KANE COUNTY HEALTH DEPARTMENT
QUALITY IMPROVEMENT/PERFORMANCE MANAGEMENT SUMMARY REPORT
Calendar Year 2012

I. Overview

During 2011, the Kane County Health Department's (KCHD) system of Quality Improvement (QI) and Performance Management (PM) have focused both on further development of a culture of QI, but also on the integration of this culture within a broad structure of PM.

1. Evaluation and modification of KCHD's QI framework, including the review of the existing QI Policy, developing a QI Plan that is more directly aligned with the standards and measures of the Public Health Accreditation Board (PHAB), and encouraging the evolution of the QI Committee toward inclusion of Performance Management, and updating the Committee Charter accordingly.
2. Training on Performance Management and selection of performance measures through monthly All Hands meetings and monthly team meetings.
3. Continued training on QI tools through implementation of web-based training modules.
4. Selection and implementation of section-level Plan-Do-Check-Act (PDCA) projects.
5. Development of QI Committee skills relative to facilitating use of QI tools within sections.
6. Integration of QI tools (independent of PDCA) through use in section/division/workteam meetings.

II. Activity Summary

1. Governance of QI

The Kane County Health Advisory Committee (HAC) remains an invaluable resource to KCHD with regard to the integration of QI and PM within the agency. Throughout 2012, regular updates have been provided to HAC with regard to integration of QI and the development of the PM system. Feedback and comments made by the HAC were used in development of section/division-level performance measures that were a part of the PM system. Updates were provided to this committee at least every other month.

2. Policy Development

The existing QI policy (KCHD policy 9.2, "Quality Improvement") was reviewed by the Quality Improvement/Performance Management (QuIPM) Committee in Summer 2012, and a updated policy was reviewed by the KCHD Leadership team and then signed by the Interim Executive Director on September 26, 2012. The modified policy integrated PM into the scope of the QuIPM Committee and removed language unrelated to QI.

No changes were made to the existing policy on Performance Management (KCHD policy 9.1), last updated on August 12, 2011.

3. QI Plan

A draft QI Plan for 2012 was developed by the Health Data and Quality Coordinator (HDQC) in spring 2012, with the goal of implementing the plan for the period of July 1, 2012 to June 30, 2013, maintaining a regular calendar of planning from this point forward. This timeline allowed the full implementation of the performance management system and the integration of this system within the QI plan. Following review of the draft plan by the QuIPM Committee and the KCHD Leadership team, this plan was approved and signed by the Interim Executive Director on June 29, 2011. This plan has been shared with staff and was made available on the agency's shared network drive and KCHD website, where a dedicated QI page has been created. This QI Plan provides a framework for QI activities and training through the end of June 2012.

A performance measure specifically tied to this QI plan has been identified: "% of QI Plan strategies met". This data is evaluated on a quarterly basis, and is used to determine if the implementation of the plan is moving according to schedule. The outcomes of the goals for the plan are identified in detail in sections IV and V of this document, but it is important to note that the full evaluation of the 2012-2013 QI Plan will not occur until July 2013.

4. QuIPM Committee

In 2012, the QuIPM Committee focused first on evaluating the implementation of QI in 2011 and completed the 2011 QI Plan evaluation report and began work to create the 2012 QI Plan. In January 2012, the QuIPM Committee also participated in a one-day training on Performance Management, facilitated by national expert Marlene (Marni) Mason, and developed skills relative to performance measure selection and monitoring, including training on the Line of Sight tool. Work by the Committee in February – July focused mainly in three areas:

- Development of a QI Plan that met the needs of KCHD and was directly aligned with PHAB accreditation standards
- Development and integration of a Performance Management system, including selection of performance measures and development of a data management dashboard
- Development of QI training materials for KCHD, in the form of web-based training modules on QI tools and methodologies (Committee assisted in development and evaluation)

