

# 2009 Quality Improvement Plan



Prepared by the Office of Community Assessment: April 20, 2009  
Reviewed and approved by the Quality Improvement Council: April 28, 2009  
Revisions approved: July 28, 2009

## **I. Scope and Structure**

### **A. Mission & Scope**

Quality improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.<sup>1</sup> In September 2007 the Tacoma-Pierce County Health Department (TPCHD) developed its first QI plan and formed the QI Council. Later that year the QI Council identified the following as its mission:

To improve the health of Pierce County by ensuring efficient and effective processes and programs through on-going review of performance measurements.

This mission statement describes the fundamental reason for the existence of the QI Council. Actions and decisions by the QI Council will be compared against the mission statement to evaluate if those actions and decisions are consistent with the intent of this stated responsibility.

The QI program will include the activities detailed in Section II. The QI Council will guide and evaluate the QI program by:

- Identifying, monitoring, reviewing results from, and making recommendations on rapid cycle improvement (RCI) projects.
- Reviewing department-level performance measures during QI Council meetings; reviewing program-level performance measures with program staff outside of QI Council meetings and providing brief updates during meetings.
- Reviewing program evaluation reports.
- Reviewing and revising the QI plan annually based on its annual evaluation.
- Reviewing after-action reports from outbreak investigations and emergency preparedness events and exercises.
- Reviewing recommendations for improvement from the TPCHD Public Health Standards workgroup and from the Washington State Standards for Public Health site visit review in 2008.

### **B. Organizational Structure**

The Director has charged the QI Council with carrying out the purpose and scope of the QI program at the Department. Management Team members are responsible for conducting QI efforts and for promoting, training, challenging and empowering TPCHD employees to participate in the processes of QI.

---

<sup>1</sup> National Committee for Quality Assurance.

The QI Council is composed of TPCHD executive and senior management staff, including:

- Director
- Deputy Director
- Business Unit Managers:
  - Communicable Disease Control
  - Food & Community Safety
  - Environmental Health
  - Prevention Priorities
  - Strengthening Families
- Community Assessment Manager
- Business Manager
- Human Resources Manager
- IT Manager
- Senior Communication, Organizational Development and Training Specialist

The QI Council meets on the fourth Tuesday of each month at 1 p.m. and maintains records and minutes of all meetings; these minutes are presented for review and acceptance by QI Council members. At least annually the QI Council will provide a report of the QI program to the Board of Health.

QI Council members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the QI Council will make decisions by a majority vote.

RCI and other QI project teams are convened by the QI Council as required for specific initiatives. These teams are accountable to the QI Council and report activities and results on an ongoing basis.

## C. Dedicated Resources

The Office of Community Assessment (OCA) provides administrative and analytical support to the QI Council. This support includes:

- Maintaining concurrent records/meeting minutes.<sup>2</sup>
- Developing and distributing the monthly QI Council agenda.
- Tracking and trending of performance data.
- Providing technical assistance and consultation regarding the development of systems for the identification and monitoring of improvement projects.
- Providing staff training in QI philosophies and techniques.
- Providing analytical support for RCI projects; serving as an RCI team member.

---

<sup>2</sup> The Office of Community Assessment does not have any staff in an administrative support role; the Executive Assistant from the Office of the Director provides administrative support to the QI Council to fill this gap.

Training specialists and consultants are available to RCI and other QI project teams and to QI Council as needed.

## D. Roles and Responsibilities

### **Director:**

- Provides vision and direction for the QI program.
- Convenes the QI Council.
- Responsible for the allocation of resources for QI programs and activities.
- Reports on QI activities to the Board of Health.
- Requests the review of specific program evaluation activities or the implementation of QI projects.
- Serves as a voting member of the QI Council.

### **Deputy Director:**

- Responsible for the facilitation of the QI program.
- Counsels QI Council staff on implementation of the QI program.
- Requests the review of specific program evaluation activities or the implementation of QI projects.
- Serves as a voting member of the QI Council.

