

2016 – 2017 Quality Improvement Plan



Overview of Plan #800-015-P Canton City Health District

Introduction

- 🛡️ The purpose of this presentation is to provide a broad overview of the 2016-2017 CCHD Quality Improvement Plan 800-015-P, approved on 06/09/2016.
- 🛡️ This presentation will provide highlights only.
- 🛡️ Complete details are within the QI Plan document.



Background

🛡️ PHAB Accreditation requires CCHD to have established quality improvement based on a written Quality Improvement (QI) Plan. Therefore, the 2016-2017 QI Plan was created.



🛡️ Prior to the plan, QI efforts at CCHD have been limited and isolated to program specific areas.

🛡️ The QI Plan formalizes the QI efforts and integrates them with the CCHD strategies and performance measures.

What is a QI Plan?

🛡️ A QI Plan is a document that lists all the specifics of the CCHD QI program and planned QI activities.

🛡️ The 2016-2017 QI Plan establishes:

- QI Committee (QIC)
- QI Project Teams (QIPT)
- Formalized method for QI Projects
- Formalized structure for reporting QI activities
- QI Training requirements for all staff
- Develop a culture of quality improvement



Culture of Quality at CCHD

🛡️ Culture of Quality: Quality improvement full embedded into the way the agency does business, across all levels and programs. Leadership and staff are fully committed to quality.



🛡️ Culture of quality is synonymous with QI maturity

🛡️ QI Maturity survey completed by the Domain 9 Team who developed the QI Plan. The results are:

	Points received / total points possible
Culture	14 / 25 = 57%
Capacity & Competency	20 / 55 = 36%
Alignment & Spread	32 / 65 = 49%
Total	66 / 145 = 46%

Culture of Quality at CCHD

- 🛡️ The QI Maturity results indicate CCHD is in the beginning stages of developing a culture of quality. All staff will be surveyed to collect baseline data.
- 🛡️ How do we improve our QI maturity? Complete QI activities in QI Plan, which includes:
 - Provide QI training to all staff
 - Complete & implement QI Projects to improve agency services with staff participation
 - QI Committee with staff from all level to oversee QI program
 - Implement a performance management system



Quality Improvement Activities

- 🛡️ QI activities are listed in the QI Plan in an effort to improve QI Maturity
- 🛡️ Each QI activity lists who is responsible to complete it and the deadline date.
- 🛡️ QI activities are categorized in the 3 QI Maturity categories in order to improve in each of those areas.
- 🛡️ Progress on QI activities is tracked by the QI Committee and reported to the Board of Health and all staff (later during today's presentation)



QI Activities Snapshot from Plan

	Goal/Objective/Activity	Performance Measure	Person(s) or Team Responsible	Timing Target(s)
Organizational Culture	Conduct QI Maturity 10-Question Survey (800-015-09-A) assessment of all staff. Then compare to the Roadmap to determine human and process characteristics.	Documentation of survey and results	QIC	To be completed by 08/31/2016 to serve as baseline data then again by 12/31/2017
	Develop final QIC team charter (use 800-015-10-A as a template)	Documentation of charter	QIC	To be completed by 08/31/2016
	<ol style="list-style-type: none"> Complete QIPT charter for each QIPT; revise 800-015-03-F (QI Project Team (QIPT) Charter Form) if necessary. Develop consistent PDCA implementation structure for QIPT meetings; revise 800-015-11-A (The ABC's of PDCA) and 800-015-12-A (Quality Improvement Toolbox) if necessary. 	Documentation of charter and structure	QIC and QIPT Consultants	<ol style="list-style-type: none"> QIPT charters to be completed by 12/31/2016. Revisions completed by 12/31/2017. To be completed by 12/31/2016 with current form for trial use and final revisions to be completed by 12/31/2017
Capacity and Competency	Develop and implement PMS	Documentation of PMS	Domain 9 Team	To be completed by 12/31/2016
	Introductory QI training <ul style="list-style-type: none"> QIC to find and select online/free intro training Conduct intro training for all staff needed 	Documentation of training	QIC	To be completed by 12/31/2016
	QI skill assessments: <ul style="list-style-type: none"> Development or select assessment Conduct assessment of staff to determine level of QI skill Develop procedures for ongoing use of assessment for new hires 	Documentation of assessment and results	QIC	To be completed by 10/31/2016
	Advanced QI training for QIC members at introduction QI skill level or any other interested staff <ul style="list-style-type: none"> Identify those members or staff Apply for LGIF scholarship (if available) Attend training (if scholarship is available) 	Documentation of training	QIC	To be completed by 12/31/2017
	QIPT training: The QIC to find online/free specific QI Tool training modules to provide to QIPT members. The QIC to also research and apply for grant training	Documentation of training and grant applications (if applicable).	QIC	<ul style="list-style-type: none"> Grant options to be completed by 10/31/2016 Training modules grant options

