



Public Health

# QUALITY Improvement PLAN 2021





Published July 2021

# TABLE OF CONTENTS

---

1	INTRODUCTION
2	QUALITY IMPROVEMENT AND THE PERFORMANCE MANAGEMENT SYSTEM
3	QUALITY IMPROVEMENT MODEL
4	ORGANIZATIONAL STRUCTURE
6	TRAINING
7	GAPS IDENTIFIED
8	TRANSITION STRATEGIES
9	MONITORING, EVALUATION AND COMMUNICATION
12	APPENDIX A: GLOSSARY
14	APPENDIX B: PERFORMANCE MANAGEMENT COMMITTEE CHARTER
18	APPENDIX C: QUALITY IMPROVEMENT GOALS AND OBJECTIVES
21	APPENDIX D: QUALITY IMPROVEMENT PROJECT FLOW CHART
23	APPENDIX G: MARKETING PLAN
25	APPENDIX B: QUALITY IMPROVEMENT CHAMPIONS



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

Department of Public Health Mission

## DEPARTMENT of PUBLIC HEALTH

**Andrew Goldfrach, FACHE**  
Interim Director  
Department of Public Health

**Michael Sequeira, M.D.**  
Health Officer



**Ken Johnston**  
Quality and Compliance Officer

July 1, 2021

I am pleased to announce the release of the Department of Public Health's 2021 Quality Improvement Plan. We have been through an unprecedented year working through the COVID-19 pandemic, which required us to grow and adapt on a daily basis. This year's plan was updated to help us regain momentum as we strive towards excellence.

Please read our mission statement on the previous page. Quality improvement (QI) is built-in to what we want to accomplish in San Bernardino County. Together, we will achieve our mission by emphasizing the importance of alignment, action and accountability with a renewed focus on QI to become one of the best health departments in the state. With this in mind, the Public Health executive team developed strategic and operational work plans for each division that will help us stay on course.

It is very important that we routinely complete Plan-Do-Study-Act cycles to maintain structure in QI efforts and to capture the work, accomplishments, and lessons we learn along the way. We are introducing new trainings to make QI concepts more accessible, and the QI Champions program will be restructured and simplified. The Performance Management SharePoint site will be updated to make it easier to find information, tools and resources. My goal is for QI to become integrated into our department's culture, and to empower staff to improve processes, save money, increase revenue, better serve customers, and improve health outcomes.

I want to also acknowledge Shana Mullan for her work as our QI Coordinator. Shana has decided to leave the County. Please join me in wishing her well. I will seek a replacement for her position as soon as possible to lead our QI and re-accreditation efforts.

Please take the time to familiarize yourself with this plan as we continue together on our path towards a culture of quality. Do not hesitate to contact me with any questions, feedback or suggestions.

# 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 quality improvement (QI) activities are actively pursued and supported.

The purpose of this document is to outline our path forward and includes:

- The Performance Management (PM) System
- The QI Model
- QI integration into our leadership structure
- Workforce trainings about QI
- Goals and objectives

The Quality Improvement Plan compliments and supports 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 – 2021](#).



## 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

- Drives collective action for prioritizing existing activities, alignment of resources and mobilization of action among all sectors
- Establishes long-term, systematic efforts to address health problems based on priority issues that affect community health
- Drives collective action for prioritizing existing activities, allocating resources and mobilizing actions among all sectors
- Based on the County Health Rankings and Roadmaps Model of Population Health and Health in All Policies (HiAP)
- Serves as the DPH Community Health Improvement Plan (CHIP)



## DPH Strategic Plan

- Defines DPH's priorities and sets goals and objectives to measure progress through 2020 and continued through 2021
- 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

