Public Health
QUALITY IMPROVEMENT
COMMITTEE

Public Health Services Quality Improvement Plan

2013-14

Purpose, Vision, and Principles

Purpose: The purpose of the Public Health Quality Improvement (QI) Plan is to provide context and framework for QI activities within Public Health Services.

Shared Vision: Public Health Services (PHS) is committed to a culture of excellence in the provision of services. Applying the principles of continuous QI will help PHS provide quality services to the community and our internal partners. This involves integration of QI into staff training, planning, processes, services, and activities.

The following are the principles of QI that guide our efforts:
- **Customer Focus:** Success is achieved through meeting or exceeding the needs and expectations of internal and external customers.
- **Continuous Improvement:** Improvement is a continuous process to achieve measurable improvements.
- **Data Informed Practice:** Successful QI processes use data to inform practice and measure results.
- **Prevention and Problem Solving:** Quality improvement focuses on improvement through designing good processes that prevent problems and achieve excellent outcomes.
- **Teamwork:** Quality improvement is most powerful when people who are impacted by the improvement opportunity are involved and solve problems together.

Overview of Current Quality Improvement Program

Capacity Building: 2013 is the first year of a formal QI Program and QI Committee for Public Health Services. To ensure capacity for this, PHS hired a Public Health Projects Coordinator in late 2012, who acts as the QI Coordinator and the Public Health Accreditation Coordinator. The QI Coordinator, Deputy Health Officer, and Public Health Chief of Operations acted as the initial group responsible for coordinating QI efforts. PHS also utilized an MPH candidate from California State University at Fullerton to assist with launching the QI program. The QI Coordinator was hired with previous training on QI principles and tools. The Deputy Health Officer, who also serves as the Clinical Quality Assurance Coordinator and has a seat on the QI Committee, attended an online course through the University of Minnesota on QI during the 2012 fall semester. In late 2012, the Health Care Agency received grant funding from the National Association of City and County Health Officials (NACCHO) to launch the *Public Health Quality Academy* and establish a QI Plan.

2013 Trainings: One of the main goals for QI in 2013 was to ensure that the roll out of the QI program would generate enthusiasm and support for QI tools and a culture of QI. The *Quality Academy* was designed to provide initial training on QI to a select cohort of Public Health employees so that they could apply QI tools and diffuse the culture and information to other PHS staff. The *Quality Academy* consisted of 45 Health Care Agency employees from all divisions within Public Health Services including Disease Control and Epidemiology, Environmental Health, Family Health, Health Promotion, Public Health Laboratory, and Public Health Nursing, as well as representatives from Contract Development and Management and Program Support, which provides contracting and fiscal support for PHS programs.

The trainings included an orientation and two-day training in March, a check-in meeting in May, another two-day training in June, and a follow-up meeting in October. QI training topics included QI principles, writing Aim

Statements, QI tools (e.g. flow charts, fishbone diagrams), and Plan-Do-Study-Act (PDSA) Cycles. The trainings were intentionally designed to be interactive, fun, and engaging to reinforce the principles of teamwork and continuous improvement. To ensure that the learning process was based on practical experience, participants worked in teams on a quality improvement project as part of the training experience. Projects were from various PHS and support programs and ranged from improving direct client services to improving administrative processes.

A second component of the *Quality Academy* was a train-the-trainer training in June. At this training, participants learned about adult learning theory, facilitating trainings, and how to diffuse information about QI. Each participant had a goal to conduct at least two QI trainings to other PHS staff who did not attend the *Quality Academy*.

In addition to the *Quality Academy,* Public Health Services engaged in other QI trainings that would ensure a culture of QI at all levels. Table 1 below provides a summary of training activities that occurred in 2013:

Table 1: Summary of 2013 Trainings				
Training	Staff Trained	Training Date(s)	Topics Covered	Tracking
Introduction to QI	PHS Division and Program Managers	January 14, 2013	• QI vs. QA • PDSA Cycle • PHS examples of QI	• Sign-in sheets
PHS QI for Managers	PHS Division and Program Managers	March 29, 2013	• Overview of *Quality Academy* projects • QI principles • Role of leadership in QI	• Sign-in sheets
Public Health Quality Academy	45 PHS staff, Contract Development and Management Staff, and Program Support	March 7, 2013 March 27-28, 2013 May 5, 2013 June 4-5, 2013 October 9, 2013	• QI principles • QI Tools • PDSA Cycle • Train-the-Trainer	• Sign-in sheets

