



Public Health

QUALITY Improvement PLAN 2019





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Working in partnerships to promote and
improve health, wellness, safety and
quality of life in San Bernardino County.

Department of Public Health Mission

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April 1, 2019

Hello Public Health Colleagues,

I am excited to announce the release of the department's 2019 Quality Improvement (QI) Plan! This plan is our path for creating the culture of quality improvement that will help us achieve our vision of healthy people in vibrant communities.

As Public Health, we work in ever-changing, ever-evolving environments, whether they be related to funding, the economy, the climate or emerging threats to our health. If we are to successfully navigate these challenges, we must have the skills and expertise to move with these environments.

QI offers a set of tools and methods that help us achieve this. By utilizing Plan, Do, Study, Act cycles, we can begin to look inward at our own behaviors and externally at how we interact with our community. We can build the confidence to use data to drive decisions, test changes that can make us more responsive to our communities' needs, increase customer satisfaction, and improve population health. QI becomes not one more thing we do, but rather, who we are.

I want staff at all levels to feel empowered to use QI in their daily work. I encourage you to question and learn, to collaborate across programs, and communicate your ideas. I am proud of the Department of Public Health's amazing staff and our commitment to promote and improve health, wellness, safety and quality of life in San Bernardino County.

Trudy Raymundo

INTRODUCTION

The San Bernardino County Department of Public Health (DPH) is committed to being a performance-based organization. Leaders and staff at all levels strive to create a culture in which quality is a shared value and QI activities are actively pursued and supported.

The purpose of this document is to outline our path forward in creating that culture of quality and includes:

- The Performance Management (PM) System
- The QI Model
- QI integration into our leadership structure
- Efforts to train our workforce about QI
- Goals and objectives toward strengthening QI efforts

The Quality Improvement Plan is designed to support the goals and objectives associated with guiding plans such as the [Countywide Vision](#), the [Community Transformation Plan 2015 - 2020](#) and the [DPH Strategic Plan 2015 – 2020](#).



Countywide Vision

- Describes the desired state for a vibrant, physically, and economically healthy county in the next 20 years
- Developed in partnership with all cities and towns, and with community participation across multiple sectors throughout the county
- Establishes priorities for 10 elements: Education, Environment, Housing, Image, Infrastructure, Jobs/Economy, Quality of Life, Public Safety, Water and Wellness



Community Transformation Plan

- Developed to drive implementation of the Countywide Vision's Wellness Element
- Establishes community health improvement priorities based on data and input from community members gathered during the [2013 Community Health Assessment](#)
- Uses Healthy People 2020 as a guide for health standards
- Serves as the DPH Community Health Improvement Plan



DPH Strategic Plan

- Defines DPH's priorities and sets goals and objectives to measure progress through 2020
- Aligns with the Countywide Vision and the Community Transformation Plan
- Drives achievement of DPH's Vision and Mission



DPH Quality Improvement Plan

- Defines roles, responsibilities and resources for DPH's Performance Management system
- Establishes a model for improving quality in all levels of the department
- Adds structure to the process of achieving and monitoring DPH's goals and objectives
- Aligns with the DPH Strategic Plan, Community Transformation Plan and Countywide Vision

QUALITY IMPROVEMENT AND THE PERFORMANCE MANAGEMENT SYSTEM

Performance Management is a systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization's mission and strategic goals. DPH's PM system uses the [Public Health Performance Management System Framework](#) developed by the [Turning Point Performance Management National Excellence Collaborative](#), which was further updated by the [Public Health Foundation](#).

Quality Improvement

Any PM system relies on a strong QI component to ensure that action is taken to increase performance. After indicators have been determined, measures have been defined, and baseline data has been collected, QI practices can be implemented.

Under the PM system, QI uses data to drive decisions that improve policies, programs, and outcomes. A QI methodology is developed to manage changes and ensure positive results while staff at all levels receive QI education and training. Together, these measures help cultivate a sustainable culture of QI.



QUALITY IMPROVEMENT MODEL

DPH adopted the Model for Improvement framework, developed by [Associates in Process Improvement](#), which is based on the sequential building of knowledge and is centered on three 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?