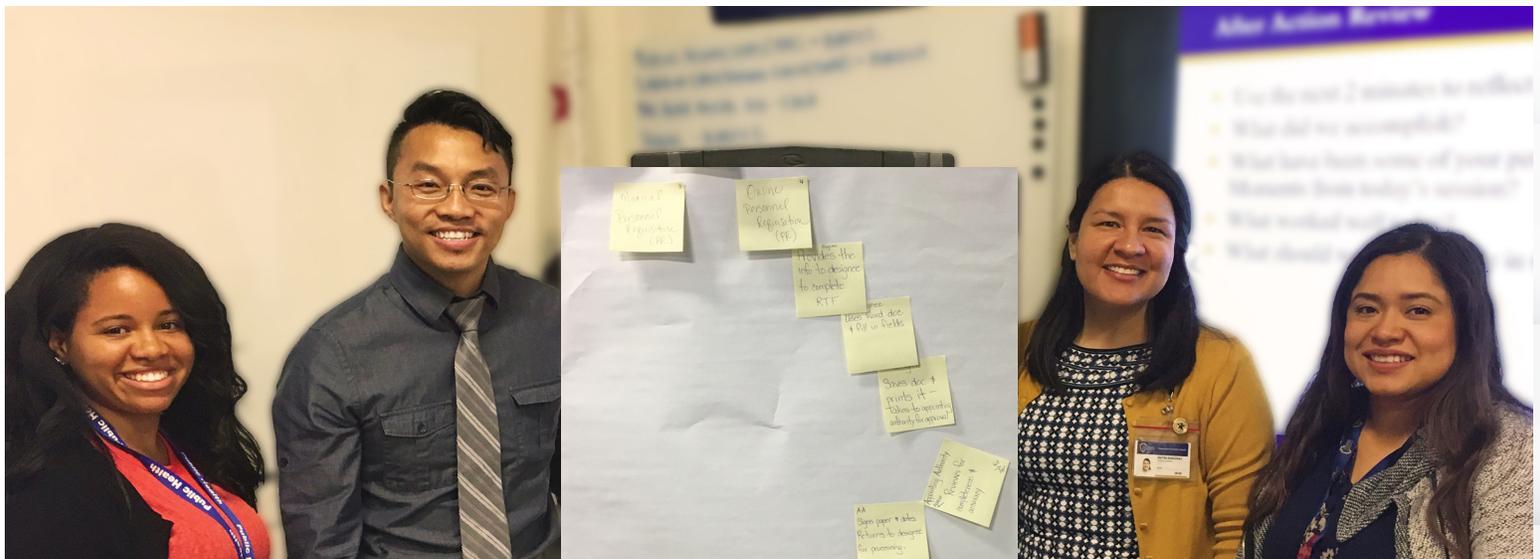
# QUALITY IMPROVEMENT AND THE PERFORMANCE MANAGEMENT SYSTEM

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.



