



*Quality*  
IMPROVEMENT  
&  
*Performance*  
MANAGEMENT  
PLAN



COMMUNITY HEALTH  
*Assessment & Improvement*  
PLAN  
2014 - 2019  
(2017 REVISION)



*Strategic*  
PLAN



*Workforce*  
DEVELOPMENT  
PLAN



Georgia Heise, DrPH, District Director

## EXECUTIVE SUMMARY

Welcome to the Three Rivers Quality Improvement (QI) Plan! Someone once said, “What gets measured gets done.” Although the author of that statement is debated, he or she was certainly correct. With Public Health’s limited resources, only those programs that can demonstrate outcomes will continue to receive funding. As we work toward Reaccreditation, Three Rivers’ approach to QI is to include it in everything we do. The Public Health Accreditation Board (PHAB) defines QI in public health as, “use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

At Three Rivers, we constantly monitor our programs and their outcomes. We want to ensure that we are performing all processes and services in the most effective, efficient way possible. The only way to accomplish that is to measure our performance and make improvements when and where possible. All our employees receive training in QI reinforcing how important it is to assess what it is we are trying to accomplish, define the processes we are using, and to determine how we can improve them. We employ tools such as flow charts, affinity diagrams and cause and effect diagrams to realize our mission of ALL ONE TEAM, Striving for Excellence, Educating and Empowering with Every Encounter!

Thank you,

Georgia Heise DrPH  
District Director



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## Introduction: Vision, Mission, Guiding Principles of TRDHD

**Vision:** All One Team, Striving for Excellence, Educating and Empowering with Every Encounter

**Mission:** Health Happens Here

### Guiding Principles:

- I. The communities served by TRDHD consider our delivery of the Ten Essential Public Health Services Outstanding, while being an accredited public health department.
- II. Regardless of discipline, TRDHD employees work as “All One Team”, striving for excellence while educating and empowering with every encounter. All employees consider TRDHD a great place to work.
- III. The key to exemplary delivery of the Ten Essential Public Health Services is a competent public health workforce and the key to a competent workforce is adequate training. Furthermore, TRDHD will be a model health department and training center for others.
- IV. To fulfil goals reflected in TRDHD’s 2016-2019 Strategic Plan

## Our QI Story

Three Rivers District Health Department has embraced quality improvement and built a proactive, problem-solving environment. Whether carried out by a zombie invasion at a staff meeting or a more traditional approach to addressing gaps in essential public health processes, continuous QI is now standard operating procedure at Three Rivers. It’s normal for employees to ask “how can this be done better?” and work to improve a process or service. TRDHD is proud of our commitment to continuous quality improvement.

Beginning in September 2015, TRDHD participated in the QI Leaders Academy. One significant outcome from this opportunity has been the development of a new process for QI planning. In February 2016, a week was dedicated to “QI Planning” which consisted of a Leadership Day to establish six new QI projects, designated project work sessions for the new teams, and Individual Contributor training. This framework and the new projects have added to the existing QI work plan.

Additionally, the QI Planning week introduced staff to a new tool to document and capture the entirety of a QI project. This new template “the PRISM – Problem Investigation and Solution Method” has motivated staff to be more inclusive and detailed with their QI project documentation.

Lastly, in 2017, two new employees have been added to our agency-wide QI team as well as a new Quality Improvement Coordinator.

## Our Plan

The following Quality Improvement Plan serves as the foundation of the commitment of Three Rivers District Health Department to continuously improve the quality of programs and services it provides.

**Quality.** Quality services are services that are provided in a safe, effective, recipient-centered, timely, equitable, and efficient manner.

Three Rivers District Health Department is committed to the ongoing improvement of the quality of care its community members receive, as evidenced by the outcomes of programs and services. TRDHD continuously strives to ensure that:

- The programs and services provided incorporate evidence-based, effective practices;
- The programs and services are appropriate to each client’s needs, and available when needed;
- Risk to patients, providers and others is minimized, and errors in the delivery of services are prevented;
- Standard operating procedures are developed and utilized on a consistent basis with employees;
- Programs, processes, and services are provided in a timely and efficient manner, with appropriate coordination and continuity.