The model uses the Plan-Do-Study-Act (PDSA) cycle to determine if a change is an improvement. The PDSA cycle is a “systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.” It is a trial-and-learning method that facilitates the implementation of small tests of change prior to large-scale implementation. Four steps are included in the cycle:

- **Plan** (define a change) – Identifies a goal or purpose and a theory or idea. It answers the first question, “What are we trying to accomplish?” The plan focuses on a small-scale change and defines success metrics.
- **Do** (try it out) – Implements the components of the Plan step and tests the proposed change.
- **Study** (observe the results) – Analyzes results of the Do step to identify signs of progress, success or problems and answers the second question, “How will we know that a change is an improvement?” It examines what worked and what did not.
- **Act** (refine the change as necessary) – Applies what was learned during the entire cycle and answers the third question, “What changes can we make that will result in improvement?” It determines if the Plan requires adjustments or if the original theory should be discarded altogether.



The completion of each PDSA cycle leads directly into the start of another as part of a continuous cycle of QI. More opportunities for learning emerge with each cycle conducted. PDSA cycles are used in DPH either as small-scale standalone improvement activities or to support larger, structured QI projects.

The slogan “Think Big, Start Small, and Grow” defines the department’s approach to QI. When looking at what changes could and should be made to have a positive impact on the community, it is important to remember that it may not happen overnight. By breaking down a large project into smaller, manageable chunks, change happens more quickly and increases the chances of success. With this frame of mind, “starting small” means that change can happen with one staff member or small teams.

ORGANIZATIONAL STRUCTURE

QI efforts receive full support from executive leadership, management, supervisors, and staff throughout the department. Additional support from the PM Committee is received through oversight of QI activities and guidance on QI to leaders and staff. Staff from all levels of the department play a role in QI and have assigned responsibilities for ensuring success. The following table outlines staff responsibilities.

Staff	Responsibility
Executive Team	<ul style="list-style-type: none"> • Provide direction for the PM system and implementation of the QI Plan • Allocate resources for PM and QI • Approve departmental performance indicators and QI projects • Monitor departmental performance
All Staff	<ul style="list-style-type: none"> • Complete QI training • Incorporate QI into duties and assignments • Participate in QI activities • Conduct and report on PDSA cycles
Performance Management Committee	<ul style="list-style-type: none"> • Provide input and feedback on the implementation of QI • Make recommendations to the executive team • Ensure QI training is conducted • Review the progress of QI projects and provide feedback to project teams • Ensure QI efforts are in alignment with the following: Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and the Public Health Accreditation Board Standards and Measures • Annually review the QI Plan and revise as needed <p>Refer to Appendix B to learn more about the committee's responsibilities</p>
Program Leadership	<ul style="list-style-type: none"> • Guide and participate in PM and QI activities • Maintain PM as a priority and integrate QI into program objectives and operations • Sponsor and participate in QI projects and conduct PDSA cycles • Work with QI Champions to build a culture of QI in the program
QI Champions	<ul style="list-style-type: none"> • Act as QI Subject Matter Experts (SME) • Provide guidance to staff in locating and using QI resources and tools • Promote QI culture and activities with leadership and coworkers <p>Refer to Appendix G to learn more about QI Champions</p>
QI Coordinator	<ul style="list-style-type: none"> • Oversee QI activities and trainings • Identify resources and best practices related to QI • Ensure the QI Plan aligns with Public Health Accreditation Board's Standards and Measures

ORGANIZATIONAL STRUCTURE, *continued*

Resource Allocation

DPH allocates resources to ensure participation in PM committee meetings, trainings, projects, and activities. The department also purchased Smartsheet user licenses for online management and tracking of PM and QI activities. DPH allocates staff time and resources to support PM and QI efforts throughout the department.

Strategic Plan/Departmental Quality Improvement Projects

Under the direction of the PM Committee, QI Projects may be implemented to address Strategic Plan objectives and department wide needs. These needs are identified and brought before the PM Committee by the Plan Coordinator based on Strategic Plan objectives in need of improvement.

- PM Committee members prioritize and submit recommendations to the DPH executive team.
- The committee organizes QI project teams comprised of subject matter experts and cross-disciplinary representatives from different divisions.
- The QI Coordinator organizes a one-day orientation and training to prepare teams for projects.
- Projects typically last four to six months and progress is reported on a monthly basis to the PM Committee.