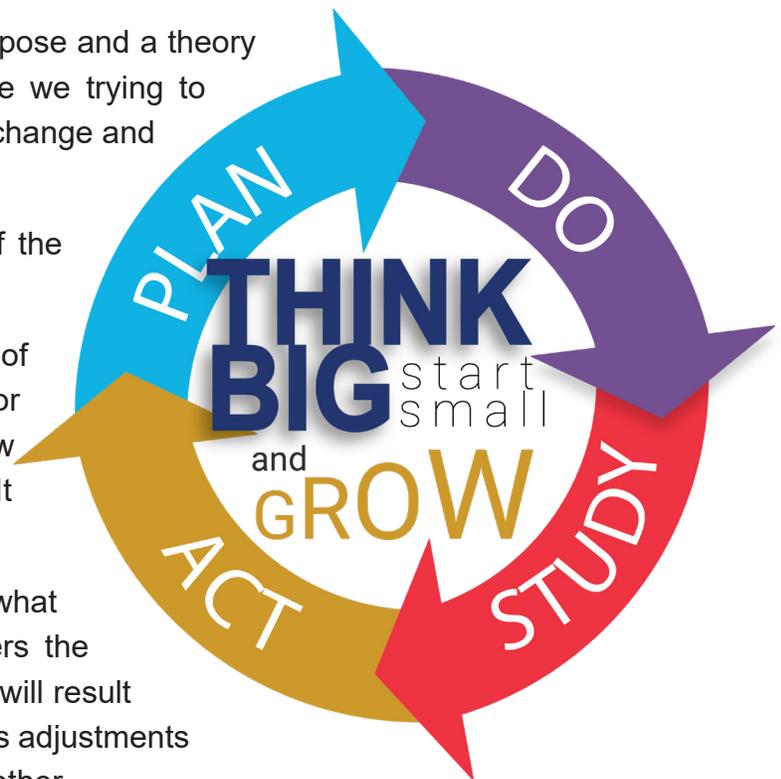
# QUALITY IMPROVEMENT MODEL

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 (PMC) 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"> <li>Provides direction for the PM system and implementation of the QI Plan</li> <li>Allocates resources for PM and QI</li> <li>Approves departmental performance indicators and QI projects</li> <li>Monitors departmental performance</li> </ul>
All Staff	<ul style="list-style-type: none"> <li>Complete QI training</li> <li>Incorporate QI into duties and assignments</li> <li>Participate in QI activities</li> <li>Conduct and report on PDSA cycles</li> </ul>
Performance Management Committee	<ul style="list-style-type: none"> <li>Provides input and feedback on the implementation of QI</li> <li>Makes recommendations to the executive team</li> <li>Ensures QI training is conducted</li> <li>Reviews the progress of QI projects and provides feedback to project teams</li> <li>Ensures 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</li> <li>Annually reviews the QI Plan and revises as needed</li> </ul> <p>NOTE: Refer to Appendix B to learn more about the committee's responsibilities</p>
Program Leadership	<ul style="list-style-type: none"> <li>Guides and participates in PM and QI activities</li> <li>Maintains PM as a priority and integrates QI into program objectives and operations</li> <li>Sponsors and participates in QI projects and conduct PDSA cycles</li> <li>Works with QI Champions to build a culture of QI in the program</li> </ul>
QI Champions	<ul style="list-style-type: none"> <li>Act as QI Subject Matter Experts (SME)</li> <li>Provide guidance to staff in locating and using QI resources and tools</li> <li>Promote QI culture and activities with leadership and coworkers</li> </ul> <p>NOTE: Refer to Appendix H to learn more about QI Champions</p>
QI Coordinator	<ul style="list-style-type: none"> <li>Oversees QI activities and trainings</li> <li>Identifies resources and best practices related to QI</li> <li>Ensures the QI Plan aligns with Public Health Accreditation Board's Standards and Measures</li> </ul>

# ORGANIZATIONAL STRUCTURE, *continued*

## Resource Allocation

DPH allocates resources to ensure participation in PM committee meetings, trainings, projects, and activities. Staff time and resources are allocated 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 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 orientations and trainings to prepare teams for projects.
- Teams report progress to the PM Committee.

NOTE: Refer to Appendix B to learn more about the PM Committee

## Division/Program-Specific Quality Improvement Projects

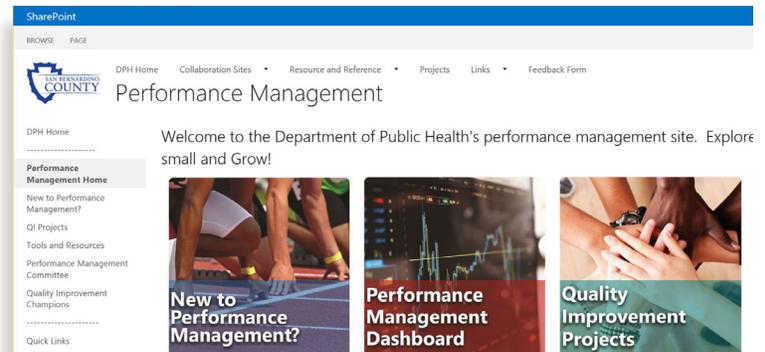
QI projects may be specific to one program or division. If this is the case, ideas may be submitted through the chain of command to the Division Chief who will approve the project. Support for the project may include the following:

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

NOTE: 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 on 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	New QI basic training modules will be available in 2021 on the Learning Management System (LMS) through the county's Performance Education Resource Center (PERC) website for all staff. This training can be taken at any time. Additional modules are planned for development.
QI Champions	<ul style="list-style-type: none"> <li>• QI Champion Orientation is held once a year.</li> <li>• Workshops are held twice a year for QI Champions to review QI principles and discuss strategies, best practices, successes and challenges.</li> </ul>
QI Project Teams	A training to prepare teams to launch their QI projects, develop aim statements, and learn QI tools.

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



# GAPS IDENTIFIED

## Needs Assessment

An assessment was conducted in December 2019 with leadership and staff to determine how quality improvement has been institutionalized throughout the department. The results of the National Association of County and City Health Officials (NACCHO) assessment placed us in phase four of six on the [NACCHO Roadmap to a Culture of Quality Improvement](#).

The assessment was divided into two categories, Leadership and All Staff. The questions were broken down into six foundational elements (Employee Empowerment, Teamwork and Collaboration, Leadership, Customer Focus, QI Infrastructure, and Continuous Quality Improvement). Eleven of the lowest scoring areas were ranked, and four gaps were identified (Training, Healthstat, Marketing, and Procedure). These four gaps helped shape the Quality Improvement Goals and Objectives in Appendix C.

A new assessment will be conducted this year. Progress will be compared with the previous assessment.

The assessment's results were analyzed and ranked into the 11 lowest scoring areas (from least to greatest):

1. Are baseline data accessible for all QI projects?
2. Is root cause analysis being conducted to understand the source(s) of performance gaps prior to identifying solutions?
3. Are current standardized processes analyzed to identify inefficiencies and waste?
4. Are staff concerns about engaging in QI activities addressed by leadership?
5. Do staff have the appropriate knowledge, skills and abilities (KSA) to meet QI related expectations, based on their role?
6. Are staff using performance data to identify QI projects?
7. Are QI vision and goals regularly communicated to key stakeholders?
8. Are Evidence-based, best, or promising practices (internal and external) considered when selecting interventions for improving quality?
9. Are QI project interventions successively tested on a small scale prior to adopting a change?
10. Are enough resources (e.g., staff time) dedicated to support and sustain QI initiatives?
11. Do Teams/units use customer satisfaction data to implement improvements?

