

Meeker-McLeod-Sibley Community Health Services

Quality Improvement Plan 2012-2015

Mission

Lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

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Meeker-McLeod-Sibley Community Health Services Quality Improvement Plan was approved and adopted on April 9th, 2015.



Meeker-McLeod-Sibley Community Health Board, Chair 2015

This document will be reviewed annually at a MMS CHS Board Meeting.

Reviewed:

Date	Reviewed	Staff Initial	CHB approved	Board Chair Signature

Purpose

The purpose of the Meeker-McLeod-Sibley Community Health Services Quality Improvement Plan is to establish a policy and procedure for the adoption of a performance management framework with implementation of data driven quality improvement activities.

Goal

Meeker-McLeod-Sibley Community Health Service (MMS CHS) strives to create a strong and vibrant Quality Improvement (QI) culture within each of the Public Health Departments. MMS CHS has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve high level of efficiency, effectiveness and customer satisfaction.

Background

As part of the strategic planning process in 2012, Integrate a performance management system was identified as a priority. The Goal: Staff are fully aware and engaged in the performance management framework at a program, agency and systems level. There were four objectives identified with this goal. MMS CHS has adopted the performance management framework developed by a workgroup of local public health directors and Minnesota Department of Health (MDH) staff. The framework is outlined above.¹



Governance Structure

The Community Health Board (CHB), consisting of all five county commissioners from each of the counties approved the initial Quality Improvement (QI) and Strategic plan in April of 2014. By this adoption the CHB has adopted a performance management framework described in the QI and Strategic plan and has charged staff of MMS CHS with making recommendations to guide the purpose and scope of the performance management framework. *See appendix D for MMS CHS organizational chart.* The Performance Excellence Team, Quality Improvement Team and management team are responsible for oversight and implementation of the performance management system and conducting QI. Team members are identified in the tables below. The hierarchy of this infrastructure is illustrated in diagram one below.

MMS CHS Performance Management Team

Meeker County Public Health	McLeod County Public Health	Sibley County Public Health	Community Health Services
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¹<http://www.publichealthsystems.org/sites/default/files/68674GPreport09.pdf>

Diane Winter-Director	VACANT	Rachel Fruhwirth-Supervisor	Allie Freidrichs-Director
Michelle Koch- PHN	Linda Senst- PHN	Mary Bachman-Health Educator	
Pam Miller- PHN	Jean Johnson-Health Educator		
	Kerry Ward- Health Educator*		

**Indicates MMS CHS Accreditation Coordinator*

The PET consists of the directors from each of the counties including the MMS CHS director and two staff from each of the counties. Staff were identified by each of the public health directors based on specific criteria for the nature of this work. PET will have scheduled meeting dates on a regular basis (minimum of quarterly). PET members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the team will make decisions by a majority vote. Final decision regarding any processes voted on will be made by the CHS Management Team which includes each of the counties Director/Supervisor and the MMS CHS Director. PET is tasked with oversight of the QI plan. At least annually, PET will provide a report of the QI progress to the MMS Community Health Board. In addition PET is tasked with implementation of the strategic plan and performance management system. They will also provide oversight, guidance, and implementation of the Community Health Assessment (CHA) Process and Community Health Improvement Plans (CHIP)

MMS CHS Quality Improvement Team Members

Meeker County Public Health	McLeod County Public Health	Sibley County Public Health	Community Health Services
Diane Winter-Director	VACANT	Rachel Fruhwirth-Supervisor	Allie Freidrichs-CHS Director
Michelle Koch- PHN <i>Emergency Preparedness Team Leader</i>	Linda Senst- PHN Acting Director	Mary Bachman-Health Educator <i>Statewide Health Improvement Program Team Leader</i>	Jessica Remington- 3-County WIC Dietician <i>Team Leader</i>
Pam Miller- PHN <i>Family Planning Team Leader</i>	Jean Johnson-Health Educator <i>Statewide Health Improvement Program</i>	Bertha Woehler- RN	
Julie Schrum-Fiscal Officer <i>Fiscal Team Leader</i>	Amanda Maresh-PHN	Patty Buerkle-PHN	
Angela Thompson-PHN <i>Child and Teen Checkup Team Leader</i>	Kerry Ward-Health Educator		
Ilene Nelson-PHN <i>Healthy Homes Team Leader</i>			

The Quality Improvement Team is composed of county employees from each program area of the CHS and all of the PET members. The QI team will have scheduled meeting dates on a regular basis (minimum of quarterly). QI team members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the team will make decisions by a majority vote. Final decision regarding any processes voted on will be made by the CHS Management Team which includes each of the counties Director/Supervisor and the MMS CHS Director. The QI team is tasked with writing, reviewing and implementing MMS CHS QI plan.

