

Jackson County Health Department

Quality Improvement Plan

June 2018

Prepared By:





June 2018

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Prepared by:

The Jackson County Health Department

200 E. Main Street

Jackson, Ohio 45640



Public Health
Prevent. Promote. Protect.





June 2018

Signature Page

This plan has been approved and adopted by the following individuals

X

Keith Woolum, Board of Health President

Date

X

Kevin Aston, Health Commissioner

Date

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Katelyn Welch, Director of Administrative Services

Date

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Sasha Payadnya, Public Health Improvement Coordinator

Date

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

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MISSION

IT IS THE MISSION OF THE JACKSON COUNTY HEALTH DEPARTMENT TO CREATE A HEALTHIER AND SAFER COMMUNITY THROUGH DISEASE PREVENTION AND CONTROL, HEALTH PROMOTION AND EDUCATION, ENVIRONMENTAL PROTECTION AND EMERGENCY PREPAREDNESS.

VISION

THE VISION OF THE JACKSON COUNTY HEALTH DEPARTMENT IS THAT EVERY MEMBER OF OUR COMMUNITY IS HEALTHY AND LIVES IN A SAFE ENVIRONMENT.

VALUES

SERVICE – CULTIVATING A CULTURE OF COMPASSION AND STEWARDSHIP WITHIN OUR COMMUNITY AND ORGANIZATION.

LEADERSHIP – INSPIRING DEDICATION, PASSION, AND STRONG RELATIONSHIPS WITH ALL COMMUNITY STAKEHOLDERS.

INTEGRITY – UNCOMPROMISING ETHICAL CONDUCT AND STANDARDS OF RESPONSIBILITY AND ACCOUNTABILITY.

TEAMWORK – ACHIEVEMENT AND INNOVATION THROUGH SUPPORT AND LOYALTY TO OTHERS

GUIDING PRINCIPLE

“HE WHO HAS HEALTH, HAS HOPE; AND HE WHO HAS HOPE, HAS EVERYTHING.” – THOMAS CARLYLE



Purpose and Scope

The Jackson County Health Department (JCHD) is committed to protecting and improving the health, safety, and well-being of the residents of Jackson County. The purpose of the JCHD's Quality Improvement (QI) Plan is to guide the development, implementation, monitoring, and evaluation of continuous quality improvement (CQI) in all levels throughout the organization. In accordance with the JCHD's Mission, Vision, Values, and Strategic Priorities, the department has implemented a department-wide Performance Management (PM) Policy and QI Plan to foster a culture of quality improvement throughout the health department. This plan outlines the JCHD PM system and broad QI goals. The results of these efforts allow the JCHD to serve the residents of Jackson County in the most effective and efficient manner.

Quality Improvement Defined

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-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 (refer to Appendix A: JCHD QI Council Definitions).

Culture of Quality Defined

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 (refer to Appendix A: JCHD QI Council Definitions).

Culture of Quality at JCHD

Current

In March of 2018, the JCHD QI Council members conducted the first informal assessment of the agency's QI maturity score status. Members were asked to take a survey developed by the Multi-State Learning Collaborative evaluation team at the University of Southern Maine's Muskie School. They concluded that the JCHD's **current culture of quality** may be described by the following characteristics:

- Members of the JCHD's senior leadership are receptive to new ideas for improving agency programs, services, and outcomes.



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- The driving force for quality improvement at the JCHD is an internal desire to make our services and outcomes better.
- The BOH and senior leadership at the JCHD work together for common goals.
- Staff consult with, and help, one another to solve problems.
- JCHD Staff members are routinely asked to contribute to decisions.

Overall, the QI Council calculated a score of 114 out of 145 possible points. Scores for each domain are as follows: 24 out of 25 possible points in Culture, 34 out of 55 possible points in Capacity and Competency, and 56 out of 65 possible points in Alignment and Spread.

Future

The JCHD QI Council will continue to assess the agency's QI maturity score status through the QI Maturity Tool annually.

In order to establish a **short-term vision** for QI at the JCHD, Council members were asked what they would like the agency to look like a year from now in terms of QI and PM. Responses included:

- There is an increase in employee QI knowledge and understanding.
- Procedures are documented.
- The Performance Management Dashboard is utilized for documentation and performance tracking.
- Improvements and QI efforts are communicated to all staff.
- Customer surveys are utilized more often.

