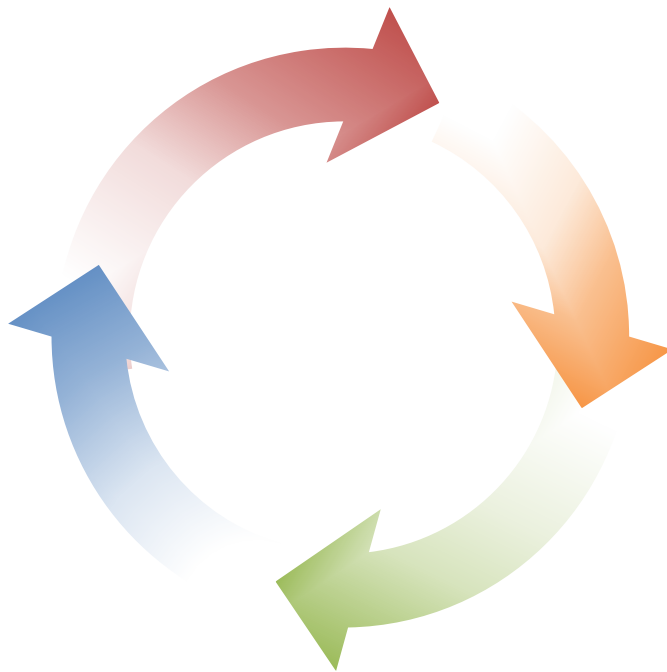Los Angeles County Department of Public Health

Quality Improvement Plan 2017

Quality Improvement & Accreditation Program
January 2017 (rev. 3/13/17)

COUNTY OF LOS ANGELES
Public Health

Table of Contents

Los Angeles County Department of Public Health
Quality Improvement Plan

Section I: Purpose

The purpose of the Los Angeles County Department of Public Health (LAC DPH) Quality Improvement Plan is to provide guidance for LAC DPH's Quality Improvement (QI) efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor the Department's progress towards QI goals.

Section II: Overview of Quality

Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the Department is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards.

LAC DPH has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. Thus, implementation of a Quality Improvement culture throughout LAC DPH will contribute to the Department's overall goal to protect and improve the health of the population. Our vision for the future state of quality is "A Department that utilizes continuous quality improvement at all levels to achieve healthy people in healthy communities."

Section III: QI Governance Structure
A. Organization Structure
1. Quality Improvement & Accreditation Program (QIAP)
The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department. QIAP provides oversight, coordination, training, technical assistance, and data management for all LAC DPH programs.

2. Quality Improvement (QI) Team
The QI Team was established to assist QIAP in managing QI efforts across LAC DPH. The QI Team is made up of representatives from most programs and meets monthly to discuss QI initiatives, projects, and to learn about QI tools. (See Appendix A.)

3. Strategic Directions Council (SDC)

The purpose of the SDC is to provide guidance and coordination for Departmental strategic planning, quality improvement, organizational development and data-integration initiatives. The council is composed of a subset of executives from The Medical Director's Office, the Office of Planning, Evaluation & Development, Office of Health Assessment & Epidemiology, the Chief Science Office and the Quality Improvement & Accreditation Program.

B. Roles and Responsibilities

1. Director of Public Health and the Department's Executive Team

a. Provide leadership to achieve the LAC DPH's vision, mission, strategic plan, and direction related to QI efforts.
b. Promote and support a culture of QI in LAC DPH.
c. Promote and support QI efforts and initiatives.

2. Quality Improvement Director and Program

a. Provide direction for QI efforts throughout the Department, including the facilitation of a Department-wide QI Team to coordinate QI efforts.
b. Oversee the development and implementation of the QI Plan.
c. Provide training, consultation, and technical assistance for QI efforts
d. Ensure communication of QI activities and QI project results to the Executive Team and Director of Public Health.
e. Promote and support a culture of QI in LAC DPH.

3. Division and Program Directors

a. Support the implementation of QI projects:
   - Identify QI specialists to lead QI projects within the divisions or programs.
   - Assist in identifying resources for QI projects.
   - Assure that QI projects advance the Program, Division, and Department goals, objectives, and strategic plans.
b. Provide the QI specialists and project teams with opportunities to share their findings (e.g. DPH QI Summit, DPH Science Summit, APHA, staff meetings).
c. Promote and support a culture of QI in LAC DPH.

4. Managers/Supervisors

a. Develop an understanding of QI principles & tools.
b. Assist in the development and refinement of the program's population indicators and performance measures.
c. Assure and support staff participation in QI activities as needed.
d. Promote and support a culture of QI in LAC DPH.