QI Roles and Responsibilities

- 🛡️ QI roles and responsibilities are specified in QI Plan
- 🛡️ Board of Health passed Resolution 2016-14 in support of QI plan and activities
- 🛡️ Health Commissioner and Division Leaders provide leadership and resources to support QI activities.
- 🛡️ QI Committee has numerous responsibilities
- 🛡️ All Staff responsibilities:
 - Participate in training to develop understanding of QI
 - Identify areas for improvement for QI Projects
 - Suggest improvement actions for your area
 - Participate on QIC and QI Project Teams (QIPT)
 - Apply QI principles and tools to daily work



Quality Improvement Committee (QIC)

- 🛡️ QIC oversees the QI program and implements the QI activities of the plan to develop QI maturity.
- 🛡️ QIC membership is made up of 6-7 staff from all levels (based on actual distribution of staff) and all divisions represented.

Name	Title	Level	Division
Terri Dzienis	APC Administrator (serves as QIC Chairperson)	Division Leader	APC
Kim Koons	WIC Dietician III	Supervisor	WIC
Kim Campbell	Staff Sanitarian II	Professional	EH
Janet Copeland	Staff Nurse II	Professional	Nursing
Heather Macdonald	Laboratory Technician	Support	Lab
Debbie Mazzocca	Public Health Clerk II	Support	VS

QI Training Plan

- 🛡️ All staff: Introduction QI training and training on CCHD QI Plan (this presentation!)
- 🛡️ QIC locating appropriate Intro training, which will be provided to staff when available.
- 🛡️ Select staff receive Intermediate & advanced QI training
- 🛡️ Current staff with advanced QI training (LeanOhio):

Name	Division	Completion Date	Name	Division	Completion Date
Terri Dzienis	APC	03/27/2015	Colton Masters	EH	04/14/2016
Heather Macdonald	Lab	06/03/2015	Gus Dria	EH	04/14/2016
Kim Campbell	EH	06/03/2015	Patty McConnell	OPHI	04/14/2016
Janet Copeland	Nursing	06/17/2015	Neil DelCorso	APC	05/24/2016
James Adams	VS	12/15/2015	Ashanti Parker	Nursing	06/23/2016
Amanda Archer	OPHI	12/15/2015	Christina Henning	Lab	06/23/2016

Quality Improvement Project Proposals

🛡️ Anyone can propose a QI Project.

- You are the experts at completing your job duties.
- You see the issues causing inefficiency or non-compliance for those duties.
- Where there are issues, there are opportunities for QI.



🛡️ To propose a project,

- Discuss your project idea with your division's QIC member.
- They will assist you on completing the QI Project Proposal form and bring the complete form to the QIC.

Proposals to Selected Projects

- 🛡️ The QIC reviews and scores all QI project proposals received.
- 🛡️ For 2016-2017, CCHD is committed to complete 2 QI Projects.
- 🛡️ The 2 QI Project proposals with the highest score will be completed in 2016-2017. The remaining proposals will be available to complete next.