Achieving the definition of a culture of quality (refer to Appendix A: JCHD QI Council Definitions) is **the long-term vision** for QI at the JCHD. The QI Council was asked to describe the characteristics of a fully embedded Culture of Quality at the JCHD. Responses included:

- Programs remain in sufficient compliance with all state surveys.
- Performance progress and quality improvement are routinely communicated to internal and external stakeholders.
- QI is integrated into all agency planning efforts, and all efforts align with Strategic Priorities or Workforce Development Goals.
- A fully integrated performance-management system is in place.

Performance Management System Defined

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. (refer to Appendix A: JCHD QI Council Definitions).



Performance Management System at the JCHD

The JCHD has adopted the Public Health Performance Management System Framework to guide the utilization of resources to promote, protect, and improve the health of individuals and the community in Jackson County.

The JCHD is committed to a systematic and organized framework for improvement of its programs, processes, services, and operations. This framework is understood, accepted, and utilized throughout the department, as a result of continuous education and involvement of staff at all levels in performance management and quality improvement.

The Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and the department's Strategic Plan, Workforce Development Plan, and this Performance Management and Quality Improvement Plan are aligned to achieve all of the department's goals. Through the JCHD website, the Annual Report, and by request, the JCHD will provide transparent reporting of progress towards the goals of the department.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Visible Leadership

The JCHD senior leadership is committed to a culture of quality improvement that aligns performance management practices with the organizational mission and vision, regularly takes into account customer feedback through various satisfaction surveys and enables transparency about performance between senior leadership and the staff.

Examples include, but are not limited to:

- Adoption of the Strategic Plan and Workforce Development Plan.
- Participation in the QI Council and serving in various roles set forth in the QI Plan.
- Reporting of performance management updates during regular meetings.
- Recognizing and showcasing performance management and quality improvement accomplishments.

Self-Assessment

The QI Council completed the Performance Management Self-Assessment Tool by Turning Point Performance Management National Excellence Collaborative in March 2018. The results of the self-assessment identified the extent to which the JCHD is utilizing performance management and areas that may need improvement. Overall, the JCHD has an operational performance management system, with improvement needed in the following areas:



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- Staff training in quality improvement and performance management.
- Dedication of resources to quality improvement and performance management efforts.
- Organizational culture focused on quality improvement and performance management.
- Integration of a performance reporting and measurement system.
- Regular development of policies, procedures, and plans related to quality improvement and performance management.

Performance Standards

The JCHD's performance standards allow senior leadership and the QI Council to express the performance threshold, requirement, or expectation for the defined performance area. These performance standards are used as benchmarks, observable behaviors and actions, against which actual performance will be measured. Each performance standard is developed and matched to a corresponding measure, in some cases, multiple measures or standards may be applied. Goals, targets, and indicators will be developed along with performance standards for all projects then recorded and analyzed by the QI Council.

The JCHD's performance standards are developed by the QI Council according to feedback, including satisfaction surveys and the Training Needs Assessments received from the workforce, and are linked to several other agency documents.

Performance Measurement

The JCHD's performance measures assess the level of achievement of a corresponding performance standard. These measurements record the outcomes and results of performance management and quality improvement efforts, which generates reliable data on the effectiveness and efficiency of the defined performance area.

Progress Monitoring and Reporting

Progress on meeting performance goals and standards is monitored, analyzed, and communicated by the QI Council and senior leadership. Performance measurement data are updated and stored with the Accreditation Coordinator and QI Council Chair Persons through the utilization of a Performance Management Dashboard. This dashboard allows the QI Council to constantly monitor performance data and easily communicate progress. Progress will be reported to all staff through monthly newsletters and updates during regular staff meetings.