**Quality Improvement Principles.** Quality improvement is a systematic approach to assessing services, programs and processes and improving them on a priority basis. Three Rivers District Health Department’s approach to quality improvement is based on the following principles.

- **Customer Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the District Director and Board of Health are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with TRDHD’s mission, vision, and strategic plan.
- **Data Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of services and programs, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as flow charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.
- **Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and employees can almost always find an opportunity to make things better.

**Continuous Quality Improvement Activities.** Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by Three Rivers District Health Department, is understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

- Measuring and assessing the performance of services, programs and processes through the collection and analysis of data through our Performance Management System.
- Conducting quality improvement initiatives and taking action where indicated, including the
  - » design of new services, processes, programs and/or
  - » improvement of existing services, processes and programs.

The tools used to conduct these activities are described in Appendix A, at the end of this Plan. General templates are provided as well as flow charts and diagrams specific to TRDHD.

## Our Team

### LEADERSHIP AND ORGANIZATION

The **Quality Improvement Team** provides ongoing operational leadership of continuous quality improvement activities at the Three Rivers. QI Team members will spend two fiscal years serving on the team, new membership will begin in July. Each department of the agency will be represented, as well as the District Director and the Accreditation/QI Coordinator. The team will meet at least monthly or not less than ten (10) times per year and the QI Team consists of the following individuals:

Lindsey Tirey, QI Coordinator  
 Georgia Heise, District Director  
 Rachele Cobb, Environmental Health  
 Michelle Wilburn, Administrative Services  
 Greg Ramey, Information Technology  
 Allison Napier, Community Health  
 Jennifer Thurman-Humphrey, Home Health  
 Rebecca Messmer, Community Health Planning & Policy  
 Laura Johnson, HANDS

The membership of the Quality Improvement Team is based upon:

- District Director and departmental manager’s recommendation;
- Dependent of employee’s involvement for other committees, such as the Accreditation and Strategic Planning Teams.

The responsibilities of the Quality Improvement Team include:

- Developing and approving the Quality Improvement Plan.
- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of clinic services.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Director and District Board of Health if needed, on quality improvement activities on a regular basis.
- Formally adopting a specific approach to Continuous Quality Improvement, specifically Plan-Do-Check-Act.

The **District Director** also provides leadership for the Quality Improvement process as follows:

- Supporting and guiding implementation of quality improvement activities.
- Reviewing, evaluating and approving the Quality Improvement Plan annually.
- Consulting with the Quality Improvement Coordinator to develop an annual budget and resource allocation.

The District Director will play a vital role in the development and maintenance of the agency Quality Improvement Plan and its subsequent activities. Furthermore, the District Director will provide oversight on QI initiatives derived from the QI Team. Quality improvement training to TRDHD will be facilitated by the District Director or appointed employees.

## Training

Developing staff capacity and competency to engage in continuous quality improvement is an essential component to building a culture of quality. The QI team will support the following activities:

- **New employee training.** As part of the orientation process and training, new hires will watch an introductory online video.
- **All One Team Staff Meeting.** At each quarterly staff meeting, a new QI tool or activity will be introduced. QI projects are also highlighted during staff meetings.
- **Continuing Education.** QI Coordinator will attend training at least annually and others within the organization who wish to increase their QI knowledge.
- **Standing Agenda Items.** In the fall of 2017, TRDHD decided to add QI as a standing agenda to all meeting agenda, including Board of Health Meetings. New QI projects are discussed at this time and updates are given on ongoing projects.



