

FY 2016 Quality Improvement Plan (QIP)

Department of Public Health and Social Services

Status: **Final**

Prepared by: **Quality Improvement Council**

Date:

Approved by: **James W. Gillan, DPHSS Director**

Implemented:

Reviewed and Revised: **June 21, 2016**



I. Purpose

The purpose of the Quality Improvement Plan (QIP) is to establish a framework for department quality improvement efforts and to provide a structure for developing, monitoring, evaluating and promoting quality improvement (QI) activities aimed at improving performance throughout the Department of Public Health and Social Services.

Vision

The Quality Improvement Council (QIC) will use the annual QIP to ensure success in creating a culture of quality and sustainable improvement that is aligned with the department's strategic plan, mission, vision and values.

Goals

The QIC's primary goals in supporting this vision are to:

- assure measurable departmental success with quality improvement efforts
- Assure that data drives the selection of performance work
- Use performance measures to evaluate the effectiveness of the QIP
- Improve staff capacity to use performance measurement
- Use customer feedback for improvement planning
- Implement effective performance communications strategies

II. Roles and Responsibilities for Management of the QIP

- The QIC will review and revise the QIP annually.
- The QIC is responsible for carrying out the goals of the QIP.
- The DPHSS Director approves the annual QIP.
- The QIC evaluates the effectiveness of the QIP annually and reports the results to the Director.

III. Reporting Structure

The QIC reports to the Director and Division Heads on the activities and accomplishments of performance-related work within the QIP.

IV. Scope

The key activities within the QIP are conducted by the QIC and include:

Prioritize and select QI projects

Divisions will submit QI project proposals to the QIC Chair for approval throughout the year. QIC members will decide to accept a proposal, request more information or modifications, or reject the proposal based on the *QI Project Review Criteria (Attachment D)*. QIC members are

available to offer technical assistance to staff to develop project proposals. Project proposals will have priority if they are data driven and if they are aligned with the department Strategic Plan, the Community Health Improvement Plan, program strategic plans, program evaluations, customer satisfaction, or cultural competency goals. A QIC member will be assigned to each accepted QI Project to serve as a Project Assistant (Subject Matter Experts).

Monitor and evaluate QI projects and provide/source technical assistance

The QIC will be responsible for monitoring the status of QI projects through completion. Project Assistants will report back to the QIC on the project status and/or provide or source needed technical assistance. The QIC will also evaluate projects after completion in order to assess improvement using the attachments provided.

Recognize individuals and teams and celebrate milestones and successes

As performance-related projects are developed, implemented and completed, the QIC will recognize individuals and teams for their work at department meetings, through the DPHSS website, and/or through other means to be determined by the QIC. A display wall will be used to post storyboards and other project communication pieces.

Plan, coordinate and evaluate staff performance improvement training

The QIC will plan and coordinate, at least, one training annually for all or selected staff related to quality improvement, measurement, program evaluation, customer satisfaction or other topics related to performance improvement. There will be an evaluation component to all performance trainings to analyze the effectiveness of the training and to determine if the training can be improved.

Plan and evaluate annual QIC reporting and communications activities

The QIC will develop an annual plan for disseminating information on QIC activities and progress to the DPHSS Leadership Team and all DPHSS staff. The QIC will make recommendations for specific communications activities to include but not be limited to: DPHSS website, updates at staff and program meetings; recognition or best practices; public displaying of storyboards and other QI work; and other activities, as determined by the QIC.

Develop a systematic process for assessing and improving customer satisfaction

The QIC will be responsible for assessing, monitoring, and evaluating customer satisfaction-related activities annually, as well as developing a systematic process for improving customer satisfaction.

Evaluate the QIC and the QIP

QIC members will evaluate each monthly QIC meeting and also compile the QIC performance measures annually. Findings will be used to update the QIP and the QIC Charter for the following year.

Quality Improvement Council Charter

Charge

As part of the Performance Management System, the QIC exists to oversee DPHSS continuous quality improvement efforts related to QI projects, staff performance improvement training, customer satisfaction and performance-related communications.

Primary Goals

- To better prepare DPHSS to meet and sustain standards, measures and documentation related to quality improvement, staff training, and customer satisfaction.
- To improve staff capacity and skills related to developing, monitoring and evaluating performance improvement efforts and to contributing to the success of those efforts.
- To make the use of QI tools and techniques user friendly, participatory, and part of daily work.