5. Quality Improvement Specialists

a. Participate in Department-wide QI activities.

b. Lead division- or program-level QI projects.
   c. Provide expertise and guidance to their program's QI project team.
   d. Serve as a liaison between the QI Team and their program.
   e. Advocate for QI practices and support a culture of QI in LAC DPH.

6. All Staff
   a. Develop an understanding of basic QI principles and tools.
   b. Become familiar with their program's performance measures.
   c. Identify program areas for improvement and suggest improvement actions to the QI Specialists.
   d. Participate in QI activities as needed.

Section IV: Staff Training and Resources

A. New Staff

New departmental staff will receive an orientation to QI at DPH as part of the second day of the *New Employee Orientation*. During this orientation, new employees will learn basic QI terminology and principles as well as receive an overview of the Department's QI infrastructure, including their role in QI projects. Quality Improvement is also covered in the required *10 Essential Services of Public Health* training.

B. Current Staff

Current departmental staff is introduced to QI through an *Introduction to Quality Improvement (IQI)* web-based module. This module is available via the Learning Net and should take approximately one hour to complete. The module content includes basic QI terminology and principles, DPH's QI Organizational Structure, staff roles and responsibilities in relation to QI projects and practices, DPH QI goals, and an overview of the benefits of continuous quality improvement within the Department.

In addition to the web-based course, education on QI tools and principles will be added to existing trainings sponsored by the QIAP. These trainings include, but are not limited to, the Core Functions of Public Health, the Supervisor Development Program, and other leadership training courses.

C. QI Team

In addition to the educational opportunities listed above, QI team specialists will receive ongoing specialized training in various QI methods and tools at monthly QI Team Meetings.

D. Tools and Resources

The QI Program maintains a library of reference materials that are available to QI Team specialists and program staff.   Many of them are available on the QIAP intranet site:

http://intranet/ph/PHDirector/MedicalDirectorQualityAssurance/PerformanceImprovement.htm.

Section V: Description of the Quality Management System and Quality Improvement Activities

In 2002, the Turning Point Performance Management National Excellence Collaborative developed a Performance Management System Framework. This framework, known as the Turning Point Performance Management Framework serves as the basis for LAC DPH's QI efforts. It includes four major components:

    1) Performance Standards;
    2) Performance Measurement;
    3) Reporting Progress; and
    4) Quality Improvement. [1]

Performance management and QI activities within LAC DPH are organized by the four components of the Turning Point Model. A description of each of the components and LAC DPH's efforts are as follows:

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

A. Performance Standards are the establishment of organizational or system goals, standards, and targets improve public health practices.

LAC DPH Performance Standard Activities:

1. **Standards** may be based on national, state, or scientific guidelines and/or benchmarked against similar organizations, the public's or leader's expectations, or other methods. Standards are chosen by each program according to their goals and objectives. The standards are flexible, as they tend to change over time. To account for this, the programs are encouraged to update their standards annually.

2. **Targets** are also chosen by each program as measurement goalposts in the progress towards reaching standards. Targets are based on realistic expectations of how far a program is able to move each measure towards its corresponding standard each year.

3. **Goals** are identified by each program during their periodic strategic planning sessions. Goals give programs a unified purpose that embodies the priorities each program will work on for that strategic planning cycle.

B. Performance Measurement is the development, application, and use of performance measures to assess achievement of performance standards.

Based on Mark Friedman's Results Accountability Model for selecting measures to assess services provided by an agency, our measures are separated into two categories: Population Indicators and Performance Measures. [2] Collectively, these two sets of measures are called Public Health Measures.

Each program or division in LAC DPH has a set of Public Health Measures for which it is responsible. Programs that work directly with the public have both Population Indicators and Performance Measures. Programs that serve an administrative function or whose customers are exclusively within the Department may only have Performance Measures. Every six months, each program collects and reports data for its set of Public Health Measures. A definition of each type of measure is provided below.

1. **Population Indicators** reflect the health or risk factors of a specific population, and are influenced by many factors outside the direct control of our Department. Accountability for these measures is often shared across programs including with organizations outside of our Department. Population indicators answer the question "Is the population better off?" Community Health Services and specific disease programs, for example, monitor the rates of communicable disease as a way of tracking the effectiveness of specific interventions. These interventions include our Department's plus those done our partners (e.g., hospitals, doctors' offices, food safety programs).

2. **Performance Measures** focus on the actual work performed by the agency and are collected at the program-level. Performance measures answer the question "How effective is the program?"

LAC DPH Performance Measurement Activities: (See Appendix B.)

1. **Data collection through the LAC DPH Performance Improvement Application (PIA)**
The PIA is a centralized data management system for Public Health Measures data for LAC DPH. The system is used to track progress towards meeting targets for public health measures from all programs or divisions, including those which reflect goals and objectives in the DPH Strategic Plan.

