**Albany County Department of Health**

**Quality Improvement Program and Plan**

1. **Purpose:**

To establish and maintain a Quality Improvement Program at Albany County Department of Health (ACDOH) that is an integral component of the Performance Management System (PMS). This program involves integration of quality improvement efforts into organizational structure, processes, activities, services and staff training. It utilizes an improvement model and uses quality improvement techniques and tools to improve the public’s health. It promotes a culture of quality within the ACDOH that includes an organization-wide management and staff philosophy of continuous quality improvement in program, service delivery and population health outcomes.

1. **Policy Statement:**

The Albany County Department of Health is committed to systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction.

1. **Overview:**

Quality improvement planning was introduced to the ACDOH during our most recent strategic planning process. One of the four strategic issues identified in the 2014-2016 Albany County Department of Health Strategic Plan focuses on quality improvement (QI) and data management. The goal for this strategic issue is to utilize data and QI processes to ensure the effectiveness of our programs and services. One strategy to achieve this goal is to build internal capacity to use and track data and QI processes.

A requirement for Public Health Accreditation (PHAB) is to develop and implement QI processes integrated into organizational practice, programs, processes and interventions. This involves establishing a QI program that is integrated into all programmatic and operational aspects of the organization and implementing QI activities to improve processes, programs, and interventions.

Building a culture of QI and an infrastructure for QI at ACDOH will address the requirements of both our Strategic Plan and PHAB. In addition, it will support our mission to protect and promote the health of individuals, families and communities. This Quality Improvement Plan outlines the infrastructure needed to establish and implement a QI program at the ACDOH.

Components of the plan will include, but not be limited to:

1. Steps to creating a culture of quality;
2. Key elements of the QI organizational structure;
3. Designation of a Quality Council and Quality Council Co-Chairs;
4. Roles and responsibilities of leadership, the Quality Council, Project Teams, and staff;
5. Provisions for training staff in QI principles and methods;
6. Development of the Annual QI Plan to include:
	1. How QI goals, objectives, and measures are established,
	2. How QI projects are identified, prioritized, staffed, and initiated;
7. Monitoring QI plan implementation;
8. Communication of QI efforts throughout the organization; and
9. Assessing the effectiveness of the QI Plan and QI activities.
10. **Key Quality Terms**

***Aim statement:*** An explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way. It answers the question: What are we trying to accomplish?

***Community health improvement plan:***A long-term, systematic effort to address public health problems on the basis of the results of community health 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 to coordinate and target resources. A community health improvement plan should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. *Adapted from: Public Health Accreditation Board (US). Guide to National Public Health Department Accreditation, Acronyms and Glossary of Terms Version 1.0. Alexandria, VA: The Board; 2011*.

***Continuous quality improvement* (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, Solve/Try/Learn/Install, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain progress.

***Goals:*** General statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits.

***Objectives:*** Targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. *Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.*

***Performance management:*** The practice of actively using performance data to improve the public’s health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. *Turning Point Performance Management National Excellence Collaborative. From Silos to Systems: Using Performance Management to Improve the Public’s Health. Washington, DC: Public Health Foundation; 2003.*

***Performance Management System:*** A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0.* Alexandria, VA, May 2011).

An example of a Performance Management System that is used in Public Health is the Turning Point Model that has the following four elements:

* Performance Standards
* Performance Measurement (PM)
* Quality Improvement (QI)
* Reporting Progress

***PrISM (Problem Investigation & Solution Method):*** This is a Project Team Problem Solving template which can be used by a QI Project Team to work through the various steps of the improvement cycle for a given project. These steps include identifying the gap, defining the goal, formulating an approach, understanding the problem, developing an improvement hypothesis, trying solutions, extracting lessons learned, installing a new solution and measuring success.

***Quality*:** In public health terms, quality is the degree to which policies, programs, services and population research achieve desired health outcomes and conditions in which the population can be healthy. (*Public Health Quality Forum, USDepartment of Health & Human Services).*

***Quality Assurance* (QA):**  Assurance of quality is the planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled (*American Society for Quality (ASQ*)). Quality Assurance may also be defined as a retrospective review of processes, programs, and services. It provides for the systematic monitoring and evaluation of the various aspects of a project or service to ensure that standards of quality are being met. QA is frequently used to guarantee quality.