Primary Activities

- attend monthly meetings of the QIC (typically 1.5 hour/month) and completed assigned tasks
- rotate the taking of monthly QIC meeting minutes
- develop and/or research relevant training materials on QI
- provide QI training to new and existing staff
- assist in development of agency QI activities
- prioritize and select QI projects
- monitor and evaluate QI projects
- provide and/or source technical assistance for QI projects
- recognize individuals and teams and celebrate milestones and successes
- plan, coordinate and evaluate staff performance improvement training
- plan and evaluate QIC reporting and communications activities
- monitor and evaluate customer satisfaction activities
- evaluate and update the Quality Improvement Plan and QIC operations annually

Composition/Membership

The QIC consists of representation from a combination of program managers, lead staff and front line staff from all department divisions, not to exceed twelve (12) persons. Membership representation will be from the following:

Leadership Team (Director, Deputy Director or Division Head)
Division of General Administration (inclusive of PIM)
Division of Environmental Health
Division of Public Health
Division of Public Welfare
Division of Senior Citizens

Appointment to the QIC

Staff become members of the QIC through written recommendations from their respective Division Heads and approved by the Director.

Term

Members shall serve for a minimum two-year period. Replacements can occur after two years, as Division Heads deem appropriate. If a member is unable to fulfill a two-year term, a replacement will be approved by the Director. All new members will receive orientation from the QIC Chair or designee.

Membership Criteria

1. Members will have an interest in and aptitude for performance improvement planning, QI, and program evaluation.
2. Members will commit to develop and promote continuous QI throughout the department.
3. Members will have a flexible and collaborative nature and be willing to be part of a developing concept.
4. Members will be available to regularly attend monthly meetings and to complete required work between meetings.

Chair

The Chair is elected by the QIC for a two-year term.

Duties:

- develops and distributes meeting agendas
- facilitates meetings
- coordinates all QIC operations
- schedules meeting rooms and reserves necessary equipment
- provides member orientation

Co-Chair

The Co-Chair will assist the Chair in his/her duties.

- develops and distributes meeting agendas
- facilitates meetings
- coordinates all QIC operations
- schedules meeting rooms and reserves necessary equipment
- provides member orientation

Recorder

This position rotates monthly among members.

Duties:

- takes minutes during meetings
- post draft minutes before the next scheduled meeting on an approved shared application

Members

Duties:

- actively learn about QI
- promote QI to other staff
- complete respective assignments, as determined by the annual QIP and QIC decisions
- may serve or support Project Assistants for QI projects that are identified and supported by the QIC

Project Assistants (Subject Matter Experts)

Duties:

- provide technical assistance to staff to develop project proposals
- provide and/or source needed technical assistance for QI project teams
- update QIC members on the status of assigned QI projects at monthly QIC meetings as requested
- assure that projects follow the Plan-Do-Study-Act (PDSA) process or other QI tools, that data is used to measure improvement for assigned projects

Voting

QIC members will vote on significant issues. Majority vote prevails provided there is a quorum of seven members.

Meetings

Meetings are held monthly for up to ninety (90) minutes, on the second (2nd) Friday of the month, from 1:30pm -3:00pm. Working meetings will be scheduled as needed.

Trainings

QIC members may be required to attend annual on-island and/or off-island trainings to enhance their knowledge and keep abreast of QI activities.

Time Commitment

The maximum time commitment for QIC members is anticipated to be three to five hours per month or longer if necessary.

QIC Evaluation

Examples of Measurements for 2014 QIP goals:

1. Percent of PHAB Accreditation Standards within Domain 9 that are largely or fully met.
2012 Target: 100%
Baseline: August 2011, 2/2 largely met = 100%
2. Percent of staff agreeing that their performance improvement skills have been enhanced over the past year.
2012 Target: 75%
3. Percent of staff who have used a minimum of one QI tool in the past year.
2012 Target: 20%

Quality Improvement Council, 2016

GOALS:

Goal #1

Improve Organizational Structure and Processes

Objective:

- By the end of calendar year 2016, QI Recruitment Project (Improve Organizational Structure and Processes) identified in agency 3-year work plan will be completed.

Year 2 Milestone:

1. *Evaluate and report findings to director and division heads.*

Activities:

- Evaluate time study findings and make recommendation – QI Council
- Forward time study findings to director and division heads for review - PIM

Measure #1

- Recruitment: Length of time from program to onboarding

Date Source: Time Study

Data Collector: QI Council

Goal #2

Improve Organizational Structure and Processes

Objective:

- By the end of calendar year 2016 QI Procurement Project (Improve Organizational Structure and Processes) identified in agency 3-year work plan will be completed.