Refer to Appendix B to learn more about the PM Committee

Division/Program-Specific Quality Improvement Projects

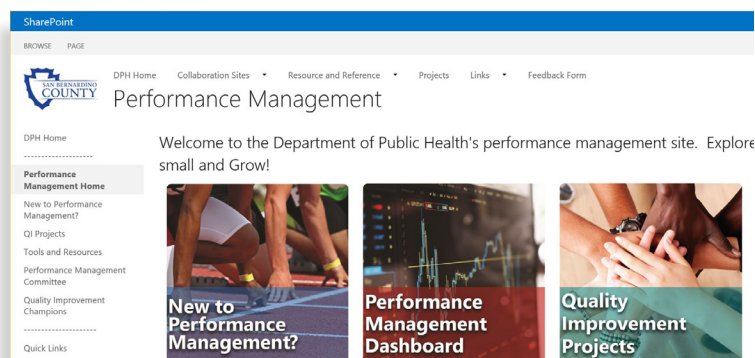
QI projects may be specific to one program or division. If this is the case, ideas may be submitted through the chain of command to the Division Chief who will approve the project. Support for the project may include the following:

- QI Coordinator to provide guidance and support
- Cross-functional/program input
- QI Champion
- Client or customer
- Subject Matter Experts

Refer to Appendix D and E to learn more about the QI project process

Performance Management SharePoint Site

Staff can easily access trainings, tools and publications as well as review QI projects and PDSA cycles completed by staff at the [DPH Performance Management SharePoint Site](#). The site also provides a means to connect with QI Champions who are qualified to educate staff on QI principles and consult on QI activities.



TRAINING

Effective and ongoing training is imperative for a sustainable QI program. Resources such as PowerPoint presentations and videos are available to staff. DPH encourages and supports a culture of quality through the following training opportunities:

Training Audience	Training Content and Frequency
All Staff	A 30-minute QI Basic Training PowerPoint presentation is available to all staff on the PM SharePoint site. This training can be taken at any time.
QI Champions	<ul style="list-style-type: none"> QI Champion Orientation is held once a year for new QI Champions. Workshops are held twice a year for QI Champions to review QI principles and discuss strategies, best practices, successes and challenges.
QI Project Teams	A one-day training to prepare teams to launch their QI projects, develop purpose and aim statements, and learn QI tools.

DPH recognizes the need to develop training modules to develop expertise in specific QI tools and principles. DPH is currently exploring additional training options that will meet the needs of an active workforce, including brief training modules that will make QI education more easily accessible.



DESIRED FUTURE STATE

Needs Assessment

A needs assessment was conducted in 2017 by a QI consultant using the [Turning Point Performance Management Self-Assessment Tool](#) to determine what type of interventions and activities would be necessary to strengthen QI efforts within the department. The needs assessment was used to guide the development of this plan and its strategies. The following is a list of recommendations to address the findings of the needs assessment.

- Provide additional training opportunities, including: in-person trainings, QI conferences, and shadow visits to other departments.
- Strengthen the expectations for conducting and documenting PDSA cycles.
- Develop a core training curriculum and track successful participation.
- Conduct ongoing needs assessments and compare results over time.

Strategies

The following list of strategies will help to address the findings of the needs assessment.

- Providing the following training:
 - QI Basic Training
 - Executive and Management QI Trainings
 - Develop brief online training modules on specific tools and topics
- Promoting transparent reporting on all strategic objectives through [HealthStat](#), DPH's online open performance portal
- Communicating QI progress and achievements
- Encouraging all levels of staff to routinely participate in QI activities



Priority Area 1: Community and Environment



MONITORING, EVALUATION, AND COMMUNICATION

Regular feedback regarding QI activities is critical to assessing the effectiveness of QI efforts.

- QI project status updates are provided by a representative from each project team at monthly PM Committee meetings, including results and lessons learned. Committee members evaluate the QI project team's progress and provide feedback.
- QI Project results and outcomes are disseminated via:
 - Email from the Department Director
 - PM Committee SharePoint Site
 - Program Manager's Meetings
- PDSA cycles are collected and reviewed by the QI Communication Coordinator for content and quality of the activities and shared with the department via email, newsletters, and on SharePoint.
- Pre-test and post-test surveys will be implemented in 2019 at trainings by the QI Coordinator.

QI Plan Revision and Availability

The QI Plan will be revised by the QI Coordinator and the PM Committee annually, and will include a semiannual report which considers the following:

- Progress toward achieving goals and objectives.
- Lessons learned during the previous year.
- Effectiveness of QI Plan and activities.
- Summary of revisions, updates and any necessary action items.

This plan is available on the DPH website and the PM SharePoint site. Semiannual reports are distributed to staff via email and made available on the SharePoint site.

Customer Feedback

The department is developing a customer feedback survey that will be hosted on the front page of the DPH website. Survey responses will help programs identify where they can best improve their performance.



