FOREST COUNTY POTAWATOMI
HEALTH & WELLNESS CENTER
COMMUNITY HEALTH

Forest County Potawatomi Community Health Department

Quality Improvement Plan

2015 - 2017

FCP Community Health Department Purpose Statement

To provide essential public health services and respond to the healthcare needs of the Forest County Potawatomi Community.

Origin: 7.14.15

Revision:

Review:

Table of Contents

Background

The Forest County Potawatomi Community Health Department (FCPCHD) Quality Improvement (QI) Plan is adapted from the FCP Health Division Quality Management and Improvement Plan. It was deemed necessary to develop a more individualized QI Plan to meet the unique needs of our department. Concepts from the overarching FCP Health Division Quality Management and Improvement Plan are incorporated throughout the plan.

Overview

The purpose of the FCPCHD QI Plan is to improve the health of the FCP Community by understanding and improving the efficiency, effectiveness and reliability of clinical and public health processes and practices. QI principles are incorporated throughout all programs and services provided by the FCPCHD and the FCP Health Division.

The QI Plan promotes ongoing efforts to measure and improve strategies and processes related to efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality. It assists the agency in achieving goals and objectives of the community health improvement plan, strategic plan, workforce development plan, program work plans and enhances performance management.

This plan builds a culture of quality within the agency and guides planning and implementation of current and future outreach efforts. It identifies roles and responsibilities for staff, offers a framework for quality within the agency and identifies methods for evaluating and monitoring work. Through continued review of QI principles, training opportunities, access to resources and commitment from Health Division Administration, the Community Health Outreach Director and staff, the FCPCHD will be successful in its QI goals.

Mission, Vision and Purpose Statements

FCP Health Division Mission Statement

To promote quality health care in a professional and traditional way for Native Americans, their families, and the surrounding community; in a trusting, respectful, and confidential manner for the wellness and future of the community.

FCP Health Division Vision Statement

To provide quality patient care and customer service which reflects the needs of the community, empowers patients and emphasizes cultural sensitivity while promoting a healthy community through integrated outreach services and programs. A caring and high performing competent staff will meet this vision through collaboration and partnering with our community and patients.

FCP Community Health Department Purpose Statement

To provide essential public health services and respond to the healthcare needs of the Forest County Potawatomi Community.

Ten Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

FCP Quality Improvement Principles

FCP Health Division Operating Principles

- **Extraordinary Customer Experience**
  We will provide extraordinary customer service:

  - In a caring compassionate manner
  - Through timely communication
  - Through appreciation and respect for cultural diversity
  - By reflecting a positive attitude in a pleasant, friendly environment

- **Quality Culture**
  We will ensure a quality culture:

  - With professional, competent, reliable staff
  - By using appropriate indicators to determine best outcome
  - By providing effective, timely communication, education and follow-up
  - By engaging in an environment of continuous learning and improvement

- **Patient Centered Care**
  Patient centered care will be obtained by:

  - Developing and maintaining trusting relationships
  - Being open-minded and a good listener

- Partnering with patients, family and community for healthy living
- By learning what really matters to patients and families
- By educating in a manner that is meaningful to the patient
- By providing personalized care plans that meet the needs of the patient

FCP Community Health Department Core Values

- Quality Service
- Respect for and Sensitivity to Culture and Individual
- Individual and Families are Central in Health Decisions
- Compassion
- Community Focus

QI Framework

The FCP Health Division and FCPCHD utilize the Plan, Do, Study, Act (PDSA) model. Staff receive training and resources to ensure the use of this framework in their in QI projects and daily work.

Plan, Do, Study, Act
The American Society for Quality suggests using Plan-Do-Study-Act in the following ways:

- As a model for continuous quality improvement.
- When developing a new or improved design of a process, product or service.
- When planning data collection and analysis to verify and prioritize problems or root causes.
- When implementing any change.

In applying the PDSA cycle, QI Teams should ask these fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Plan
There are several steps in the planning stage:

- Identify the problem – identify opportunities/priorities that are meaningful and are identified by staff as an issue; should be supported by data.
- Develop an aim statement – What? How much? By when? For whom?

