

Quality Improvement Plans

A How to Guide
December 3 and 4, 2013



Office of
Performance
Improvement

Agenda

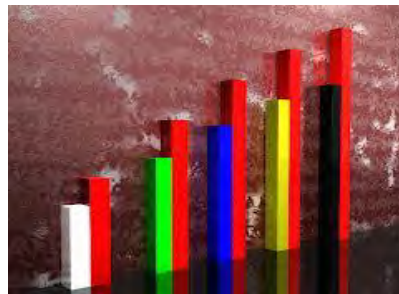
- Welcome and introductions of presenters
- Quality Improvement basics
- Characteristics of a good QI Plan
- Presentations from local CHB's on how they developed their QI Plans
 - Cass County Health and Human Services
 - Fillmore-Houston Community Health Board
- MDH process for QI Plans

Objectives

- Define Quality Improvement and a quality culture
- Identify the characteristics of a good QI Plan
- Understand how to fit those characteristics into a QI plan that meets your CHB's needs
- Learn from local CHB's how they developed their QI plans
- Describe how MDH will review the QI plans submitted
- Learn what resources are available from MDH and others to help develop a QI plan

Quality Improvement is...

*The use of a deliberate and defined improvement process
& the continuous and ongoing effort to achieve
measurable improvements.....*



Guiding principles of QI:

Continually
improve all
processes

Develop a strong
customer focus

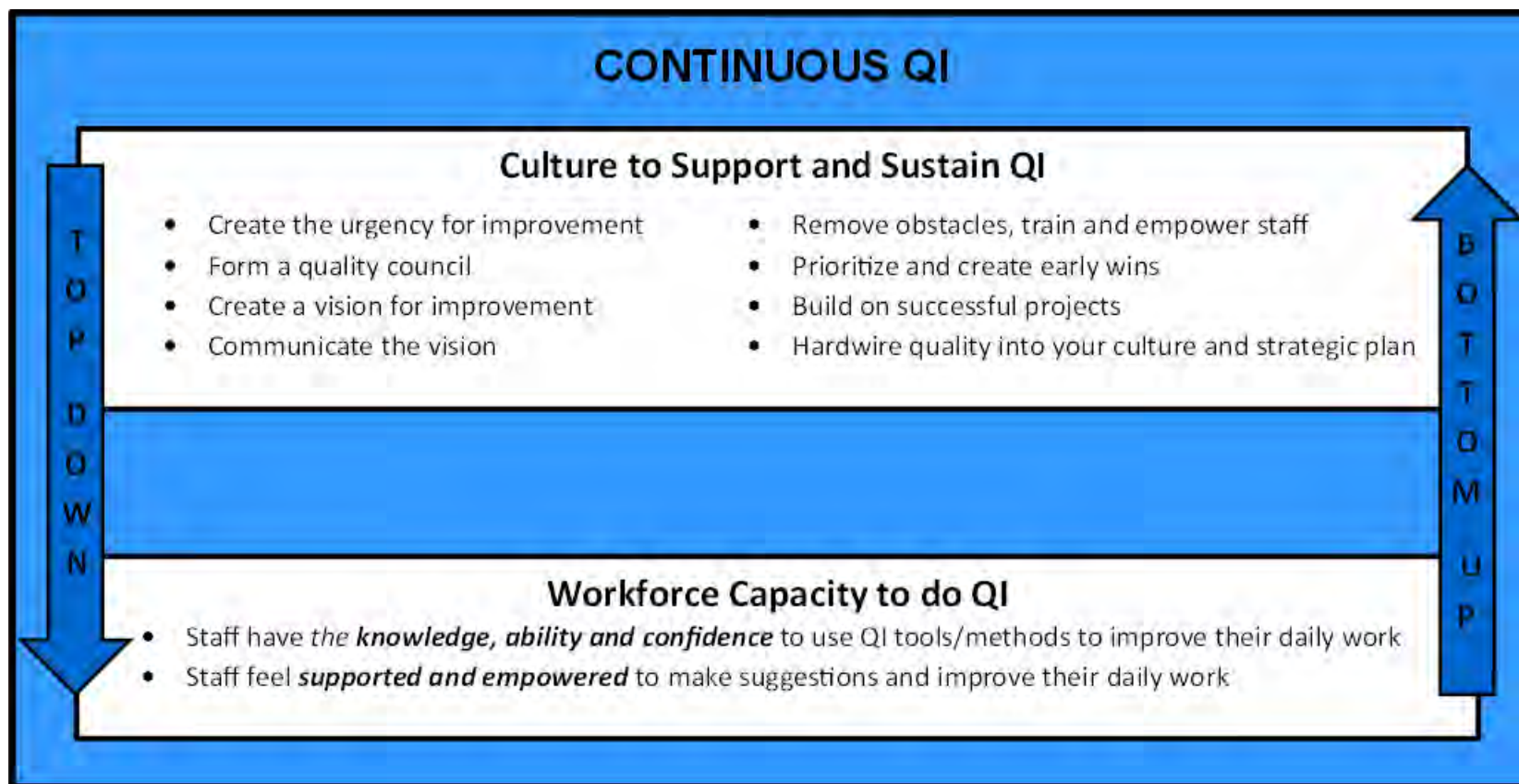
Involve employees

Use data, facts and
team knowledge to
make decisions

Quality Improvement is NOT

- Quality Assurance
 - Measurement of performance relative to standards
 - Traditionally, human error viewed as problem
 - Reactive approach – meet standards, deficiencies corrected
- Program Planning and Evaluation, Research
 - Intervention is fixed/constant
 - Before and after data collection

Ultimate Goal - Continuous QI



Courtesy of: North Carolina's Center for Public Health Quality

What is a QI Plan?

“Basic guidance document about how a Public Health Department will manage, deploy, and review quality throughout the organization.”

- Ty Kane, Community Health Analyst, Sedgwick County Health Department, John Moran, Senior Quality Advisor, Public Health Foundation, Sonja Armbruster, Community Health Assessment Coordinator, Sedgwick County Health Department

Why is a QI plan important?

- What gets measured gets done
- Good plans lead to implementation
- Schedule for implementing QI efforts
- Schedule for reporting QI efforts to all stakeholders
- Meet National Standards

Difference between QI Plan and QI Project

Quality Improvement Plan	Quality Improvement Project
Agency/organization/system Focus	Process/product/service Focus
Written document to describe the QI approach in the agency	Using QI methods and tools to improve
Planning for QI	Doing QI
Big QI	Little qi



QI Plan

Overview

How to Do It

More Information

Download: Tools
and Templates

Help and TA

Assessment & Planning

Home

About the Process

Organizational Self-
Assessment

Community Health
Assessment

Strategic Plan

Community Health
Improvement Plan

Quality Improvement Plan

Help & Technical
Assistance

Office of Performance Improvement

Home

Quality Improvement (QI) Plan: Overview

Printer-Friendly: [About the QI Plan \(PDF: 122KB / 1 page\)](#)

Quality improvement (QI) in public health is the use of a deliberate and defined improvement process like Plan-Do-Study-Act (or PDSA), 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. [1]

A **Quality Improvement Plan** is a basic guidance document that describes how a health department will manage, deploy, and review quality. It also serves to inform staff and stakeholders of the direction, timeline, activities, and importance of quality and quality improvement. [2]

Purpose

The Quality Improvement Plan describes what a health department is planning to accomplish, and should be updated regularly to reflect what is currently happening in QI at your health department. The Quality Improvement Plan provides written credibility to the entire Quality Improvement process, and is a visible sign of management support and commitment to quality throughout the health department. [4]

The Public Health Accreditation Board (or PHAB) writes in its standards and measures guide that "to make and sustain quality improvement gains, a

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How are we doing?

