

2013-2017

**Le Sueur-Waseca
Community Health Board**

Quality Improvement Plan

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Public Health
Prevent. Promote. Protect.

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I. Purpose and Scope

Purpose:

The purpose of the 2014 Le Sueur-Waseca Community Health Board (CHB) Quality Improvement Plan (QI Plan) is to provide context and framework for quality improvement (QI) activities at the Le Sueur County and Waseca County Local Public Health Departments (LHD).

Policy Statement:

The CHB is committed to improving all of its programs, services, interventions, and processes through quality improvement. The CHB is dedicated to building a culture of continuous quality improvement throughout the organization. As a result of these efforts, the CHB believes it will better be able to protect, promote, preserve and enhance the health of our community.

Scope:

The CHB is in the beginning stages of quality improvement. Refer to appendix A for the QI Maturity Score which illustrates the progress in increasing organizational QI. Both LHDs have QI projects and policies in various programs but no overall formal agency framework.

II. Roles, Responsibilities and Expectations

- The Le Sueur-Waseca CHB Quality Improvement Council will create, implement, monitor and evaluate the quality improvement efforts of the CHB.
- The CHB will form a QI Council. The structure will include QI Committees in each LHD, with each of the Committees meeting together to align QI efforts.
- All employees are expected to continually look for ways to do their work better, share those ideas and to contribute and adapt to change.
- Roles for the QI Council will be developed with the formation of the Council.
- Expenses for time, training, and meetings will be incorporated into job assignments and will be tracked for the purpose of developing a QI budget.
- The Le Sueur-Waseca CHB will provide oversight of QI efforts.
- The CHS Administrator and Public Health Directors will provide leadership to support the efforts of the QI Council.

III. Training

Developing staff capacity and competency to engage in continuous quality improvement is an essential component to building a culture of quality. The CHB QI Council will implement the following activities:

- Evaluate existing QI 101 trainings and come to a consensus on which training will be utilized
- QI 101 training will be built in to new staff orientation
- Implement agency trainings that are created to meet the identified needs and to advance QI knowledge, skills and practices in the departments.
- QI just-in-time training will be provided as needed based on project development.

IV. Project Identification

- QI Projects will be identified by each county and approved by the individual county QI Committee, unless the project is a joint Le Sueur-Waseca CHB QI Project. Project proposals will have priority if they are data driven and if they align with the CHB Strategic Plan.
- Any employee can propose a QI Project utilizing the QI Project Proposal form and submit it to the county QI Committee. The project should monitor activities that are high-risk, high-volume, or problem-prone and will be prioritized based on alignment with the CHB Strategic Plan. Refer to Appendix B.

V. Goals, Objectives and Measures

Goal	Objective	Activity	Measures
1. Improve the QI culture within the CHB	<p>1. Form a QI CHB Council and QI Committees by December 2015.</p> <p>2. Establish the CHB's baseline QI maturity score based on staff assessment</p> <p>3. QI Training Plan will be implemented by March 2016</p>	<p>a. Recruit a minimum of 2 staff to be members of the Council and the Committees</p> <p>b. LHD Directors will facilitate an initial Council Meeting</p> <p>a. Administer the QI Maturity Ten-Question Subset</p> <p>b. Share the results of the QI Maturity Ten-question subset</p> <p>c. CHB QI Council will evaluate the results and make recommendations for future activities</p> <p>a. QI Council will determine training needs and resources for each component of the training plan</p>	<p>An established QI CHB Council</p> <p>The baseline QI Maturity Score</p> <p>100% of QI Training Plan will be implemented</p>

VI. Communication Plan

Clear and consistent communication is critical to building a culture of continuous quality improvement within the Le Sueur-Waseca CHB. The Plan serves to outline the strategies and activities the QI CHB Council will engage in to regularly communicate QI within the CHB and to organize and share QI documentation. They include:

- Communicate and share the development of the QI Plan to the CHB and staff
- The QI Council will then update the CHB and staff annually on QI activities, projects and evaluation
- Standing agenda item on LHD Staff Meetings
- Employee recognition at the annual Joint Staff Meeting for their work on QI

VII. Monitoring, Evaluating and Assessing Effectiveness of the Plan

- The QI CHB Council will review the QI Plan and the goals and objectives annually to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts.
- Monitor LHD QI Projects on a regular basis by the Committees.
- Each project summary will be brought to the QI CHB Council by each Committee for review and further recommendations including how to make improvements based on the summaries.
- The QI Maturity Index will be administered to staff annually and measured against previous years to look for an improved score.

Glossary and Definition of Terms

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.

Centers for Disease Control and Prevention, National Public Health Performance Standards Program; Public Health Foundation. (2007). Acronyms, Glossary, and Reference Terms.