- Describe the current process using a flow chart, process map, or other appropriate QI tools.
- Identify root causes and potential solutions using an appropriate root cause analysis tool (fishbone, 5 whys, brainstorm).
- Develop an improvement theory – if we do X then Y will happen.

Do

Take small steps to implement the solution on a limited scale, collecting data along the way. This is a time to test the plan for a limited time, on a limited basis, and in a limited area. Follow the plan carefully to ensure minimal deviation. The goal is to show whether the change is effective and to avoid widespread failure if it is not. Data should be collated prior to moving on to the next step.

Study/Check

Take time to determine if measurements used to determine success are adequate. If not, define required measurements and how/where data can be found or developed. Analyze the data and assess for success or unexpected outcomes.

Act

If the change resulted in the desired outcome, it can be fully adopted by standardizing and/or expanding it to other areas of the agency. If some improvement resulted, adapt the change to achieve desired outcome and begin the PDSA cycle over again. If the change did not result in improvement, abandon it and begin the PDSA cycle again.

Rapid Cycle Improvement (RCI Project) uses the PDSA to test changes quickly. These projects are typically small in scale and are tested on a very limited basis.

Key Quality Terms

To ensure the effectiveness and use of this plan across the department it is important that common terms and acronyms are identified and defined.

AIM Statement

A written, measurable, and time-sensitive description of the accomplishments a group expects to make from its improvement efforts. The AIM Statement answers the question: "What are we trying to accomplish?"

Big QI

The practice of striving for excellence in all of an organization's services, products, processes, and overall operations, making it a top management philosophy that results in complete organizational involvement in quality. *(Riley, Moran, Corso, Beitsch, Bialek and Cofsky, 2009)*

Continuous Quality Improvement (CQI)

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. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek "incremental" improvement over time or

"breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Study-Act (PDSA) cycle.

Customer Satisfaction

The 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. (*Farris, Paul W.; Neil T. Bendle; Phillip E. Pfeiffer; David J. Reibstein 2010*)

Lean

Refers to a collection of principles and methods that focus on the identification and elimination of non-value added activity (waste) involved in producing a product or delivering a service to customers.

Little QI

A systems approach to implementing quality and beginning to generate a QI culture within the organization by striving for quality in a limited or specific improvement project or area. *(Riley, Moran, Corso, Beitsch, Bialek and Cofsky, 2009)*

Performance Management (PM) System

A cyclical process of measuring, monitoring and reporting of progress toward strategic organization, division, and program goals and objectives provides a structured, data-driven approach to identifying and prioritizing necessary QI projects. The performance management system (PM system) is guided by an agency's strategic plan. *(NACCHO Roadmap to a Culture of Quality Improvement, 2012)*

Program Evaluation

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)*

Plan-Do-Study-Act (PDSA, also known as Plan-Do-Check-Act)

An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. *(Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008)*

Quality Culture

Quality Culture occurs when 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 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. *(NACCHO Roadmap to a Culture of Quality Improvement, 2012)*

Quality Improvement (QI)

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 *(PHAB Acronyms and Glossary of Terms Version 1.5, 2013)*

Quality Improvement (QI) Plan

A QI Plan outlines the organization's QI goals and objectives. It is a living document that provides direction and structure for QI efforts. Leadership should continuously evaluate and revise the QI Plan to progress further and maintain momentum. The agency's strategic plan should inform the QI Plan and QI efforts should align with strategic priorities. *(NACCHO Roadmap to a Culture of Quality Improvement, 2012)*

Quality Improvement Roadmap

A guide that describes six key phases on a path to a QI culture, outlining common characteristics for each phase and strategies an agency can implement to move to the next phase. Incorporating principles of change management, the roadmap identifies these characteristics on both the human and process aspect of change within an agency. (*Roadmap to a Culture of Quality Improvement, NACCHO, 2012*)

Quality Planning

A systematic process that translates quality policy into measurable objectives and requirements and lays down a sequence of steps for realizing them within a specified time frame. It is used in situations where a process does not yet exist, or a process is need of a complete redesign.