# TRANSITION STRATEGIES

## Roadmap Strategies

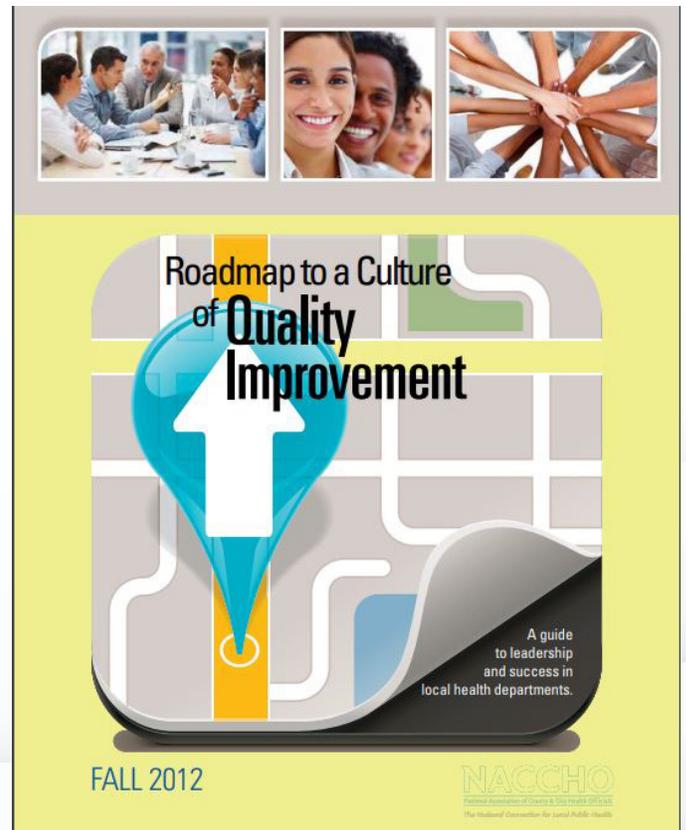
The [NACCHO Roadmap to a Culture of Quality Improvement](#) provides strategies appropriate for transitioning to phase five in development of a QI culture. Four strategies were identified as appropriate to address the 11 gaps indicated by the needs assessment. Each of the four strategies is described below and has been given a title that links it to an objective focus area:

- **TRAINING:** Staff training in the use of evidence- based and model practices; AND/OR Leaders establish a formal process to orient and train new staff in performance management and QI.
- **HEALTHSTAT:** Leaders and PM committee implement a standardized performance management process to collect, store, monitor, analyze, and report on performance data.; AND/OR Senior leadership and PM Committee work with staff to link the agency strategic plan, QI plan, and all operational plans.
- **MARKETING:** Leaders continuously provide regular updates on progress and future plans, maintaining an inclusive and transparent process..
- **PROCEDURE:** PM Committee uses performance data to identify and initiate multiple QI projects throughout the organization; AND/OR monitors improvements and works with leaders to document and standardize improved processes throughout organization.

## Strategies for Assessment Gaps

GAPS	TRAINING	HEALTHSTAT	MARKETING	PROCEDURE
1		X		X
2	X			X
3	X			X
4			X	
5	X			
6	X	X		X
7	X		X	
8	X	X		
9	X			X
10			X	X
11		X		X

**Note:** Efforts initiated pre-COVID-19 continue at this time.



# 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 to the QI Team Coordinator monthly and at PMC meetings, as needed, when feedback is required.
- QI Project results and outcomes are shared via:
  - PM SharePoint Site
  - Program Leadership Meetings
  - Vision in Action employee recognition event
- PDSA cycles are collected and reviewed by the QI Communication Coordinator and shared with the department on SharePoint.

## QI Plan Revision and Availability

The QI Plan will be revised by the QI Coordinator and the PM Committee annually and is available on the DPH website and the PM SharePoint site.

**New to Performance Management?**

**Quality Improvement Champions**

**Quality Improvement Projects**

**Training and Resources**

*"Be it places, people, or programs, wherever I go, I try to leave 'em better than I found 'em. QI echoes this philosophy & seemed like a natural fit for me"*  
- Frank Becerra

Submit a PDSA Report   Offers and Requests   Submit a QI Project Idea   Submit a Question or Feedback

Completed PDSAs

# MONITORING, EVALUATION, AND COMMUNICATION, Continued



## Customer Feedback

A customer satisfaction survey was developed and implemented in December 2019 on the DPH web page. Questions are context-sensitive for each program and all responses are tracked and reported. This facilitates customer feedback to be taken into consideration for potential PDSA cycles and quality improvement projects. Customers may submit feedback anonymously or ask for follow-up by providing their contact information.