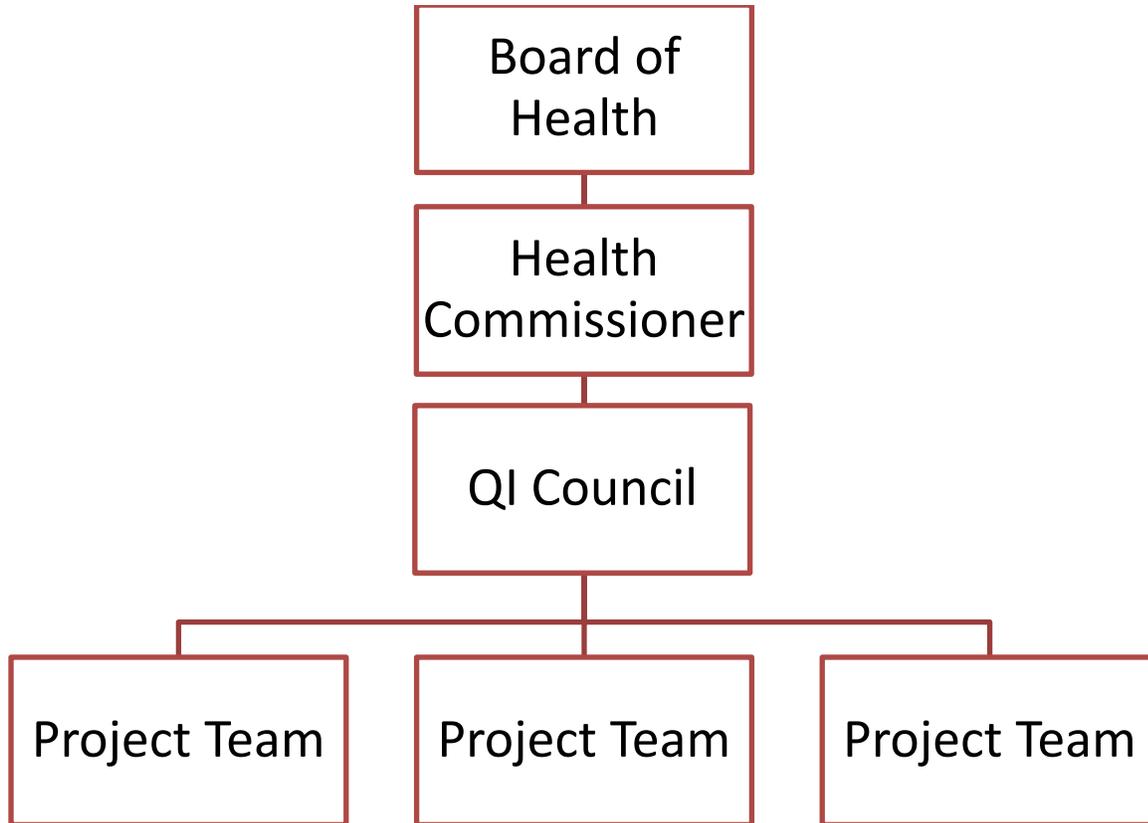
Role in Quality Improvement

The QI Council develops and implements the department's QI Plan. This Plan supports performance management and facilitates a learning environment. The plan outlines a process to select, implement, and support QI initiatives and support the culture of QI within the department. The QI Council meets regularly to monitor and support these initiatives. Performance Management and Quality Improvement have a mutually reinforcing relationship.



Quality Improvement Structure

QI Organizational Structure



QI Roles and Responsibilities

The engagement of all staff at every level of the organization is essential to the implementation of QI at the JCHD.

The QI Council will have the following responsibilities as outlined in the QI Council Team Charter (refer to Appendix B: QI Council Team Charter):

- Developing and implementing the JCHD's QI plan.
- Evaluating QI projects and providing recommendations for department wide implementation.
- Working together with senior leadership on QI training and requirements.
- Developing operational procedures to support QI efforts.
- Recognizing and promoting QI efforts and successes.
- Keep the JCHD staff informed of QI activities, outcomes, and achievements.
- Provide assistance to all staff in the use of QI tools.
- Actively involve all employees at all levels of the organization in the QI efforts.



Senior Leadership:

- Will demonstrate support for continuous quality improvement.
- All members of the Senior Leadership team, including the three division directors and the health commissioner, are members of the QI Council.

All Staff:

- Continually look for ways to do their work more effectively and efficiently.
- Contribute and share QI ideas with colleagues and the QI Council.
- Adapt to changing environments.
- Participate in QI activities, efforts, and projects.

QI Council Membership and Rotation

The QI Council Membership will consist of a combination of senior leadership and non-managerial staff. Membership will be based on the recommendation of division directors. QI Council members will be expected to attend regular meetings to fulfill Council responsibilities. The Accreditation Coordinator and Co-Coordinator will serve as QI Council Co-Chairs. The Administrative Division will ultimately be responsible for selecting QI Council members, organizing QI Council meetings, and distributing information related to QI efforts. Because the JCHD has a staff of only 13 full-time employees, a rotation of QI Council members will not be required.

