



Vinton County Health Department Quality Improvement Plan

September 2022-December 2027
Updated August, 2022

Vinton County Health Department Quality Improvement Plan

Vinton County Health Department is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment.

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Purpose and Introduction

The purpose of Vinton County Health Department's (VCHD) Quality Improvement Plan is to create a culture of quality improvement through continuous improvement of programs, services and administration. This purpose has also been integrated into the goals of the strategic plan. This plan provides the framework by which the improvement activities and initiatives will be conducted. The focus is on the central theme of advancing a culture of quality, improving customer satisfaction, improving use of services and recognition of staff efforts at all levels. As results of the goals set forth in this plan, VCHD will continually improve upon its delivery of programs and services offered to the county and *working To Expand and Improve Public Health Services That Meet the Changing needs of the Community.*

Quality Improvement (QI) is the use of a deliberate and defined improvement process, to evaluate and improve policies, processes, programs and interventions. The purpose is to focus on activities that are responsive to community needs and improving population health. This refers to a continuous and ongoing effort of the VCHD to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes in services, processes or programs which improve the health of the community.

VCHD leadership supports quality improvement and is incorporating all staff in the establishment and promotion of a culture of quality through the direct involvement in QI activities, use of QI methods, working towards goals and celebrating successes.

The focus on quality begins with our mission, vision and values. These were most recently reviewed and retained as part of the process of updating our Strategic Plan during the summer of 2022. Our vision communicates our highest goal and desired future state; our mission defines the agency's purpose and demonstrates the commitment from staff and leadership towards quality. Our values serve as our guiding principles to drive the work we do. The values are incorporated into

our workforce Development Plan and part of every employee's Performance Evaluation.

Vinton County Health Department

Mission, Vision & Values

Mission

To promote the health, safety and well-being of Vinton County through education, community outreach, quality service and community partnerships.

Vision

To expand and improve Public Health services that meet the changing needs of the community.

Values

The principles that guide us as individuals and as an organization.

- | | |
|----------------------|--|
| Compassion | <i>Providing caring and supportive actions for all of our clients.</i> |
| Communication | <i>Conveying ideas, thoughts, and information in a clear and concise manner to clients, partners and coworkers.</i> |
| Integrity | <i>Conducting all business (internal and external) transparently and truthfully, remaining accountable to our clients, partners and staff.</i> |
| Flexibility | <i>Accommodating the ever-changing needs of our clients.</i> |
| Accuracy | <i>Providing quality service that is timely and accurate.</i> |
| Collaboration | <i>Working together with respect and cooperation.</i> |

Quality Improvement Terms

CHA: Community Health Assessment

CHIP: Community Health Improvement Plan

Continuous Quality Improvement (CQI): A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (eg. PDCA – Plan-Do-Check-Act) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

Kaizen: Japanese word that means to break for the better.

Lean Six Sigma: a systematic approach to identifying and eliminating waste through continuous quality improvement. Lean focuses on speed with sacrificing quality for the customer. Six Sigma seeks to identify and remove causes of errors and minimizing variation.

PDCA(Plan-Do-Check-Act): Method of conducting a QI project

Quality Improvement (QI): Raising the quality of a product/service to a higher standard.

Quality Improvement Plan: A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan. (PHAB Acronyms and Glossary of Terms, 2009).

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.)

QI Tools: A variety of tools used to identify how processes, programs and services can be improved. Tools include prioritization matrices, flow charts, cause-and-effect or fishbone diagrams, pareto charts, scatter diagrams, control/run charges, brainstorming, logic models, SWOT analysis and numerous others.

S.M.A.R.T: Acronym used to ensure objectives are (S)pecific, (M)easurable, (A)ttainable, (R)ealistic, and (T)imely.

Description of Quality in Agency

Introduction

This section provides a description of quality efforts in Vinton County Health Department, including culture, roles and responsibilities, processes and linkages of quality efforts to other agency documents.

Foundational Efforts

In the winter of 2018, the VCHD Accreditation Team completed the organizational QI Maturity Survey, and scored an expected “Beginning” QI maturity Score Category. Since that time, VCHD established a QI Council and has implemented three QI projects.