Le Sueur – Waseca Community Health Board (CHB)

The Le Sueur – Waseca Community Health Board is a Joint Powers Agreement entered into in 1977 between Le Sueur County Public Health and Waseca County Public Health. The CHB is comprised of the five County Commissioners from Le Sueur County and the five County Commissioners from Waseca County.

Le Sueur and Waseca Local Health Departments (LHD)

The term LHD is used when referring to an individual local health department.

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. (1999, 6th Ed.). Evaluation: A Systematic Approach. Sage.

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.

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Quality Improvement Plan

The Quality Improvement Plan is a basic guidance document indicating how the department will manage, deploy, and review quality throughout the organization. The main focus is on how we deliver our products and services to our customers and how we ensure that we are aligned to their needs. The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently. Over time, the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document. Initially, however, the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization.

Kane T, Moran JW, Armbruster S. (2010). Developing a Health Department Quality Improvement Plan. Sedgwick County Health Department, KS

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.

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Appendix

- A. QI Maturity – Le Sueur – Waseca CHB
- B. QI Project Proposal Form
- C. Organizational QI Maturity Ten-Question Subset

QI Maturity – Le Sueur-Waseca CHB

Overall QI Maturity Score:

2012 = 3.6

2013 = 3.7

The QI maturity score corresponds to the *Roadmap to an Organizational Culture of Quality Improvement* produced by the National Association of County and City Health Officials:

0-2.9: Low QI (no knowledge, not involved, starting to get involved)

3.0-3.9: Medium QI (ad hoc QI)

4.0+: High QI (Borderline Formal QI, Formal QI, QI Culture)

The QI maturity score can simply be used to measure progress in increasing organizational QI.

Question	2013 CHB Response
Staff members are routinely asked to contribute to decisions at my CHB.	Strongly Agree
The <i>leaders</i> of my division are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	Strongly Agree
Job descriptions for many individuals responsible for programs and services in my CHB include specific responsibilities related to measuring and improving quality.	Disagree
My CHB has a quality improvement (QI) plan.	Neutral
Customer satisfaction information is routinely used by many individuals responsible for programs and services in my CHB.	Agree
When trying to facilitate change, staff has the authority to work within and across program boundaries.	Agree
The key decision makers in my CHB believe QI is very important.	Strongly Agree
My CHB currently has a pervasive culture that focuses on continuous QI.	Neutral
My CHB currently has aligned our commitment to quality with most of our efforts, policies, and plans.	Neutral
My CHB currently has a high level of capacity to engage in QI efforts.	Neutral

Quality Improvement Proposal Form

(One project/form)

Title of QI Project: _____ **Lead staff:** _____

Start date: _____ **Complete date:** _____

Initial report to QI date: _____ **Final report to QI date:** _____

- 1. What is the identified issue that you would like to work on?**

- 2. How did you determine that this was an issue (background)?**

- 3. What is your specific objective and timeframe for improving the identified area, such as “Increase x by 10% by November 30th?” This should be your one overall objective for the project.**

- 4. What activities are you considering for improvement?**

Organizational QI Maturity

▶ Quality Improvement (QI) Plan

Ten-Question Subset

The questions on this survey are drawn from a QI maturity survey developed to evaluate the Robert Wood Johnson Foundation [Multi-State Learning Collaborative \(MLC\)](#).¹ This select set of 10 questions was developed by the [Minnesota Public Health Research to Action Network](#) to represent the key domains of QI maturity.

Organizational Culture	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
1. Staff members are routinely asked to contribute to decisions at my public health agency.	<input type="checkbox"/>					
2. When trying to facilitate change, staff has the authority to work within and across program boundaries.	<input type="checkbox"/>					
3. The key decision makers in my agency believe quality improvement is very important.	<input type="checkbox"/>					
4. My public health agency <i>currently</i> has a <i>pervasive culture</i> that focuses on continuous quality improvement.	<input type="checkbox"/>					
Capacity/Competency	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
5. The <i>leaders</i> of my public health agency are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="checkbox"/>					
6. My public health agency has a quality improvement plan.	<input type="checkbox"/>					
7. My public health agency <i>currently</i> has a <i>high level of capacity</i> to engage in quality improvement efforts.	<input type="checkbox"/>					
Alignment and Spread	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	I don't know
8. Job descriptions for many individuals responsible for programs and services at my public health agency include specific responsibilities related to measuring and improving quality.	<input type="checkbox"/>					
9. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	<input type="checkbox"/>					
10. My public health agency <i>currently</i> has <i>aligned our commitment</i> to quality with <i>most</i> of our efforts, policies and plans.	<input type="checkbox"/>					

¹ Joly, B.M., Booth, M., Mittal P., & Shaler, G. Measuring quality improvement in public health: the development and psychometric testing of a QI Maturity Tool. *Eval Health Prof.*, 35(2):119-47.