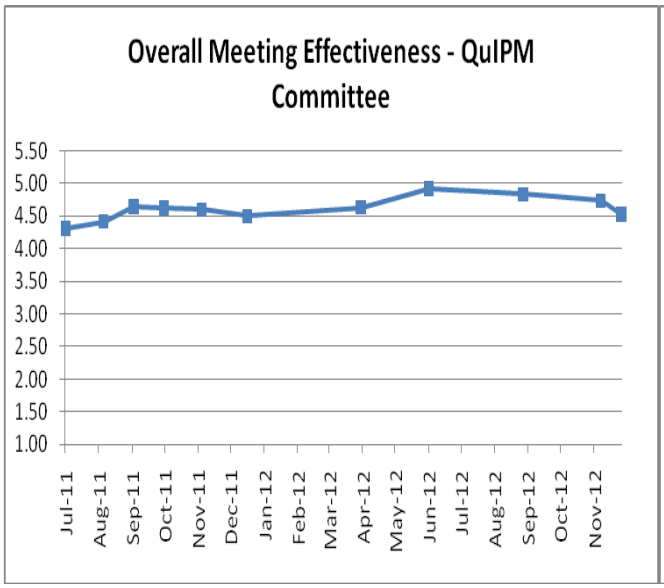
During this time, QuIPM Committee continued to work to integrate the use of QI tools at the individual, team and section level, providing regular updates to the Committee on the use of these tools. With the completion of the 2012 QI Plan, the Committee elected to change the name of their Committee from "QI Committee" to "QuIPM Committee", in order to reflect the focus on QI as a part of the PM system. In addition, a review and modification of existing policies and Committee Charter were completed to reflect this change.

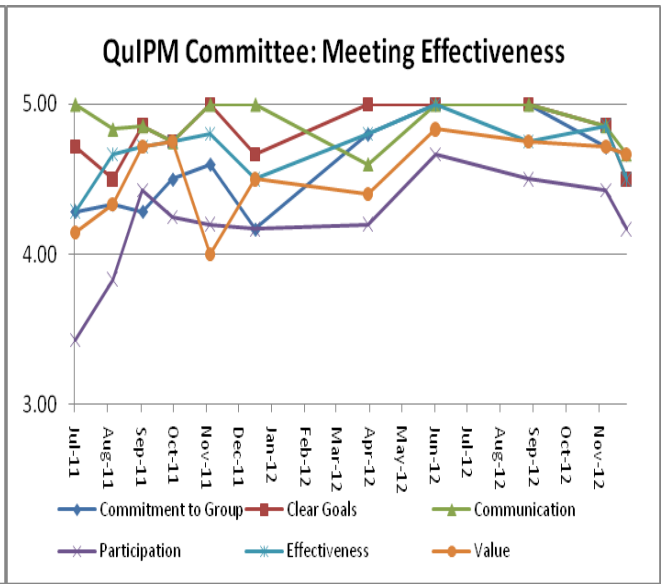
In Fall 2012, the QuIPM Committee focused on increasing their own skills and preparing to support the work of new Plan-Do-Check-Act (PDCA) improvement projects through completion of train-the-trainer modules on QI, including Prioritization Matrix and PDCA. Following the completion of the first quarterly data reporting on performance measures, the 6 KCHD sections selected PDCA projects to align with these measures. These decisions led to a change in the membership of the QuIPM Committee, as 1) nearly all of the existing members had completed

their two-year commitment to the Committee and a transition needed to occur per the Charter, and 2) new project leads had been identified. A transition strategy was developed by the Committee, and the new Committee met for the first time in December 2012.

Evaluation of the effectiveness of the QuIPM Committee was completed on a quarterly basis, and the results monitored and shared with the Committee.

.





Overall meeting effectiveness has maintained a level greater than 4 overall, as well as in all categories of effectiveness. It should be noted that the slight decline in December 2012 may be attributed to the transition in QuIPM Committee, but will be monitored in 2013.

5. Employee QI Training

Employee training in 2012 focused in several areas:

- Training on Turning Point Performance Management system, including development and monitoring of performance measures
- Development of web-based training modules on QI tools and methodologies. A total of nine modules have been created, which include a training module as well as a quiz to assess mastery:
    - Aim Statement
    - Brainstorming & Affinity Diagrams
    - Cause & Effect Diagrams (Fishbone)
    - Data Collection & Analysis (Run Chart, Bar Chart, Pie Chart & Pareto Diagram)
    - Flowcharts
    - Gantt Chart
    - Prioritization Matrix
    - QI 101 (PDCA)
    - SWOT Analysis

    A performance measure regarding completion of six required training modules (QI 101, Aim Statements, Cause & Effect Diagrams, Data Collection & Analysis,

Flowcharts & SWOT Analysis) has also been created, with a baseline of 40% of KCHD staff having completed all six modules. Formal roll-out of this requirement will be aligned with the KCHD Workforce Development Plan, due to roll-out in early 2013; staff have been provided links to these trainings as an opportunity to further their learning.