### **Business Unit Managers:**

- Responsible for the implementation of RCI projects and other QI projects and for the reporting of activities and results to the QI Council.
- Identify appropriate staff to participate in QI projects as needed.
- Report to the QI Council on program evaluation activities and the monitoring of goals/objectives in the Department's annual work plan that fall within their business units.
- Serve as voting members of the QI Council.
- Encourage program staff to incorporate QI concepts into daily work.

### **Community Assessment Manager:**

- Directs the analytical support and technical consultation to the QI Council.
- Oversees the development of the annual QI plan and QI program evaluation.
- Provides training specialists and consultants to RCI teams, other QI project teams and the QI Council as needed.
- Serves as a voting member of the QI Council.
- Encourage assessment staff to incorporate QI concepts into daily work.

**Human Resources Manager/ IT Manager/ Business Manager/Senior Communication, Organizational Development and Training Specialist (SCOTS):**

- As members of the senior staff within the Office of the Director, provide guidance to the Department's QI program.
- Report to the QI Council on program evaluation activities and the monitoring of goals/objectives in the Department's annual work plan that fall within their program areas.
- Determine appropriate media outlets and messages to communicate selected QI results to the public (SCOTS).
- Serves as voting members of the QI Council.
- Encourage administrative services staff to incorporate QI concepts into daily work.

**Population-Based Public Health Nurse (Office of Community Assessment):**

- Facilitates the agenda and meetings for QI Council.
- Provides analytical support and technical consultation to the QI Council and other QI projects.
- Works with the Senior Epidemiologist to define and document QI issues.
- Assists with the development of the annual QI Plan and QI Program Evaluation.

**Other Office of Community Assessment Staff:**

- Provide analytical support and technical consultation for the following:
  - RCI and other QI teams.
  - Program evaluation activities.
  - Reporting performance measures for goals and objectives in the Department's annual work plan.
  - Other data analysis involved in QI activities.

**Administrative Support:**

- Maintain minutes of QI Council meetings.
- Support RCI and other QI activities as needed.

**Other Program Staff:**

- Participate in QI projects, as requested by business unit managers.
- Collect and report data for reporting of business-unit level performance measures; use data to identify areas needing improvement.
- Understand how business-unit level performance measures that are relevant to their work affect department-level (strategic) performance measures.
- Participate in QI training.
- Incorporate QI concepts into daily work.

## E. Approval of QI Plan and Annual Evaluation

The QI plan is revised annually to reflect program enhancements and revisions. Activities listed in the annual QI calendar are developed based on the recommendations from the annual QI program evaluation. The QI plan and program evaluation are approved annually by the QI Council.

In addition, QI Council members evaluate each QI Council meeting at its end. Periodic summaries of these evaluations are provided to QI Council members, and revisions to meetings are made accordingly based on QI Council member feedback.

## II. Quality Improvement Activities

QI activities include review and improvement of all Department programs and processes that have a direct or indirect influence on the health of Pierce County residents. The following QI activities will be implemented and reported to the QI Council in 2009:

### A. Rapid Cycle Improvement (RCI) Projects

At least two RCI projects will be conducted in 2009 to assess and continuously improve the quality of TPCHD's processes and services. Within each RCI project, the project team will 1) establish an AIM statement for improvement that focuses the group effort, 2) use data to evaluate and understand the impact of changes designed to meet the aim, and 3) conduct multiple Plan Do Study Act cycles to discover what is an effective and efficient way to improve a process. The Business Unit Manager conducting the RCI project will report the mid-term and final results of the project to the QI Council. After review and approval by the QI Council, an RCI project report may be provided to the Board of Health. Results will also be shared with TPCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in The Latest employee newsletter.