2. **Annual Review and Updating of PH Measures**
Once each year in the spring, programs have the opportunity to update their public health measures. During this update period, programs may choose to add new measures, delete measures that no longer reflect the work of the program, and/or modify existing measures. QI Team specialists lead the program through the process of updating public health measures.

C. Reporting Progress is the documentation and reporting of how standards and targets are met, and the sharing of such information through appropriate feedback channels.

LAC DPH Progress Reporting Activities:

1. **Annual DPH Performance Report**
The annual DPH Performance Report provides an opportunity for DPH executives, managers, and staff to see the performance measurement data across the Department. This Report is meant to be a companion document to the Strategic Plan Progress Report. The results included in this report include the DPH Public Health Report Card and scorecard of each program's selected Public Health Measures. It also includes storyboards for the QI projects completed each year.

2. **DPH Report Card**
The Report Card is an organizational-level tool to track performance in areas that affect all or nearly all programs units within DPH. The results of the Report Card are for internal use and improvement. The Report Card was revised in 2014 to better reflect the IOM's public health foundational capabilities, so the most recent version represents data for the 14/15 and 15/16 fiscal years.

D. Quality Improvement is the establishment of a process to manage change that leads to improvement in public health policies, programs, or infrastructure indicated by performance standards, measures, and reports.

LAC DPH Quality Improvement Activities:

1. **Rapid Cycle Plan-Do-Study-Act (PDSA) Projects**
   All Programs within DPH are encouraged to implement rapid-cycle PDSA projects to continuously assess and improve the quality of the Department's programs and services. The projects use the Institute for Healthcare Improvement's Model for Improvement which contains the following elements: forming the team, setting aims, identifying alignment with the strategic plan, establishing measures, selecting changes, testing changes, implementing changes and spreading changes. (See Appendix C.)

2. **Annual Quality Improvement Summit**
   QIAP hosts a Departmental QI Summit each year. The QI Summit is an opportunity for DPH staff involved in QI activities to come together to discuss Departmental performance, learn about new processes and improvement efforts throughout the Department, and share lessons learned from QI projects.

3. **QI Support**
   QIAP provides support to programs as they plan and implement QI projects. Programs can request guidance for using QI tools, specialized training, technical assistance, and/or a one-on-one consultation. The following examples represent common support request topics: designing meaningful public health measures, using QI tools, updating public health measures, prioritizing and selecting a Quality improvement project, implementing a QI project plan using the PDSA process, and designing PDSA test cycles and completing storyboards. Programs requesting support must complete the Quality Improvement Support Form. (See Appendix D.)

4. **NACHHO's Roadmap to a Culture of Sustainable Quality Improvement**
   NACCHO's QI Culture Roadmap includes a self-assessment tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable quality improvement implementation. The QI Director took the SAT with input from other executives in 2016, which resulted in a score of 3.3 on a scale of 0 to 6. As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move health departments' scores from one level to the next higher level. Strategies to move from level 3 to level 4 were presented to and prioritized by the DPH Executive Working Group and the Quality Improvement Team. QIAP took this input into account in choosing the top four "big QI" strategies to focus on in 2017: 1) Assess & improve customer service satisfaction levels for all programs; 2) Centralize & customize QI trainings and resources, 3) Improve the QI communication plan; and 4) Empower staff to do QI through building a labor-management partnership in Care Improvement Teams (CITs).

Section VI: LAC DPH QI Goals and Objectives

A. Quality Improvement Team Goals & Objectives

Goal 1:	To assure a sustainable Quality Management System (e.g., Turning Point model) with consistent use and application.

Objective 1.1:	Develop and track population indicators and performance measures for each program and help align them with program, Strategic Plan (SP), and Community Health Improvement Plan goals.			
		2015	**2016**	**Target**
Measure 1.1.1	Guidelines are developed for creating performance measures	--	Done	N/A
Measure 1.1.2	Percent of programs that have identified at least one DPH SP objective that aligns with one of their performance measures	82.8%	92%	100%

Objective 1.2:	Coordinate regular data updates and program reviews to track progress toward desired population health and program performance outcomes.			
		2015	**2016**	**Target**
Measure 1.2.1	Percent of programs that track progress by using Cognos or other reporting tools	100%	100%	100%
Measure 1.2.2	Percent of programs that participate in fully populating the PIA	48.3%	87%	100%

Objective 1.3:	Continuously review our goals to assure that we are meeting our mission, evaluating progress and taking actions when identified areas need improvement.			
		2015	**2016**	**Target**
Measure 1.3.1	Population indicator & performance measure results will be reviewed with Program Directors at the annual QI Summit	Done	Done	Do it!
Measure 1.3.2	Percent of programs that worked on a QI project	80%	44%	60%
Measure 1.3.3	Percent of QI projects to improve a program's performance measure	--	20%	40%

Goal 2:	To be champions of Quality Improvement.