- Development and use of train-the-trainer modules with QuIPM Committee. The list of modules is the same as those listed above, but also includes additional modules specifically in Pareto Diagrams, Storyboards, and 5 Whys/5 Hows. Implementation of these modules occurred in 2012, with QuIPM Committee members receiving training in a specific area, and then were expected to complete the tool with their team, reporting results to the Committee at the following meeting.
- Refresher training on QI tools on an as-needed basis through technical assistance provided by the KCHD Health Data and Quality Coordinator (HDQC) to individuals, teams, programs or sections.

It is the plan that for 2013, one of the goals with regard to employee training will be to complete a survey of all staff regarding their training needs, as well as their integration and perception of QI within KCHD.

6. Implementation of PDCA Projects

Implementation of PDCA projects in 2012 was delayed until Fall 2012 in order to allow full integration of the Performance Management system. In Spring 2012, KCHD divisions/sections selected performance measures that were aligned with the Community Health Improvement Plan, Strategic Plan, or grant deliverables (a full list of selected performance measures can be found in the 2012 QI Plan). These measures were finalized on June 30, 2012, and first quarter data was evaluated in mid-October. Based on the results of this evaluation, section-level PDCA projects were selected. A PDCA Project Plan, Project Proposal and Decision Matrix were completed for each project, and a summary of this information was presented to KCHD at the December 7, 2012 All Hands meeting. The initial Aim Statements for these projects are listed below:

Division of Disease Prevention

Communicable Disease Section

By December 2013, improve accuracy of Pertussis data entry into INEDSS by 30% (in order to more accurately discover disease outbreaks).

Public Health Nursing Section

By December 7, 2013, improve reporting of immunization coverage levels by 8% for Kane County children under the age of 19.

Division of Health Promotion

Community Health Section

By March 1, 2012, increase Community Health event evaluation scores by 20%.

Environmental Health Section

By June 30, 2013, increase the number of complete and accurately written food inspection reports from 45% to 95%.

Office of Community Health Resources

Administration Section

By August 1, 2013, improve the average employee scores of select Public Health Sciences Core Competencies by 20%.

Community Health Resources Section

By June 30, 2013, increase the number of monthly unique visitors to the KCHD website by 20%.

A summary of these projects and their results can be found in Section VII of this document.

7. Communication

Efforts to encourage a culture of quality improvement within KCHD have also focused on assuring regular and consistent communication of QI within KCHD. Strategies implemented in 2012 include:

- Development of "Stall Street Journal" newsletters focused on QI
- Dedicated time at All Hands all staff meetings to focus on QI/PM training, updates and discussion
- Dedicated QI webpage on KCHD website
- Inclusion of QI/PM in Health Matters, Kane County Board flash reports and on social media sites
- Housing of QI/PM materials on KCHD network share drive, for access by all staff

In addition, KCHD was honored in 2012 to have two QI projects selected for inclusion among the first 50 projects in the Public Health Quality Improvement Exchange (PHQIX), a database for the public health community to find existing improvement projects and to connect on discussions regarding QI. KCHD also received a Model Practice Award in July 2012 from the National Association of County and City Health Officials (NACCHO) regarding their work to implement a culture of quality improvement following the agency reorganization in 2010.

8. Links to Public Health Accreditation

KCHD submitted an application for public health accreditation in May 2012 and it is the goal that the agency will submit their evidence for consideration and for scheduling the site review to align with National Public Health Week in April 2013. The HDQC and QuIPM Committee serve as the workgroup for Domain 9 (which speaks to QI and PM), and has successfully uploaded 62% of required evidence to ePHAB (the electronic data management system for PHAB). Remaining evidence to be uploaded are materials from the implementation, monitoring, evaluation and improvement of performance measures as a part of the PM system (currently in progress with due date of 2/15/2013) and materials from an in-progress PDCA on improving workforce development core competency scores (due 3/15/2013).

Quality improvement tools and methodologies have also been pivotal in the agency's efforts to pursue and prepare for accreditation. A number of PHAB standards and measures require use of QI, and KCHD has also used their knowledge in this area to meet other PHAB requirements

(e.g. determining a process by which public health emergencies are reviewed and evaluated for improvement through the use of SWOT analysis and after-action reporting).

II. Progress on Quality Improvement Goals

Goals and objectives are based on the PHAB Standards and Measures, Version 1.0, released in 2011. Domain 9 requires evaluation and continuous improvement of health department processes, programs and interventions.