Quality Tools (QI Tools)

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 (The Public Health QI Handbook, Bialek et al, 2009). Tools used by PHE are outlined in the Public Health Memory Jogger. *(Public Health Foundation, 2007), the Public Health QI Handbook, and the Public Health Quality Improvement Encyclopedia, Public Health Foundation, 2012). Note: QI Tools can be found on the FCP Health Division SharePoint Site.*

Acronyms

- AAAHC: Accreditation Association for Ambulatory Health Care
- FCPCHD: Forest County Potawatomi Community Health Department
- IHS.: Indian Health Service
- NACCHO: National Association of County and City Health Officials
- PHAB: Public Health Accreditation Board
- PM: Performance Management
- PRCA: Peer Review Chart Audit
- QI: Quality Improvement
- SMART: Specific, Measureable, Achievable, Realistic and Time-bound

Culture of Quality

FCPCHD acknowledges the importance of establishing a culture of QI and maintaining a performance management system. We recognize that quality culture doesn't happen overnight; rather it's a continual process that occurs over time. This process includes the formation of a QI Committee, creation of a QI Plan, implementation/analysis of QI activities, assessment of the effectiveness of the QI Plan and updating the plan as needed.

FCPCHD is committed to investing the time and necessary resources to build a culture of quality in our department, as it will strengthen our performance over time. We want quality to become the mode of operation for all work currently occurring and all future efforts.

A culture of quality requires informing staff about current QI projects and communicating results of the implementation of the QI Plan; providing ongoing training on the QI process; and recognizing and supporting the QI Teams and their projects.

The future state of quality at FCPCHD includes the following:

- Enhanced quality culture.
- Continued growth of QI and PM systems and assurance that all staff are active participants in both systems.
- Competence by all staff in a wide range of QI tools, including PDSA's and meaningful QI studies.
- Increased use of QI tools and processes in daily work and program areas.
- Sustained or increasing levels of engagement and participation regarding QI and PM as evidenced through annual staff QI surveys
- QI and PM not only impact daily operations, but serve to improve population level outcomes and indicators, as described in the Community Health Improvement Plan (CHIP) and Strategic Plan

FCPCHD is not only dedicated to implementing QI initiatives, but strives towards a complete culture of quality within the department.

QI Organizational Structure

FCP Quality Division

The FCP Quality Division falls under the FCP Health Division organization structure. **Reference Appendix A: Health Division Organization Chart.** The Quality Improvement Administrator reports to the Health Division Director who reports to the Tribal Administrator. The Quality Improvement Administrator oversees the Quality Division and is responsible for coordinating, facilitating and monitoring quality improvement activities within the organizational structure. The Quality Division monitors and reports compliance with the Quality Management and Improvement Plan, through close collaboration with the FCP Health Division Administration Team, leadership staff, the Clinical Data Analyst and standing committees.

They guide and evaluate the QI process by:

- Providing committed and consistent leadership
- Developing the Quality Management and Improvement Plan and establishing a calendar for QI activities
- Identifying processes that need improvement
- Developing team consensus on the root cause of a problem and on the plan for improvement
- Continually assesses the overall effectiveness of the Quality Management and Improvement Plan as it relates to the Health Division Strategic Plan's goals and objectives.

The Quality Division oversees the Peer Review and Chart Audit (PRCA) Committee. The PRCA Committee is responsible for ensuring departmental chart audits and peer review activities occur within the various service areas and in accordance with clinic wide policies and procedures. Departmental chart audit summaries are forwarded to the Clinical Data Analyst and PRCA Committee for review and recommendation. The PRCA Committee also analyzes health care data and comparative performance data (benchmarking) in accordance with AAAHC standards and IHS reporting requirements and aids supervisors and committees in identifying important problems or concerns in the care of patients and the disease management/prevention process. They are responsible for reviewing department QI studies and offering guidance as need. The committee includes representatives from various departments, including a member from the FCPCHD.