Year 2 Milestone:

1. *Evaluate and report findings to director and division heads.*

Activities:

- Evaluate time study findings and make recommendation – QI Council
- Forward time study findings to director and division heads for review - PIM

Measure #1

- Procurement: Length of time from external requisition request to purchase order
- Procurement: Length of time from external contract request to award
- Procurement: Length of time from requisition to delivery of services

Date Source: Time Study

Data Collector: QI Council

Goal #3

Development of a quarterly QI electronic newsletter

Objective:

- By the end of calendar year 2016 quarterly QI electronic newsletter will be completed

Year 2 Milestone:

2. *Quarterly QI electronic newsletter distributed to all employees*

Activities:

- QI Council meet to discuss newsletter
- QI electronic newsletter developed by QI Council
- PIM distributes final approved quarterly QI newsletter to all employees
- PIM posts final approved quarterly newsletter on department website

Measure #1

- QI electronic newsletter

Date Source: QI Council Reports

Data Collector: QI Council

Attachment A - QI Project Proposal

Project title:

Submitted by:

Date submitted to QI Council:

Briefly identify or describe the program, project or process that should be addressed with an QI project:

Priority:

- High
- Medium
- Low

Please explain why you selected this priority level:

Departmental Implications

a. How does this project support our mission, vision, and/or strategic directions?

b. List the stakeholders (internal and external) you plan to involve.

c. What resources and support will be needed to complete the project?

d. What potential impact could there be on other programs/activities if this QI project is conducted

What are the key project objectives?

What are we trying to accomplish? (A brief goal statement)

Who should be on this QI team?

Who should lead this QI team?

Anticipated start date:

Anticipated completion date:

QI Council Comments:

Proposal ***Accepted*** ***Requesting more information*** ***Denied***

Attachment B - QI Project Worksheet

Program:

Manager:

Project Start Date:

Lead Team

Support Team

Gaps in service, efficiency or process targeted for improvement:

Project Goal(s):

AIM Statement (goal statement, measure and timeframe. Example: Decrease department average monthly office expenses by 20% by May 2015):

How will you measure improvement? What baseline data will you use?

Plan-Do-Study-Act (PDSA) Cycle

Plan:

- 1. Develop a Work plan: list action steps, assign duties and determine timelines.*
- 2. Collect baseline data.*

Do:

- 1. Carry out the plan.*
- 2. Document progress. Note problems and solutions (what worked and what did not work).*
- 3. Collect data after the plan was completed.*

Study:

- 1. Analyze the data.*
- 2. Determine if project objectives were achieved. Document what you learned.*

Act:

- 1. Adopt: If the data show improvement and the team is satisfied with the results, standardize and adopt the change. Determine if the project can be expanded into other program areas.*
- 2. Adapt: If project objectives were not achieved, modify the plan/make changes, return to the Do stage and continue with the project.*
- 3. Abandon: Cease the project if it continues to fail.*

List the QI tools used for this project (minimum one tool required):

List any performance measures you will continue to track relating to this project:

Project End Date:

Attachment C - QI Checklist

The Quality Improvement Checklist is a tool used to help you as you develop your QI projects throughout the project period and ensuring successful project completion. The checklist describes common steps to develop the project, workout areas for improvement, and ensure that the project accomplished the primary goals it set out to achieve.

QI Project Proposals

- Does the project support the department mission, vision and values?
- Is the problem that is targeted for improvement clearly defined?
- Is the project achievable?
- Is the project significant/important?
- Has the project been chosen based on review of data and/or a performance measure(s)?
- Have appropriate stakeholders been identified to be involved in the project?
- Does the project have potential to be replicated across programs or have an impact on other programs/activities?

QI Project Initiation and Status

- Has a draft AIM statement been developed that is specific, time-sensitive, and measureable?
- Has data been identified to measure improvement?
- Has the PDSA cycle been outlined to date on the QI Worksheet?
- Does the project have a Work plan with timelines?
- Does the project appear to be on schedule?
- Is pilot-testing part of the plan?
- Was baseline data collected? Will data be available to measure improvement?
- Have QI tools been used? Are there opportunities to use additional QI tools in the PDSA cycle?
- What are the technical assistance needs at this point?
- What are the project successes to date and current challenges?

Projects Nearing Completion

- Do the strategies need to be revised?
- Is additional testing needed?

- Does the data indicate improvement? If so, is the team satisfied with the level of improvement?