Membership as of May 2018

Senior level members

Kevin Aston, Health Commissioner
Katelyn Welch, Director of Administrative Services, *QI Co-Chair*
Jodi Strite, Director of Nursing
David Ramby, Director of Environmental Health

Non-managerial members

Megan Peters, Family and Children First Council
Mikie Strite, Regional Epidemiology
Charla Caldwell, Administration
Sasha Payadnya, Administration, *QI Co-Chair*

Quality Improvement Projects

QI Council members will review and prioritize ideas submitted as potential QI projects at least annually, selecting a minimum of two projects to complete each year. Using the JCHD QI Project Suggestion Form, employees can submit project ideas to the Council (refer to Appendix C: JCHD QI Project Suggestion Form/Prioritization Assessment).



Council members may also identify QI project ideas and opportunities through one or more of the following methods:

- Requests from the Board of Health.
- Customer/Stakeholder Feedback.
- Accreditation Planning.
- Other Agency Plans.
- State Health Improvement Plan.
- Agency-wide assessments and surveys.
- Agency-wide or divisional performance measurement data.

Implementation of Agency-Wide QI Projects

All QI Projects selected by the QI Council will be assigned to a sponsoring council member. This council member will oversee the project and its completion alongside the project lead. The role of project lead will be assigned to the submitter of the QI project suggestion, unless otherwise decided by the Council.

The project team assigned to each QI project will be expected to:

- Document their answers to the following questions:
 - What do we want to accomplish?
 - How will we know that a change results in improvement?
 - What changes can we make that will result in improvement?
- Submit a project outline to the QI Council.
- Use project management principles.
- Use proven QI methodology, such as Plan-Do-Study-Act, Lean, or Six Sigma.
- Document key steps of the process.
- Report results to the QI Council.
- Share material with internal and/or external stakeholders.
- Develop a brief project summary or story board.

Alignment with Other Agency Plans

QI Council members conduct an assessment of all submitted project suggestions using the JCHD QI Project Suggestion Forms. These forms allow Council members to score the proposed project and ensure that the project aligns with the goals and priorities of the Strategic Plan, CHIP, and Workforce Development Plan, as well as the organization's mission, vision, and values.

Goals and Objectives

In order to assess and monitor progress in advancing the culture of quality at the JCHD, the QI council establishes QI Goals and Objectives during the annual QI Plan review. These goals are largely based on results of the QI Maturity Tool and stakeholder feedback. The QI Council is responsible for the establishment, monitoring, and revision of QI Goals and Objectives.



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1. Senior Leadership communicates the importance and value of quality improvement internally and externally (with stakeholders and partners).
 - The Health Commissioner recognizes quality improvement efforts at two or more all-staff events by June 30, 2019.
 - Each Director will report performance progress in their division to the Board of Health at the end of the year, by December 31, 2018.
2. All JCHD staff will have an understanding of quality improvement concepts, efforts and practices.
 - All Staff have completed CQI for Public Health: The Fundamentals through the Ohio Train website by June 30, 2019.
 - Develop and distribute a tip sheet for QI teams on how to share success or improvements by December 31, 2018.
3. The JCHD seeks and uses feedback from customers and stakeholders for continuous quality improvement.
 - The QI Council will make survey results and QI Project Summaries available on the JCHD website by June 30, 2019.
4. Quality Improvement is embedded in the JCHD culture.
 - The Health Commissioner will conduct Performance Evaluations and Personal Development Plan with each employee at least once by June 30, 2019.
 - The JCHD QI Maturity Score will fall in the Excelling category by June 30, 2021.

QI Monitoring and Reporting

The QI Council will review the QI Plan and all related materials and processes annually. This annual review will allow the QI Council to ensure that all QI efforts remain updates, adaptive and continue to meet the needs of the department and its staff.

A process for monitoring and reporting of QI projects will be determined by the QI Council. It is anticipated that these projects will be monitored by the QI Council on a regular basis. After a project is initiated, the project lead may be invited to a QI Council meeting to provide project updates at critical check-in points. Upon completion of cross-divisional projects, project leads may be asked to share results, lessons learned and opportunities for replicating the project in other areas of the agency with the Council through presentation or submission of a one-page project summary.

The QI Council Chair will present an annual report to the Board of Health summarizing the following:

- Cross-divisional QI projects, including reporting of project data, a summary of barriers to achieving aims, plans for addressing barriers, successes, key learnings and sustainability plans.
- Achievement on the comprehensive QI Maturity Score.