FCPCHD Quality Teams

QI Workgroup provides ongoing leadership and oversight of QI activities within the department. The team is responsible for carrying out the QI mission by guiding, educating and empowering staff to participate in QI throughout the department and within their programs. The committee meets monthly and maintains records and minutes of all meetings. They will share QI project progress with the PRCA Committee regularly.

QI Team Leaders provide leadership and coordination to QI projects and program evaluation specific to the program area they lead.

QI Teams focus on QI projects and program evaluations relevant to the program areas they are assigned.

Membership and Rotation

The QI Workgroup is representative of the following positions within the FCPCHD:

- Health Division and FCPCHD Administrators
- Community Health Nurses
- Community Health Representatives
- Dietician/Nutritionist

The QI Workgroup members serve a term no longer than two years. No more than half of the team membership will be replaced each year in order to provide consistency.

Name	Title
Lorrie Shepard, RN*	Community Health Outreach Director
Kristin Bath, CHES*	Health Educator & Public Health Accreditation Coordinator
Andrea Storm	Assistant Quality Improvement Administrator/Clinical Data Analyst
Lisa Miller, RDN	Registered Dietician Nutritionist
Jodie Harris, RN, BSN	Maternal Child Health Nurse
Cathy Chitko, CHR	Diabetes Community Health Representative
Heather Robinson	Administrative Assistant

* Note: These positions are permanent members of the QI Workgroup.

The major goal of the QI Workgroup is to develop champions of QI and PM in the department. We believe this is best achieved through active participation in the committee, attending advanced training and serving as a resource to staff.

Roles and Responsibilities

In order to achieve a department-wide QI culture, all staff must be actively engaged and committed to applying QI principles and tools to daily work.

Community Health Outreach Director:

- Provides vision, direction and priorities for QI projects.
- Oversees the development, implementation and evaluation of the FCPCHD QI Plan.
- Provides leadership to the QI Workgroup and Accreditation Leadership Committee.
- Reports QI activities to the Health Division Administration, PRCA Committee and Health Advisory Committee.
- Allocates resources for QI programs and activities.
- Oversees the implementation of QI projects.
- Identifies appropriate interdisciplinary staff to participate in QI projects.
- Requests review of specific evaluation activities or the implementation of QI projects.
- Determines appropriate media outlets and messages to communicate selected QI results to the FCP community.
- Develop a strong customer focus – internal and external.
- Apply QI principles and tools to daily work.

QI Workgroup

- Develop, approve, evaluate and revise the FCPCHD QI Plan, including establishing goals, priorities and indicators of quality annually.
- Approve departmental QI projects.
- Develop team consensus on the root cause of a problem and on the plan for improvement.
- Identify, monitor and review results from QI Team projects by using the PDSA cycle.
- Identify processes that need improvement.
- Link QI projects to agency's performance management standards.
- Communicate QI activities to the PRCA Committee, FCPCHD staff and FCP Community.

- Champion QI activities, tools and techniques.
- Involve staff through encouragement, training, support and celebration of accomplishments.
- Develop a strong customer focus – internal and external.
- Encourage and foster a supportive QI environment.
- Apply QI principles and tools to daily work.

QI Team Leaders
- Work with team to develop a work plan for the implementation and evaluation of QI projects.
- Link QI projects to agency's performance management standards.
- Oversee and facilitate implementation of QI projects and evaluation.
- Work with the QI Workgroup to identify appropriate staff to be a part of a QI Team.
- Draft agendas and facilitate QI Team meetings.
- Assign QI Team members to record minutes, collect data and complete reports.
- Coordinate efforts to prepare a QI project forms for QI Workgroup review and approval.
- Communicate and prepare QI reports for the QI Workgroup and FCPCHD staff.
- Report staff QI training needs to the QI Committee.
- Review FCPCHD QI Plan annually and share recommendations with QI Workgroup.
- Apply QI principles and tools to daily work.

QI Teams (All Staff)
- Participate in planning, implementation and evaluation of QI projects and report results.
- Identify, monitor and review results from QI projects by using the PDSA cycle.
- Review program/service evaluations and identify processes that need improvement.
- Conduct QI projects at the request of the Community Health Outreach Director or QI Workgroup.
- Review the QI Plan annually and offer recommendations to QI Workgroup as needed.
- Participate in position-specific QI trainings via webinars, conferences or trainings.
- Apply QI principles and tools to daily work.