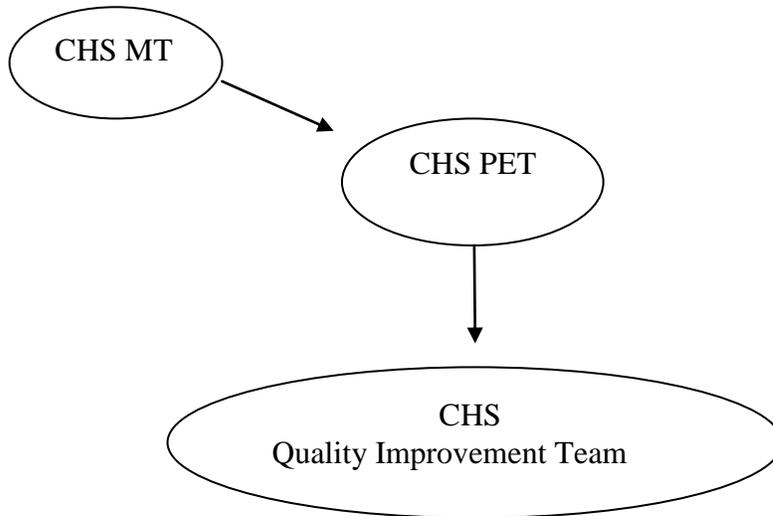


Diagram One

Roles and Responsibilities

MMS CHS MANAGEMENT

1. Will establish and support a performance management system within MMS CHS
2. Will write policies and procedures as necessary to strengthen the performance management system.
3. Will provide training to staff on performance management and QI tools.
4. Provide vision and direction for the QI process
5. Convene/Support the PET meetings
6. Be responsible for the allocation of resources for QI processes and activities
7. Update CHB on QI activities and performance management to the CHB
8. Accountable for completion of state requirements of QI plan, strategic plan, CHA/CHIP

PET

1. Will monitor overall performance management system
2. Will be responsible for development, annual review and implementation of QI plan, strategic plan, CHA/CHIP
3. Work with CHS MT to identify areas of improvement and suggest improvement projects to address
4. Conduct QI projects in conjunction with CHS MT and other appropriate staff

QI TEAM

1. Identify QI projects within performance management framework
2. Support and encourage QI concepts in daily work
3. Conduct QI projects within specific CHS programs and local county projects
4. Act as a liaison between local counties and PET

ALL PUBLIC HEALTH STAFF

- Knowledgeable of QI concepts
- Participate in QI activities and trainings
- Understand how QI culture impacts the performance management system.
- Incorporate QI concepts into daily work

QI and PET members will remain on the teams until there is a request to be reassigned from the team by the individual member.

Resource Allocation

A reasonable amount of time will be allocated by all supervisors and directors to support, perform, and complete the activities outlined in the QI process. This support may include:

- Maintaining current records and meeting minutes
- Reference materials
- Computer programs
- Other resources to guide the processes necessary; at this time there is no specific budget for QI work but will be built into the culture of the agencies within budgetary possibilities
- Administrative support
- Budget setting process will include considerations of costs for performance management and quality improvement efforts.

State of Quality Improvement

Prior to 2011, MMS CHS did very few formal quality improvement projects. On the National Association of County & City Health Officials (NACCHO) tool: Roadmap to a Culture of Quality Improvement, MMS CHS would have ranked at the very beginning of stage 2: Not Involved with QI Activities. MMS CHS Management team was aware of QI and importance of creating a QI culture, but no formal activities had been done.

In August 2011 the Meeker-McLeod-Sibley (MMS) developed its first QI plan as an initiative set by the MMS Management Team during the 2005-2010 Community Health Assessment and Action Planning Process (CHAAP), where priorities for improvement were identified. MMS CHS Management Team identified the need to create a QI team to be trained in QI processes and assist in creating a QI culture within the public health departments in each of the respective counties. The mission of MMS CHS:

Lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.

This mission statement describes the fundamental reason for the creating a culture of quality improvement and implementation of a performance management system. Actions and decisions by the QI team will be compared against the mission statement to evaluate if those actions and decisions are consistent with the intent of this stated responsibility. Quality improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.² A set of standards are created and implemented agency-wide to improve processes and practices for all staff.

The MMS CHS Quality Improvement team will guide and evaluate the QI strategies by:

- Reviewing policies and procedures in assuring an agency-wide process and implementation are conducted and documented.
- Reviewing management and supervisor trainings.
- Reviewing after-action reports from outbreak investigations and emergency preparedness events and exercises.
- Reviewing and selecting of Health Indicators or measures.
- Reviewing and revising the QI plan annually based on annual evaluation results.

Training

MMS CHS management team will support and provide orientation and training on QI and performance management. Staff will have access to appropriate QI and performance management resources. They will have opportunities to attend local and national workshops or conferences as the budget allows. The orientation checklist for new staff includes providing an overview of the PET, QI Plan, resources, and program specific evaluation efforts.