Completed QI Projects

- Has the project been outlined on the QI Worksheet?
- Did the project accomplish the primary goals it set out to achieve?
- Has the target within the AIM Statement been achieved?
- Have opportunities for follow-up (continued activity or measurement) been identified with timelines?
- Are there opportunities to replicate the project elsewhere in the department?

Attachment D - QI Project Review Criteria

- Does the project align with the department Strategic Plan and the Community Health Improvement Plan?
- Does the project support the department mission, vision and values?
- Is the problem that is targeted for improvement clearly defined?
- Is the project achievable?
- Is the project significant/important?
- Has the project been chosen based on review of data and/or a performance measure(s)?
- Have appropriate stakeholders been identified to be involved in the project?
- Does the project have potential to be replicated across programs or have an impact on other programs/activities?

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Glossary of Terms

Accreditation

According to the Public Health Accreditation Board (PHAB), Accreditation is defined as:

- The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
- The periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards.
- A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

Community Health Improvement Plan (CHIP)

Community Health Improvement Plan is a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done a timely way. *National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007 (Adapted from: United States Department of Health and Human Services. Healthy People 2010. Washington, DC: US Department of Health and Human Services; 2000.)*

Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI) is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. The primary goals are to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. *Public Health Foundation (PHF) and the National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007*

Cultural competency

Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. *OMH, DHSS*

Customer satisfaction

Customer satisfaction is a measure of how products and services supplied by an organization meet or surpass customer expectations. Customer satisfaction is the number of customers, or percentage of total customers, whose reported experience with an entity, its products, or its services (ratings) exceeds specified satisfaction goals.

Leadership Team

The leadership team is comprised of the agency's senior leadership team and key management members.

Mission

A mission statement is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals. *National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007*

Quality Improvement Council (QIC)

The Quality Improvement Council (QIC) exists to oversee DPHSS continuous quality improvement efforts related to quality improvement projects, staff performance improvement training, and customer satisfaction. The QIC consists of a maximum of twelve (12) DPHSS staff from a cross-section of programs.

Program Evaluation

Program evaluation is defined as the systematic application of social [or scientific] research procedures for assessing the conceptualization, design, implementation, and utility of social [community] intervention programs. Rossi PH, Freeman HE, Lipsey MW. *Evaluation: A Systematic Approach*. 6th ed. Sage; 1999.

Quality improvement (QI)

Quality Improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. *PHAB*

Quality Improvement Plan (QIP)

The Quality Improvements Plan (QIP) is a document which outlines how the department will conduct continuous quality improvement activities for the year. The plan will highlight goals, key activities, roles and responsibilities, the QIC Charter, an annual meeting calendar, and forms used for quality improvement-related activities.

Strategic Plan

A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. *PHAB*

Values

Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work. *PHAB*

Vision

Vision is a statement of the agency's goals—why it does what it does and what it hopes to achieve. *PHAB*

***Representatives to the DPHSS Quality Improvement Council
FY 2016 – 2017***

Membership: QIC members are from the various DPHSS Divisions, which are listed below:

<i>Council Members</i>	<i>Division</i>	<i>Title</i>
<i>Arthur San Agustin</i>	<i>Senior Citizens</i>	<i>Senior Citizens Administrator</i>
<i>Bertha Taijeron</i>	<i>General Administration</i>	<i>Program Coordinator IV/PIM</i>
<i>Claire Baradi</i>	<i>Environmental Health</i>	<i>Environmental Public Health Officer III</i>
<i>Elizabeth Ignacio</i>	<i>Public Welfare</i>	<i>Program Coordinator IV</i>
<i>Francis Damian</i>	<i>Public Welfare</i>	<i>Program Coordinator IV</i>
<i>Abraham Mora</i>	<i>Public Health</i>	<i>Program Coordinator III</i>
<i>Eleanor Keswani</i>	<i>Public Health</i>	<i>Management Analyst III</i>
<i>Vince Aguon</i>	<i>Public Health</i>	<i>CDC Coordinator I</i>
<i>Venancio Imanil</i>	<i>Public Health</i>	<i>Program Coordinator IV</i>
<i>Leonel Arcangel</i>	<i>Public Health</i>	<i>Community Health Nurse I</i>
<i>Margaret Bell</i>	<i>Public Health</i>	<i>Program Coordinator IV</i>
<i>Lynn Okada</i>	<i>Public Health</i>	<i>Community Health Nurse II</i>
<i>Enrique Torres</i>	<i>Public Health</i>	<i>Program Coordinator IV</i>

QIC members will vote on significant issues. Majority vote prevails provided there is a quorum of seven members.