



Public Health

QUALITY IMPROVEMENT PLAN 2022



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.

Like local health departments across the nation, San Bernardino County Department of Public Health necessarily had to redirect staff, resources and focus for the past two years to COVID-19 response. During FY 2022/23 key performance management (PM) plans including the Community Health Assessment, Community Transformation Plan, Strategic Plan, and the DPH data dashboard are in the process of being revised. These situational constraints impact the direction of our QI efforts this fiscal year, yet our resolve in creating a culture of quality at the County and the department level remains strong and focused.

- In 2022, the San Bernardino County Department of Public Health won 28 National Association of Counties' (NACo) Achievement awards, more than any other county department.
- A new Project Coordinator was hired to oversee the department's quality improvement efforts.
- The Performance Management Committee began reconvening in April 2022 and is growing in membership and excitement.
- New QI Champion training has been developed to guide efforts and QI Champions will be trained and assigned QI projects.
- A new Culture of Quality assessment will be conducted in January 2023 and progress will be compared with the previous assessment to guide future planning efforts.

FOCUS OF FY 2022/23 QI PLAN

For FY 2022/23, the department will focus on providing training and implementing QI projects to regain momentum, strengthen the culture of quality at DPH and further develop the DPH QI program infrastructure. This QI Plan aims to provide a short-term, actionable path forward for FY 2022/2023. The DPH QI 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

Definitions & Key Terms

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

- **AIM Statement** – Describes the current status quo and what a QI project intends to accomplish.
- **Executive Team** – The following DPH leadership positions: Director, Assistant Director, Health Officer, Assistant Health Officer, Chief Financial Officer, Division Chiefs, Quality and Compliance Officer, and Human Resource Business Partners.
- **Objective** – A target for achieving all or a portion of a goal through specific interventions. Objectives should always be assessed for the following “SMARTIE” criteria: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable.
- **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 analysing 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.
- **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.

THE QI STRUCTURE

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.

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.

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:

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



- **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) – Analyses 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 phrase “Think Big, Start Small, and Grow” defines the department’s approach to QI. When evaluating potential changes that will have a positive impact on the community, it is important to remember that change happens incrementally. By breaking down a large project into smaller, manageable pieces, there is a greater chance for success. “Starting small” means that change can happen with one staff member, one process or small teams.

QI efforts receive full support from executive leadership, management, supervisors, and staff throughout the department.

The PM Committee and the QI Coordinator provide additional support 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"> • Provides direction for the PM system and implementation of the QI Plan • Allocates resources for PM and QI • Approves departmental performance indicators and QI projects • Monitors departmental performance
All staff	<ul style="list-style-type: none"> • Completes QI training • Incorporates QI into duties and assignments • Participates in QI activities • Conducts and reports on PDSA cycles
PM Committee	<ul style="list-style-type: none"> • Provides input into the development and revision of the QI Plan • Provides input and feedback on the implementation of QI

	<ul style="list-style-type: none"> • Makes recommendations to the executive team • Reviews the progress of QI projects and provides feedback to project teams • 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
Program Leadership	<ul style="list-style-type: none"> • Participates in PM and QI activities • Maintains PM as a priority and integrates QI into program objectives and operations • Sponsors and participates in QI projects and conduct PDSA cycles • Works with QI Champions to build a culture of QI in the program
QI Champions	<ul style="list-style-type: none"> • Conduct QI Projects • 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 co-workers
QI Coordinator	<ul style="list-style-type: none"> • Oversees and develops QI activities and trainings • Identifies resources and best practices related to QI • Ensures the QI Plan aligns with Public Health Accreditation Board's Standards and Measures

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. A full time Project Coordinator position is designated to coordinate all aspects of QI and PM in the department. In FY 2022/2023, the department is requesting funding from the Centers for Disease Control and Prevention Public Health Infrastructure grant for a QI Consultant.

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 recruits and organizes QI project teams comprised of SMEs 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.

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

Performance Management SharePoint Site and the Learning Management System (LMS)

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. The [County's LMS](#) offers on-demand training on QI topics.