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APPENDICES

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APPENDIX A GLOSSARY

Introduction	The following definitions have been adopted by the DPH to establish common PM and QI terminology.
Definitions	<p>Executive Team – The following DPH leadership positions: Director, Assistant Director, Health Officer, Chief Financial Officer, Division Chiefs, Compliance Officer, and Human Resource Officer.</p> <p>Objective – A target for achieving all or a portion of a goal through specific interventions. Objectives should always be assessed for the following “SMART” criteria: Specific, Measurable, Achievable, Relevant, Time-bound.</p> <p>Performance Management System – Sets organizational objectives across all levels of the department; identifies indicators to measure progress toward achieving objectives on a regular basis; identifies responsibility for monitoring progress and reporting; identifies areas where achieving objectives requires focused QI processes; and includes visible leadership for ongoing PM.</p> <p>Performance Measurement – The process of data collection, analysis, and monitoring change over time to assess progress on specific objectives.</p> <p>Performance Indicator – A defined, specific criterion or metric that is tied to an objective. An indicator is usually categorized as either a measure of an outcome or a process and should be meaningful to staff involved in collecting and analyzing data.</p> <p>Outcome indicators focus on the product (or outcome) of a process or system of care or services, which can identify different or more complex underlying causes. Process indicators assess the steps, activities or outputs involved in an operational function or delivery of care or services.</p> <p>Indicators are typically described as a fraction. The denominator represents the total pool of persons or events to include – this is the bottom number of the fraction. The numerator represents when a person or event within the denominator will be counted as having met the desired result – this is the top number of the fraction. Indicators are often synonymously referred to as measures.</p>

Definitions,
continued

Quality – The degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: 1.) inputs, 2.) service delivery, and 3.) outcomes, in order to continuously improve systems of care and services for individuals and populations.

Quality Improvement – The use of a deliberate and defined improvement process that 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.

Quality Improvement Tools – A combination of templates, documents and resources that are designed to assist with solving a defined problem. They help a team better understand a problem or process in order to develop plans, problem statements, objectives and strategies. Examples include: brainstorming, fishbone (cause-and-effect) diagram, root cause analysis and process maps.

Subject Matter Expert (SME) – An individual who can contribute significant knowledge about a program, process or topic. SME input and participation are important to the success of QI projects.

APPENDIX B

PERFORMANCE MANAGEMENT
COMMITTEE CHARTER

Mission and Vision	<p>Our mission is to empower and equip staff with the tools and knowledge necessary to achieve organizational excellence and sustain a culture of quality.</p> <p>We envision a workforce that actively fosters a culture of performance management and quality improvement throughout all aspects of the department.</p>
Purpose	<p>An advisory committee is vital to coordinating and guiding the department’s PM and QI activities. The DPH PM Committee works closely with DPH’s leadership and staff to implement the DPH PM system.</p>
Functions	<p>The PM Committee performs the following functions:</p> <ul style="list-style-type: none">• Guides the integration of PM and QI into DPH daily operations.• Advises DPH executive and program leadership.• Ensures PM and QI is aligned with other guiding plans and standards:<ul style="list-style-type: none">- Countywide Vision,- Community Transformation Plan,- DPH Strategic Plan,- DPH Workforce Development Plan, and- Public Health Accreditation Board’s (PHAB) Standards and Measures.• Ensures ongoing QI training is conducted.• Ensures PM is sustained.• Recommends and evaluates departmental QI projects.• Evaluates PM Needs Assessment results.• Reviews and updates the QI Plan.
Structure	<p>The PM Committee is comprised of no more than 25 staff that reflect DPH’s diverse workforce and disciplines. Committee members nominate and elect two co-chairs in June of each year to lead the committee and facilitate meetings. Co-chairs meet frequently with the QI Coordinator.</p> <p>The PM Committee meets at least 10 times annually. Meetings are scheduled for 90 minutes. Meeting minutes are approved at the subsequent meeting. Supporting materials are posted on the PM SharePoint site and are available to all DPH staff.</p>

Structure,
continued

Sub-committees may be formed as necessary. A PM Committee member must chair a sub-committee.

Membership

Membership is evaluated each May by the committee to ensure division representation, regular attendance, and ability to fulfill the members' roles and responsibilities. If the committee does not appropriately represent all divisions or defined roles are not filled, the co-chairs will discuss with the QI Coordinator to initiate recruitment efforts through the executive team. Members will identify an alternate that is approved by program leadership to serve as a proxy in the member's absence.

The committee submits a recommended membership roster for the following fiscal year for executive approval each June. Additional review of membership may occur as necessary. Members commit to serve for at least one year. There are no term limits.