Objective 2.1:	To continuously learn QI skills and knowledge.			
		2015	2016	Target
Measure 2.1.1	The percent of QI Projects that include the application of at least 2 QI Tools	--	33%	100%
Measure 2.1.2	Percent of programs that share a storyboard at a QI Team meeting	28%	36%	40%

Objective 2.2:	To promote a QI culture in each program.			
		2015	2016	Target
Measure 2.2.1	Percent of QI Specialists who will encourage program staff to take the IQI module	40%	62%	100%
Measure 2.2.2	Percent of QI Specialists who update their programs about QI activities in the department during at least one staff meeting	67%	76%	100%

Goal 3:	To assist in DPH's efforts to obtain and maintain national public health accreditation.

Objective 3.1:	The QI Team volunteers to participate on review teams for initial accreditation and re-accreditation			
		2015	2016	Target
Measure 3.1.1	Obtain enough volunteers to begin and continue to review proposed documentation	Done	Done	N/A
Measure 3.1.2	Percent of measures where documentation is reviewed by QI Specialists	59%	67%	100%
Measure 3.1.3	For the PHAB site visit, the QI Team will volunteer to review documents submitted	--	Done	N/A
Measure 3.1.4	For the PHAB site visit, the QI Specialists will participate in mock site visit as needed	--	Done	N/A
Measure 3.1.5	QI Specialists will participate in any corrective actions identified by the PHAB after the accreditation decision	--	--	Do it!

B. Department-wide Goals & Objectives

Goal 4:	To attain a sustainable culture of Quality Improvement in DPH

Objective 4.1:	Embrace NACCHO's Roadmap to a Sustainable Culture of Quality Improvement		
		2016	**Target**
Measure 4.1.1	DPH Roadmap score from NACCHO's full Self-Assessment Test (SAT)	3.3	4.0
Measure 4.1.2	Number of Roadmap improvement strategies in 2017 QI Plan	--	4
Measure 4.1.3	2017 QI Team Response rate to NACCHO's abridged SAT	--	100%

Objective 4.2:	Incorporate Customer Service in DPH Quality Improvement Activities		
		2016	**Target**
Measure 4.2.1	Form Customer Satisfaction Workgroup	--	Do it!
Measure 4.2.2	Choose universal customer satisfaction survey questions	--	Do it!
Measure 4.2.3	Pilot test customer satisfaction survey and make improvements	--	Do it!
Measure 4.2.4	Use results from survey to improve customer satisfaction, if needed	--	Do it!

Objective 4.3:	Centralize & Customize QI Trainings & Resources		
		2016	**Target**
Measure 4.3.1	Percent of QI Tool Box tools demonstrated being applied in a QI project during a QI Team meeting		100%
Measure 4.3.2	Number of QI trainings for front-line staff posted on QIAP intranet	--	3
Measure 4.3.3	Number of QI trainings for managers posted on the QIAP intranet	--	1

Objective 4.4:	Improve Quality Improvement Communication Plan		
		2016	**Target**
Measure 4.4.1	Number of "The Voice" issues with a quality improvement article	--	4
Measure 4.4.2	Number of "The Voice" issues with an article about CITs	--	1
Measure 4.4.3	Number of Director's weekly messages that highlight QI successes in DPH	--	4
Measure 4.4.4	Add QI banner to DPH intranet website	--	Do it!

Objective 4.5:	Build a Labor-Management partnership through Care Improvement Teams (CIT)		
		2016	**Target**
Measure 4.5.1	Identify pilot program to implement first CIT in DPH	Done	N/A
Measure 4.5.1	Number of Care Improvement Teams in DPH	--	2

Section VII: Communication Strategies

The following communication strategies will be implemented to ensure clear and concise internal communication about the Department's QI Plan.

A. Utilize existing communication venues such as "The Voice", the Director's weekly email, Executive Workgroup & Program Director meetings, the Science Summit, and the annual Quality Improvement Summit to:
1. Present the QI Plan to senior leaders with the expectation that they will share in their organizational units
2. Share findings from the DPH Report Card and other QI initiatives
3. Share successes and lessons learned

B. Utilize the Quality Improvement Program's website and SharePoint site to:
1. Post the QI Plan and revisions
2. Post QI tools and examples of tool application
3. Post storyboards sharing the results of implemented projects

C. Utilize QI Specialists
1. Report on QI Team activity at their program-level staff meetings

2. Teach QI tools to staff in their program
3. Post storyboards of QI Projects completed in their respective offices

Section VIII: QI Plan Evaluation

A. Quarterly
1. QIAP logs and tracks requests for technical assistance and QI training activities quarterly. (Appendix D.) QI Specialists submit quarterly updates on their QI projects using a quarterly report form. (Appendix E.)