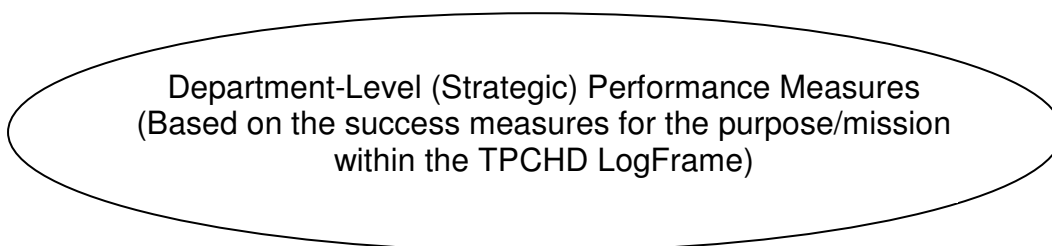
Based on previous data collected from the Administrative Services Customer Satisfaction Survey in 2007 and 2008, the QI Council selected the Purchasing request process as the first RCI project to begin in January 2009. (Originally, this project was scheduled to begin in 2008 but was delayed.) A second RCI project will be selected by the QI Council after completion of the Purchasing project. Priority will be given to 2008 performance measures that did not meet their established thresholds.

The Director or Deputy Director may request that a specific RCI project be conducted. In addition, any member of the QI Council may request the implementation of an RCI project by completing the "Rapid Cycle Improvement Project Proposal" form (see Appendix A) and submitting it to the Director. These RCI proposals will be discussed at the subsequent QI Council meeting during the agenda item for new business/RCI proposals at the end of each meeting.

In addition to the two new RCI projects conducted, performance data from three previously conducted RCI projects (STD Case Reporting, On-Site Final Inspections and Maintenance requests) will continue to be periodically monitored to ensure sustained improvements. If improvements are not sustained, the appropriate Business Unit Manager will notify the QI Council and make recommendations for further actions.

## B. TPCHD Performance Measures

The selection and measurement of performance measures enables the QI Council to understand a) if the Department is improving the health of Pierce County residents and b) if business units are implementing efficient and effective processes and programs. Performance measures will be developed at two levels: business unit and department.



Business Unit-Level Performance Measures (10-20 each)						
CD Control	Environ. Health	Food & Comm. Safety	Prev. Priorities	Strength. Families	PHEPR & Vital Records	Admin Services

### *Department-Level Measures*

QI Council members identified 12 performance measures for 2009 for the department. Criteria for department-level performance measures:

- Are meaningful to Management Team and Board of Health members.
- Reflect how well the Department is working toward enhancing the health of Pierce County communities (our mission).
- Say something about how well the Department is achieving or moving toward long-term outcomes (impact).
- Measure work from multiple business units, with an emphasis toward cross-functional processes.
- Include a valid benchmark or target to measure data against.

The Department-level performance measures tie to the TPCHD LogFrame, which outlines the vision and mission of the Department, through the success measures for the purpose (mission). These success measures are largely based on the Healthy People 2010 Leading Health Indicators (see Table 1).

Table 1 Department-level performance measures for 2009

Measure	Indicator	Person Responsible for Reporting Data
1. Improve immunization rates	The percentage of kindergarten enrollees that are up to date on their immunizations upon school entry will increase from 86% to 92% by 2014.	Nigel Turner
2. Reduce tobacco use	Decrease the percentage of adult smokers from 18% to 16% by 2014.	Rick Porso
3. Reduce overweight & obese populations	Reduce the rate of increase for adult obesity to 0% by 2014.	Rick Porso
4. Increase healthy physical activity	Increase the percent of youth who are physically active for at least 60 minutes per day from 16.8% to 18.5% by 2014.	Rick Porso
5. Reduce substance abuse	Increase the number of adults receiving evidence-based opiate treatment service by 23% to 800 patients by 2014.	David Vance
6. Increase responsible sexual behavior	Increase the percentage of sexual partners treated for sexually transmitted diseases by 10% by 2014.	Nigel Turner
7. Increase access to care	Increase the number of children enrolled annually in health insurance programs by 42% by 2014.	David Vance
8. Decrease Injury and Violence	Reduce youth violence risk factors among 75% of youth who participate in TPCHD youth violence prevention services for at least 30 days.	David Vance
9. Improve mental health	Decrease adult mental health problems in 20% of families provided TPCHD evidenced-based program services by 2014.	David Vance
10. Improve environmental quality	Increase the percent of water systems that meet drinking water standards from 80% to 90% by 2014.	Steve Marek