***Quality Culture:*** QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they continue to seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)

***Quality Improvement (QI):*** Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is 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. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health.* Journal of Public Health Management and Practice. January/February 2010)

***Quality Improvement Plan* (QIP):**A plan that identifies specific areas of current operational performance for improvement within the agency. Various organizational plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be in the Strategic Plan. See also performance management.

***Quality methods:***Practices that build on an assessment component in which a group of selected indicators that are selected by an agency are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and reassesses progress to determine if interventions were effective. These quality methods are frequently summarized at a high level such as the Plan/Do/Study/Act (PDSA) or Shewhart Cycle.

***Quality Tools:*** Designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing.

***Strategic plan:*** A plan resulting from a deliberate decision-making process that defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. *Swayne, L.E., Duncan, W.J. and Ginter, P.M. Strategic Management of Health Care Organizations. Princeton, NJ: Jossey Bass; 2008.*

***Strategic Planning and Program Planning and Evaluation:***Generally, strategic planning and quality improvement occur at the level of the overall organization, while program planning and evaluation are program-specific activities that feed into the Strategic Plan and into Quality Improvement. Program evaluation alone does not equate with quality improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented.

***Vision:*** A compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders. *Bezold, C. On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Alexandria, VA: Institute for Alternative Futures and the National Civic League; 1995*

1. **Culture of Quality:**
2. **Background:**

The *NACCHO Roadmap to a Culture of Quality Improvement (2012)* for public health practice indicates that in order to achieve efficiencies, improve quality of services, and ultimately impact health outcomes, isolated QI processes are not sufficient. Local health departments need a comprehensive approach to transform organizational culture where QI concepts are instilled in the values, shared attitudes, goals and practices at all levels of the organization, thereby creating an agency-wide culture of QI.

The QI Roadmap was developed to assist local health departments with the process of building a culture of quality. The QI Roadmap describes six foundational elements essential for achieving a culture of quality within an organization. These include:

* Leadership Commitment
* QI Infrastructure
* Employee Empowerment and Commitment
* Customer Focus
* Teamwork and Collaboration
* Continuous Process Improvement

The QI Roadmap also identifies six progressive phases of QI integration into the organizational culture. Phase 1 of the QI Roadmap starts with essentially no knowledge of QI within the organization, but by phase 6, a QI culture has been shown to be fully embedded across all levels.

The QI Roadmap provides guidance on progressing through the six phases. Organizational characteristics and transition strategies, categorized by the six foundational elements, are provided for each phase on the continuum to creating a culture of QI.

1. **Steps to creating a culture of quality:**
* **Assess the culture of quality:** The ACDOH leadership will assess the current culture of quality in the department annually. The assessment will be done using a validated assessment tool, such as the *NACCHO Organizational Culture of Quality Self-Assessment Tool* or *SAT*. This assessment tool is based on the six foundational elements identified in the QI Roadmap.
* **Plan for improvements:** Based on the annual assessment, and the phase of the QI Roadmap that the department is currently in, corresponding transition strategies will be identified with the goal of transitioning the ACDOH to the next phase. The results of the assessment will be documented and the information will be utilized in the annual QI planning process.
* **Reassessment:** Compare the assessment results to the previous year to determine if improvement strategies are working and what further strategies are needed.
1. **Quality improvement structure:**
2. **The Leadership Team** (Administrative Staff)
3. **Membership**: The Leadership Team is composed of the core administrative staff of the ACDOH, which consists of individuals in the following titles:
* Commissioner of Public Health
* Assistant Commissioner of Public Health
* Assistant Commissioner of Finance and Administration
* Public Health Physician Specialist
* Director of Public Health Nursing
* Director of Environmental Health
* Assistant Director of Environmental Health
* Director of Public Health Planning and Education
* Insurance Billing Manager
1. **Terms of Service:** TheLeadership Team routinely meets every two weeks, and as needed, to share information and to address agency-wide issues and concerns.