B. Annually
1. The QI Plan will be evaluated by the QI Team in January of every year to determine if the goals and objectives of the previous year were met, as well as to determine the goals and objectives for the coming year. Lessons learned and discovered efficiencies and effectiveness will also be discussed.
2. The Annual Performance Report will include storyboards for QI Projects completed in that year as well as the aggregate and program-specific scorecards for the top 10 performance measures and population indicators.

Section IX: Definitions

Continuous Quality Improvement (CQI): is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. [3]

Plan-Do-Study-Act (PDSA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [6]

Quality: Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the agency is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards. [4]

Quality Improvement (QI): is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. [3]

Quality Improvement Plan (QIP): identifies specific areas of current operational performance for improvement within the agency. The QIP and the Strategic Plan can and should cross-reference one another.

Quality Improvement Project Teams: program-level teams, organized to carry out QI activities, namely PDSA cycles. QI Project Teams, with assistance from the Quality Improvement & Accreditation Program, are charged with developing, implementing, evaluating and reporting on formal QI projects.

Quality Management: the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [3]

Quality Management System: the continuous use of quality management practices so that they are integrated into an agency's core operations. [1]

Quality methods: builds on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. [3]

Quality Tools: are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [6]

Strategic planning and Program planning and evaluation: Generally, the Department's Strategic Plan and QI Plan encompass strategic planning and QI activities that occur at the level of the overall organization, while Program planning and evaluation are program-specific activities that feed into the Department's Strategic Plan and QI Plan. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. [3]

Section X: References

1. Public Health Foundation. (2002). *From Silos to Systems: Using Performance Management to Improve the Public's Health*.

2. Friedman, M. (2005).*Trying Hard is not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. FPSI Publishing.

3. Public Health Accreditation Board. (2013). *PHAB Acronyms and Glossary of Terms Version 1.5*. Retrieved from http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf.

4. Gunzenhauser, J.D. (2012, May). *Quality Improvement in Public Health Practice. Quality Improvement Summit.* Lecture conducted from California Endowment Center, Los Angeles, CA.

5. Centers for Disease Control and Prevention. (2008) Office of the Chief of Public Health Practice, National Public Health Performance Standards Program. Retrieved from http://www.cdc.gov/nphpsp/performanceImprovement.html.

6. Bialek, R., Duffy, G. L., & Moran, J. W. (2009). *The Public Health Quality Improvement Handbook*. Milwaukee, WI: Quality Press.

Section XI: Appendices

Appendix A: QI Team Charter

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

QUALITY IMPROVEMENT TEAM CHARTER

Vision

A Department that utilizes continuous quality improvement (QI) at all levels to achieve healthy people in healthy communities

Mission

To guide and empower a culture of QI within the Los Angeles County (LAC) Department of Public Health (DPH)

Goals

1) To sustain a Quality Management System (e.g., Turning Point model) with consistent use and application.
2) To be champions of QI.
3) To assist in DPH's efforts to obtain and maintain national public health accreditation.

Role of QI Program

- Convenes and facilitates meetings for the Department-wide QI Team[1]
- Records and distributes meeting minutes
- Facilitates the development, implementation and revision of the Department's QI Plan
- Coordinates with QI Specialists regarding annual data submissions
- Provides training, consultation and technical assistance to QI Team specialists, DPH leaders and staff
- Plans the annual DPH QI Summit
- Chairs Work Group meetings as needed

Role of QI Team Specialists[2]

- Attend the monthly QI Team meetings and annual QI Summit
- Provide QI expertise and guidance to their program's[3] QI project team
- Serve as liaison between QI Team and their program, providing updates at program staff meetings
- Advocate for QI practices and encourage a culture of QI among program leadership and staff
- Annually update program performance measures and population goals (Appendix A)
- Utilize the Performance Improvement Application (PIA) for program performance analysis and identify program areas in need of improvement
- Plan, implement and report on annual program QI projects
- Share successes and lessons learned with other QI Team specialists
- Review annual DPH QI Plan prior to approval
- Participate in Work Group meetings as needed

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1. QI Team refers to Department-wide team consisting of representatives from DPH's programs, divisions, or Service Planning Area offices
2. QI Team Specialists are members of the QI Team; the specialists are designated quality and performance improvement experts for each of the Department's programs.
3. Program refers to programs, divisions, or Service Planning Area offices within the Los Angeles County Department of Public Health