Measure	Indicator	Person Responsible for Reporting Data
11. Effectively respond to public health emergencies	Respond within one hour in 100% of situations where TPCHD receives a notice of need for public health response to an incident within Pierce County.	Joby Winans
12. Decrease rates of key communicable diseases	Increase the percent of ten key communicable diseases for which the trend in incidence rate is flat or decreasing from 38% to 50% by 2014.	Nigel Turner

OCA and program staff will collect data for Department-level measures and report it using the Performance Measures database (LIBSHARE\COMMON\Performance Measures Database\2009). Persons identified as responsible for reporting data in the above table will monitor and report the progress of the performance measures toward reaching the mission of the Department. Depending on the availability of data, some measures will be reported quarterly while others will be reported annually. Annually and after review by the QI Council, a summary of the data documenting progress toward the Department-level performance measures will be provided to the Board of Health. Results will also be shared with TPCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in The Latest employee newsletter.

#### *Business Unit-Level Measures*

Managers and staff will develop 10-20 performance measures for 2009 per business unit. Business unit-level performance measures should:

- Be meaningful to managers.
- Say something about a) how well business processes are working (efficiency), b) how well short-term/ intermediate outcomes are being met (effectiveness), or c) how well the program is moving toward its long-term outcomes (impact).
- Compare what actually happened to what was planned or intended (i.e., tie to a goal or objective).
- Include a valid benchmark or target to measure data against.
- Be written with the intent of using the data to improve processes and interventions, not just to collect data.
- Reflect the business unit's priorities.

On a quarterly basis, program staff will collect and report data for business unit-level performance measures to monitor the achievement of objectives within programs.<sup>3</sup> Program managers will provide a brief summary of business unit-level performance measures to the QI Council, with an emphasis on measures that are not being met. Results will also be shared with TPCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in The Latest employee newsletter.

Several business unit-level performance measures for Administrative Services activities have been measured by the survey, “Administrative Services Customer Satisfaction Survey.” This survey will continue to be administered by OCA twice a year to monitor improvements in internal administrative processes.

### C. QI Projects at the Request of the Director

Periodically, the Director or Deputy Director may request a specific QI project or activity to be completed. Business Unit Manager(s) will be responsible for the implementation of the QI projects and for the reporting of activities and results to the QI Council in a timely manner.

In addition, the Director or Deputy Director may request a report on activities or results of a specific program evaluation project already being conducted.

### D. Program Evaluation Reports

Multiple program evaluation activities—predominantly outcomes-based, but also some process-focused evaluations—are conducted throughout the Department’s business units. The appropriate Business Unit Manager will provide reports on results of selected evaluation activities to the QI Council. The Business Unit Manager will be responsible for selecting which evaluation activities are reported; the Director or Deputy Director may also request a report on a specific program evaluation project (see C above).

### E. Review of Health Indicators

Health indicators aid internal Department staff, as well as external key public health stakeholders, in program planning and evaluation by monitoring key outcomes that are affected by public health programs and policy. Many indicators are used as intermediate or long-term outcome measures as part of program evaluation.

---

<sup>3</sup> Because the selection of performance measures was delayed (due to focus on strategic planning process in first quarter), business unit-level performance measures will not be reported until the second quarter. At that time, first quarter data will also be reported.

In 2007, the QI Council reviewed two sets of indicators—the Washington State Local Public Health Indicators and TPCHD Indicators. These indicator sets are updated and reviewed every two years to monitor overall trends in the health of Pierce County residents. In 2009 the two indicator sets will be updated and reviewed by the QI Council for any changes in trends.