Links to other Agency Plans

VCHD completed an updated Community Health Improvement Plan (CHIP) in November of 2021, based on the Community Health Assessment of 2019. CHIP priority health issues, goals and objectives were considered as part of the process of updating and revising the health department Strategic Plan of August 2022. Links between the VC CHIP and the VCHD Strategic Plan are described in the strategic plan. A workplan for implementing the goals and objectives of the strategic plan includes performance measures for monitoring progress. Performance measures are recorded in the Clear Impact performance management system. Performance measures that are not meeting target values will be reviewed as possible quality improvement projects.

QI Council

The QI Council provides ongoing leadership and oversight of continuous QI activities. The QI Council meets bi-monthly.

Responsibilities:

- Participating in bi-monthly meetings to review QI progress
- Encourage supervisor to incorporate QI concepts into daily work throughout all programs
- Engaging in and facilitating QI efforts

- Select QI Projects from the employee nomination forms submitted, the strategic plan priorities, performance management data or customer feedback
- Monitor QI projects, act to solve problems, and support implementation of quality improvements system-wide
- Identifying appropriate staff to participate in QI projects as needed
- Review Quality Improvement Plan and process on yearly basis

Membership and Rotation:

The QI Council will be representative of all internal departments. Terms will not be limited, except as determined by the Administrator. Membership is composed of the following VCHD positions:

- Administrator
- Environmental Health Director
- Administrative Assistance
- Front Office Supervisor
- Fiscal Officer
- Director of Nursing
- Lead Public Health Nurse
- WIC Director
- Help Me Grow Supervisor
- Home Health Aide Supervisor
- Accreditation Coordinator

Board of Health Responsibilities:

- Be aware of QI process
- Provide input or comment on projects or plan
- Review completed projects

Health Commissioner/Administrator Responsibilities

- Allow employees adequate time to spend on QI efforts
- Allocate funding for QI projects
- Review completed projects
- Determine membership of QI Council

Supervisors Responsibilities:

- Incorporate QI into daily work
- Identify areas in which a QI project can be completed
- Overseeing QI projects in their division
- Participating in QI projects
- Scheduling staff time for participation in QI projects

All Staff Responsibilities:

- Working with supervisors to identify areas for improvement and suggest QI projects to address them
- Participating in QI projects as requested
- Collecting and reporting data for QI projects
- Develop a basic understanding of QI and the tools used
- Incorporate QI into daily work

Quality Improvement Learning Opportunities

VCHD has identified 2 online courses that provide training in the elements of Quality Improvement. These courses are listed on the master training schedule in the health department Workforce Development Plan.

CQI for Public Health: The Fundamentals

This online self-study course introduces the principles of quality improvement and methods for problem-solving, provides details on the application of the CQI process, and identifies how to use a team to improve a process in an organization. This training will be for all employees and will be a part of the new employee orientation. It consists of 3 modules that provide the basics of quality improvement in public health. It is available at the following link:

<https://osupublichealth.catalog.instructure.com/courses/phqi-0001>

CQI for Public Health: Tool Time

This online self-study course provides the most commonly used tools for CQI and is designed to accompany the CQI for Public Health: The Fundamentals course. This course was developed for public health agencies and their partners, although the principles, process and tools have been used in all kinds of organizations and can be used anywhere, even at home. This course will be taken by supervisors and anyone on a QI team.

The course consists of five modules that are designed as self-paced, interactive, independent learning. Modules include activities and opportunities to apply the learning on the participant's own work. It is available at the following link:

<https://osupublichealth.catalog.instructure.com/courses/phqi-0005>

QI project team members shall review these modules when initiating a new project.

Quality Improvement Process

Project Identification:

1. QI Projects may be identified formally or informally through an array of means, including customer or staff suggestions, performance management, survey results, reports, team brainstorming, service statistics, financial records, program goals and objectives, after action reports, internal assessments use of QI- Project Nomination Form (Appendix E) and many others.
2. A nomination form may be submitted to the QI Council either via email or by the suggestion box.
3. The QI Council will review suggestions at their bi-monthly meetings

Prioritization: Priority for QI projects will be given to identified needs to improve program processes, objectives, and/or performance measures that align with the department's plan, goals, stakeholder feedback or performance management system. The Administrator, a supervisor or staff member may request that a specific QI project be selected. The QI Council shall review project suggestions for feasibility and applicability. Equity, inclusivity and impact shall also be considered as part of the prioritization process. A prioritization matrix or other means may be used when determining which QI project to select.