2013 QI Projects: Prior to the launch of the *Quality Academy*, PHS managers determined a preliminary list of projects that they believed would provide a good learning experience and contribute to needed improvements within programs. The projects reflected a range of improvement opportunities and were aligned with greater strategic priorities for Public Health; projects ranged from clinic work flow, to online education, to communication bottle necks. As part of their experience, participants of the *Quality Academy* worked on one of seven QI projects. Each team was composed of participants who worked within and outside the program area of the project. For instance, a team working on improving utilization of an online WIC nutrition education, a program within the Family Health division, included employees from Health Promotion, Public Health Nursing, Public Health Laboratory, Disease Control and Epidemiology, and Environmental Health. The teams agreed upon the specific improvement project prior to its first *Quality Academy* training in March. During the course of the training, participants

Project team working on increasing utilization of online WIC nutrition education

crafted Aim statements, utilized QI tools to determine root cause of problems, gathered input from customers, measured data, and, for some, evaluated their intervention within the context of these projects. At their latest meeting in October, *Quality Academy* teams provided updates of their projects to other participants. Teams who have completed projects will be creating storyboards to share their QI stories to the Public Health Executive Team in early 2014. Graduates of the *Quality Academy* now act as Quality Champions and assist in QI Projects where a team member from an outside program may be needed.

The following is a summary of the QI projects and the related programs. See Appendix A for more detailed information about each project.

	Project Goal	Division/Program
1	**Increasing utilization of online Women, Infant, and Children (WIC) nutrition education program**	• Family Health / WIC Program
2	**Increasing efficiency and quality of care at the Adult Dental Clinic**	• Family Health / Dental Clinic
3	**Increasing efficiency of enteric disease investigation process**	• Disease Control and Epidemiology / Epidemiology and Assessment • Public Health Nursing / Community Nursing
4	**Improving communication in the conduct of foodborne illness investigations**	• Disease Control and Epidemiology / Epidemiology and Assessment • Environmental Health • Public Health Lab
5	**Improving integration of case management and electronic record keeping system (Virtual Case Management System)**	• Public Health Nursing
6	**Improving the contract procurement process**	• Contract Development and Management / Procurement Unit
7	**Improving the budgeting process**	• Program Support

QI Committee

The QI Program is guided by the QI Committee. The Public Health QI Committee was established in late 2013. The committee is composed of up to 13 persons who are dedicated to QI and come from a variety of backgrounds. The Public Health Projects Manager acts as the QI Coordinator and chairs QI Committee meetings. To ensure that the committee is composed of a diverse group of individuals with a range of experiences, the committee includes members from the following backgrounds:

1. QI Coordinator (Chair)
2. PHS Chief of Operations (ex-officio)
3. Clinical Quality Assurance Coordinator
4. Management/supervisory-level staff from each division of Public Health Services – 1 seat per division designated by the Division Manager. Each division shall have an alternate member in case the designated member is unavailable.
   - Disease Control and Epidemiology
   - Environmental Health
   - Family Health
   - Health Promotion
   - Public Health Laboratory
   - Public Health Nursing
5. Direct services staff (e.g. clinicians, case managers) – 2 seats selected through application process
6. Support staff (e.g. office support, administrative support) – 2 seats selected through application process
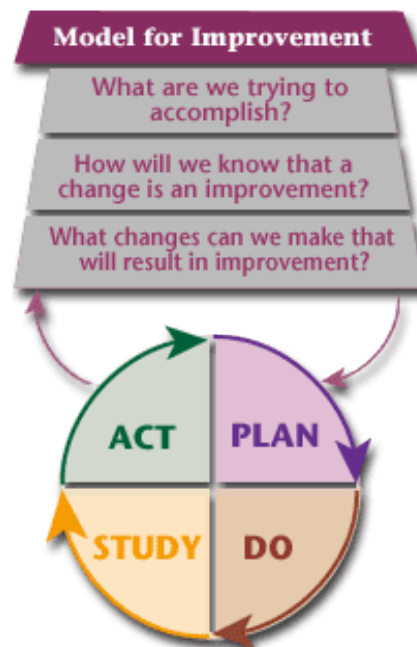
The following are the tasks of the QI committee:
1. Develop, monitor, and revise annual QI Plan
2. Provide technical assistance and support for QI activities occurring at the program level
3. Identify QI training topics and assist in implementing trainings
4. Review, develop, and revise QI materials
5. Identify resources and best practices related to QI
6. Communicate information about QI activities throughout levels of PHS and Health Care Agency management