Goal 1: Establish a quality improvement plan based on organizational policies and direction.

Objective: Develop an annual agency QI Plan that seeks to increase staff knowledge of quality improvement and supports the development of PDCA implementation, while considering the importance of the PHAB accreditation requirements moving forward.

Measure: Approved 2012 KCHD QI Plan.

Key Strategies:
1. Creation of draft QI plan by the Health Data and Quality Coordinator.
2. Assessment of draft QI Plan by KCHD Accreditation Team for compliance with PHAB standards.
3. Review of QI plan by Assistant Director for Community Health Resources, QuIPM Committee, Leadership Team and Executive Director.
4. 2012 KCHD QI Plan approved by KCHD Executive Director.
5. Dissemination of approved plan to KCHD staff, Health Advisory Committee and publishing of document on KCHD website.
6. Mid-year and year-end evaluation of 2012 QI Plan for compliance with goals and initiatives described therein.

A QI Plan was drafted in Spring 2012 with the assessment of the KCHD Accreditation Team and reviewed by the Assistant Director for Community Health Resources, QuIPM Committee, Leadership Team and Executive Director, with approval and signature received on June 29, 2012. Dissemination occurred in Summer 2012, and this document serves as the mid-year evaluation of the plan.

Goal 2: Implement quality improvement efforts

Objective: Based on the framework of the KCHD QI Plan, implement PDCA as a QI strategy at KCHD.

Measure: Achieve 100% compliance with development and completion of PDCA projects.

Key Strategies:
1. Health Data and Quality Coordinator will meet with each PDCA workgroup or representative at least twice monthly to provide training, technical assistance and support of PDCA project.
2. Health Data and Quality Coordinator will maintain an electronic database of PDCA project work for each workgroup and assure that it is available on the KCHD shared computer drive (S Drive) for review by all KCHD staff.
3. Health Data and Quality Coordinator will provide at least monthly updates to the Assistant Director for Community Health Resources on progress of PDCA projects.
4. All PDCA project workgroups will complete a storyboard at the completion of the project, as well as maintain progress notes during the process.

5. All sections will maintain a record of use of QI tools, both within the context of and independently from PDCA projects. This record will be submitted to the HDQC in advance of the twice-annual QI summary report.

PDCA project implementation began in Fall 2012, with initial reporting to KCHD in December 2012. The project representative to the QuIPM Committee serves as the project lead, with technical assistance provided by the HDQC. To date, each workgroup has met at least once in the month of December, with scheduled meetings in January for all groups. A dedicated folder on the KCHD network share drive (S drive) has been created for each project, where KCHD staff and project teams can review existing materials for both their project as well as others. The HDQC is providing updates to the Assistant Director for Community Health Resources at least every two weeks at this point in the process. Finally, as "use of QI tools" was selected as a performance measure, members of the QuIPM Committee report on use of tools at each month's Committee meeting. An average of 30 tools is used per month, with a goal of 42 per month; December 2012 found the highest use of QI tools thus far, with 52 QI tools used department-wide.

Goal 3: Demonstrate staff participation in quality improvement methods and tools training

Objective: Provide an adequate level of QI training to all KCHD staff.

Measure: Train 100% of KCHD staff on QI Tools and QI processes as outlined in QI plan.

Key Strategies:

1. The Health Data and Quality Coordinator will create and maintain a training log of staff that have participated in QI Training, and will share a summary of that on a quarterly basis with the Assistant Director for Administration for use with the Workforce Development plan.
2. All staff will participate in a quiz of the material following training, as well as completing an evaluation of the effectiveness of the training/presentation. Results of both will be used to determine needs for additional training in each area.
3. The Health Data and Quality Coordinator will work with Assistant Director for Administration to assure that new employees receive orientation and initial QI training within six months of date of hire, as well as on-going training.
4. Self-study modules on at least 6 QI tools will be implemented in 2012.
5. The QuIPM Committee will be trained on and demonstrate competence with use of at least 6 QI tools (using the Train the Trainer modules) in 2012.
6. KCHD Leadership will show use of at least one QI tool in a Division/Section meeting on at least a quarterly basis, providing a brief refresher to staff as well as a hands-on practice example that directly relates to the work of the team.
7. Establish a baseline of KCHD staff that have included among their annual evaluation objectives at least one objective that is directly tied to the demonstrated use of QI tools or methodologies, with a goal of increasing this to 100% over time.