Appendix B: QI Annual Calendar

Los Angeles County Department of Public Health Annual Quality Improvement Activities Calendar												
Activity	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Annual QI Plan Review	X											
QI Summit		X										
Update PH Measures, Mission, & Vision			X									
Measures, Mission & Vision Reviewed & Approved				X								
PIA Updated				X	X							
CY 2013 data entry					X							
Update Codebooks						X	X					
Update QI Plan/Project							X					
Report Card Data Collection								X	X			
FY 2013-2014 Data Entry										X		
PH Measure Analysis in PIA											X	
Run PIA Reports & Archive data												X

County of Los Angeles
Department of Public Health
Program Level Quality Improvement Project Plan
(One project per form)

Division/Program Name: _____

A. Quality Improvement Project Description

1. Project Selection

a. Based on your program's performance measures data, what is the specific issue of performance that you would like to improve this year?

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b. With which DPH Strategic Priority Area/s does this performance issue align?

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c. How did you determine that this was an issue? What strategy did your program use to determine this was a priority issue?

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2. Measurement

a. What is the baseline data and time period for the performance measure(s) related to the identified need for improvement?

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b. What is your specific objective and timeframe for improving the identified area, such as "increase x by 10% from (Month/Day/Year) to (Month/Day/Year)"?

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c. How frequently will the improvement be measured?

3. Activities

a. What performance level strategies are being considered for improvement?

b. Has a team been identified to work on the project?

Name	Unit	Roles and Responsibilities
QI Specialist:		
Partners:		

c. What resources are needed to complete these activities?

4. Challenges/Barriers

a. Describe any anticipated challenges related to the project.

b. What is your plan for addressing these challenges if they occur?

5. Project Approval

Approved by: _____   _____

Program Director Signature   Date

B. Data Collection and Measurement worksheet

(Please provide information on your program's Performance Measures that you are trying to improve upon as part of this project.)

	Measure #1	Measure #2	Measure #3	Measure #4
Statement of measure (*e.g. Percent of high risk pregnant women with prenatal visit in 1st trimester*)				
Target Population: (*e.g. All pregnant women*)				
Numerator: (*e.g. # high risk pregnant women with 1st trimester prenatal visit*)				
Denominator: (*e.g. # of high risk pregnant women*)				
Who will analyze data?				
Source of data: (*e.g. Clinic visit records*)				
Data collection method				
Who will collect data?				
Data collection schedule (weekly, etc.)				
Target or Goal: (*e.g. 95%*)				
Frequency of reports to make conclusions and take action?				
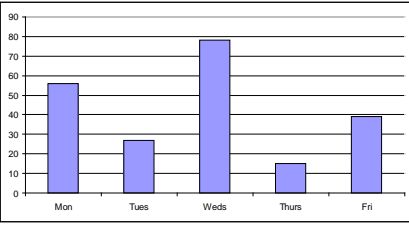
C. **PDSA WORKSHEET FOR TESTING CHANGE**

COUNTY OF LOS ANGELES
Public Health
Office of the Medical Director

Act | Plan
Study | DO

Project Name:	

PLAN:

Describe test of change:	Person Responsible:	When to be done:	Where to be done:

Predict what will happen when the test is carried out:	Measure(s) to determine if prediction succeeds:		

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:

DO: *Carry out the change or test. Describe what actually happened when you ran the test; describe unexpected outcomes and observations.*

STUDY: *Complete analysis of data; summarize what was learned. Describe the measured results and how they compared to the predictions.*

ACT: *Describe what modifications to the plan will be made for the next cycle based on what you learned. When will the next cycle occur?*

D. QI Storyboard template

(Please create a storyboard like this one outlining your QI Project)

COUNTY OF LOS ANGELES
Public Health

Quality Improvement Story Board
<Name of project>

Team members:
<start here>

<space here to Insert info about program or division>

PLAN

1. Getting started
< AKA description of problem, how identified>

2. Assemble the Team
<team members>

AIM Statement
<start here>

3. Examine the Current Approach
<Might develop flow chart, complete root cause analysis>

<Sample graphic – paste in graphics where needed throughout storyboard>

4. Identify Potential Solution
<how did you do this? Literature review, brainstorm>

---

5. Develop an improvement theory

<Describe solutions you think will make an improvement>

DO

6. Test the theory

<Describe your PDSA cycles>

STUDY

7. Evaluate the Results

<start here>

<Sample graphic – paste in graphics where needed throughout storyboard>

ACT

8. Standardize the Improvement

   or Develop New Theory

<start here>

9. Establish future plans

<This might include how you plan to maintain and/or spread improvements>

10. Describe Lessons learned
<start here>
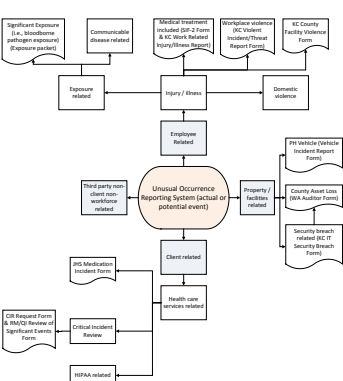
Appendix D: QI Technical Assistance Request Form