- Progress on current and any newly established QI Goals and Objectives.
- Any recommended changes to the QI Plan.
- Any recommended changes to the Council's Charter.

Training

Developing staff capacity and competency to engage in CQI is an essential component to building a culture of quality at the JCHD. In addition to QI Objectives 2a and 2b, the QI Council will support the following activities:

- Encourage staff to utilize the Ohio Train website to complete QI training and general workforce development courses.
- Encourage and promote external QI Trainings to JCHD staff.
- Encourage networking and community involvement as a resource for learning.

Communication

Clear and consistent communication is critical to building a culture of continuous quality improvement. The JCHD is committed to providing a clear and consistent message to staff and stakeholders surrounding QI efforts within the department. Making QI visible within the department will largely allow this message to reach all staff. QI efforts will be made available and visible to all staff through a shared bulletin board. This bulletin board will feature project summaries, updates, and any other material that a QI Project Lead may want to showcase.

QI Project Leads will be encouraged to develop a one-page project summary after the completion of a QI project that can be used to document QI efforts and the individual nature of each project. QI Project Leads may also be invited to present their project at a regular staff meeting, board meeting or QI Council meeting.

Evaluation

The QI Council will monitor all information available related to QI efforts at the JCHD. All visible results will be used to assess the effectiveness of the current approach to a culture of quality. The following methods will be considered when determining the effectiveness of the JCHD QI Plan:

- Annually monitoring the JCHD QI Maturity Score.
- Assessing the achievement of QI Plan goals and objectives.
- Assessing the completion of QI Projects.
- Assessing performance management results over time.
- Monitoring of customer and employee satisfaction surveys.



Appendix A: JCHD QI Council Definitions

Board of Health (BOH)

A board of health is a legally designated governing entity whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Community

Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

Community Health Assessment (CHA)

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

Community Health Improvement Plan (CHIP)

A community health improvement plan is 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 coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It 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: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf).



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Core Public Health Competencies

Core public health competencies encompass the individual skills desirable for the delivery of Essential Public Health Services. They transcend the boundaries of the specific disciplines within public health and help to unify the profession. The competencies are divided into the following eight domains: Analytic Assessment Skills, Basic Public Health Sciences Skills, Cultural Competency Skills, Communication Skills, Community Dimensions of Practice Skills, Financial Planning and Management Skills, Leadership and Systems Thinking Skills, Policy Development/Program Planning Skills. Intended levels of mastery, and therefore learning objectives for public health workers within each competency, will differ depending upon their backgrounds and job duties. (www.trainingfinder.org/competencies).

Core legal public health competencies encompass a set of law-specific skills and knowledge desirable for the practice of public health. These competencies are intended to serve as guides to workforce development efforts for public health leaders [policy makers] who have specialized roles related to public health law, as well as for front-line staff who need a basic understanding of the role of law in protecting the public's health. (www.publichealthlaw.net).

Cultural Competence

Cultural competence is a set of skills that result in an individual understanding and appreciating cultural differences and similarities within, among, and between groups and individuals. This competence requires that the draw on the community-based values, traditions, and customs to work with knowledgeable persons of and from the community developing targeted interventions and communications. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Customer/Client Satisfaction

Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. (www.businessdictionary.com/definition/customersatisfaction.html).

Performance Management (PM) 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).



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

An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA 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

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. (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-Check-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).

Regular

For the purposes of PHAB accreditation, regular is defined as within a pre-established schedule determined by the health department. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).

Strategic Plan

A strategic plan results from a deliberate decision-making process and 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, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).

Training

Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties. (Institute of Medicine. Who Will Keep the Public Healthy? National Academies Press. Washington, DC, 2003).



Appendix B: QI Council Team Charter

1. Purpose

The Quality Improvement (QI) Council is chartered to support department leadership in building a culture of continuous quality improvement throughout the organization. The QI Council provides leadership, direction, and priorities for department-wide QI efforts at the Jackson County Health Department (JCHD). The QI Council will also provide leadership support and guidance for building capacity for QI on all levels, communicating and sharing QI improvement activities and resources, and recognizing QI efforts and successes.

2. Goals

- JCHD has a sustainable QI culture that promotes continuous QI efforts across all divisions and levels within the department.
- Staff has knowledge and skills necessary to build and sustain QI culture in the department.
- JCHD has a customer-focused approach to all work activities and Organizational Plans.
- QI efforts are recognized, acknowledged, and celebrated.
- Successful QI initiatives are implemented throughout the department.