Various trainings will be held on a regular basis. Trainings topics will include: data analysis, logic models, program evaluation, quality improvement methods and tools. As part of implementing a performance management system specific training on Results Based Accountability (RBA) is provided. RBA is a process developed by Mark Freidman³. The process uses a data-driven decision making process that result in program, policy and system level changes. Specifically, RBA is used to identify objectives and measures within the performance management framework. The RBA video and book are available for new staff and as a refresher for current staff.

Identified training needs around quality improvement and performance management will be solicited from MMS CHS management team, and staff as described in the MMS CHS Workforce Development Plan. *See appendix C list of QI trainings.*

² National Committee for Quality Assurance.

³ Trying Hard is Not Good Enough, Mark Friedman-Fiscal Policy Studies Institute

Quality Improvement Projects

The activities in the QI plan will be revised annually to reflect program enhancements and revisions. Activities listed in the annual QI work plan are developed based on the RBA process and recommendations from the MMS CHS Management Team. All staff are encouraged to identify and recommend possible QI projects. The QI team will review all QI project requests. They will provide oversight and monitor all QI projects. Special consideration will be given to those QI projects that align with the strategic priorities of the MMS CHS Strategic Plan 2012-2015. These strategic priorities are outlined on pages 9-10.

In addition, a public health department may have a county specific QI project aside from QI activities of MMS CHS. The QI plan will be reviewed annually including the list of approved QI activities recommended by the QI team.

All QI projects will identify a Specific Measurable Attainable Relevant Time sensitive (SMART) objective and a measure/indicator from a data source. QI projects will use an Action Plan Form that follows a PDSA cycle. Action steps will be identified to meet objectives. All steps need to be documented on the Action Plan Form. QI projects can use various QI tools. All QI projects will also complete a Progress Report Form. The QI team, PET, MMS CHS Management Team and the MMS CHB will review the progress report forms on a quarterly basis.

The RBA process will be used to identify the SMART objective and measure/indicator. Within the RBA process, staff will review local, state and national health indicators. Input from external key public health stakeholders will also be used within the RBA process. SMART objectives will be set within the context of the MMS CHS Community Health Assessment and MMS CHS Community Health Improvement Plan, Minnesota Healthy People 2020 and Healthy People 2020.

Every three years the MMS CHS and Meeker-McLeod-Sibley Healthy Communities Collaborative complete a collaborative community health assessment with community input. From this assessment, improvement areas are identified and prioritized. Collaborative community health improvement plans are then developed and implemented through the Healthy Communities Collaborative of which MMS CHS is a critical member.

After completing this collaborative process, the information is reviewed within MMS CHS and local priorities are identified for MMS CHS staff. Priorities are identified based on several factors including:

- MMS mission and vision
- MMS strategic plan
- Needs identified from the assessment data
- Staff capacity and available resources

A listing of QI projects are found in Appendix B. This list will be updated and approved annually by the MMS CHB.

Quality Improvement Goal and Objectives

The QI team, through the strategic planning process has developed goals and objectives for implementing a performance management system and creating a culture of quality improvement.

The goal:

To establish a performance management system using data to drive quality improvement thus creating a culture of quality improvement within MMS CHS.

The QI team has prioritized and developed objectives and action steps. *See appendix A for the QI Action Plan*

- Objective One: Staff will feel comfortable and use the adopted performance management framework and regularly use data to drive quality improvement tools.
- Objective Two: The QI Team will review the QI plan annually and revise as needed, will then be reviewed by CHB in April of each year.
- Objective Three: The QI team will annually assess the QI culture within MMS
- Objective Four: The Performance Excellence Team will complete an annual CHS self-assessment on performance management.

These objectives were prioritized by consensus voting with PET members. Considerations for prioritization included but not limited to: feasibility, mission of MMS CHS, relevance to QI goals, alignment with the strategic priorities of MMS CHS strategic plan and objectives within the MMS CHS CHIP.

Monitoring Quality Improvement Plan

The MMS CHS QI team will meet every other month, and standard agenda items will include: update on current QI projects and identification of new QI projects. The team will identify if additional resources are needed for current QI projects. The QI team will also review the QI plan each fall. Progress reports from each of the identified QI projects will be reviewed on a quarterly basis by PET and the MMS Community Health Board (CHB). Customer and stakeholder satisfaction data will also be considered while monitoring and revising the QI plan. In addition, PET members will monitor progress on the MMS CHS CHIP on a regular basis through the use of progress reports completed by the MMS Healthy Communities Collaborative. The QI plan will be reviewed and approved by the MMS Community Health Board in April of each year.