Quality Improvement Support Request Form

When is this form required?
Please complete the Quality Improvement Support Request Form to request guidance for using Quality improvement (QI) tools, specialized training, technical assistance, and consultation from the Quality Improvement & Accreditation Program (QIAP). The form will help QIAP clarify your goals and determine the type and level of support needed.

If your issue requires immediate resolution or it can likely be addressed through a brief (30 minutes or shorter) telephone call with QIAP staff, you may not be required to submit this form. Please contact Quan (Joseph) Truong at qtruong@ph.lacounty.gov or 213-989-7249 to confirm.

What types of support can I request with this form?
You may use this form to request assistance, resources, training, and tools to help you conduct QI measurement and improvement activities, such as:

☐ Designing meaningful public health measures　　☐ Using QI tools, such as the Fishbone diagram
☐ Updating your public health measures codebook　☐ Implementing a QI Project Plan using the PDSA process
☐ Prioritizing and selecting a project for improvement　☐ Designing PDSA test cycles and creating storyboards

Support resources will vary based on Program or SPA needs but may include: a telephone consult, referrals to QI training sessions, template tools, an onsite training for your QI team, or ongoing face-to-face consultation with your QI team.

Who should complete and approve the form?
The Program's Quality Improvement Specialist should complete and submit the form, after receiving approval from the Program Director and Division Director (if required by QIAP). If several Programs are requesting assistance for a joint project, the Program Directors for all Programs must approve the project and the QI Specialist from the lead Program should submit the signed form.

What steps should you take to request support?
Step 1: Before you submit this form, please identify your project needs, the type of support needed, and the duration of support. If you are requesting technical support to implement a Quality Improvement Project Plan, before you complete this form:

☐ Complete QI Training Module 1 (Training will be available on the Learning Net starting by June 2014)
Review the LA County DPH Quality Improvement Plan (available on SharePoint website: Performance Improvement Team/Shared Documents/LAC-DPH QI Plan)
☐ Form your project team
Complete a Quality Improvement Project Plan (available on SharePoint website: Performance Improvement Team/Shared Documents/QI Plan Template)
☐ Obtain approval from your Program Director and your Division Director (if required by QIAP)

Step 2: Complete the QI Support Request Form.
☐ To request assistance implementing a QI Project Plan, please complete the entire form, obtain your Program Director's signature and submit the form.
☐ For all other requests, complete Question 1, sign and submit the form.

To whom should you submit the form?
Please email the form to PITeam@ph.lacounty.gov. Once submitted, QIAP will acknowledge receipt of each form and determine the level of support, refer the Program to appropriate tools and resources, initiate support for the proposed Quality improvement project, and/or refer the Program to another entity for support.

What resources are available to help me prepare this form?

• Contact Quan (Joseph) Truong at qtruong@ph.lacounty.gov or 213-989-7249.

• PI Team SharePoint Website (password required):
https://sps.publichealth.lacounty.gov/sites/LAPH/PIT/default.aspx

Program Contact Information

Program Name:		Date:	
QI Specialist's Name:		Title:	
Email Address:		Phone #:	
Program Director Name:			

Other Programs: If you are requesting support to implement a joint Quality Improvement Project Plan, please list the names of each Public Health Program or SPA that will be involved in implementing the project.

Type of Assistance Requested

1. What type of assistance or support are you requesting? (*Please check all that apply.*)

☐ A. Help selecting measures and/or targets for your public health measures
Please attach your approved public health measures set.

☐ B. Help updating your public health measures codebook
Please attach your approved codebook.

☐ C. Help prioritizing and selecting a project for improvement
Please attach your approved public health measures set.

☐ D. Designing a Quality improvement (QI) project plan
What Program issue(s) will the requested support help you address? (e.g., low response rate to surveys, not meeting caseload requirements, decline in screening rates, etc.)