3. Responsibilities and Scope

- Developing and implementing the JCHD's QI plan.
- Selecting and evaluating QI projects and providing recommendations for department wide implementation.
- Working with staff to implement necessary QI Trainings.
- Developing operational procedures to support QI efforts.
- Recognizing and promoting QI efforts and successes.
- Keep the JCHD staff informed of QI activities, outcomes, and achievements.
- Provide assistance to all staff in the use of QI tools.
- Actively involve all employees at all levels of the organization in the QI efforts.

4. Membership

The QI Council Membership will consist of a combination of director level staff and non-managerial staff. Membership will be based on the recommendation of division directors. QI Council members will be expected to attend regular meetings to fulfill Council responsibilities. The Accreditation Coordinator and Co-Coordinator will serve as QI Council co-chairs. The Administrative Division will ultimately be responsible for selecting QI Council members, organizing QI Council meetings, and distributing information related to



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QI efforts. Because the JCHD has a staff of only 13 full-time employees, a rotation of QI Council members will not be required.

Membership as of March 2018

Senior level members

Kevin Aston, Health Commissioner

Katelyn Welch, Director of Administrative Services, *QI Council Co-Chair*

Jodi Strite, Director of Nursing

David Ramby, Director of Environmental Health

Non-managerial members

Megan Peters, Family and Children First Council

Mikie Strite, Regional Epidemiology

Charla Caldwell, Administration

Sasha Payadnya, Administration, *QI Council Co-Chair*

5. Project Selection

- Project ideas are submitted one of two ways using the JCHD QI Project Suggestion Form/Prioritization Assessment.
 - Any employee of the JCHD may complete and submit a QI Project Suggestion Form to the QI Council Chairs.
 - Any partnering organization or stakeholder may relay project ideas to any employee of the JCHD. The employee then may complete and submit a QI Project Suggestion Form to the QI Council Chairs.
- The QI Council Members will assess submitted QI project suggestions at least annually and will commit to initiating and completing at least two QI projects per year.
- QI project suggestions will be scored by council members on the following critical criteria
 - Alignment with the CHIP, Strategic Plan, Workforce Development Plan, Mission, Vision, and Values of the agency.
 - Organizational Culture.
 - Fiscal Responsibility.
- The QI Council will use their own judgement in scoring each project and will initiate the two project that receive the highest score.

6. Monitoring

- The QI Council will review the QI Plan and all related materials and processes annually. This annual review will allow the QI Council to ensure that all QI efforts remain updates, adaptive and continue to meet the needs of the department and its staff.



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- Data from any performance measurement data will be collected and analyzed by the responsible person. The data, analysis results, and any other project information will then be submitted to the QI Council for Project Review.
- QI projects will be monitored by the QI Council on a regular basis. After a project is initiated, the project lead may be invited to a QI Council meeting to provide project updates at critical check-in points. Upon completion of QI projects, project leads may be asked to share results, lessons learned and opportunities for replicating the project in other areas of the agency with the Council through presentation or submission of a one-page project summary.
- The QI Council Chair will present an annual report to the Board of Health summarizing the following:
 - QI projects, including reporting of any related project data.
 - Achievement on the comprehensive QI Maturity Score.
 - A work plan for the next year.
 - Any recommended changes to the QI Plan.
 - Any recommended changes to the Council's Charter.

7. Communication

Clear and consistent communication is critical to building a culture of continuous quality improvement. The JCHD is committed to providing a clear and consistent message to staff and stakeholders surrounding QI efforts within the department. Making QI visible within the department will largely allow this message to reach all staff. QI efforts will be made available and visible to all staff through a shared bulletin board. This bulletin board will feature project summaries, updates, and any other material that a QI Project Lead may want to showcase.

QI Project Leads will be encouraged to develop a one-page project summary after the completion of a QI project that can be used to document QI efforts and the individual nature of each project. QI Project Leads may also be invited to present their project at a regular staff meeting, board meeting or QI Council meeting.

8. Evaluation

The effectiveness of the JCHD QI Plan will be measured by the following methods:

- Annually monitoring the JCHD QI Maturity Score.
- Assessing the achievement of QI Plan goals and objectives.
- Assessing the completion of QI Projects.