Project Initiation:

Project team members will be selected so that the scope of the problem/project is represented; teams will consist of five to seven members and represent affected departments, disciplines, and clients as needed. The QI project team will do the following to address the opportunity for improvement:

1. The project team will complete a team charter and define the roles and responsibilities of each team member. Minutes of the project team meetings will be documented.
2. The project team will conduct a root cause analysis using a QI tool such as a fish-bone diagram, 5 whys or other.
3. Once the root cause has been identified, the team will use a QI tool to identify possible solutions.
4. The team will evaluate the possible solutions and prioritize which solution to implement.
5. The team will use the Plan-Do-Check-Act method to design, implement and evaluate quality improvement measure.
6. The team will set S.M.A.R.T objectives to measure and evaluate the results of their project.
7. The project team shall identify next steps based on the results of their project implementation.

Goals and Objectives for Implementation of the QI Plan

Goal 1: By December 31, 2027 all VCHD employees will have QI training.				
Objectives	Action Steps	Responsible Parties	Target	Metrics
1. All new hires will complete <i>CQI for Public Health: The Fundamentals</i> within 90 days of hire	<ul style="list-style-type: none"> Training will be added to the New Employee Orientation 	Human Resources New employee Supervisor New Employee	95% Of new hires trained	#Certificate of Completion % new employees completing training quarterly
2. QI Council members/Project members will complete <i>CQI for Public Health: Tool Time</i> within 3 weeks of initiating project	<ul style="list-style-type: none"> Once named to a QI Project, members will complete the training within 3 weeks Supervisors will complete this training within 90 days of plan implementation 	QI project team members QI council members	95% of project team members 95% of QI Council members	% of project team members completing training % of QI Council members completing training
Goal 2: By December 31. 2027, VHCD QI project team members will communicate their progress.				
Objectives	Action Steps	Responsible Parties	Target	Metrics
1. QI activity updates provided to staff at least quarterly	<ul style="list-style-type: none"> QI team provide progress update to Emily Coleman for newsletter once project is complete QI team provides update to QI Council quarterly and upon completion. 	*Designated person on project team	1 update quarterly when QI project underway 1 update to QI council quarterly	# of QI project updates in newsletter # of updates to QI Council
2. Board of Health receives updates on QI progress & completion	*QI project update in monthly board report * QI project team representative presents project to BOH once complete	*Supervisor related to QI project * Project team representative	1 update per month 2 presentations annually	# of QI updates in board reports # QI project presentations

Goal 3: By December 31, 2027 VCHD staff will complete at least 2 QI projects annually.				
Objectives	Activities	Responsible Parties	Target	Metrics
1. Complete 2 QI projects	<ul style="list-style-type: none"> Review suggestions for QI projects Assemble team for QI project Follow steps for project implementation Communicate progress and results of completed project 	QI Council QI project team	2 completed projects annually	# QI projects completed annually

Monitoring of the VCHD QI Plan

The QI plan will be monitored in the Clear Impact performance monitoring system. Status of QI projects in progress will be discussed at bi-monthly QI Council meetings. The QI plan will be reviewed and updated at least every 5 years.