An internal suggestion box was created for staff to provide feedback to any program within the department. This is hosted on the DPH SharePoint site and all responses are routed to one leader in each program. Feedback is monitored to ensure it is done in a timely manner and can also be used for quality improvement efforts. Feedback received from the suggestion box continues to provide suggested improvement for the department.



## Public Health Suggestion Box

Thank you for taking the time to provide us with your feedback. Please use this survey to submit your suggestions for improvements to a specific program/unit or the entire Department of Public Health (DPH). We are committed to quality improvement and will review all submissions at our earliest convenience.

# APPENDICES

# APPENDIX A GLOSSARY

**Introduction** The following definitions have been adopted by the DPH to establish common PM and QI terminology.

---

**Definitions** **Executive Team** – The following DPH leadership positions: Director, Assistant Director, Health Officer, Chief Financial Officer, Division Chiefs, Compliance Officer, and Human Resource Officer.

**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.

**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.

**Performance Measurement** – The process of data collection, analysis, and monitoring change over time to assess progress on specific objectives.

**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.

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.

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.

**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, fish bone (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** Our mission is to empower and equip staff with the tools and knowledge necessary to achieve organizational excellence and sustain a culture of quality.

We envision a workforce that actively fosters a culture of performance management and quality improvement throughout all aspects of the department.

---

**Purpose** An advisory committee is vital to coordinating and guiding the department's Performance Management (PM) and QI activities. The DPH PM Committee works closely with DPH's leadership and staff to implement the DPH PM system.

---

**Functions** The PM Committee performs the following functions:

- 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:
  - 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** 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.

The PM Committee meets at least six 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.

**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"> <li>Plan and facilitate PM Committee meetings</li> <li>Meet with the QI Coordinator to oversee the PM System and QI efforts</li> </ul>
Communication Coordinator	<ul style="list-style-type: none"> <li>Develops PM and QI messaging to distribute throughout the department</li> <li>Coordinates showcasing QI projects, teams, PDSA cycles, trainings, etc.</li> <li>Prepares newsletter updates</li> <li>Oversees the maintenance of the PM SharePoint site</li> <li>Keeps QI activities at the forefront of the department by actively using different communication methods</li> </ul>
Data Coordinator	<ul style="list-style-type: none"> <li>Serves as a Subject Matter Expert (SME) on data integrity, relevance, reliability, and measurability.</li> <li>Oversees development and adoption of accepted data collection, analysis and reporting practices</li> <li>Ensures the promotion of Health Stat for performance data reporting is maintained within the committee</li> </ul>
Executive Advisor	<p>A member of DPH executive leadership that:</p> <ul style="list-style-type: none"> <li>Provides general guidance and direction for the committee</li> <li>Keeps executive leadership informed about PM and QI activities and progress</li> <li>Attends meetings on a quarterly basis or more frequently as needed</li> </ul>
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"> <li>Ensures alignment with other related DPH and County documents, including the Countywide Vision, Community Transformation Plan, DPH Strategic Plan, and DPH Workforce Development Plan</li> <li>Presents items for the PM Committee’s consideration relative to alignment of plans</li> <li>Brings Strategic Plan objectives in need of improvement to the PMC for discussion.</li> </ul>

Role	Responsibility
QI Coordinator	<ul style="list-style-type: none"> <li>Oversees QI activities</li> <li>Ensures the QI Plan aligns with Public Health Accreditation Board's (PHAB) Standards and Measures</li> <li>Ensures the department uses the Public Health PM System Framework to guide improvements for its customers</li> <li>Identifies resources and best practices related to QI</li> <li>Keeps Executive Advisor updated on PM Committee activities and progress</li> <li>Provides technical assistance and support for QI</li> <li>Conducts and assists with QI training</li> <li>Reviews, develops and revises QI materials</li> </ul>
QI Team Coordinator	<ul style="list-style-type: none"> <li>Coordinates project teams for approved QI projects</li> <li>Ensures teams have an appropriate mix of SMEs and cross-disciplinary representation</li> <li>Provides technical assistance and support to QI teams</li> <li>Works with Training Coordinator to prepare QI team training</li> <li>Follows up with teams to ensure deadlines and expectations are met</li> </ul>
Secretary	<ul style="list-style-type: none"> <li>Coordinates meeting schedules and logistics</li> <li>Takes meeting minutes</li> <li>Prepares sign-in sheets, agendas, minutes, and other meeting materials</li> <li>Uploads materials to SharePoint</li> <li>Orders supplies, provides support to team members</li> </ul>
Training Coordinator	<ul style="list-style-type: none"> <li>Works with the QI Coordinator to identify training needs</li> <li>Monitors and reports training progress</li> <li>Coordinates training</li> <li>Ensures training materials are standardized and updated</li> <li>Follows up after trainings to consolidate and post training materials</li> </ul>
QI Champion Coordinator	<ul style="list-style-type: none"> <li>Attends and tracks attendance at all QI Champion events</li> <li>Conveys any QI Champion needs/concerns to the QI Coordinator</li> <li>Provides general guidance and is the primary point of contact for QI Champions</li> <li>Assists the QI Coordinator in planning QI champion events</li> <li>Maintains QI Champion roster</li> </ul>