Members are selected based on the following criteria:

- Approval from DPH program and executive leadership.
- Capacity to regularly attend meetings and fulfill defined roles and responsibilities.
- Commitment to QI throughout the department.
- Willingness and ability to complete training and become a QI leader.
- Positive interpersonal and analytical skills necessary to provide constructive feedback and support to others in their QI efforts.

General membership responsibilities include:

- Attending and actively participating in PM Committee meetings and activities.
- Providing input and feedback on the implementation of PM and QI.
- Serving as a liaison with their respective divisions and programs.
- Becoming PM and QI Subject Matter Experts.
- Mentoring and supporting others in their QI efforts.
- Sending an alternate representative if unable to attend a meeting.

APPENDIX B PERFORMANCE MANAGEMENT COMMITTEE CHARTER, *Continued*

Membership Roles

The PM Committee selects members to fill specific roles to ensure the committee is functioning efficiently. All others are general members. The DPH executive team approves selections for these roles and may directly appoint individuals to the committee. Members who fill roles are required to report on activities.

Role	Responsibility
Co-Chairs	<ul style="list-style-type: none"> Plan and facilitate PM Committee meetings Meet with the QI Coordinator to oversee the PM System and QI efforts Communicate with Facilities Coordinator to make arrangements for meetings/trainings Form sub-committees or workgroups as necessary to address specific deliverables or issues
Communication Coordinator	<ul style="list-style-type: none"> Develops PM and QI messaging to distribute throughout the department Coordinates showcasing QI projects, teams, PDSA cycles, trainings, etc. Prepares newsletter updates Oversees the maintenance of the PM SharePoint site including: <ul style="list-style-type: none"> - Accuracy of information posted - Working links - Submission of forms through site Keeps QI activities at the forefront of the department by actively using different communication methods
Data Coordinator	<ul style="list-style-type: none"> Serves as a Subject Matter Expert (SME) on data integrity, relevance, reliability, and measurability. Oversees development and adoption of accepted data collection, analysis and reporting practices Reviews QI project aim statements to ensure objectives are measurable Coordinates PM reporting Works with the Plan Coordinator, Data Specialist, Compliance Officer and QI Coordinator on identifying relevant standards, setting goals/targets, and selecting indicators
Executive Advisor	<p>A member of DPH executive leadership that:</p> <ul style="list-style-type: none"> Provides general guidance and direction for the committee Keeps executive leadership informed about PM and QI activities and progress Attends meetings on a quarterly basis or more frequently as needed
Facilities Coordinator	Ensures technology resources are prepared and functioning and rooms are appropriately setup for meetings and trainings
Plan Coordinator	<ul style="list-style-type: none"> Ensures alignment with other related DPH and County documents, including the Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and DPH Workforce Development Plan Presents items for the PM Committee's consideration relative to alignment of plans Brings Strategic Plan objectives in need of improvement to the PMC for discussion.

Role	Responsibility
QI Coordinator	<ul style="list-style-type: none"> • Oversees QI activities • Ensures the QI Plan aligns with Public Health Accreditation Board's (PHAB) Standards and Measures • Ensures the department uses the Public Health PM System Framework to guide improvements for its customers • Identifies resources and best practices related to QI • Keeps Executive Advisor updated on PM Committee activities and progress • Provides technical assistance and support for QI • Conducts and assists with QI training • Reviews, develops and revises QI materials • Conducts the PM Needs Assessment
QI Team Coordinator	<ul style="list-style-type: none"> • Coordinates project teams for approved QI projects • Ensures teams have an appropriate mix of SMEs and cross-disciplinary representation • Provides technical assistance and support to QI teams • Works with Training Coordinator to prepare QI team training • Follows up with teams to ensure deadlines and expectations are met
Secretary	<ul style="list-style-type: none"> • Coordinates meeting schedules and logistics • Takes meeting minutes • Prepares sign-in sheets, agendas, minutes, and other meeting materials • Uploads materials to SharePoint • Orders supplies, provides support to team members (i.e. preparing packets for trainings, arranging logistics)
Training Coordinator	<ul style="list-style-type: none"> • Works with the QI Coordinator to identify training needs • Monitors and reports training progress • Coordinates training • Ensures training materials are standardized and updated • Follows up after trainings to consolidate and post training materials