In order to complete these tasks, QI Committee members have the following responsibilities:
1. Participate in scheduled meetings and trainings. Meetings will occur at least quarterly
2. Commit to at least 2 hours a month for QI Committee-related activities outside of quarterly meetings
3. Assist with 2 QI projects or trainings a year
4. Communicate information about the activities of the QI committee to their program/division
5. Develop a working knowledge of QI best practices

QI Model

Public Health Services has chosen the Model for Improvement as its model for QI. The Model for Improvement is based on the sequential building of knowledge and is centered on three questions that are fundamental to all improvement activities (What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement?) and the Plan-Do-Study-Act (PDSA) cycle. Multiple PDSA cycles that can adapt changes to local settings allow for knowledge to be built while changes are being tested, thus reducing risk.

Building a Culture of QI: Communication and Coordination

The QI Committee is composed of leadership, management, frontline, and support staff from throughout Public Health Services. These members are responsible for reporting QI activities and needs conducted at the program level to the committee. QI Committee members should support and/or advise in QI projects conducted at the program level and share the progress of those projects with the committee. The QI Committee will communicate its progress to staff through regular reports at staff meetings at the program level. The PHS Director will send out regular emails about the progress and activities related to QI to PHS staff. Specific QI project progress will be shared through story boards at Executive Team meetings, Public Health Week, and other venues. Updates and training opportunities will be posted on the Public Health Services Quality Improvement Webpage available on the Health Care Agency Intranet at http://intranet/phs/training/qi. QI initiatives will be published and shared with agency staff through articles in the Health Care Agency "What's Up" newsletter. Highlights of the QI Committee meetings will be available for review.

Training is a key element of the QI Program. To ensure coordination of QI trainings with other PHS training efforts, the QI Program also works closely with the Public Health Professional Development (PHPD) Committee. The PHPD Committee is responsible for coordinating trainings that ensure a competent PHS workforce. The Public Health Projects Manager acts as both the QI Coordinator, as well as the PHPD Coordinator. Updates on training activities of the QI Committee are standing items on the PHPD Committee agenda. This ensures that that PHPD Committee is aware of and can coordinate the various training activities conducted throughout Public Health Services.

Training

With the completion of the *Quality Academy*, 40 of the over 700 PHS staff have received intensive training on QI principles and tools. In 2014, PHS intends on diffusing this information to the remainder of PHS staff. PHS staff have already begun to be trained by *Quality Academy* graduates. Each graduate is responsible for conducting at least two trainings by March 2014. The QI Coordinator and Clinical Quality Assurance Coordinator have also conducted QI trainings to various PHS programs. In addition, online trainings on QI principles and tools are available to all staff through the Public Health Services Quality Improvement Webpage on the Health Care Agency Intranet at http://intranet/phs/training/qi. Table 2 below provides a summary of QI trainings and staff to be trained each year.

Table 2: QI Training Plan				
Staff	Training Topics	Training Method	Responsible Party	Schedule
All employees	• QI principles • Model for Improvement/ PDSA Cycle • Spectrum of QI	• In person training • Online training	• QI Committee • *Quality Academy* graduates	• One time
Staff	Additional Training Topics	Training Method	Responsible Party	Schedule
PHS Division and Program Managers	• Performance measurement • Role of leadership in QI	• In person training • Online training	• QI Committee	• One time
Supervisors	• QI Tools	• In person training	• QI Committee	• One time
QI Committee	• QI Tools • Coaching QI projects • Performance measurement	• In person training • Online trainings • Reading materials	• QI Coordinator and Clinical Quality Assurance Coordinator	• Ongoing
Employees participating in QI Projects	• QI Tools • Program-specific QI trainings	• In person training	• QI Committee	• As needed

The goal of these trainings is to encourage and support a culture of QI throughout PHS, with all staff aware of basic QI principles and the Model for Improvement/PDSA cycle. All staff should also be aware of the spectrum of QI activities, such that staff feel confident in applying QI principles to individual-level activities in addition to larger, more formal QI projects. Supervisory and managerial staff will receive additional training to help in coaching staff through QI projects and providing leadership in QI processes.