QI Learning Opportunities

DPH will encourage and support a culture of quality through the following learning opportunities:

Training Audience	Training Level	Training Content and Frequency
New Staff	Introductory	LMS training module “Introduction to Quality Improvement” must be completed upon hire.
All Staff	Introductory	Virtual Lunch and Learn trainings twice per year <ul style="list-style-type: none"> • Understanding the role of systems in performance • Understanding the role of teams in developing solutions
Supervisors	Introductory	Required LMS training for supervisors to create awareness regarding the PM System and QI, the role of QI Champions and the value in participating in QI activities.
QI Champions	Introductory	Orientation is conducted annually to new QI Champions for their role in creating awareness, promoting a QI culture and providing subject matter expertise.
All Staff	Intermediate	On demand LMS training modules: <ul style="list-style-type: none"> • Introduction to Quality Improvement • Process Mapping • Problem Identification • Root Cause Analysis • Solution Development • Solution Selection
QI Champions/ Project teams	Advanced	Training to be held at the start of each QI project to prepare teams to launch their QI projects, develop aim statements, and learn QI tools.

Identifying, Prioritizing, and Initiating QI Projects and Efforts

In FY 2022/2023, ideas for QI projects will be identified by both staff and leadership. To ensure potential QI projects are inclusive and open to the diverse perspectives of staff, polling will be conducted in September 2022 to identify potential projects.

- The QI Coordinator will review survey responses, analyse results into themes, and present collected ideas to the PM Committee for review and selection.
- The PM Committee will review ideas and use Impact/Effort and Control/Influence Matrices to prioritize and recommend two QI Projects.
- Prioritized recommendations will be sent to executive leadership for final approval and selection.
- The selected QI Project with the highest prioritization will be completed in Fall 2022, with the second QI Project completed in Spring 2023.

The PM Committee will recruit for QI Champions in September 2022 and January 2023. After QI projects have been identified and prioritized, the projects will be initiated and coordinated by the QI Coordinator and PM Committee.

- QI Champion Teams will be selected by the PM Committee, complete the selected QI Projects and receive training on:
 - Their roles as QI Champions within the department, and
 - How to plan, implement and evaluate a QI project.
- QI Project Teams will:
 - Complete a project charter and AIM statement, develop measures and indicators, and complete a Project Action Plan and Data Collection Plan.
 - Develop a storyboard to succinctly share learning from the project
 - Develop and deliver a presentation to the PM Committee and executive leadership.

In addition to formal QI projects that have a department impact and involve greater complexity, the department is committed to growing the culture of QI. As such, each program will be required to complete two PDSA cycles in FY 2022/2023.

- Program leadership will be responsible for identifying, prioritizing and initiating PDSA cycles that will result in improvement to a process within their program's control.
- Program leadership will report the results of the PDSA cycle via SharePoint

Goals & Objectives

As a result of department-wide COVID-19 response activities, objectives listed in the 2020 and 2021 QI Plan have not been fully completed. The interim goals and objectives listed below will be completed in FY 2022/2023 and will help to regain momentum, strengthen the culture of quality at DPH, and further develop the DPH QI program infrastructure.

Goal 1: Implement QI projects that align with the department’s quality improvement or strategic priorities		
Objectives	Responsible Party	Indicator
Objective 1.1: Ensure at least two QI projects are completed by June 30, 2023.	PMC	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 to Program Leadership by June 30 each year.	PMC Chair (or designee)	Number of presentations made
Objective 2.2: All completed QI projects will be shared with staff on the PM SharePoint site by June 30 each year.	QI Coordinator	Number of projects updated on SharePoint
Goal 3: Foster use and understanding of performance data for QI		
Objective 3.1: Five new modular QI trainings will be made available to staff by November 30, 2022.	QI Coordinator	Number of trainings made available
Objective 3.2: New QI Champions will attend orientation and training before beginning QI projects (Fall 2022, Spring 2023)	PMC	Number of new QI Champions that attend orientation
Objective 3.3: Performance data for QI projects will be tracked on HealthStat by May 31, 2023	Data Manager and Senior Statistical Analyst	Ratio of QI projects tracking performance data on Health Stat
Goal 4: Improve and assess QI activities and needs in the department		
Objective 4.1: The QI Plan will be reviewed and updated by July 31 each year.	QI Coordinator and PMC	Updated QI Plan
Objective 4.2: A QI Culture of Quality Assessment will be conducted by January 31, 2023.	QI Coordinator and PMC	Assessment results
Objective 4.3: Review the PDSA submission process and consider revisions or enhancements by October 31, 2022	PMC	Development of process

Measuring Implementation of the QI Plan

Regular measurement and monitoring of QI Plan goal implementation is critical to assessing the effectiveness of QI efforts. The PMC has responsibility for ensuring these goals are implemented in FY 2022/2023.