APPENDIX C QUALITY IMPROVEMENT GOALS AND OBJECTIVES

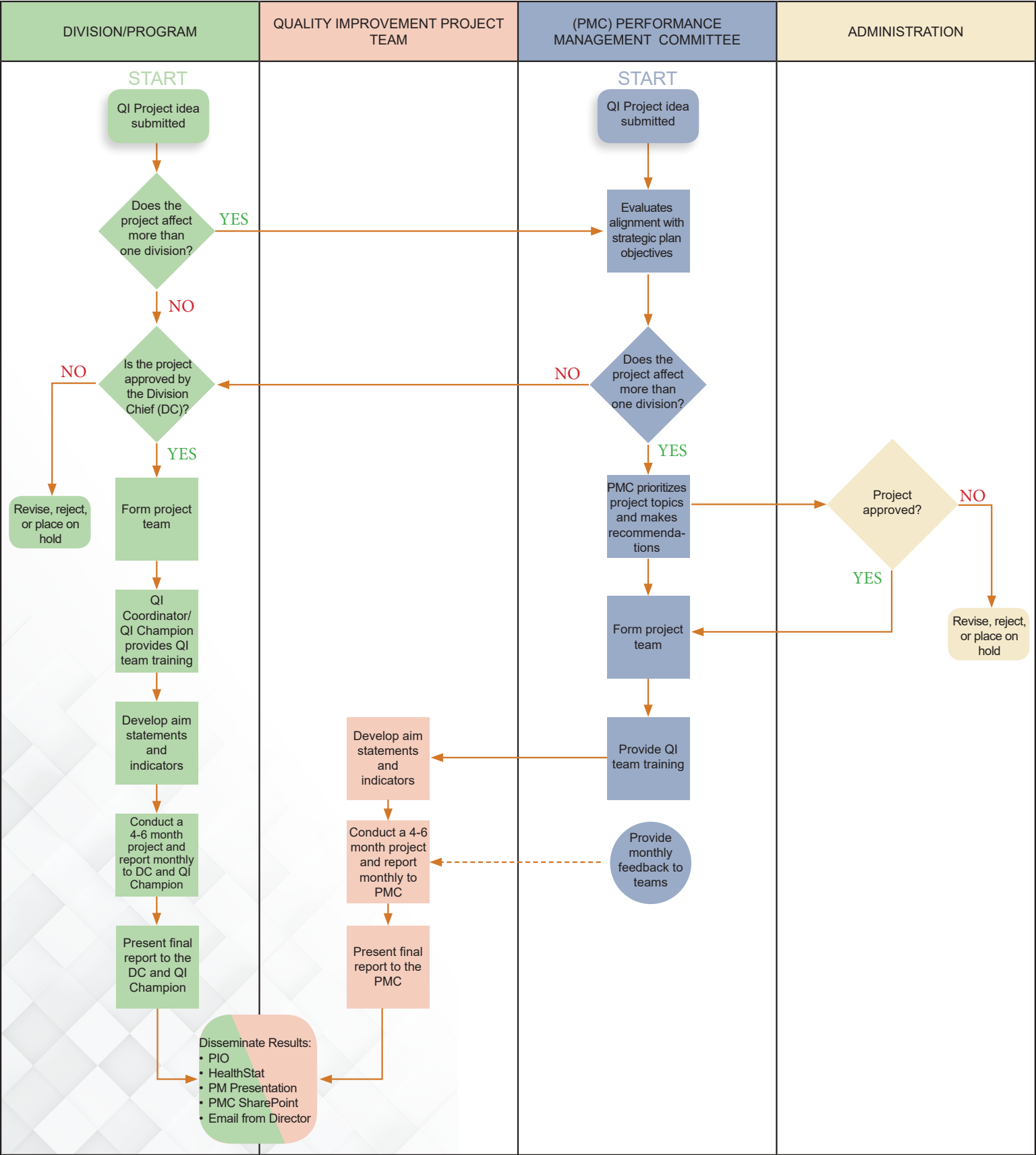
The following goals and objectives will help to build and sustain a culture of quality in the DPH. They are specifically intended to further develop the DPH QI program infrastructure and will be updated as necessary during the annual QI Plan review.

Goal 1: Implement QI projects that align with the department's mission and strategic priorities		
Objectives	Responsible Party	Indicator
Objective 1.1		
Prioritize a minimum of five QI projects by September 30 each year.	Co-Chair	Number of QI topics
Objective 1.2		
Complete at least three QI projects by April 30 each year.	QI Coordinator	Number of completed QI projects
GOAL 2: Share lessons learned from QI projects with department staff		
Objective 2.1		
All completed QI projects will be presented at a Program Manager meeting by June 30 each year.	Executive Advisor	Update SharePoint site
Objective 2.2		
All completed QI projects will be shared with staff on the PM SharePoint site by June 30 each year.	Secretary	Update SharePoint site
GOAL 3: Further develop QI within the department		
Objective 3.1		
Five new modular QI trainings will be made available to staff by October 31, 2019.	QI Coordinator	Number of trainings made available
Objective 3.2		
50% of DPH staff will receive in-person QI related training by June 30, 2019.	QI Coordinator	Number of staff in attendance at training
Objective 3.3		
All QI Champions will attend workshops twice a year to share lessons learned, discuss progress and best practices, and learn new QI tools.	QI Coordinator	Number of QI Champions that complete the reconvening
Objective 3.4		
New QI Champions will attend orientation by August 31, 2019.	QI Coordinator	Number of new QI Champions that complete the orientation