QI Projects

Spectrum of QI: Public Health Services hopes to encourage a culture of continuous QI that will generate interest in conducting QI Projects on a range of levels. Though not all QI projects will be included in the formal PHS QI plan, all QI efforts are integral in creating and supporting a culture of improvement throughout PHS and meeting PHS goals. Staff and programs should be encouraged to apply QI principles to conduct smaller-scale QI projects ("qi") that require minimal resources. These projects may be tied to individual employee or program objectives that improve processes and performance. With the adoption of QI principles, PHS will also conduct larger-scale projects tied to PHS performance measures. Some of these projects will be selected to be included as part of the formal QI Plan, with efforts that directly impact the PHS Strategic Plan.

Alignment with Strategic Plan: Public Health Services will be establishing its first Strategic Plan in 2014. Prior to this, PHS has tracked performance measures using Balanced Scorecard as part of the Health Care Agency Business Plan. Once the Strategic Plan is firmly established, the PHS QI Plan will be closely tied to the PHS Strategic Plan. The PHS Strategic Plan includes specific goals and objectives to track performance on key performance measures within PHS programs. The Strategic Plan will include general goals for PHS and also goals and objectives for each division. The QI Plan will eventually consider these performance measures in determining QI projects for the year. The PHS Strategic Plan will be informed by the Health Care Agency Business Plan and the Orange County Health Improvement Plan. Health Care Agency senior leadership sets direction for the Business Plan, while the Orange County Health Improvement Plan is a collaborative plan created by community stakeholders in partnership with the Health Care Agency. Both plans provide a framework to help ensure that the PHS Strategic Plan and QI Plan are aligned with the Health Care Agency and the community's goals and priorities.

The following graphic shows how Orange County's QI Plan will be aligned with the PHS Strategic Plan and the Orange County Health Improvement Plan and Health Care Agency Business Plan.

Selection Process: The following is the selection process for QI projects:
1. Programs will review performance measures and consider best practices, historical performance data, and other national standards to determine potential QI projects for the year.
2. Potential projects will be reviewed by the QI Committee, which has representation from management of all PHS divisions.
3. The final determination will be made jointly by the division and the QI Committee.

Support for QI Projects: The QI Committee provides support for selected QI projects identified and implemented at the program level. QI Committee members and/or *Quality Academy* graduates may assist in QI projects outside of their program areas to increase the diversity of perspectives for each QI project. Information about progress of QI projects will be reported by QI Committee members.

Quality Goals and Objectives

Goal 1: Public Health staff will promote a culture of quality improvement.

Objective:
- Objective 1.1: PHS divisions will show improved scores within the "Effective Leadership: Empowerment" domain of the Employee Satisfaction Survey.
- Objective 1.1: PHS divisions will show improved scores within the "Teamwork" domain of the Employee Satisfaction Survey.

Supporting Activities
- All staff are valued as experts in their areas and will be provided opportunities to learn about and engage in QI activities.
- QI Committee will highlight QI efforts and successes through newsletters, website activities, and emails from the Director.

Goal 2: All Public Health staff will be familiar with QI principles and the Model for Improvement/PDSA Cycle.

Objective:
- Objective 2.1: By April 2014, 40% of PHS staff will indicate being "familiar" or "very familiar" when asked about QI principles in the PHS Workforce Development Survey.
- Objective 2.2: By April 2014, 30% of PHS staff will indicate being "familiar" or "very familiar" when asked about the Model for Improvement/PDSA Cycle in the PHS Workforce Development Survey.
- Objective 2.3: By December 2014, 75% of PHS supervisors who attend trainings will indicate being "familiar" or "very familiar" when asked about QI tools based on evaluation of QI trainings.

Supporting Activities
- Each *Quality Academy* graduate will have conducted at least two QI trainings by March 2014.
- The QI Committee will coordinate QI trainings on QI for PHS supervisors by December 2014.
- QI Committee will share information about QI principles, Model for Improvement/PDSA Cycle, and QI tools through newsletters and website activities.

Goal 3: All Public Health divisions will be engaged in quality improvement efforts.

Objectives

- Objective 3.1: By August 2014, all PHS divisions will have initiated at least one QI project.
- Objective 3.2: By December 2014, 50% of QI projects will have completed one PDSA cycle.

Supporting Activities

- The QI Committee will assist in selecting QI projects.
- The QI Committee and *Quality Academy* graduates will provide support to selected QI projects.

Contact

The Public Health Projects manager serves as the QI Coordinator and is the primary contact for QI activities, including the maintenance of this plan. For questions about this plan, please contact:

> Jane Chai, MPH
> Public Health Projects Manager
> Telephone: (714) 796-0404
> Email: Jchai@ochca.com