☐ E. Guidance on how to use the following QI tools (*Please check all that apply.*)

☐ AIM Statement
☐ Process Map
☐ Root Cause Analysis (RCA)/ Fishbone Diagram
☐ Storyboard
☐ Flowchart
☐ Prioritization
☐ PDSA Cycle
☐ Other, please specify: _____

☐ F. Assistance implementing a QI Project Plan using the rapid cycle PSDA process
Please attach your Quality Improvement Project Plan.

If you checked:

- **Responses A-E**: please sign below and submit this form. You are not required to complete Questions 2-6.

- **Response F**: please sign below, complete Questions 2-6, obtain your Program Director's signature, and submit this form.

QI SPECIALIST SIGNATURE

I have read the Los Angeles County Department of Public Health's Quality Improvement Plan.

Lead Program QI Specialist:_____

Signature/Date**:**_____

Questions 2-6 and Program Director signatures are only required if you are requesting assistance implementing a PI Project Plan.

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2. What is the goal or aim of the QI Project Plan that you would like to implement?

(e.g., to recruit 30 new providers to participate in the California Immunization Registry by January 1, 2014).

┌───┐
│   │
│   │
│   │
│   │
└───┘

3. Please identify the types of activities that you would like assistance with for your QI Project Plan.
(*Please check all that apply.*)

- ☐ A. Developing an aim statement

- ☐ B. Forming a project team

- ☐ C. Identifying population indicators and/or performance measures to be tracked for your project

- ☐ D. Designing your project data collection system

- ☐ E. Selecting QI activities to implement and test

- ☐ F. Designing PDSA cycles

- ☐ G. Preparing your project storyboard

- ☐ H. Other, please specify: _____

4. How would you characterize your Program's readiness to implement your proposed QI Project Plan?

- ☐ A. We are considering how to address the issue and gathering support for a project, but we do not have a concrete plan. We anticipate >6 months to prepare.

- ☐ B. We have a plan for the QI project but need more time to prepare team members, protocols, and resources. We anticipate 2-6 months to prepare.

- ☐ C. We have our plan, team, protocols, and resources. We are ready to implement within the next month.

- ☐ D. We are currently implementing the project.

5. How challenging do you expect the implementation of your QI Project Plan to be?

☐ A. Very challenging

☐ B. Somewhat challenging

☐ C. Neutral

☐ D. Somewhat easy

☐ E. Very easy

6. Have you attached your QI Project Plan for this project?

☐ A. Yes

☐ B. No

If "No", please explain why you have not attached your QI Project Plan.

Program Director signatures are only required if you are requesting assistance implementing a PI Project Plan.

Lead Program or SPA Approval
I support this Quality improvement project and the staff time needed for completion.

Lead Program Director: _____

Signature/Date: _____

Additional Approvals for Projects Involving More than One Program or SPA
I support this Quality improvement project and the staff time needed for completion.

1. Program Name: _____

Program Director:_____

Signature/Date:_____

2. Program Name: _____

Program Director:_____

Signature/Date: _____

3. Program Name: _____

Program Director:_____

Signature/Date: _____

FOR OFFICE OF MEDICAL DIRECTOR USE ONLY

Date Reviewed by Quality Improvement Coordinating Council: _____

Level of Support

☐   **Specialized Q.I. Training   ☐   Tech. Assistance (1-2 days)   ☐   Tech.**
Assistance (2-4 weeks)

☐   **Q.I. (PDSA) Project (6-12 months)   ☐   Refer to:** _____

Appendix E: QI Project Status Report

Los Angeles County Department of Public Health
Program Level Quality Improvement Project
Quarterly Status Report

Progress Report

Program Name: [Program Name]

Project Name: [Title]

Project Lead: [Name]

Summary			
Status this quarter	R Δ G	*Red* – *considerable slippage and a significant risk that the completion date will not be met* *Amber* – *a possibility of some slippage but the issues are being dealt with* *Green* – *on track and should be completed by the target date*	
Period Ending	[Date]	*PDSA Stage*	[Plan/Do/Study/Act]
Project start date	[Date]	*Projected completion date*	[Date]

Project Description
Please provide a brief description of your project. Be sure to include any changes since your project plan was initially submitted.

Progress Against Key Milestones			
Milestone	*Target Date*	*Progress*	*Revised Completion Date (if applicable)*
		[In progress / Complete / Not yet due / Overdue]	
		[In progress / Complete / Not yet due / Overdue]	
		[In progress / Complete / Not yet due / Overdue]	
		[In progress / Complete / Not yet due / Overdue]	
Achievements completed this quarter			
[Activities/Tasks completed during the current reporting period]			
Future Activities			
[Planned activities for the next quarter]			
Anticipated Risks or Barriers			
[Please list and describe any issues that you perceive to be risks or barriers to completing your project on time. Also explain how you plan to deal with these barriers if they should arise]			