## Annual Planning

Each year the QI team meets to revise/create an annual QI plan. An approach the team utilizes in the development/revision of this plan is that of inclusiveness. This enables the team to develop a plan that encompasses a broad scope of participants and/or contributors including the QI team, all organization members, customers, funding partners and the community at large. The intended purpose of the review/creation of an annual plan is to foster organizational focus on improvement outcomes as well as effective and efficient delivery of services within the communities we serve. To ensure directed focus on priority areas, the team evaluates a number of voices in the development and/or revision of the plan. Those voices include:

- Voices of the Customer
  - Customer Satisfaction Surveys
    - Agency Overall
    - HANDS
    - Home Health
- Voices of the Community
  - SWOT
  - County Health Rankings
  - CHIP
- Voice of the Organization
  - Board of Health
  - Strategic Plan
  - KY Public Health 3.0
- Voice of the Process
  - Performance Management
- Voice of Culture
  - Agency Wide QI Survey
- Voice of Learning
  - Living QI Plan



After a complete review of the voices and QI projects, areas for priority focus will be identified and a compilation of suggested projects and ideas will be formulated to address those priority areas. The team will then evaluate all suggested projects and ideas to identify overlaps that are better separated into multiple projects as well as narrowing the focus of ones that may be too broad. This may include separating one project/idea into two or more. Once the evaluation of the projects and ideas is completed the team ranks each by priority to set the tone for the QI focus in the coming year.

## PERFORMANCE MANAGEMENT

### Bridging Performance Management & Quality Improvement

#### Introduction

One of four overarching goals in the current TRDHD Strategic Plan, the purpose of the Performance Management Plan (PMP) is to provide a formalized method and process for what and how to measure and monitor performance. The PMP supports the achievement and monitoring of our Strategic Plan goals Community Health Improvement activities as well as monitoring and measuring programmatic implementation and intervention effectiveness. By monitoring these measures we can ensure we are affecting positive overall health status improvement in the communities we serve.

In July 2015, TRDHD received a \$28,000 grant focused on the implementation of an agency-wide performance management system. After receiving the funding, leadership completed a performance management self-assessment and a formal plan was created consistent with Domain 9 in PHAB's Standards and Measures Version 1.5. Over the next several months, performance management indicators were identified for each department and goals from our Strategic Plan and Community Health Improvement Plan were incorporated into the performance management dashboards.

#### Strategy, Participation and Focus

The PMP will provide a centralized solution and method for the monitoring and review of:

- Individual performance indicators attributable to overall agency health
- Departmental programmatic performance and achievement, and
- Progress monitoring for our community health improvement and strategic planning goals.

To ensure usability it will be streamlined and focus only on measures that support the monitoring of those plans already mentioned and departmental programmatic reporting directed at positive health status improvement in our communities. Further, performance monitoring shall be conducted and managed utilizing an online tool to ensure transparency and accessibility to programmatic managers, staff, interested parties and stakeholders.

The overall PMP will be based on a results framework including objectives or interventions, action items, intermediate results, and long-term change progress. See Figure 1RF



Figure 1RF

All departments shall participate in the monitoring of performance management for the furtherance of programmatic interventions, decision making, strategy development and quality improvement. Leadership will initially be responsible for identifying the activities to be reported on and measured for performance management as well as for collecting baseline and comparison data in line with PHAB Domain 9 standards and requirements as well as setting targets. Thereafter Leadership will continue to be the responsible party for modifying measures, adding new measures as well as implementing new activities and action items to affect positive change in accord with staff, partner, and community feedback and data analysis. Reporting shall be done on a quarterly basis for all measures except those wherein more frequent reporting is necessary for the purpose of mitigating disease outbreak, imminent health risk or otherwise.

Each measure shall include the following elements to ensure standardization and data reliability:

- Clear statement of the objective or standard(s)
- Clear statement of the measure
- Identify the unit of measure
- Identify the responsible party
- Identify the data source
- Identify the source location for the report feed
- Where applicable state or national level data will be included for comparison

### Data Usage

Each quarter Leadership will be responsible for reviewing and reporting on any measures wherein progress is not measurable or has regressed. Data analysis results will be utilized to identify opportunities for quality improvement projects and/or the addition of new tactics and/or activities to affect change in the appropriate direction.