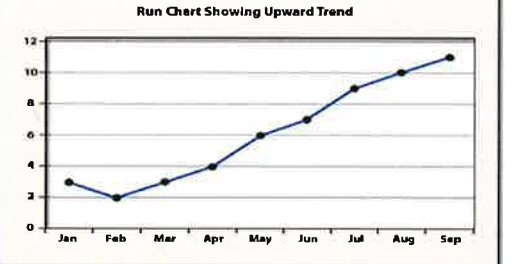
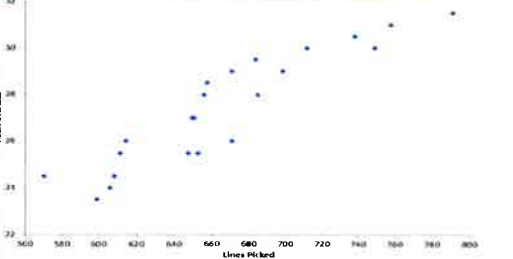
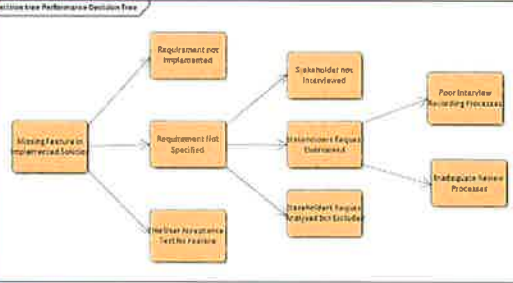
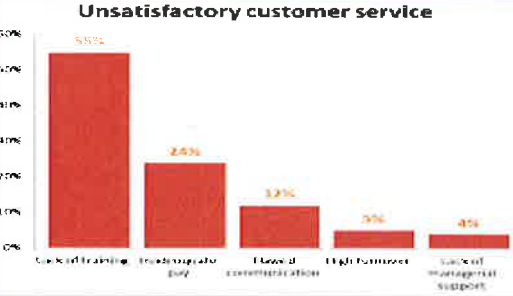
Communication Strategies

The VCHD QI Plan is posted on the health department webpage. A member of the QI project team will present the details of the completed project to the Board of Health members. A summary of the completed project will be shared in the monthly health department newsletter. Other methods of communication such as storyboards or presentations to interested stakeholders may also be employed.

Completed QI Projects

Project Name	Division	Date Completed
Food Inspection Violations	EH	August 2019
Electronic File Storage	Administration	November 2019
Vaccine Recall	PH/Front Office	May, 2022

Appendix A: Tools

Tool	Summary	Example
Radar Chart	<p>Used to: Rate organization performance</p> <ul style="list-style-type: none"> Makes concentrations of strengths and weaknesses visible Clearly defines full performance in each category Captures the different perceptions of all the team members about organization performance 	 <p>A radar chart titled "Trainer Ratings" comparing three individuals (Graham, Barbara, and Keth) across five categories: Knowledge, Delivery, Effectiveness, Helpful, and Punctual. The chart shows varying performance levels for each person across the categories.</p>
Run Chart	<p>Used to: Track trends</p> <ul style="list-style-type: none"> Monitors the performance of one or more processes over time to detect trends, shifts, or cycles Allows a team to compare a performance measure before and after implementation of a solution to measure its impact 	 <p>A line graph titled "Run Chart Showing Upward Trend" showing data points from January to September. The y-axis ranges from 0 to 12. The data points show a clear upward trend from approximately 3 in January to 11 in September.</p>
Scatter Diagram	<p>Used to: Measure relationships between variables</p> <ul style="list-style-type: none"> Supplies the data to confirm a hypothesis that two variables are related Provides a follow-up to a Cause & Effect Diagram to find out if there is more than just a consensus connection between causes and effect 	 <p>A scatter plot showing the relationship between "Lines Picked" (x-axis, 500-800) and "Hours Overdue" (y-axis, 22-32). The data points show a positive correlation, indicating that as the number of lines picked increases, the number of hours overdue also tends to increase.</p>
Tree Diagram	<p>Used to: Map the tasks for implementation</p> <ul style="list-style-type: none"> Allows all participants (and reviewers outside the team) to check all of the logical links and completeness at every level of the plan detail Reveals the real level of complexity involved in the achievement of any goal, making potentially overwhelming projects manageable, as well as uncovering unknown complexity 	 <p>A decision tree titled "Decision Tree Performance Definition Tree" starting with "Missing feature in implemented solution". It branches into "Requirement not implemented", "Requirement not specified", and "Requirement specified but not included". Further sub-branches include "Stakeholder not interviewed", "Stakeholder Request Unintended", and "Stakeholder Request Not yet Not Included", leading to outcomes like "Poor Interview Recording Process" and "Inadequate Review Process".</p>
Pareto Chart	<p>Used to: Focus on key problems</p> <ul style="list-style-type: none"> Helps team focus on those causes that will have the greatest impact if solved. Progress is measured in a highly visible format that provides incentive to push on for more improvement 	 <p>A Pareto chart titled "Unsat satisfactory customer service" showing the percentage of customer service issues. The categories and their percentages are: Lack of training (53%), Inadequate support (26%), Lack of communication (12%), High turnover (5%), and Lack of managerial support (4%).</p>