Appendix C: QI Maturity Tool

Background:

This survey was created by the Multi-State Learning Collaborative evaluation team at the University of Southern Maine’s Muskie School. The tool was designed to:

- Identify features of an organization that may be enhancing or impeding QI approaches
- Monitor the impact of efforts to create a more favorable environment for QI to flourish
- Define potential cohorts of public health agencies for evaluation purposes

Contact Information:

For more information on the QI Maturity Tool, including its development, reliability, validity, administration and scoring, please contact Brenda Joly at 207-228-8456 or bjoly@usm.maine.edu

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Joly BM, Booth M, Mittal P, Shaler G. (2012). Measuring Quality Improvement in Public Health: The Development and Psychometric Testing of a QI Maturity Tool. *Evaluation & the Health Professions*, 35(2) 119-147.

Or

Joly BM, Booth M, Mittal P, Zhang Y. Classifying Public Health Agencies Along a Quality Improvement Continuum. *Frontiers in Public Health Services and Systems Research* Vol. 2: No. 3, Article 2. Available at: <http://uknowledge.uky.edu/frontiersinphssr/vol2/iss3/2>

QI Maturity Tool

Directions: Please complete the following items by checking the most appropriate box.

	Strongly Agree				Strongly Disagree
	5	4	3	2	1
1. Leaders (e.g. board, senior management team) of my public health agency are receptive to new ideas for improving agency programs, services, and outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The impetus for improving quality in my public health agency is largely driven by an internal desire to make our services and outcomes better.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The board and/or the management team of my public health agency work together for common goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff consult with, and help, one another to solve problems.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff members are routinely asked to contribute to decisions at my public health agency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The leaders of my public health agency are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Staff at my public health agency who provide public health services are trained in basic methods for evaluating and improving quality, such as Plan- Do-Study-Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	Strongly Agree				Strongly Disagree
	5	4	3	2	1
8. Many individuals responsible for programs and services in my public health agency have the skills needed to assess the quality of their program and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My public health agency has objective measures for determining the quality of many programs and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Many individuals responsible for programs and services at my public health agency routinely use systematic methods (e.g., root cause analysis) to understand the root causes of problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Many individuals responsible for programs and services at my public health agency routinely use best or promising practices when selecting interventions for improving quality.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Programs and services are continuously evaluated to see if they are working as intended and are effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My public health agency has designated a Quality Improvement Officer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The quality of many programs and services in my agency is routinely monitored.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Good ideas for measuring and improving quality in one program or service USUALLY are adopted by other programs or services in my public health agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff members at all levels participate in quality improvement efforts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My public health agency has a quality improvement council, committee or team.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My public health agency has a quality improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Accurate and timely data are available for program managers to evaluate the quality of their services on an ongoing basis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Many individuals responsible for programs and services in my agency have the authority to change practices or influence policy to improve services within their areas of responsibility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree		Strongly Disagree		
	5	4	3	2	1
23. When trying to facilitate change, staff has the authority to work within and across program boundaries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Improving quality is well integrated into the way many individuals responsible for programs and services work in my public health agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Agency staff is aware of external quality improvement expertise to help measure and improve quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Spending time and resources on quality improvement is worth the effort.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The key decision makers in my agency believe quality improvement is very important.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Using QI approaches will impact the health of my community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Public health agency staff and stakeholders will notice changes in programs and services as a result of our QI efforts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating

Legend	
24	Domain = Culture: values & norms that pervade how agency interacts with staff & stakeholders
34	Domain = Capacity & competency: skills, functions & approach used to assess & improve quality
56	Domain = Alignment & spread: QI supports & supported by organization & is diffused within agency

Score	
≤99	Beginning: Have not yet adopted formal QI projects, applied QI methods in a systematic way, or engaged in efforts to build a culture of QI.
100-106	Emerging: Newly adopted QI approaches, with limited capacity. Limited QI culture and few, if any, examples of attempts to incorporate QI as a routine part of practice.
107-120	Progressing: Some QI experience and capacity but often lack commitment, have minimal opportunities for QI integration throughout the agency and are less sophisticated in their application and approach.
121-139	Achieving: Fairly high levels of QI practice, a commitment to QI, and an eagerness to engage in the type of transformational change described by QI experts.
≥140	Excelling: High levels of QI sophistication and a pervasive culture of QI.