**Roles and Responsibilities:** The Leadership Team has oversite of Performance Management and QI activities.

* Provide leadership and direction related to QI efforts.
* Advocate for a culture of quality to staff.
* Apply QI principles and practices to daily work.
* Develop the annual QI plan to include: identification of QI goals and targets; prioritization and selection of QI projects; draft individual project goals, timelines and resources; and facilitate development of QI project teams.
* Link quality improvement to performance management and to strategic plan objectives.
* Support staff in QI activities.
* Ensure resources are available for QI training and projects.
* Communicate regularly with the QI Council.
1. **The Quality Council:**
2. **Membership:** The Quality Council will consist of approximately 10 members, representing a cross-section of staff, including: administration, division managers, program managers and program staff. Additional ad-hoc members will be engaged in Quality Council activities on an as-needed basis. Secretarial support will be provided to the Council. The membership of the Quality Council reflects all levels and Divisions within ACDOH and includes the following titles:
* QI/QA nurse
* Public Health Physician Specialist
* Director of Public Health Nursing
* Assistant Director of Environmental Health
* Insurance Billing Manager
* Senior Public Health Technician
* Associate Public Health Sanitation
* Public Health Educator
* 2 program-line staff
1. **Term of Service:** Quality Council members will serve a two-year term with no more than half of the team rotating off each year. Co-Chairs will be selected for a two-year term with a staggering rotation. One co-chair must be a Division Director or Administrator.
2. **Roles and Responsibilities**: A primary role of the Quality Council is to support implementation of the QI plan and the spread of QI culture in the health department. This includes:
3. Oversight of QI plan:
* Attend monthly QI meetings (approximately 1 hour each month)
* Assist with the development of ACDOH QI policies and procedures.
* Review and evaluate progress in QI plan implementation.
* Ensure that QI projects are tracked for achievement in meeting their goals.
* Assist with collecting and analyzing data and input used for annual QI planning.
* Assist with annual QI plan review.
1. Training and technical assistance:
* Participate in training on QI tools and methods and model their use at ACDOH.
* Identify and address staff QI training needs and identify QI training resources.
* Provide guidance and expertise to staff involved in QI projects.
1. Organizational supports for QI:
* Facilitate procurement of resources for QI projects.
* Ensure QI efforts at the health department are recognized and celebrated.
1. Organizational culture:
* Promote QI principles and practices within the health department.
* Serving as a bridge between program staff and the Leadership Team.
* Communicate QI progress and results of activities to leadership, staff, the Board of Health, and external stakeholders, as appropriate.
1. **Quality Improvement Project Team:**
2. **Membership:**
3. Project Team Leader is identified by the Leadership Team.
4. Project Team is identified with the assistance of the Leadership Team, Project Team Leader, and/or the QI Council.
5. The Project Team serves until the project is completed.
6. **Roles and Responsibilities:**
7. Each QI Project Team will have a Project Leader who is responsible for moving the project forward.
8. Using the Project PriSM, which follows the Solve, Try, Learn, Install format, identify and implement solutions for the identified project and measures results.
9. Document all QI project efforts.
10. Seek input from the QI Council to address any concerns or difficulties with the project.
11. The Project Leader will report updates to the QI Council.
12. **All Staff:**
13. **Roles and Responsibilities:**
14. Develop an understanding of basic QI principles and practices through QI training.
15. Participate in QI projects.
16. Identify and report QI opportunities and/or training needs to supervisor or program manager.
17. **Budget/Resources/Support:**

Annually, at the time of the QI Plan update, resources needed to accomplish improvement goals will be identified. Although conditions or restrictions may be placed on the implementation strategies used, efforts should be made to provide reasonable time, money and human resources in order to accomplish improvement goals. To this end, quality improvement activity support will be addressed in the annual ACDOH budget.

1. **Trainings**
2. **Introduction:**

The ACDOH recognizes that QI training and application of QI methods are fundamental to achieving a culture of quality within the organization. Training opportunities will be identified and implemented that address a broad spectrum of QI principles and skills, from introductory to advanced, and target all levels of the department, including leadership, the QI Council, and program staff. The goal of QI training is:

* Provide leadership with the knowledge and skills to model a culture of quality and facilitate implementation of QI efforts throughout the organization;
* Ensure all staff have a basic understanding of QI principles and methods;
* Ensure that staff have the knowledge and skills to be active participants in QI projects; and
* Provide select staff with intermediate and advanced training in QI methods to serve as an internal resource to provide technical assistance for implementing QI planning and projects.

Ongoing training needs will be identified and addressed by the QI Council, in conjunction with the
Leadership Team.