Objective 3.5		
All PM Committee members will complete Basic PM Training by July 31, 2019.	QI Coordinator	Number of PM Committee members that complete Basic PM Training
Objective 3.6		
PM updates will be reported at the Program Manager's meeting twice each year.	QI Coordinator	Number of times reported at a PM Meeting
Objective 3.7		
QI Plan semiannual reports will be made available to all staff on the PM SharePoint site twice each year.	Secretary	Progress Reports uploaded to SharePoint
Objective 3.8		
80% of DPH Leadership will attend QI Leadership Training by June 30, 2020.	QI Coordinator	Number of staff in attendance at training
GOAL 4: QI Activities in the department		
Objective 4.1		
Develop a QI Project Team evaluation method by April 30, 2019.	QI Coordinator	Development of QI Project Team evaluation method
Objective 4.2		
Surveys will be developed by May 31, 2019, to evaluate existing QI trainings and to guide revisions and the development of new trainings.	QI Coordinator	Development of surveys
Objective 4.3		
The QI Plan will be reviewed and updated by March 30, 2020.	QI Coordinator	Updated QI Plan
Objective 4.4		
A QI Assessment will be conducted to identify opportunities for improvement by January 31, 2020.	QI Coordinator	Assessment results
Objective 4.5		
Develop a standard practice for programs to use Plan, Do, Study, Act (PDSA) cycles to improve processes in response to customer recommendations by August 31, 2019.	Supervising Program Specialist, Compliance Unit	Published standard practice

APPENDIX D

QUALITY IMPROVEMENT PROJECT FLOW CHART



APPENDIX E QUALITY IMPROVEMENT PROJECT TEAM FORMATION

QI projects require teams that can focus on the goal of the project and devote time to ensuring a successful outcome. Consider the following when creating a QI project team:

Will this team work well together?	There will be many ways to approach and execute a plan to ensure a successful outcome, but a project will need all members of the team to work together in order to achieve success. Team members should have a genuine interest in making an improvement. Other desired skills include flexibility, reliability, effective communications, problem-solving, and actively engaging with others.
Can team members make themselves available to attend meetings and complete assignments?	QI projects will require time and resources. Make sure that members can meet without logistical conflicts. Ensure that all team members can commit to attending the majority of meetings and follow through with their assignments, roles, and responsibilities.
Does the team have the collective experience to attain a positive outcome?	All team members should have knowledge, skills, and experience that adds value to the team and is necessary to achieve success. In addition, it is strongly encouraged that teams include the following roles: <ul style="list-style-type: none"> • QI Champion • Subject Matter Experts • Data Specialist • Client/customer
Is the team diverse enough to think creatively?	The QI project team should include at least one or two individuals that understand the problem. The team should also include individuals who are unfamiliar with the problem, preferably from different functions, programs, or divisions. This will foster creative ideas and fresh perspectives that will help to achieve the best possible outcome.
Is the team too big or too small?	Too few team members make for a lot of work and may extend the time it takes for project completion. Too many team members will make it difficult to achieve consensus on decisions. A QI project team should have four to eight members.

- The QI Coordinator and PM Committee Team Coordinator will form teams for department-level QI projects.
- Division Chiefs will approve teams for program or division-specific projects.
- Teams are formed prior to QI Project Team Training.
- Team members should be assigned the following roles:

Roles	Description
Team Leader	Coordinates meeting times, maintains direction and focus, and represents the team's work to others.
Facilitator	Help identify ground rules and make sure decisions are made fairly with everyone contributing.
Data Coordinator	Organizes data collection and analysis.
Communicator	Creates reports and provides feedback to stakeholders and interested parties.
Secretary	Takes meeting minutes and makes them available to team members.