Appendix D: Performance Management Policy

Policy

The Jackson County Health Department (JCHD) engages in performance management (PM) at all levels of the agency. All JCHD staff members have a role in identifying and making continuous improvements that allow the agency to effectively fulfill its mission. This policy addresses agency and divisional performance.

Purpose

Use of PM at the JCHD facilitates the achievement of improved health outcomes for the residents of Jackson County. Results from both population indicators and program performance measures are used to drive quality improvement. Benefits of PM include:

- Organizational alignment.
- Ability to identify, examine, and address issues with agency-wide and divisional implications.
- Increased ability to use data to communicate success.
- QI projects that result in increased efficiency.
- Increased customer and stakeholder satisfaction.

Standard

PM at the JCHD is the practice of using data for decision-making in three basic steps:

1. Establishing a set of standards.
2. Measuring, monitoring, and communicating progress towards those set standards.
3. Engaging in quality improvement activities when desired progress is not being made.

The JCHD has adopted the Public Health Performance Management System Framework, which includes the following components:

- **Performance Standards/Results** – Where do we want to be?
- **Performance Measurement** – How will we know that we've reached the standard?
- **Progress Reporting and Communication** – How well are we doing?
- **Quality Improvement** – How will we improve? `

The QI Council utilizes the Performance Management Self-Assessment Tool developed by Turning Point Performance Management National Excellence Collaborative, along with customer feedback and employee satisfaction surveys to develop performance standards. These standards allow senior leadership and the QI Council to express the performance threshold, requirement, or expectation for the defined performance area and goal. These performance standards are used as benchmarks, observable behaviors and actions, against which actual performance can be measured.



Agency Performance

- The QI Council is responsible for monitoring agency-wide performance measures and maintaining a set of key measures.
- The JCHD will maintain a current organizational Strategic Plan and at a minimum, will engage in a strategic planning on a three-year cycle. The Strategic Plan will include objectives and measures to track progress. The QI Council is responsible for the implementation and reporting on activities and measures within the Strategic Plan.
- Each Division Director will submit to the QI Council up to five performance measures annually. Those measures will be reviewed for potential inclusion in the set of key agency performance measures.
- A PM dashboard will be operated by the QI Council Chairs to monitor each agency-wide or divisional performance measure.
- Progress on key performance measures will be reviewed by the QI Council at a minimum of twice per year during a special meeting. Opportunities for improvement may be identified at any regular or special council meetings.
- Progress on key performance measures will be communicated by the QI Council to the JCHD staff, stakeholders, and Board of Health.

Division Performance

- Division Directors will work with the QI Council to monitor their divisional performance measures.
- Staff at all levels will be involved in the development and monitoring of performance measures.
- Customer satisfaction should be considered when selecting performance measures.
- Each selected performance measure submitted by an employee to a Division Director will be reviewed by the QI Council for approval.
- Identified opportunities for improvement should be acted upon internally or referred to the division director.

Coordination and Support

The QI Council membership includes the Health Commissioner and each Division Director. Because of the small size of the agency's staff, seamless coordination between all levels of the organization will be possible. The following guidelines are set to ensure a high level of coordination and communication to all staff and stakeholders:

- Training and technical assistance will be provided if a need is identified by the QI Council.
- The QI Council will establish and maintain a Quality Improvement (QI) Plan and integrate PM into the QI Plan and Council operations.
- This policy will be updated only as needed.



Procedure

Performance Standards

1. QI Council and Senior Leadership identify relevant performance goals through employee, customer, and stakeholder feedback.
2. Division Directors submit performance measures related to their division to the QI Council for performance monitoring.
3. QI Council select measures and set standards for performance each performance goal.
4. QI Council and Division Directors communicate performance expectations to staff.

Performance Measurement

5. QI Council selects and refines performance measures.
6. Data systems developed when needed and appropriate for data collection.
7. Staff collects performance data and information for the QI Council.

Progress Reporting

8. QI Council analyzes and interprets performance data and measures.
9. QI Council reports progress and results to staff and makes information available to stakeholders.
10. JCHD staff develop a regular reporting cycle.

Quality Improvement

11. Performance data used for decision-making to improve policies, programs, and outcomes.
12. QI Council and Senior Leadership manage changes to the Performance Management Policy and System.
13. The JCHD commit to creating a culture of quality improvement.



May 2018

Sources

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[Version-1.02.pdf](#)

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Quality Improvement Plan

Jackson County Health Department

June 2018

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