Force Field Analysis	<p>Used to: Identify positives and negatives of change</p> <ul style="list-style-type: none"> • Presents the “positives” and “negatives” of a situation so they are easily compared • Forces people to think together about all aspects of making the desired change as a permanent one 	
Tool Summary Example		
Flowchart	<p>Used to: Illustrate a picture of the process</p> <ul style="list-style-type: none"> • Allows the team to come to agreement on the steps of the process • Shows unexpected complexity and problem areas; Also shows where simplification and standardization may be possible • Helps the team compare and contrast the flow of a process to identify improvement opportunities 	
Histogram	<p>Used to: Identify process centering, spread and shape</p> <ul style="list-style-type: none"> • Displays large amounts of data by showing the frequency of occurrences • Provides useful information for predicting future performance • Helps indicate there has been a change in the process • Illustrates quickly the underlying distribution of the data 	
Affinity Diagram	<p>Used to: Gather and group ideas</p> <ul style="list-style-type: none"> • Encourage open thinking and gets all team members involved and enthusiastic • Allows team members to build on each other's creativity while staying focused 	<p>What are the problems with the way our team runs meetings?</p>
Fishbone Diagram	<p>Used to: Find and cure causes, not symptoms</p> <ul style="list-style-type: none"> • Enables a team to focus on the content of the problem, not the problem's history or difference of opinions • Creates a snapshot of the collective knowledge and consensus of a team around a problem • Focuses the team on causes, not problems 	

Appendix B: QI Project Nomination Form
Agency Project Nomination Form

1. Area or process requiring improvement (please provide details):

2. Division it affects or who is involved:

3. What do you think can be done to improve this process?

4. Why are you suggesting this process as a QI project?

5. Has this concern been discussed with the immediate supervisor responsible for the area or process?

Optional to provide additional clarification if needed:

Signature: _____

Printer name: _____

Program/division: _____

Date: _____

Questions:

Contact Susan Urban, RN or Janelle McManis

Appendix C: QI Team Charter Template

QI Team Charter Template



Team Name:

Project Mission:

Team sponsor(s):

(individual(s) who own the existing process and have authority to approve changes)

Background:

(Strategic importance, what has been happening, importance to customer)

Boundaries:

(limits on scope of process change allowable as defined by team sponsor, legal restrictions, budget, etc.)

What team has authority to do: authority to pilot improvement/make recommendations/other

Estimated date for completion:

Meeting frequency & duration:

Team Leader:

Team Members:

Name:	e-mail:	Department:


Facilitator:

Timekeeper:

Notetaker/Scribe:

Other Notes team/work:

APPENDIX D: Kaizen Event Summary

<p>Program Area: Project Title: Team Members: Project Start:</p>	<p>Vinton County Health Department Kaizen Event Summary</p>	
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Opportunity for Improvement (Define)

Here you will define the problem area that you are evaluating for improvement.

Goals for Future State (Measure)

Here you state the goals you wish to achieve

Observations of Current State (Analyze)

Here you will state what the current process includes

Recommendations for Future State (Analyze & Improve)

Issue: Input the identified issues

SOLUTION: Input the identified solution to the named issue

Issue:

SOLUTION:

Issue:

SOLUTION:

Issue:

SOLUTION:

You can add more issues and solutions if you need them. But also, you should add some type of comparison of where you are currently and what you have moved it too. For instance, if the process you were improving is to decrease the wait time in clinics, you would create a chart showing how many clients served in the clinic displayed and the average wait time before the process improvement and the average wait time after. This is where you get to brag about how well the team did on improving the process, do not shortchange yourself

Tools Used

Here you will describe what tools you used to identify the solution to the issues and to improve the process. Feel free to insert pictures of the tools that were used, or the process mapping.

Benefits of Future State (Improve)

Here you will list the benefits to improving the process or program

Lessons Learned

This is the lessons learned in this specific Kaizen Event meeting, not necessarily about the process that was improved, but the team's process of working thru this particular project

Control

Here you will discuss how you will sustain the gain