APPENDIX F MARKETING AND RECOGNITION PLAN

Introduction	This document identifies strategies and actions to inform staff about, and encourage participation in, the DPH PM system.
Marketing Strategy	<p>The following marketing strategies will help to promote PM and develop a culture of quality throughout the department.</p> <ol style="list-style-type: none">1. Public Health Matters Newsletter –The newsletter is distributed on a semiannual basis to all DPH staff. The Communication Coordinator will submit any updates, training opportunities, activities, and articles to the DPH Public Information Officer.2. PM SharePoint Site – QI Champions will educate and encourage staff to utilize the PM SharePoint site for tools, resources, trainings, and any information regarding PM.3. DPH Workstation Screensaver – The Communication Coordinator will work with the Public Information Officer to ensure all DPH workstations will include screensaver graphics and messaging aimed at educating staff and promoting PM.4. PM Committee Annual Membership Announcements – PM Committee membership recruitment will be coordinated annually with other departmental committees. This is scheduled to occur in June-July of every year. An announcement requesting new QI Champions will also be sent annually.5. New Employee Orientation – QI will be briefly introduced during each executive new employee orientation, encouraging new staff to identify opportunities for improvement and to get involved.

The following strategies will recognize accomplishments and outcomes resulting from QI efforts:

1. **DPH Vision in Action Employee Recognition Event** – The Vision in Action event occurs semiannually. QI Project teams will be acknowledged at the event as well as those who submitted outstanding PDSA cycles.
 - a. **QI Project Team Recognition** – A Certificate of Completion will be presented to all members of each QI Project Team that complete a QI Project. A brief summary of each project will be announced as the certificates are presented. Project summaries and results will also be posted on SharePoint.
 - b. **PDSA Cycle Recognition** – Staff are encouraged to submit PDSA cycles using an electronic form on the PM SharePoint site. The form includes a checkbox indicating that the team submitting the PDSA cycle would like to be considered for recognition. PDSA cycle information will be collected by the Communications Coordinator and presented to the PM Committee semiannually. The PM Committee will review all submissions and select five to be recognized at each Vision in Action event that occurs.
2. **PDSA Cycle Recognition via Email** – The DPH Director will send an email each year commending staff for their QI efforts and referring staff to the PM SharePoint site to learn more about completed QI projects and PDSA cycles.

APPENDIX G QUALITY IMPROVEMENT CHAMPIONS

Purpose	<p>QI Champions are an important part of the DPH PM and QI culture. They have a unique opportunity to be positive role models within their respective programs by helping to keep QI momentum moving, energized and part of our daily jobs.</p> <p>QI is not the responsibility of one committee or team, nor is it someone else’s job in the department. QI is everyone’s responsibility. QI Champions play a critical role in maintaining an ongoing culture of quality in DPH.</p>
E.A.S.Y.	<p>Serving as a QI Champion is as E.A.S.Y. as being:</p> <ul style="list-style-type: none">• <u>E</u>nthusiastic about QI.• <u>A</u>ware of QI opportunities.• <u>S</u>upportive of management and coworkers in their QI efforts.• <u>Y</u>ourself and having fun!
Functions	<p>QI Champions are encouraged to:</p> <ul style="list-style-type: none">• Be a QI SME.• Provide guidance to staff, such as locating QI resources, how to use QI tools, and how to conduct PDSA cycles.• Maintain ongoing communication within divisions or programs about QI by routinely providing QI updates at staff meetings.• Coordinate QI trainings.• Provide guidance and feedback to QI project teams.• Communicate with divisions/programs about QI.
Structure	<p>DPH will maintain at least 20 QI Champions, including at least two from each division.</p>

Expectation

QI Champions are role models and are expected to:

- Become familiar with the PM system.
 - Know how to determine priorities, goals, objectives, and performance indicators.
 - Stay up to date on QI activities occurring within the department by reviewing the Public Health Matters Newsletter when published.
 - Use/share information on the PM SharePoint site.
 - Provide the PM Committee Secretary with contact information when it changes so it can be updated on the PM SharePoint site.
 - Attend orientation and workshops to learn about QI principles and share best practices, successes and challenges.
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Training

To become a QI Champion, staff must demonstrate competency about QI principles and a commitment to QI through the completion of available QI trainings.



Revisions

Date	Revision	Description	Page Number
1/3/2019	Changed and Added Appendices	Added Appendix E and F. Revised Appendix D flowchart	18-23
	Performance Management System Section	Rewritten and renamed to QI and the Performance Management System	2
	Culture of Quality Section	Rewritten and renamed to Desired Future State	7
	Think Big, Start Small poster	Removed from the document	3
	Training Table	Removed trainings that are currently not being utilized	6
	Graphics	New graphics have been included throughout the document	1, 2, 3, 6, 7
6/21/2017	N/A	First Publication	

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