- Measurement of progress will be according to the stated goal indicators and timeframes.
- The QI Coordinator will provide a monthly status update on goals at the PMC meetings, and as needed, when feedback is required.
- The PMC will review the status update and take action in coordination with the QI Coordinator and Executive Advisor as needed to mitigate any issues and support implementation.
- QI Project results and outcomes are shared via the PM SharePoint Site
- PDSA cycles are collected and reviewed by the QI Coordinator and shared with the department on SharePoint.

QI Communication Strategies

The PMC will ensure QI-related efforts are communicated to staff and external stakeholders as follows:

- The QI Plan will be disseminated to all DPH staff via email.
- Performance data for QI projects will be tracked on HealthStat by May 31, 2023.
- The Executive Advisor will provide updates as needed to the DPH Executive Leadership team.
- PDSAs will be available for review by all DPH staff on the PM SharePoint staff.
- QI Champion teams conducting QI projects will complete a storyboard to communicate the results of the project. The QI project and storyboard will be shared with staff on the PM SharePoint site.
- QI Champions will develop and deliver a presentation on respective QI projects to Program Leadership at the conclusion of the project.
- Innovative programs and quality improvement efforts will be highlighted to external stakeholders and the San Bernardino County Board of Supervisors through NACo and CSAC award submissions.

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 (PM) and quality improvement (QI) throughout all aspects of the department.

Purpose

An advisory committee is vital to coordinating and guiding the Department of Public Health's (DPH) PM and QI activities. The DPH PM Committee works closely with DPH's leadership and staff to implement the DPH PM system, review performance and propose/implement QI projects based on data/performance.

Functions

The PM Committee performs the following functions:

- Provides input into the development of department and division plans to ensure alignment, including:
 - Countywide Vision,
 - Community Transformation Plan,
 - DPH Strategic Plan,
 - DPH Workforce Development Plan, and
 - Public Health Accreditation Board's (PHAB) Standards and Measures.
 - Identifies potential projects for National Association of Counties (NACo) and the California State Association of Counties (CSAC) awards
 - Reviews data for department, division and program level plans
 - Propose/implement quality improvement projects based on data/performance.
 - Provide input into the QI Plan.
 - Provide input into QI training
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Performance Management Committee Charter, Continued

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 a Chair in June of each year to lead the committee and facilitate meetings. The Chair will meet frequently with the DPH QI Coordinator.

- The PM Committee meets at least six times annually. Meetings are scheduled for 90 minutes. Minutes are approved at the subsequent meeting.
- Supporting materials are posted on the PM SharePoint site and are available to all DPH staff.
- Sub-committees may be formed as necessary. A PM Committee member must chair a sub-committee.
- Meetings will start on time
- Virtual attendance will be accommodated for staff teleworking, etc.

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.
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Performance Management Committee Charter, Continued

Membership,
continued

General membership responsibilities may 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.
 - Facilitating collaboration and training.
 - Mentoring and supporting others in their PM and QI efforts.
 - Sending an alternate representative if unable to attend a meeting.
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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 may be required to report on activities.

Role	Responsibility
Chair	<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
QI Coordinator	<ul style="list-style-type: none"> • Advises the PM Chair • Prepares the draft QI Plan • Identifies resources and best practices related to QI • Provides guidance on requirements of the Public Health Accreditation Board (PHAB) as it relates to the PM system and QI • Develops QI training or coordinates with a subject matter expert • Provides technical assistance, guidance, training, and support for QI • Reviews, develops and revises QI materials
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
General members	<ul style="list-style-type: none"> • Provides input into department and division/program level plans • Reviews performance data for assigned divisions/programs and brings performance issues to the meeting for discussion • Makes recommendations for QI projects and plans • Provides assistance with QI projects and participates as appropriate
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 as needed

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Performance Management Committee Charter, Continued

Revision History

September 2022 – Revised *Introduction, Definitions, Structure and Goals and Objectives*. Added *QI Learning Opportunities, Identifying, Prioritizing and Initiating QI Projects and Efforts, Measuring Implementation of the QI Plan and QI Communication Strategies*.

June 2018 – Revised. *Roles and Responsibilities*. Added and removed roles and modified responsibilities.

May 2017 – Revised. *Performance Management Committee Charter*. Incorporated into Performance Management Plan.

June 2016 – *Quality Management Committee Charter*. First version.