1. **Training Opportunities:**
2. **Learning Management System (LMS):**
	1. The LMS provides five introductory online QI/Performance Management learning modules:
* The Basics of Quality Improvement for Public Health Practitioners
* Introduction to Performance Management
* Performance Measurement
* Quality Improvement Team Development
* Targeting Improvement with AIM Statements
	1. New Employee Orientation: All new employees will be required to complete the introductory learning modules on LMS.
	2. All current staff will be required to complete the introductory learning modules on LMS.
1. **QI Consultant:**
2. The services of an outside consultant were utilized to expedite initial QI training efforts and QI project implementation. These services were primarily funded by the Accreditation Support Initiative (ASI) through the National Association of City and County Health Officials (NACCHO). The consultants came to the ACDOH and provided the following trainings to staff:

|  |  |  |
| --- | --- | --- |
| **Course** | **Target Audience (# attended)** | **Date (2016)** |
| Introduction to Improvement: Seeing the Possible | Leadership, QI Council, Staff (20) | April 26th |
| QI for Individual Contributors | Leadership, QI Council, Staff (25) | April 27th |
| Process Mapping(Value Stream & Sub-Process Mapping) | Select QI Practitioners (10) | April 27th - 28th |
| Problem Solving (Cause & Effect Analysis, finding waste, root cause analysis, 5 whys, solution identification & prioritization) | Select QI Practitioners (10) | April 28th |
| Develop Annual QI Plan | Leadership Team (9) | April 29th  |

1. In addition, the consultants provided coaching to key staff members to facilitate development of the 2016 Annual QI Plan and implementation of identified QI projects.
2. The content and reach of the QI training provided by the consultants was consistent with our identified training goals. Key staff throughout the department, including members of the QI Council, were provided intermediate training in QI methods. These staff can serve as QI resources to other staff and will facilitate the implementation of QI initiatives.
3. A minimum of two staff (QI Coordinators) will have advanced QI knowledge and skills. They can provide technical assistance to QI teams and will provide additional QI training to staff as needed. These QI Coordinators will be provided with opportunities for advanced QI training.
4. Staff participation in QI Project Teams, Division level QI initiatives, and individual QI activities will be encouraged.
5. **Annual QI Planning Process and Plan Development**

Annually, at the beginning of the calendar year, the ACDOH will develop an Annual QI Plan which outlines the selected outcomes (including measures and targets) and QI projects for the upcoming year (see Attachment A: Annual QI Plan template). Both the Leadership Team and the QI Council will participate in development of the Annual QI Plan. The steps outlined below will guide the process for developing the plan.

1. **Preparation:**
2. **Collect, analyze, and summarize available data:**

Data from a variety of sources are reviewed to identify gaps and potential improvement opportunities. Data sources are informed by the Performance Management System and associated performance standards and measures. The Quality Council will assist with data preparation.

Data sources include the following:

1. Voice of the Customer: CHA/CHIP, surveys, feedback forms
2. Voice of the Organization: Strategic Plan, budget
3. Voice of the Process: Organization data analysis, Value Stream Maps, performance and process measures, audits, significant process gaps/frustrations
4. Voice of the Culture: Organizational Culture of Quality Self-Assessment Tool (SAT), Employee Survey, team assessments
5. Voice of Learning: QI Plan/project lessons learned
6. **Populate the Improvement Selection Matrix (Attachment B) with potential projects:**
7. The QI Council will identify projects to include on the Matrix based on review of the data and potential QI opportunities.
8. **Identify desired annual outcomes (including measures and targets/objectives):**
9. The Commissioner of Health will identify the scope, must-dos, and outcomes (including measures and targets) for the Annual QI Plan. The Leadership Team may participate in this process.
10. Outcomes include both Effectiveness/Customer and Efficiency/Organization outcomes. In addition, specific measures and targets will be identified to advance a Culture of QI.
11. The Improvement Planning Start-Up Questionnaire (Attachment C) and the House of Quality (QFD) (Attachment D) may be used to facilitate this process.