Staffing and Administrative Support

FCPCHD is committed to building a culture of QI and supports the efforts of the QI Workgroup. The QI Workgroup leads departmental QI initiatives by providing:

Administrative Support
- Coordination of monthly QI Workgroup meetings, including:
  - Facilitating meetings
  - Developing and distributing agendas
  - Maintaining meeting minutes
  - Providing staff training in QI methods and tools
  - Assisting staff to track performance data and implement QI projects

Technical Support
- Technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools or meeting facilitation
- Technical assistance to QI projects, which may include data collection/analysis, advice on QI methods/tools, meeting facilitation/project management services, or participation as a team member
- Coordinate QI trainings and staff development opportunities

Budget and Resource Allocation

The primary budget allocation for QI is for the implementation of QI projects and activities. As resources allow, budget line items may be dedicated to QI efforts, including the purchase of training materials, attendance at conferences, as well as, technical assistance and consultation in areas of QI.

A combination of tribal funds and grant dollars fund staffing and support QI efforts.

QI Trainings and Resources

The Quality Improvement Administrator and Assistant Quality Improvement Administrator are responsible for ensuring staff is sufficiently trained and engaged in the effective use of a variety of QI tools needed to support their QI initiatives. A QI Tool Box is located in Sharepoint to provide FCP Health Division employees with the tools they need to test and implement improvement strategies and initiatives.

The FCPCHD QI Workgroup serves as an internal resource to staff. The workgroup provides leadership, guidance, direction, training and encouragement to support QI activities throughout the department. Each QI Team will receive training and technical support at the first team meeting and throughout the QI process if deemed necessary by the QI Team Leader.

New Employee Orientation

FCPCHD employees will review the following training resources within six months of employment.

- FCP Health Division Quality Management and Improvement Plan
- FCPCHD QI Plan
- FCPCHD PM Plan
- FCPCHD Strategic Plan
- FCP Health Division SharePoint QI Toolbox
  http://fcpnet.fcp.local/health/HWCemployees/Tools/Forms/AllItems.aspx
- WI DPH Quality Improvement for Public Health using NIATx Improvement Processes
  https://wi.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1043373

Introductory Training & Resources

All FCPCHD employees will review the following training resources within a year of this plan's approval.

- Public Health Foundation Quality Improvement Tutorial and Quick Guide
  https://wi.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1030628

- National Network of Public Health Institutes
  https://cc.readytalk.com/cc/playback/Playback.do?id=b4s8xk
- Michigan Public Health Institute - Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook http://www.nnphi.org/CMSuploads/Michigans_QI_Guidebook-95957.pdf
- Public Health Foundation, Public Health Quality Improvement Encyclopedia -
  http://bookstore.phf.org/store/ProductDetails.aspx?productId=130
- Public Health Quality Improvement Exchange https://www.phqix.org/

Advanced Training

QI Workgroup members and QI Leaders are expected to have higher- level QI skills, and therefore, will be provided additional training on QI tools and methodologies.

- Aim Statement
- Affinity Diagrams
- Brainstorming
- Cause and Effect Diagrams
- Data Collection & Analysis (Check Sheet, Bar Chart, Pie Chart, Run Chart)
- Flowcharts
- Gantt Chart
- PDSA
- Storyboards

Training Resources:
- Institute for Wisconsin's Health (IWHI) "Quality Improvement"
  http://www.instituteforwihealth.org/quality-improvement.html
- Arizona Public Health Training Center – QI Series
  https://wi.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?courseId=1045674

Continuing Staff Training

QI activities will be included as a required activity for all staff. Employee involvement in QI activities will be assessed during the Employee Annual Performance Appraisal process. Online training opportunities can be accessed on the following sites:

- TRAIN Wisconsin: https://wi.train.org/DesktopShell.aspx
- CDC Performance Management and Quality Improvement: http://www.cdc.gov/stltpublichealth/Performance/index.html

Staff training related to QI will also be made available via conferences or content experts as deemed appropriate.