Please provide feedback!

You Might Also Like...

Accreditation at MDH

MAPP Field Guide
(PDF: 1.24MB / 24 pages)

QI Toolbox and Resources

Calendar: Training and
Technical Assistance

Healthy Minn. Partnership

Public Health
Accreditation Board (PHAB)

Can't find what you are
looking for? Contact OPI:
health.ophp@state.mn.us

Characteristics of a Good QI Plan

- Purpose Statement
- Structure of Agency's QI Program
- Describe the Process for QI Projects
- Goals, Objectives and Measures
- Monitor Progress and Results
- Training and Support
- Communication Plan
- Evaluation

Purpose Statement

- What is the mission/vision/goals of quality within the organization?
- What is the current quality culture within the organization and where do we want it to be?
- Why is there a need for QI within the organization?
- What is the scope of QI in the organization?

This is often the place to describe key terms and/or definitions

Structure of your QI Program

- Oversight and direction for QI activities
- QI Council/oversight team structure
- Leadership and staff
- Resources for QI work
- Connection to agency wide activities and performance management system if one is in place

This is often the place where you would have appendices of QI council charter, and/or a QI org chart

Describe the Process for QI Projects

- How to identify and prioritize QI projects
- How those projects connect to:
 - Strategic Plan
 - Mission/vision
 - Other performance measures

This is often the place where you could include prioritization criteria for projects, submission forms, list of QI projects to be implemented

Goals, Objectives and Measures

- Organizational, not project specific
- Identify through QI maturity tool or NACCHO's QI Roadmap

When goals, objectives and measures are identified, can include:

- The performance measure to be achieved
- Who is responsible, the time frame
- Activities associated with each objective

Example of Goals, Objectives and Measures

- **Organizational Goal:**

Improve the QI culture in the organization

- **Organizational Objective:**

Raise the organization's QI maturity score from 3.4 in 2013 to 4.0 in 2014.

All staff attend one of the biennial QI 101 trainings by January 2014

Implement consistent customer satisfaction surveys across all programs

- **Performance Measure:**

The QI maturity score

The % of staff attending the QI 101 training

The % of programs that implement consistent customer satisfaction surveys

Monitor Progress and Results

Specific to organizational goals, objectives and measures

- Describes the process for reporting progress
- How data is collected and analyzed
- Actions to make improvements based on this feedback

Training and Support

- What is going to be required for employees – may distinguish between requirements for leadership, program staff and all staff
- What will be offered for employees
- If you have details, you can list them, i.e., new employee orientation, online course for all staff, etc.

Communication Plan

- How the QI activities will be communicated
 - Type of communication –newsletters, meeting updates...
 - Person responsible – director, QI council...
 - Frequency of reporting – monthly, quarterly...
 - Targeted audience – staff, board members...

This is often the place where you could include a Communications Plan Calendar or chart

Evaluation

- Assess the effectiveness of the QI plan and activities
 - Progress towards goals and objectives for the QI Plan and QI activities
 - Lessons learned
 - Customer/stakeholder satisfaction surveys from QI activities
 - Revision and updates