Quality Improvement Project Teams

- 🛡️ Once a QI Project Proposal is selected as a project by the QIC to be completed, the QIC selects 5-8 staff from all levels to become the QI Project Team (QIPT):
 - One QIC member to serve as the QIPT Consultant
 - Subject Matter Experts: Staff that have in-depth knowledge of the process to be improved
 - Fresh Perspective: Staff that have no prior knowledge of the process to give new eyes and ask insightful questions.
- 🛡️ Different staff to serve on each QIPT formed.
- 🛡️ The QIPT Consultant will provide hands on training and guidance to team members on how to use QI tools in the completion of the project

Quality Improvement Projects



- The QIPT will meet regularly use Plan-Do-Check-Act (PDCA), which is:
 - Evaluate the problem area that is the focus of the project with QI tools and to choose improvement solutions.
 - QI Tool examples listed in QI Toolbox 800-015-12-A
 - An action plan will be developed once an improvement is selected.
 - The improvement is then implemented and the process re-evaluated to see if the improvement did remedy the problem using QI tools.
 - If didn't remedy the problem, then start over.
- Improvement solutions selected should cost no additional money

Quality Improvement Projects

- 🛡️ QIPT will document the project progress as they go along, including with photos and charts.
- 🛡️ When the project is complete, the QIPT will summarize the project outcomes on the Storyboard form and with illustrative/graphical displays.
- 🛡️ These documents will be posted to the CCHD website and social media, in the office hallway, and shared during the all staff meetings.



Mini-QI and Just-do-it Solutions

- 🛡️ Mini-QI projects: In addition to the big QI Projects, previously described, divisions have the ability to complete quality improvement for division-specific processes involving only division staff.
 - QI tools are used and data collected to measure improvement gained.
 - Simpler documentation and QIC not involved
- 🛡️ Just-do-it solutions: For division-specific process problems that a solution is already known (without using QI tools), then it should be implemented.
 - Example: A form in use has an error that needs fixed to resolve processing issues
 - Not a project since no QI tools needed to know the solution since the problem is very simple.

Effectiveness of QI Plan and Activities

Effectiveness of the QI Plan and activities is evaluated by the QIC as detailed in QI Plan, including:

- 🛡️ QI Maturity surveys will be completed every 2 years to measure improvement of maturity and effectiveness of activities completed
- 🛡️ Completed QI Projects evaluated to see if their improvement solutions had actual measurable improvement.
- 🛡️ QIC operations effectiveness will be assessed



Customer Satisfaction

- 🛡️ Customer Satisfaction is a great measure of the effectiveness of the programs and services provided by CCHD.
- 🛡️ After a QI project is completed, being able to measure improved customer satisfaction is of great importance.
- 🛡️ Limited customer satisfaction surveys are used by CCHD currently. The development of more surveys is a QI activities for the 2016-2017 plan year.

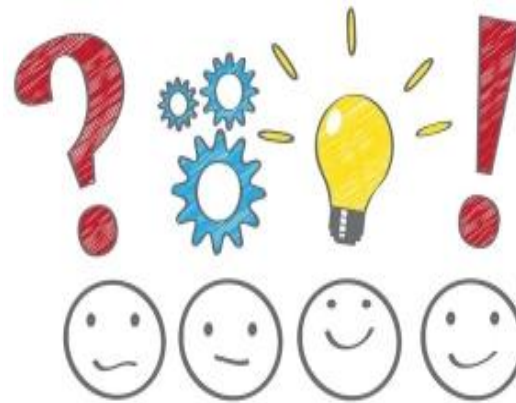


Plan and Activities Revision

- 🛡️ Plan will be revised every 2 years to change items to make it more effective at improving QI maturity
- 🛡️ New QI activities will be planned every 2 years to continue to improve QI maturity.
- 🛡️ Communication methods use to report QI activities to all staff and stakeholders will be revised if necessary to make it more effective.



Questions?



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