Project Identification, Selection and Prioritization

Project Identification

FCPCHD staff can recommend a QI project to the QI Workgroup at any time. Requests will be emailed to the Community Health Outreach Director and shared with the QI Workgroup. The individual requesting the QI project will be considered the QI Team Leader and be asked to organize a QI Team. The QI Workgroup will invite the QI Team to a monthly meeting and work together to draft a NIATx Change Project Form (**Appendix B**) or a RCI Quick Strike Project Form (**Appendix C**), depending on the size of the project. In some cases, the QI Workgroup may deem it unnecessary to move forward with a QI project after meeting with a QI Team. In these cases, the QI Workgroup will work to reach consensus, however if there is discretion the workgroup will make decisions based on a majority vote. The Community Health Outreach Director will have final approval on all QI projects.

Brainstorming sessions will also occur periodically throughout the year during QI Workgroup meetings and at FCPCHD staff meetings. Nominal Group Technique will be used to determine QI projects. QI Teams will be formed and will work with the QI Workgroup to draft initial QI project forms.

FCPCHD employees will participate in at least one QI study annually. The QI Team Leader will select team members and determine roles and responsibilities for each individual (data collector, recorder, etc.). Teams will include 2-5 individuals depending on the size of the QI project. QI Teams are encouraged to include stakeholders, partners and community members in their project as needed.

Planned QI activities will be documented in the QI Calendar Log **(Appendix D)** located in SharePoint after approval by the QI Workgroup and Community Health Outreach Director. Upon completion of the QI project, the log will be updated and QI documentation will be uploaded into SharePoint. This log and filing system will serve as record of all formal QI projects implemented by the FCPCHD.

Project Selection and Alignment

QI projects are selected based on data obtained from patient satisfaction surveys, event/program evaluations, staff surveys, the community health assessment and improvement plan, strategic goals, policies/protocols, after action reports, chart audits/compliance issues and measures within the departmental performance management system. Project preference will be based on the following criteria:

Technical:

- ✓ Is it a process?
- ✓ Is the problem that is targeted for improvement clearly defined?
- ✓ Is the scope manageable?
- ✓ Can it be reliably measured?
- ✓ Can it be completed within the proposed timeframe?
- ✓ Is data available?

Strategic:

- ✓ Is it important? To whom?
- ✓ Does it align with one or more of the department plans?
- ✓ Does the project support the department mission, vision and values?
- ✓ Does it have a customer focus?
- ✓ Does the project have potential to be replicated across programs or have an impact on other programs/activities?

Empowerment:

- ✓ Is it within the team's control?
- ✓ Is it free from pre-conceived solutions?
- ✓ Is leadership prepared to implement change?
- ✓ Is there probability of success?

Alignment:

- ✓ Community Health Improvement Plan
- ✓ Strategic Plan
- ✓ Workforce Development Plan
- ✓ Performance Management Plan
- ✓ Public Health Emergency Plan (PHEP)

During certain circumstances, the Community Health Outreach Director or Health Division Administration may request specific QI projects. It is the responsibility of the designated QI Team to complete all QI project forms and report progress and results to the QI Workgroup.

Goals, Objectives and Measures

The FCPCHD QI Workgroup is responsible for updating the QI Plan and establishing QI goals annually. Goals will focus on QI culture, training, support and capacity building. Goals will be SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime bound. The QI Committee will report progress to FCPCHD staff regularly.

The QI Workgroup and FCPCHD staff will complete an evaluation, each year, to provide feedback on goal selection and QI activities within the department. Evaluation results will be used to update the QI Plan annually. Changes will be tracked in **Table 1: Record of Changes**. A representative from the QI Committee will provide a report to the PRCA Committee and Health Advisory Committee at a minimum of once per year.