Cass County Health, Human & Veterans Services

Public Health

Jeri Seegmiller PHN
County Team Leader
Prevention Services



Our Quality Improvement Team

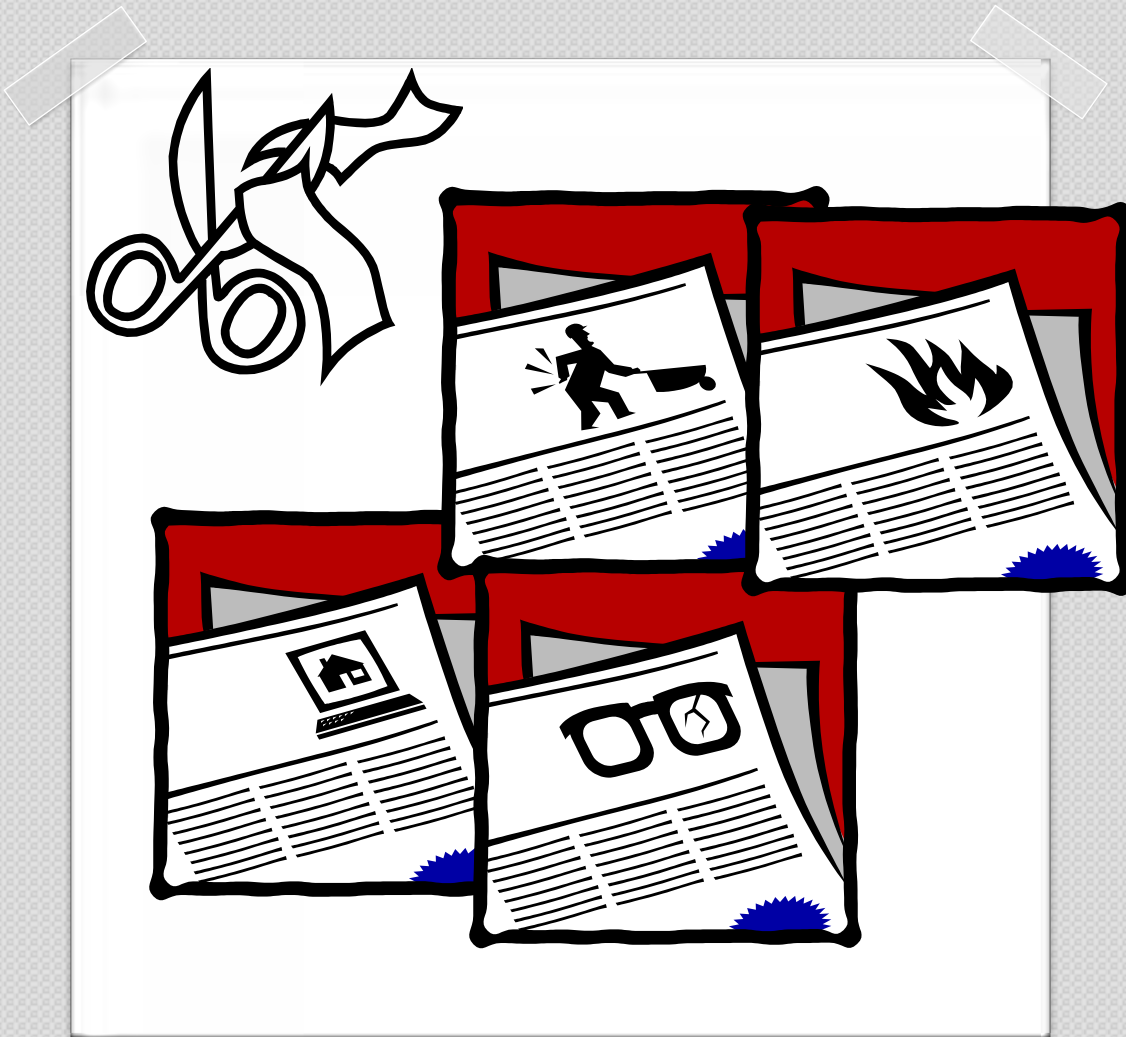
Initially:

Jamie Richter – PHN Public Health
Director

Renee Lukkason – PHN County Team
Lead – Family Health

Jeri Seegmiller – PHN County Team
Lead – Adult Health

Merilee Payne – PHN Family Health



Policy Development



**Cass County Health, Human and Veterans Services
Public Health Division
QUALITY IMPROVEMENT PLAN**

- **ISSUE:** Cass County Public Health in efforts to become accredited in Public Health must comply with Standard 9.2 for Quality Improvement Plan requirements for policies and demonstration of Quality Improvement within division.
- **PURPOSE:** To implement Quality Improvement Committee and Quality Improvement efforts within Cass County Public Health division.