# 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. Objectives published in the 2020 plan were updated with new dates as a result of department-wide COVID-19 response activities.

Goal 1: Implement QI projects that align with the department's quality improvement or strategic priorities						
Objectives	Responsible Party	Indicator	Strategy			
			Training	HealthStat	Marketing	Procedure
<b>Objective 1.1</b>						
Ensure at least five QI projects are completed by June 30, 2022.	QI Coordinator	Number of completed QI projects				X
GOAL 2: Share lessons learned from QI projects with department staff						
<b>Objective 2.1</b>						
All completed QI projects will be presented at a Program Leadership meeting by June 30 each year.	QI Coordinator	Number of presentations made			X	X
<b>Objective 2.2</b>						
All completed QI projects will be shared with staff on the PM SharePoint site by June 30 each year.	Secretary	Number of projects updated on SharePoint			X	
GOAL 3: Foster use and understanding of performance data for QI						
<b>Objective 3.1</b>						
Two new modular QI trainings will be made available to staff by June 30, 2021. <sup>1</sup>	Training Coordinator	Number of trainings made available	X			
<b>Objective 3.2</b>						
All QI Champions will attend QI workshops once a year.	QI Champion Coordinator	Number of QI Champions that attend workshops	X			
<b>Objective 3.3</b>						
New QI Champions will attend orientation by February 1, 2022.	QI Champion Coordinator	Number of new QI Champions that attend orientation	X			
<b>Objective 3.4</b>						
Report the number of completed customer service surveys received quarterly on HealthStat starting January 1, 2022. <sup>2</sup>	Data Coordinator	Number of quarters tracking surveys received		X		