Annual Goal 1: Increase QI capacity within the department.		
Measure 1: By December 2016, 50% of staff will indicate increased comfort in developing and implementing QI projects.		
Key Strategies:	**Responsible Staff:**	**Results:**
• Email SurveyMonkey to Staff (Baseline Data)	Kristin	Due: July 2015
• Conduct Staff Trainings	Workgroup	IWHI QI Training- 6/17/15
• Email SurveyMonkey to Staff (Re-Assess Data)	Kristin	Due: December 2016
• Staff to Complete End of the Year Survey	Workgroup	Due: December 2016
Measure 2: By December 2016, FCPCHD will improve its QI Maturity Assessment score by 5 points.		
Key Strategies:	**Responsible Staff:**	**Results:**
• Staff to Complete QI Maturity Assessment (Baseline)	Lorrie	Staff Meeting 7/1/15 (average score 40/50)
• Staff to Complete QI Maturity Assessment (Re-Assess Data)	Lorrie	Due: December 2016
Annual Goal 2: Increase staff acknowledgement regarding QI activities.		
Measure 1: By December 2016, 25% of meeting agendas will include staff acknowledgement activities.		
Key Strategies:	**Responsible Staff:**	**Results:**
• Add "QI Updates" as a standing agenda item for CH Staff Meetings	Heather	Due: July 2015
• Add Final QI Project Presentations to CH Staff Meeting Agendas as needed	CH Staff	Ongoing
• Post Announcements on Health Division Sharepoint Site at least twice a year	Workgroup	Ongoing
Annual Goal 3: Continue to build a culture of QI.		
Measure 1: By December 2016, 100% of job descriptions will be updated to include QI and PM.		
Key Strategies:	**Responsible Staff:**	**Results:**
• Update Job Descriptions at Annual Performance Evaluations	Lorrie/CH Staff	Ongoing
• Submit Approved Job Descriptions to HR	Lorrie	Ongoing
Annual Goal 4: Engage staff in QI processes.		
Measure 1: By December 2016, 75% of staff will have participated in at least one QI project.		
Key Strategies:	**Key Strategies:**	**Key Strategies:**
• Staff to Complete QI Maturity Assessment (Baseline)	Lorrie	7/1/15- Staff Meeting
• Conduct Staff Trainings	Workgroup	Ongoing
• Brainstorm QI Topics at CH Staff Meeting/ Form QI Teams	Workgroup	Due: August 2015
• Discuss QI Activities at Annual Performance Evaluations	Lorrie/CH Staff	Ongoing

• Staff to Complete QI Maturity Assessment (Re-Assess Data)	Lorrie	Due: December 2016
• Staff to Complete End of the Year Survey	Workgroup	Due: December 2016

Evaluation and Monitoring

Data Collection and Analysis

For individual projects, data will be collected and analyzed as indicated in the project plan. The QI Team leading the project will have responsibility for all aspects of the project including the collection and analysis of data.

Project data will be reviewed by appropriate FCPCHD staff along with QI Team Leaders and QI Team members. Data from all projects will be collected and analyzed by appropriate FCPCHD staff and be summarized on the NIATx Change Project Form and stored on the FCPCHD SharePoint site.

All data reporting will be included in the NIATx Change Project Form and distributed to the QI Workgroup monthly to ensure progress is being made on project goals and objectives.

Reporting Progress

Ongoing Reporting
QI Teams will be required to submit an updated NIATx Change Project Form to the QI Workgroup monthly throughout the duration of the QI Project. The QI Team Leader will email the form to the Community Health Outreach Director, who will review and forward to the QI Workgroup. Based on progress reports, the QI Workgroup may make recommendations or suggestions regarding the implementation of QI projects and/or determine if a performance measure issue is significant enough to warrant the implementation of a QI project.

Final Reporting
All QI Teams will be required to submit a final NIATx Change Project Form and a QI Study Form (**Appendix E**) at the conclusion of their project to the QI Workgroup. The QI Team Leader will be responsible for submitting these documents to the Community Health Outreach Director. The QI Workgroup will review the QI project materials and inform the QI Team Leader if content should be added or updated. Once recommendations have been addressed, the QI Team Leader will be asked to upload the QI project materials into SharePoint. The QI Workgroup will work with QI Teams to schedule presentations at upcoming staff meetings. QI Teams will use the QI Final Report Template **(Appendix F)** to share results.