Culture of QI

Our Vision

- **The Quality Improvement Committee (QIC) will aid in creating, implementing, maintaining, and evaluating the quality improvement (QI) efforts at Cass County HHVS Public Health (CCPH) with the intent to improve the level of performance of key processes and outcomes**



Our Quality Improvement Committee

- Consists of cross-sectional representatives from Director of Public Health Nursing, Public Health Supervisor, program coordinators, and line staff.
- Ad hoc members will be added to the committee as necessary.
- Chair(s) will be selected by the QIC committee for a two year term with a staggered rotation.
- The QIC meets on a regular basis and maintains records and minutes of all meetings.
- The QIC reports to The CCHHVS Director and CCHHVS Advisory Board.



Goals:

The Quality Improvement Committee goals in supporting this effort are:

- Identify, review, monitor and make recommendations on QI processes/efforts
- Review QI Plan at least annually and adjust as required
- Identify and meet QI training needs
- Provide guidance, support, and resources for QI efforts
- Recognize and acknowledge QI efforts



Training

- QI training at our all staff/agency retreats
- Ongoing agenda item at staff public health staff meetings
- QI projects are reviewed at least **Annually** with our **Advisory** group



Our Team Now

Jamie Richter – PHN Public Health Director

Renee Lukkason – PHN County Team Lead
Children Youth & Families

Jeri Seegmiller – PHN County Team Lead
Prevention Services

Merilee Payne – PHN Children Youth & Families

Anne Marie Nelson – RN Adult Health

Lavelle Kroontje – Accounting

Wendy Drews – Clerical

- We utilize the Plan Do Check Act (PDCA) model of practice
- Anyone can bring a project idea for improvement forward
- As a committee we review the ideas and set forth an action plan



PROJECT ELIMINATE SOS

- Evaluation during April 2012 Dailies/Intervention Reports
- Dailies with no Charting intervention
- Charting No Daily
- Total Unduplicated = 19 errors out of 828 billable visits.
- Now has become an ongoing monthly project

- Eliminate 2066 sheets of paper
- Reduce clerical time approx 12 hrs
- Not required by any regulating entity
- Going Green
- Accurate reporting from PHDoc to capture charting data from accounting

Act

Plan

Check

Do

- Monthly reports were run by to verify accuracy.
- Errors found were:
 - dailies without intervention or
 - interventions without dailies corrected by responsible parties.

- Initial 1 month pilot project with 2 nursing staff – no problems found
- 2nd pilot project with select staff from 2 other program areas – no problems found
- Able to cease the use SOS forms within 3 months and rely on reporting for error tacking

Where are we now

- We have successfully completed 2 projects
- We have 3 projects in various stages of the process
- We have 3 projects that are ongoing – customer satisfaction, accreditation, charting/dailies
- And we are looking at committee make-up and structure



Thank you!

FILLMORE-HOUSTON QUALITY IMPROVEMENT PLAN

Brenda Leigh Pohlman, BS, MPH
Health Educator

507-765-2636

bpohlman@co.fillmore.mn.us

“Partnering for a Healthy Bluff Country.”



FILLMORE-HOUSTON QIP TIMELINE

- Summer 2011 - Began with participation in the Quality Improvement Leadership Collaborative sponsored by MDH. True collaboration for one joint QI plan.
- February 2012 – Draft plan review by MDH.
- March 2012 – Final version of plan, charter, and associated documents which consist of a organizational structure, calendar, timeline, project submission form, project status form, project log, training log, and glossary of terms.
- November 2012 – Annual QI report and document updates.
- March 2013 – Plan and document revisions based upon two QI specialist recommendations to align with PHAB.
- November 2013 - Annual QI report and document updates.

FILLMORE-HOUSTON QI STRUCTURE

- Each county has a local QI council and also participates in the joint QI council.
- There are currently six members on the joint council
- There two co-chairs representing each county.
- QI and CHA meetings are rotated every month
- County board and staff also have roles in the plan.