1. **Create the Annual QI Plan:**
2. **Annual Planning Session:** A planning session will be scheduled for the Leadership Team to focus on developing the Annual QI Plan.
3. **Identify, prioritize, and select QI projects:**
4. The Leadership Team will select 2 – 4 QI projects for the upcoming year.
5. Using the Improvement Selection Matrix and the identified selection criteria (people, do-ability, strategy, impact on outcomes, population served, cost to implement, measureable), potential projects will be scored and prioritized. QI projects will be selected from the high priority projects identified that drive the desired outcomes.
6. **Initiate project development:**
	1. The Leadership Team will begin developing the selected QI projects using the Project PrISM (Attachment E) documentation.
	2. Draft goals, timeline and conditions for each QI project.
	3. Identify the project leader and staff to participate on the Project Team. Staff will be chosen based on interest, skills, and the nature of the project.
	4. The Project Leader, Project Team, and the QI Council can identify and recruit additional team members as appropriate.
	5. Populate the Annual QI Plan Outcome/Driver chart.
	6. The selected projects, along with the draft Project PrISM documentation, are transferred to the identified project leaders and Project Teams to develop and complete.
7. **QI Project Planning and Completion**
8. Guided by the team leader, the Project Team is responsible for carrying out the assigned project.
9. The team will meet on a regular basis until the project is completed (usually 3 – 6 month time frame).
10. Utilizing the Project PrISM, the team will work through the project steps using the Solve/Try/Learn/Install approach (similar to PDSA) of the improvement cycle.
11. The team will confirm the goal, measures and targets (objectives) and the approach for the project and share this information with the QI Council (Attachment F).
12. All work is documented on the Project PrISM and maintained on the network QI folder.
13. The team leader will populate the QI Status Dashboard (Attachment G), maintained in the QI folder on the network, at the beginning and the completion of the project. The Dashboard is used to follow progress on all project measures.
14. The team leader and/or Project Team will utilize the assistance of the QI Council to address any identified issues or barriers that impact progress and completion of the project.
15. The Annual QI Plan and accompanying data analysis and QI project documentation (PrISM) will be included as an Attachment to the QI Plan for that specific calendar year (i.e. 2016, 2017, etc.).
16. **Monitoring and Evaluation of the QI Program:**
17. **QI Plan:**
18. At the end of each year, the QI Council will conduct a review and evaluation of the QI Plan/Annual QI Plan and associated activities. This review/evaluation will address the following:
19. Completeness, clarity, and accuracy of the current plan;
20. Progress towards achieving identified goals/outcomes and targets/objectives;
21. Project completion;
22. Project Team documentation, lessons learned, and recommendations;
23. Training opportunities;
24. Staff engagement; and
25. Resources.
26. The QI Council will make recommendations for improvement to the Leadership Team and revise the QI Plan as needed.
27. Incorporate lessons learned and recommendations into the planning for the next Annual QI Plan.
28. **QI Projects:**
29. The team leader will provide regular project updates to the QI Council, to include data collected and status of project goals and objectives.
30. Each Project Team will capture lessons learned at the completion of a project. A QI tool such as the SRLD (Status, Reason, Learning, Direction)(Attachment H) which asks the following questions can be used to guide this process:
31. What is the status of what you are trying to achieve?
32. What were the reasons (+/-) you did or did not achieve your goal?
33. As a result, what was learned?
34. Based on what you learned, what directions/actions will you do now or in the future?
35. Each Project Team will submit a completed Project PrISM at the conclusion of the project.
36. Project Team members will provide feedback to the project leader on their experience as part of the Project Team, what they learned, and what suggestions they have for future QI activities.
37. **Communication:**

Regular communication about quality improvement initiatives and activities within the department is important to build awareness, increase knowledge, facilitate engagement, strengthen the QI program and promote an overall culture of quality. Regular updates on QI Plan implementation, QI project selection and progress, QI successes, and training activities will be provided using the following methods for the targeted audiences:

1. **Staff:**
2. The QI Plan, Annual QI Plan, QI project documents, and QI Council meeting minutes will be maintained in a shared file on the network for all staff to access.
3. QI activities posted on the PM/QI bulletin board (storyboard).
4. QI updates included as part of the quarterly General Staff meeting agendas.
5. QI updates and/or success stories included in the ACDOH newsletter.
6. **Board of Health (BOH)**
7. The QI Plan will be shared with the Board for review and input on an annual basis.
8. QI updates will be shared at BOH meetings.
9. **Public**
10. QI update included in the annual report.
11. QI updates included in the ACDOH newsletter.
12. **Resources**
	1. Quality Improvement Tools
	2. NACCHO Organizational Culture of Quality Self-Assessment Tool or SAT