Additionally the District Board of Health shall receive regular quarterly updates on Performance Management along with general business and financial considerations.

Data will be archived for future reference to analyze and monitor longer-term change over time in specific measures as well as overall performance management streamlining and priority change.

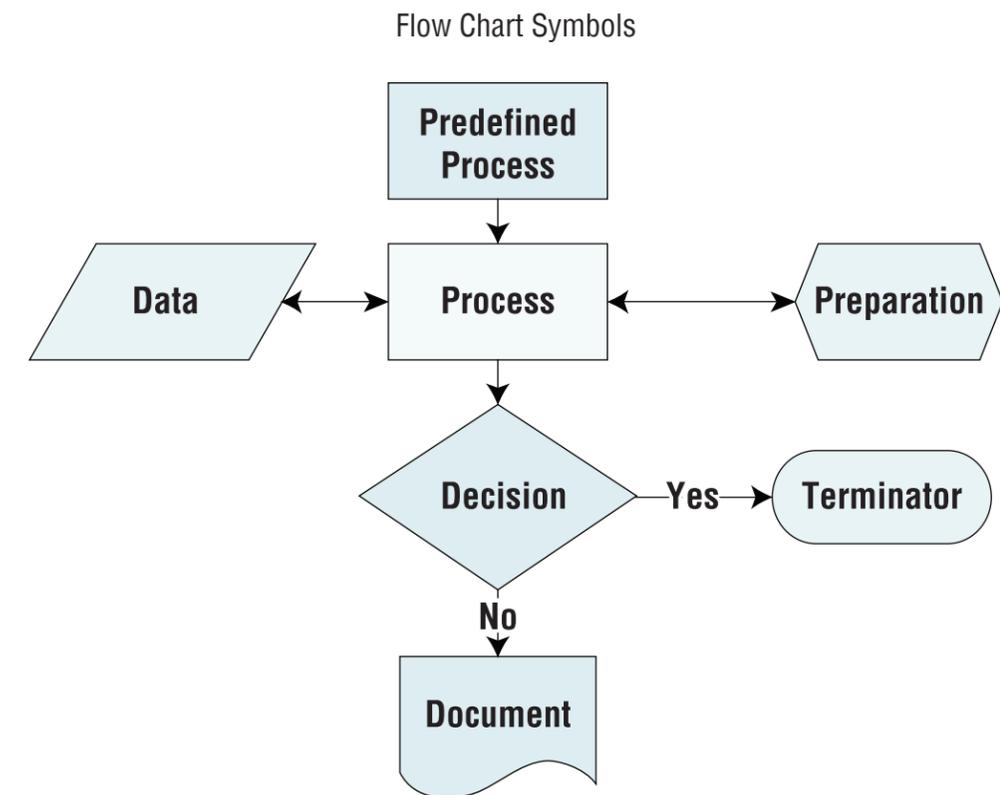
## Appendix A. Quality Improvement Methods & Tools

### QI METHODS

Following are some of the tools available to assist in the Quality Improvement process.

**A. Flow Charting:** Use of a diagram in which graphic symbols depict the nature and flow of the steps in a process. This tool is particularly useful in the early stages of a project to help the team understand how the process currently works. The “as-is” flow chart may be compared to how the process is intended to work. At the end of the project, the team may want to then re-plot the modified process to show how the redefined process should occur. The benefits of a flow chart are that it:

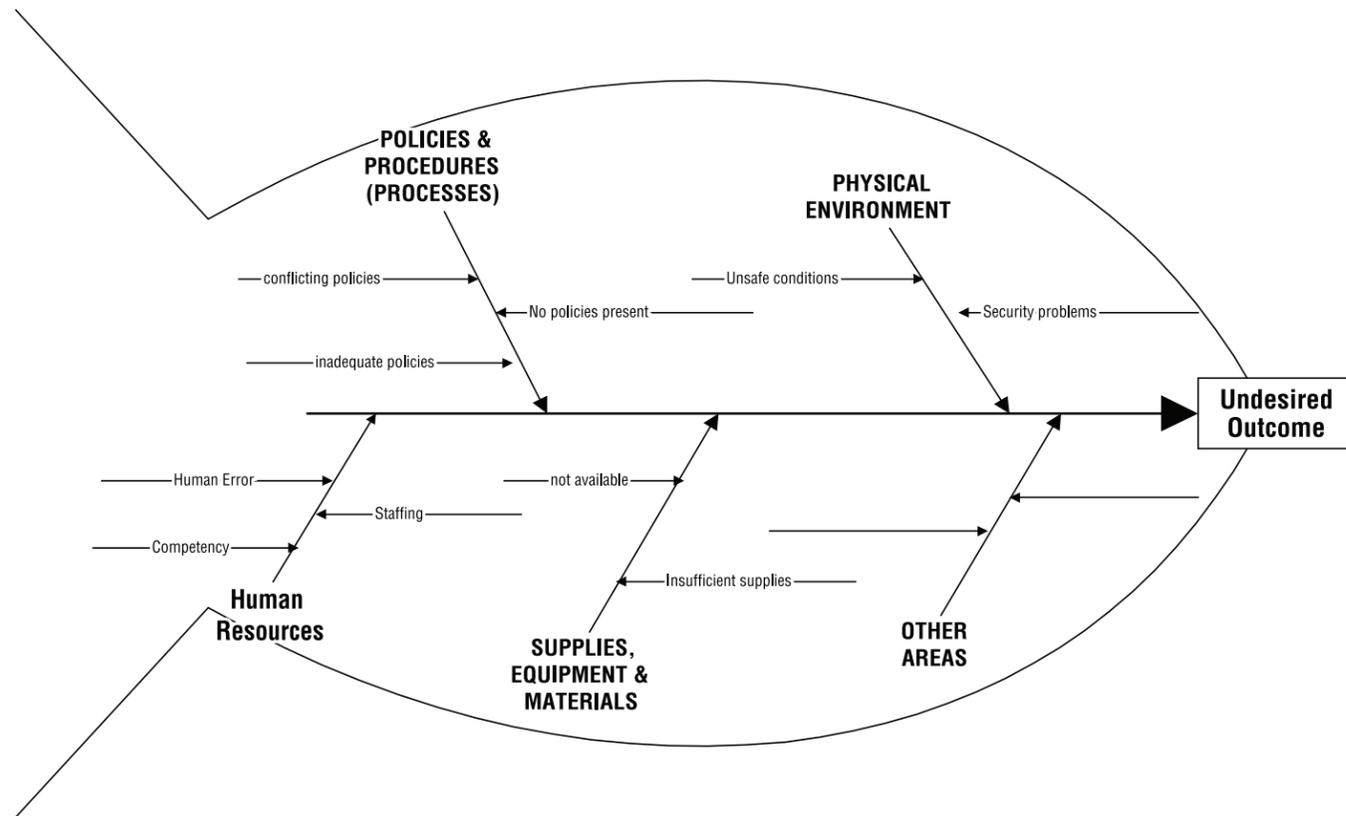
1. Is a pictorial representation that promotes understanding of the process
2. Is a potential training tool for employees
3. Clearly shows where problem areas and processes for improvement are.