Based on the original review of the two indicator sets in 2007, three priority indicators that had both a significantly worse outcome compared to the Washington State average and a worsening trend—low birth weight, Chlamydia and adult obesity—were selected as objectives to be included in the 2008 QI plan. Objectives and performance measures for 2008 were developed and reported quarterly.

For 2009, the three workgroups established new annual performance measures shown in Table 2. (See 2009 QI Calendar for listings of time frames and responsible staff.)

Data showing results of these performance measures will be shared with the QI Council quarterly and the Board of Health at least annually. Results will also be shared with TPCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in The Latest employee newsletter.

Table 2 Objectives and 2009 performance measures for three priority health indicators

Indicator	Objective	2009 Performance Measures
Chlamydia	Lower the prevalence rate of Chlamydia among 15-24 year old females (measured by the positivity rate for CT tests conducted at IPP sites).	Increase the number of interviews of Chlamydia cases by 17% to 2000.
		Increase the number of partners of Chlamydia cases that receive treatment by 13% to at least 1500.
		Conduct at least 24 Chlamydia outreach events at Pierce County high schools or colleges.
Low Birth Weight (LBW)	Improve the LBW rate by decreasing disparities in maternal risk factors.	Increase the percent of TPCHD MSS referrals that are in the 1 <sup>st</sup> trimester of pregnancy at time of referral by 10% (from 50% to 55%) by 12/31/09.
		Develop a standardized referral process to the Black Infant Health Project.
		Expand the number of Black Infant Health Project partners from one to two referral sites.
		Convene one networking meeting of community partners working toward elimination of health disparities in African American birth outcomes.

Adult Obesity	Reduce the rate of increase for adult obesity.	Develop standards for community coalition building around obesity prevention.
		Percent of standards for community coalition building that are met.

## F. Review of After-Action Reports and Issue Debriefs

For significant outbreak investigations and emergency preparedness events and exercises, after-action reports or internal debrief reports are produced to record recommendations for improvement. The appropriate Business Unit Manager or the PHEPR coordinator will provide summaries of those reports, including recommendations, to QI Council members for review.

Staff also develop internal debrief reports for projects or processes that involve multiple business units or multiple community partners to record recommendations for internal improvements. The appropriate Business Unit Manager will provide summaries of those reports, when available, to QI Council members for review.

## G. Public Health Standards Review

The Washington State Standards for Public Health provide a measurement framework for the many public health services and programs in the state, address all 10 Public Health Essential Services and crosswalk directly to the NACCHO Operational Definition. A formal review of the Standards occurs every three years for all Washington State local health jurisdictions and the state health department and board of health. TPCHD conducted its most recent review in March 2008 and received the results of that review in September 2008. The QI Council reviewed the results in 2008 and identified initial recommendations for improvements in three areas that did not receive full points: Human Resources policies and procedures, sharing data with community groups and “closing the Plan-Do-Study-Act (PDSA) cycle” throughout the agency.

Based on those initial recommendations, the QI Council in 2009 will make recommendations for one to three QI project teams to address these areas for improvement using the “model for improvement”. Each project team will develop an AIM statement and action plan using PDSA cycles. The business unit manager responsible for the project team(s) will provide an interim and final report to the QI Council on progress toward goals. Results will also be shared with TPCHD staff at an all-staff meeting, by displaying a storyboard poster in a common area and/or in The Latest employee newsletter.

## H. QI Training and Recognition

In 2009 the following four trainings covering QI principles, tools and techniques will be provided to TPCHD staff in an effort to build a quality-focused culture at the Department. At the end of the year, a summary of QI training and participation will be provided to the QI Council.

1. Program managers, supervisors and other key staff will receive training on how to develop meaningful performance measures.
2. A training covering the key principles of QI will be offered to all staff to encourage the use of data to make program decisions and to help staff identify potential areas for improvement.
3. Additional intermediate-level training on specific QI tools and techniques will be offered to staff involved in RCI projects, health indicator workgroups and quarterly reporting of performance measures.
4. Further exploration of the QI principles, such as focus on variation, will be offered to QI Council members to advance their understanding of some of the more complex issues involved in QI.

