; 1 QI project implemented; breastfeeding initiation rate increased to 75% by 2021.</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Improve the quality of health department services, programs, and administration	<ol style="list-style-type: none"> 1. New employees complete QI training on KS-TRAIN 2. Performance Improvement Team and/or Staff identify QI projects. 3. Quality Improvement events are led by Health Improvement Planning Coordinator. 	Start: March 2018 End: December 2019	Owner: Juliann Van Liew Contributor: Cora Burgoyne	<ul style="list-style-type: none"> • New employees trained on QI • QI projects identified • QI events conducted <p>Targets: 100% of new employees trained; 3 QI projects identified; 2 QI projects lead by Health Improvement Planning Coordinator</p>
Pursue Health Department Accreditation through the Public Health Advisory Board	<ol style="list-style-type: none"> 1. Create Accreditation Team and Domain sub-committees 2. Identify documentation to meet standards and measures 3. Submit documentation for accreditation 	Start: September 2017 End: July 2019	Owner: Juliann Van Liew Contributor: Cora Burgoyne	<ul style="list-style-type: none"> • Accreditation team and sub-committees created • Documentation identified • Documentation for accreditation submitted <p>Targets: 1 Accreditation Team created; 12 sub-committees created; 100% of documentation identified and submitted</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE COMMUNITY HEALTH				
Ensure laboratory services are provided to health department clients in the most efficient manner possible.	<ol style="list-style-type: none"> Set goals for the average lab testing time. Implement a test of change to improve average lab testing time and meet goal. 	Start: January 2019 End: July 2019	Owner: Cristi DeSimone Contributor: Barb Kempf	<ul style="list-style-type: none"> Average lab testing time goals set Change in lab testing time. <p>Targets: goal for average testing time set by time; improvement in testing time from baseline to after test of change.</p>
Work to improve the incidence and prevalence of communicable diseases in Wyandotte County.	<ol style="list-style-type: none"> Attempt to contact potential contacts for disease investigation interviews in the appropriate timeframe for that disease. Complete contact investigation interviews in the appropriate timeframe for that disease. 	Start: January 2019 End: December 2019	Owner: Kari Neill Contributor: Terrie Garrison	<ul style="list-style-type: none"> Time to contact investigation interviews Time to completed investigation interviews <p>Targets: 75% of interviewees contacted within the appropriate timeframe; 60% of investigation interviews completed within the appropriate timeframe.</p>

Initiative	Action Steps	Start and End Date	Owner, Contributor, View Only	Indicator
GOAL: IMPROVE CUSTOMER SERVICE AND COMMUNICATION				
Improve Health Department customer service	1. Train and educate Health Department workforce on best practices for trauma-informed care.	Start: January 2018 End: December 2018	Owner: Barb Kempf, Alyssa Carodine Contributor: Terrie Garrison	<ul style="list-style-type: none"> • Staff trained on trauma informed care/ACEs <p>Target: 80% of staff trained</p>
	1. Develop and implement a health department-wide web and/or paper-based customer service questionnaire. 2. Compile questionnaire results and create action plan for responding to results. 3. Implement action plan for improving client satisfaction.	Start: July 2018 End: January 2019	Owner: Juliann Van Liew Contributor: Kari Neill, Terrie Garrison	<ul style="list-style-type: none"> • Customer and partner satisfaction survey created. • Survey results received and analyzed • Action plan created and implemented <p>Targets: At least 50 clients complete surveys; 1 action plan published; at least 2 items from the action plan implemented to improve customer service.</p>