**B. Cause and Effect Diagram** (also called a fishbone or Ishakawa diagram):

This is a tool that helps identify, sort, and display. It is a graphic representation of the relationship between a given outcome and all the factors that influence the outcome. This tool helps to identify the basic root causes of a problem. The structure of the diagram helps team members think in a very systematic way. The benefits of a cause-and-effect diagram are that it:

1. Helps the team to determine the root causes of a problem or quality characteristic using a structured approach
2. Encourages group participation and utilizes group knowledge of the process
3. Uses an orderly, easy-to-read format to diagram cause-and-effect relationships
4. Indicates possible causes of variation in a process
5. Increases knowledge of the process
6. Identifies areas where data should be collected for additional study.



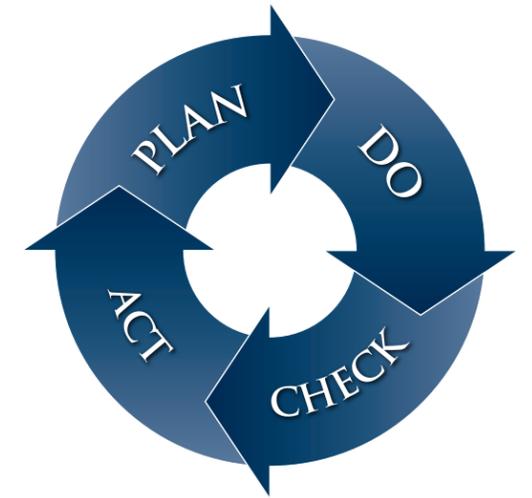
**C. Affinity Diagram:** The affinity diagram is often used to group ideas generated by brainstorming. It is a tool that gathers large amounts of language data (ideas, issues, opinions) and organizes them into groupings based on their natural relationship. The affinity process is a good way to get people who work on a creative level to address difficult, unknown or disorganized issues. The affinity process is formalized in a graphic representation called an affinity diagram. This process is useful to:

1. Sift through large volumes of data
2. Encourage new patterns of thinking.

As a rule of thumb, if less than 15 items of information have been identified, the affinity process is not needed.

**D. Story Board:** A quality improvement storyboard is typically a brief, one-page, visual summary of a completed quality improvement initiative. The storyboard highlights key aspects of a quality improvement effort by documenting the project from beginning to end. It generally includes a description of the following: the problem, the methodology and QI tools used, key metrics, lessons learned and the plan for sustaining improvement. A QI storyboard includes steps taken within the Plan, Do, Check, Act Cycle.

- Plan
  - Problem/Issue
  - Scope
  - Project goals
  - Current state process
  - Root cause analysis
  - Current state observations
  - Strategies/improvement theories
- Do
  - Activities/plan to address the problem
  - Rapid cycle improvements, testing details
- Study
  - Analysis of testing
  - Observations of changes compared to expectations
- Act
  - Decision to adopt, adapt or abandon
  - Rationale for decision
  - Sustainment plan for improvements realized





Quality Improvement Story Board



Team Members:

Identify Potential Causes

CHECK

Study the Results

Identify Potential Solutions

PLAN

Problem Statement

ACT

Standardize or Develop New Theory

Improvement Theory

DO

Test the Theory

Future Plans

Aim Statement

Process Outline & Relevant Data

Date:

E. PRISM Document

PrISM™

PROJECT TEAM PROBLEM SOLVING

Project Team:

Timeline:

SOLVE

What is the Gap?

1. Starting Point
2. Vision
3. Current State

What is the Goal for Improvement?

4. Goal or Target Condition
5. Customers & Beneficiaries
6. Benefit
7. Measures & Targets
8. Conditions

What is the Approach?

9. Team Members & Roles
10. Project Schedule
- 11a. Data and Information Collection

What are your Conclusions?

13. Improvement Hypotheses & Problem Solving Summary

SOLVE

Understanding the Problems

- 11b. Current and Future State Process Maps
12. Cause and Effect Diagram

TRY, LEARN, INSTALL

Try Solutions; what did you learn?

14. Construct & Execute tests
15. Document Results
16. Analyze Results & Extract Learning

How will you make the new way happen?

17. Plan Rollout & Execute
18. Measures of Success