A training log has been developed by the HDQC, with monthly updates reported as part of the performance management system. A baseline of 40% compliance with six required training modules has been indicated, and full roll-out of this training requirement will occur with the finalization of the KCHD Workforce Development Plan in early 2013. Web-based training modules have been completed for 9 QI tools, with plans to develop additional trainings; each training module has a quiz for participants, which not only demonstrates understanding, but requires demonstration of use of the tool. QuIPM Committee members completed train-the-trainer modules on 4 QI tools, with plans to

increase in 2013 with the change in membership of the Committee. Plans for 2013 are to increase the use of QI tools by the KCHD Leadership, and following employee evaluations in March 2013, determine the baseline percentage of staff who have objectives directly tied to QI or PM.

III. Progress on Quality Improvement Projects (PDCA)

As PDCA projects began officially in December 2012, progress reports to this point are brief. It is the plan that these projects will be short in duration (90-120 days), so more in-depth updates will be provided in the evaluation report scheduled to be completed in July 2013.

- Office of Community Health Resources, Administration Section
  The Workforce Development PDCA (increasing core competency scores in Public Health Sciences) recently completed step 3 of the PDCA by creating a Force Field Analysis. At their next meeting on 1/11/13, they will be prioritizing the driving/restraining factors as their root causes and brainstorming potential solutions.

- Division of Disease Prevention, Public Health Nursing Section (Immunization Program)
  This project is still in a formulation stage, and they are working on making changes to their project plan/proposal.

- Division of Disease Prevention, Communicable Disease Section
  The group has had a meeting to finalize their aim statement, and have a meeting scheduled for 1/11 to complete steps 2 & 3 of the PDCA. Their project aim is to improve completion of INEDSS data entry for Pertussis based on a performance measure and work they did in accreditation preparation (auditing files).

- Division of Health Promotion, Environmental Health Section
  Group had a meeting on 1/9 to finalize their project plan/proposal and completed steps 1 & 2 of the PDCA process. EH is working to improve the "correctness" of food inspection reports, and baseline data was based on a check sheet for a "correct inspection". Based on today's meeting, Dan & Sharon will be working to better define "correct" and assure that they are reviewing reports in a similar way. The Food Committee will also be working on this project.

- Office of Community Health Resources, Community Health Resources Section
  Group met in December to complete steps 1 & 2 of the PDCA process and have their aim statement (increase unique visits to the website). Their next meeting, to work on step 3, will be scheduled in January 2013.

- Division of Health Promotion, Community Health Section
  Group completed a Line of Sight to identify their specific project and will now focus on increasing the percentage of events that have written measureable objectives, as a step toward improving evaluation scores of events. They met this week to work on finalizing their project plan/proposal, and have a meeting on 1/11/13 to finish this work.

VII. Conclusion & Next Steps

During 2012, the Kane County Health Department made significant strides forward in implementation and acculturation of quality improvement, reaching from an agency level down to the staff level. With the goal of a fully implemented culture of quality improvement in mind, the QuIPM Committee evaluated progress in January 2013 and indicated that as an agency, KCHD has evolved to the point of having formally implemented QI in specific areas (level 4 on the NACCHO "Roadmap to a Culture of Quality Improvement"), and have implemented many of the pieces of formal QI implementation at a system level (level 5). Reasons for this level of success were identified as the integration of performance management/measurement into the existing QI system, the increasing number of QI champions within the agency, a fully implemented QI plan, and the increased use of QI tools in daily work, in addition to use within PDCA.

Areas for continued growth are more dedicated time devoted and allocated to the implementation of QI (particularly by mid-level Leadership), working to move those still resistant to QI, increased assessment of customer satisfaction, and improved communication strategies. The QuIPM Committee has identified activities specifically targeting these areas of growth, such as the development of a quarterly QI newsletter, increased display of QI storyboards, tools and activities, and encouragement and support of QI at all levels of the organization. It is also hoped that the implementation of new PDCA projects will support this process and encourage further integration of QI into daily work, particularly in data-driven decision making. In addition, assessment of staff needs with regard to QI/PM could better frame interventions for 2013 and it is the plan to complete this assessment as early in 2013 as possible.

Future areas of opportunity in QI/PM are evaluating return on investment, and continuing to contribute to the field of public health quality improvement and performance management through presentation to other health departments at the local, state and national levels.