FILLMORE-HOUSTON QI PLAN COMPONENTS

- Defines purpose and scope of QI
- Establishes an organizational structure and roles
- Lists resources and funding for QI efforts
- Provides a framework for developing a QI culture through staff engagement, training, communications, QI project selection and management, and sustainability.
- Guidance for evaluation and revision of QI Plan.
- The QI Plan and Projects are aligned with the *Six Areas of Public Health Responsibility*

INDICATORS

- Think of indicators as areas of health you wish to monitor over a long period of time. Indicators may lead to projects but projects are not indicators!
- Fillmore and Houston County took the MDH indicator listing and categorized them into the *Six Areas of Public Health Responsibility*
- One indicator from each of the *Six Areas of Public Health Responsibility* was selected for long-term monitoring. For example, radon levels are monitored for the environmental health area.

GOALS



- A goal is a future event toward which a committed endeavor is directed. It should be realistic yet challenging!
- Your QI goal may be to develop a quality improvement plan and submit it to MDH by February 2015.
- Individual projects may also have goals like reducing childhood obesity.
- The broader the goal the more QI projects or project cycles may be needed to reach the goal.

OBJECTIVES

- Objectives are the steps to be taken in pursuit of a goal.
- Your QI objective may be to identify and manage QI projects under your QI plan or provide staff training about QI.
- Individual projects may also have goals like creating policy, system, and environmental changes that impact obesity.
- Objectives often involve many steps, actions, or activities.



TIPS FOR SUCCESS – BIG QI

- Think about how your QI, Strategic, and Community Health Improvement Plans are going to fit together.
- QI is a process that is dynamic in nature!
- Work as a team!
- Borrow QI planning documents and ideas from others.
- Clearly define indicators, goals, and objectives for the Quality Improvement Planning Process.
- Use technology for meetings once QI council is established.



TIPS FOR SUCCESS – LITTLE QI

- Put QI plan documents in place before taking on projects.
- Projects should be supported by data and have a concrete AIM Statement!
- Projects should be completed within six months. If need be, break the larger project into smaller ones.
- Provide a mentor to keep QI teams and projects on target. Make sure the team meets at least bi-monthly.
- Learn from unsuccessful and successful endeavors and document both because it helps other to achieve their goal.



RESOURCES

- The Fillmore-Houston CHS Quality Improvement Plan is available along with other examples on the MDH OPI website at:
<http://www.health.state.mn.us/divs/opi/pm/lphap/qiplan/moreinfo.html#downloads>

QUESTIONS?

Brenda Leigh Pohlman, BS,MPH

Health Educator

507-765-2636

bpohlman@co.fillmore.mn.us

MDH and QI Plans

- MDH Process [www.health.state.mn.us/lphap]
 - Review against a checklist for completeness
 - This is not a pass/fail
 - No need to redo your plan
 - CHB's indicated they wanted feedback from MDH for required deliverables to MDH
- Assist MDH with TA and training offered by the Office of Performance Improvement

Additional Resources

MDH Office of Performance Improvement (OPI): QI consultation, facilitation, training and resources

Public Health Accreditation Board: National standards

National Network of Public Health Institutes –NNPHI: TA and resources on quality improvement

NACCHO - Quality Improvement: Webinars, toolbox, trainings, publications around quality improvement

Public Health Foundation: Training and TA on quality improvement, performance management, performance measures and strengthening public health workforce.

Washington State Department of Health: Example QI Plans, QI tools and Resources.

Thank you for joining us!

Minnesota Department of Health
Office of Performance Improvement

<http://www.health.state.mn.us/divs/opi/>



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MDH Contact Information

Minnesota Department of Health
Office of Performance Improvement

Susan Brace-Adkins

susan.brace-adkins@state.mn.us

651-201-3875



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