Evaluation

The QI Plan will be reviewed and updated annually by the QI Workgroup during the first quarter (January through March). Survey results from the QI Workgroup and FCPCHD staff will be considered during this revision process.

QI Workgroup Evaluation

The QI Workgroup will complete a QI Workgroup End of the Year Survey **(Appendix G)** that asks members to evaluate the QI Workgroup and offer feedback on the overall effectiveness of the QI Plan. The workgroup will compile various evaluation results and refer to the MPH Organizational QI Maturity Assessment (**Appendix H**) to draft a QI Evaluation Report. QI goals and components of the QI Plan will be revised as appropriate following annual review.

FCPCHD Staff Evaluation

FCPCHD staff will complete a Staff End of the Year Survey **(Appendix I)** in December. The survey will ask staff to share feedback on their experience with QI projects, department strengths and weaknesses, QI barriers, training needs, confidence in leading QI projects, comfort in using QI tools/forms, understanding of the QI Plan and concepts and well as and suggestions for the implementation of the QI Plan. Staff will also complete the MPH Organization QI Maturity Assessment annually.

Communication

Maintaining open communication about QI projects is a critical component for establishing QI culture. Staff will be asked to report QI projects results internally and externally as deemed appropriate by the Community Health Outreach Director and Health Division Administration.

FCPCHD Staff
- QI project materials will be created by QI Teams and submitted to the Community Health Outreach Director and QI Leadership Team.
- QI project materials will be uploaded and logged in the QI Calendar Log located in SharePoint.
- QI project reports will be presented at weekly staff meetings.
- QI projects will be included in Employee Annual Performance Appraisals.
- All staff will complete the MPH Organizational QI Maturity Assessment and Staff End of the Year Survey.

QI Workgroup
- A QI Workgroup representative will report End of the Year QI Survey Results to FCPCHD staff annually.
- QI Committee members will complete the QI Workgroup End of the Year Survey.
- All QI Workgroup meeting materials will be saved in SharePoint
- QI Workgroup members will review the FCPCHD QI Plan with staff annually.

Peer Review Chart Audit (PRCA) Committee
- The PRCA Committee will receive departmental QI reports regularly. Reports will be prepared by the QI Workgroup and presented by a representative from the workgroup or a QI Team member.

Health Advisory Committee (HAC)
- HAC members will receive departmental QI reports at least two times a year. Reports will be prepared by the QI Workgroup and presented by the Community Health Outreach Director.

FCP Community

- QI project summaries and key findings will be shared with the FCP Community via articles in the Traveling Times, website postings, newsletters and displays. All activities must be approved by the Community Health Outreach Director.

Recognition

Health Division QI Awards

The PRCA Committee will award two QI studies within the Health Division each year. QI Award recipients will receive a traveling trophy and will be featured in the Potawatomi Traveling Times newspaper.

QI Workgroup Recognition

The QI Workgroup will recognize two QI Teams that demonstrated excellence by successfully integrating QI concepts and tools throughout their project. Awardees will receive certificates and their study will be featured on the Health Division SharePoint Site, Traveling Times or FCPCHD website.

Community Health Department QI Award

FCPCHD staff will award a staff member each year who effectively led QI initiatives in the department and integrated components into programs and daily work. This individual will receive a plaque and be recognized at a staff meeting.

References

- FCP Health Division Quality Management and Improvement Plan
- FCP Community Health Department Strategic Plan
- FCP Workforce Development Plan
- Oneida County Health Department Quality Improvement Plan 2015
- Lincoln County Health Department Quality Improvement Plan 2015
- Kane County Health Department 2015 Quality Improvement & Performance Management Plan
- Washington County Department of Public Health and Environment (PHE) 2014 Quality Improvement Plan
- The National Association of County and City Health Officials http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm
- Public Health Foundation: http://www.phf.org/focusareas/qualityimprovement/Pages/Quality_Improvement.aspx
- Institute for Wisconsin's Health: http://www.instituteforwihealth.org/resources.html

Table 1: Record of Changes

Date	Description of Change	Page #	Made By:	Rationale