<sup>1</sup>Addresses gaps: 2, 3, 5, 7 and 8

<sup>2</sup>Addresses gap: 11

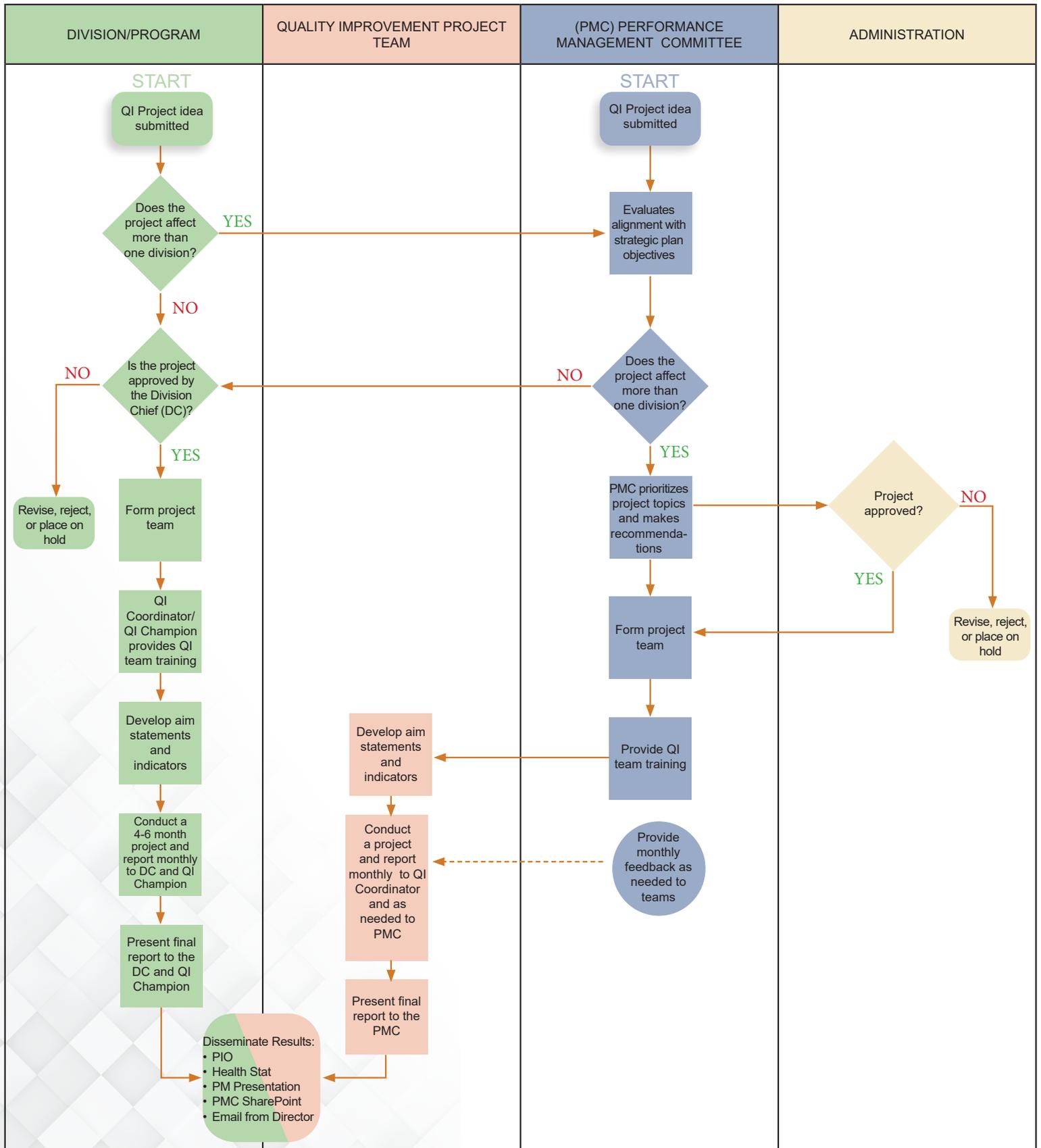
Objectives	Responsible Party	Indicator	Strategies			
			Training	HealthStat	Marketing	Procedure
<b>Objective 3.5</b>						
Performance data for QI projects will be tracked on HealthStat by May 31, 2022. <sup>3</sup>	Data Coordinator	Ratio of QI projects tracking performance data on Health Stat		X		X
<b>Objective 3.6</b>						
PM updates will be reported at the DPH Leadership meeting twice each year.	QI Coordinator	Number of times reported at a PM Meeting		X		X
<b>Objective 3.7</b>						
QI Plan updates will be incorporated into the semiannual DPH Newsletter.	Communication Coordinator	Number of Updates included in DPH Newsletter			X	
<b>Objective 3.8</b>						
90% of DPH Leadership will complete QI Leadership Training by March 31, 2022.	Training Coordinator	Number of staff in attendance at training	X			
<b>GOAL 4: Improve and assess QI activities and needs in the department</b>						
<b>Objective 4.1</b>						
Complete a department-wide QI marketing campaign by May 31, 2022. <sup>4</sup>	Communication Coordinator	Number of marketing activities completed			X	
<b>Objective 4.2</b>						
Surveys will be conducted by January 31, 2022, to evaluate existing QI trainings and to guide revisions and the development of new trainings.	Training Coordinator	Development of surveys	X			X
<b>Objective 4.3</b>						
The QI Plan will be reviewed and updated by June 30 each year.	Plan Coordinator	Updated QI Plan				X
<b>Objective 4.4</b>						
A QI Assessment will be conducted to identify opportunities for improvement by December 31, 2022.	Data Coordinator	Assessment results				X

<sup>3</sup> Addresses gaps: 1 and 6

Objectives	Responsible Party	Indicator	Strategies			
			Training	HealthStat	Marketing	Procedure
<b>Objective 4.5</b>						
Develop a standard practice for programs to use PDSA cycles to improve processes in response to customer survey responses by May 31, 2022.	Subcommittee Chair	Published standard practice				X
<b>Objective 4.6</b>						
Develop a PDSA submission review process within PMC by May 31, 2022. <sup>5</sup>	Subcommittee Chair	Development of process				X

<sup>4</sup>Addresses gaps: 4, 7 and 10

<sup>5</sup> Addresses gap: 9



# 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:

How are team members selected?	Programs will be asked to provide PMC with a recommended list of qualified or interested team members.
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 communication, 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 add value to the team and are necessary to achieve success. In addition, it is strongly encouraged that teams include the following roles: <ul style="list-style-type: none"> <li>• QI Champion</li> <li>• Subject Matter Experts</li> <li>• Data Specialist</li> <li>• Client/customer</li> </ul>
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 ideally have five 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, but additional team members may be added by the team.
- Any team changes will be reported to the Quality Improvement Coordinator.
- 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      QUALITY IMPROVEMENT PROJECT SELECTION

QI projects will be reviewed for recommendation based on the following considerations:

**Plan alignment** Does the project help the department move forward with a strategic or quality improvement plan goal?

---

**Data driven** Projects should already have, or be easily able to establish, baseline and performance data in order to determine improvement throughout the project.