At the end of each QI Council meeting, council members will recommend opportunities for recognition of staff participating in QI efforts in the department. Recognition can include thank you letters signed by QI Council members, articles in The Latest employee newsletter, announcing successful QI projects at monthly all-staff meetings, placing a storyboard in the main customer waiting area, etc.

<b>III. 2009 Quality Improvement Council Calendar</b>				
	<b>Staff Responsible</b>	<b>Completion Date</b>	<b>QI Council Review Date</b>	<b>Additional Review Dates</b>
<b>A. Rapid Cycle Improvement Projects</b>				
Purchasing	Marcy Kulland	Sep 21	Sep 22 (final report)	TBD (BOH)
Solid waste code enforcement complaint resolution	John Sherman	Nov 23	Sep 22 (interim report) Nov 24 (final report)	TBD (BOH)
<b>B. TPCHD Performance Measures</b>	See Section II B	Jul 31 <sup>4</sup> Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)
<b>C. QI Projects at Request of Director</b>	TBD	TBD	TBD	TBD
<b>D. Program Evaluation Reports</b>				
Menu labeling	Rick Porso	May 25	May 26	
MCH home visiting	David Vance	Oct 26	Oct 27	
<b>E. Review of Health Indicators</b>				
Three priority indicators (Review of performance measures in Table 2)	Nigel Turner (Chlamydia) David Vance (LBW) Rick Porso (Adult Obesity)	Jul 31* Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)

<sup>4</sup> Because the selection of performance measures was delayed (due to focus on strategic planning process in first quarter), business unit-level performance measures and performance measures for health indicator projects will not be reported until the second quarter. At that time, first quarter data will also be reported.

	<b>Staff Responsible</b>	<b>Completion Date</b>	<b>QI Council Review Date</b>	<b>Additional Review Dates</b>
<b>F. Review of PHEPR After Action Reports</b>	Joby Winans	Oct 26	Oct 27	TBD
<b>G. PH Standards Review</b>				
Review initial QIC recommendations	Cindan Gizzi Susan Pfeifer	May 25	May 26	
QI workgroup(s) interim report	#1 Barb Vane #2/3 Rick Porso	Sep 21 Oct 26	Sep 22 Oct 27	
QI workgroup(s) final report	#1 Barb Vane #2/3 Rick Porso	Oct 26 Dec 21	Oct 27 Dec 22	
<b>H. QI Evaluation</b>	Cindan Gizzi Susan Pfeifer	Jan 19, 2010	Jan 26, 2010	
<b>I. QI Plan</b>	Cindan Gizzi Susan Pfeifer	Feb 16, 2010	Feb 23, 2010	

## Appendix A Tacoma-Pierce County Health Department Rapid Cycle Improvement Project Proposal

<i>Project title:</i>	<i>Submitted by:</i>
<i>Date submitted to QI Council:</i>	<i>Logic model attached:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Briefly identify or describe the program, project or process that should be addressed with an RCI project:</i>	
<i>Priority:</i> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<i>Please explain why you selected this priority level:</i>
<b><i>Departmental Implications</i></b>  <i>a. How does this project support our mission, vision, and/or strategic directions?</i>  <i>b. Who are the stakeholders (internal and external) and what are their concerns?</i>  <i>c. What resources and support will be needed to complete the project?</i>  <i>d. What potential impact could there be on other programs/activities if this RCI project is conducted?</i>	
<i>What are we trying to accomplish? (A brief goal statement)</i>	
<i>How will we know that a change is an improvement? (Potential measures of success, including implications for future improvements building off of this project)</i>  <i>Long term:</i>  <i>Medium term:</i>  <i>Short term:</i>	
<i>What changes can we make that will result in an improvement? (Initial hypotheses and description of data needed to focus the project and the development of an intervention)</i>	
<i>Who should be on this RCI team?</i>	<i>Who should lead this RCI team?</i>