---

**Reasonable expectation of success** Will there be enough time to successfully complete the project? If the project is complex or requires multiple levels of approval at some phase, are there ways to mitigate the possible delays?

---

**Resource roadblocks** Are there any anticipated resource barriers to successful completion of the project? If so, is there a way these may be accommodated?

---

**Continued projects** Are there any previous projects that should be revisited or require more time?

---

# APPENDIX G    MARKETING PLAN

**Introduction**      This document identifies strategies and actions to inform staff about, and encourage participation in, the DPH PM system.

---

**Marketing Strategy**      The following marketing strategies will help to promote PM and develop a culture of quality throughout the department.

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, completed PDSA cycle highlights and articles to the DPH Public Information Officer.
2. **PM SharePoint Site** – The PM SharePoint site will host video testimonials and acknowledgment from leaders demonstrating their support of QI efforts along with links to QI online trainings.
3. **DPH Workstation Screensaver** – The Communication Coordinator will work with the PMC marketing subcommittee and the Public Information Officer to ensure all DPH workstations will include a new screensaver message or graphic, at minimum, each quarter to educate staff about QI terms and concepts, highlight completed PDSAs or QI projects, announce new QI trainings or recruit for membership in PMC or QI champion program.
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 (excluding 2020 due to emergency response to COVID-19 pandemic). An announcement requesting new and continuing QI Champions will also be sent annually.
5. **New Employee Onboarding** – New staff will be enrolled in the online Introduction to QI and Introduction to PDSA trainings by their supervisor. These trainings will help new staff to identify opportunities for improvement and to get involved in creating a culture of quality.
6. **Engagement Activities** – The PMC marketing subcommittee will coordinate with the Communication Coordinator to facilitate at least one department wide QI engagement activity each year.

---

Continued

# APPENDIX H    QUALITY IMPROVEMENT CHAMPIONS

**Purpose**                      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.

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.

---

**E.A.S.Y.**                      Serving as a QI Champion is as E.A.S.Y. as being:

- **E**nthusiastic about QI.
- **A**ware of QI opportunities.
- **S**upportive of management and coworkers in their QI efforts.
- **Y**ourself and having fun!

---

**Functions**                      QI Champions are encouraged to:

- 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.
- Educate and encourage staff to utilize the PM SharePoint site for tools, resources, trainings, and any information regarding PM.

---

## Revisions

Date	Revision	Description	Page Number
6/9/2021	Throughout	Updated year to indicate 2021	Front cover, footers on all pages
	Mission Statement page	Updated Director and Health Officer	Intro
	Executive letter	New letter and photo	Intro
	Introduction	Updated Community Health Data Report image and information	1
	Gaps	Updated language to be more simplified	7
	Appendix B: PM Committee Charter	Updated meeting frequency and removed asterisk relating to extended membership for 2020.	14
	Appendix C: Goals and Objectives	Updated completion dates for objectives due to COVID-19 timeline extensions.	18-20
	Appendix G: Marketing and Recognition Plan	Updated New Employee Onboarding to describe how QI is introduced.	24
	Appendix H: QI Champions	Deleted Structure, Expectations and Training sections since we will be revising. Added to the Purpose section.	26
5/11/2020	Front Cover	Changed year indicated to 2020	Front cover
	Executive letter	New letter and photo from Jennifer Baptiste-Smith replaced letter and photo from Trudy Raymundo	Intro
	Trainings	Revised description of trainings and updated photos and links	6
	Assessment	Updated assessment information and strategies identified	7-8
		Updated Health Stat photo and added NACCHO Roadmap image	
	QI Plan Revision and Availability	Inserted QI plan image from SharePoint site	9
	Customer Service	Updated customer survey and DPH feedback link information, photos and links	10
	Appendices	Updated information and strategies adopted	C, E, F, G, H
		Added new content to appendix F	F
Back Cover	Updated contact information	Back cover	

## Revisions, Continued

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	

For questions about this plan, please contact the  
Department of Public Health Quality Improvement Coordinator



Public Health

**BOARD OF SUPERVISORS**

COL. PAUL COOK (RET.)  
First District

JANICE RUTHERFORD  
Second District

DAWN ROWE  
Vice Chair, Third District

CURT HAGMAN  
Chairman, Fourth District

JOE BACA, JR.  
Fifth District

LEONARD X. HERNANDEZ  
Chief Executive Officer