The NACCHO Roadmap to a Culture of Quality Improvement Tool will be implemented each year to measure progress on objectives and development of QI culture. Additionally the QI Maturity score provided through the Local Public Health Planning and Performance Measurement Reporting System (PPMRS) will be monitored and used when assessing the culture of QI within MMS CHS. As in performance management, if objectives are not being met

and MMS QI culture is not progressing towards the full development of a QI culture, quality improvement projects will be implemented.

Communication of Quality Improvement Activities

Activities will be communicated to a variety of audiences (staff, public, board members, clients, other community partners) through:

- Newsletters and Newspapers
- Display of Story Boards
- Presentations
- CHS website
- MMS CHB meetings
- Meeker-McLeod-Sibley Healthy Communities Collaborative meetings

Communication efforts for QI activities will follow the protocols and procedures in the MMS CHS Communication Plan.

APPENDIX A : Action Plans

Strategic Priority: Implementation of Performance Management		Goal (desired result related to the strategic priority): To establish a performance management system using data to drive quality improvement thus creating a culture of quality improvement within MMS CHS		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame) Staff will feel comfortable and use the adopted performance management framework and regularly use data to drive quality improvement tools.		Indicators PPMRS QI Maturity Score		
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
<p>1. Trainings will be provided on a regular basis. Will be provide to staff, and CHB</p> <p>2. CHS team members will identify QI projects based on data from local, state and national indicators and the performance management framework, specially RBA</p> <p>3. CHS Team members will complete quarterly progress reports on performance measures and SMART objective. Will be shared with MT, CHB and other stakeholders</p>	<p>At least annually</p> <p>QI projects- annually Data review- every 2 years</p> <p>Qtrly</p>	<p>Various training opportunities from MDH, and other national resources Funding Staff willingness and capacity</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Local community behavioral survey Local community opinion survey MDH-Vital statistics, various National- Healthy People 2020, CDC and other various sources <p>Progress Template, Initial RBA process from 12/29/14 and 3/6/15</p>	MT	<p><u>Trainings</u> -See log</p> <p><u>QI Projects</u> As of 3/6/15 each program area has identified a performance measure and a SMART objective. CHS team members are now completing action steps to meet SMART objectives</p> <p><u>Previous QI Projects:</u> <i>Family Planning</i>- completed <i>Emergency Preparedness</i>- 2nd cycle PDSA <i>WIC</i>- 2nd cycle PDSA</p>

#2 Objective: The QI Team will review the QI plan annually and revise as needed, will then be reviewed by CHB in April of each year.

Indicators- will complete revision sheet included in the QI Plan

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ol style="list-style-type: none">1. QI Team will review the QI plan in the fall of each year. Revisions will be made by consensus.2. QI plan will be reviewed and revisions approved by the CHB annually in April	Annually	Staff capacity and knowledge of QI	QI Team	In progress

#3 Objective: The QI team will annually assess the QI culture within MMS				
Indicators Will use the QI Maturity Score of PPMRS, and staff input on the NACCHO QI Roadmap				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
<p>1. Annual reporting will be done in PPMRS and QI maturity score reviewed.</p> <p>2. NACCHO QI Roadmap will be assessed by QI Team</p> <p>3. Will acknowledge QI efforts</p>	<p>March 31st of each year</p> <p>2nd qtr of each year</p> <p>Various</p>	<p>Staff capacity, and knowledge, PPMRS data base and NACCHO QI Roadmap tool</p>	<p>QI</p>	<p>In 2013 MMS maturity score was 4.2 with a range of 2.1-4.4 The state median was 3.6 In 2014 MMS maturity score-not completed yet.</p> <p>5/13/13- QI team assessed culture to be informal moving to formal. Also recognized some variance of level of QI based on the programs.</p> <p>WIC team received national recognition with QI NNPHI grant. QI project was published on PHQIX.</p>
#4 Objective: The Performance Excellence Team will complete an annual CHS self-assessment on performance management.				
Indicators Results of performance management self-assessment				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status

<p>1. PET will complete a CHS self-assessment performance management tool</p> <p>2. Objectives for performance management system improvements and action plans will be developed and QI project initiated.</p>	<p>Annually in January.</p> <p>Fall 2015</p>	<p>Staff capacity, and knowledge, Tool: Performance Management System PDCA Self-Assessment for Local Public Health Agencies. Developed by Paul Epstein and John Moran.</p>	<p>PET</p>	<p>In September of 2013 the initial performance management tool was completed. Results: P: 2.20 D: 2.20 C: 1.25 A: 1.67</p> <p>In December of 2014 the tool was completed. Results: P: 2.40 D: 2.60 C: 2.00 A: 2.00</p> <p>Due to initial implementation of QI, strategic plan and CHIP, A QI project for performance management system improvement will be developed later in 2015.</p>
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APPENDIX B**MMS CHS QI Projects**

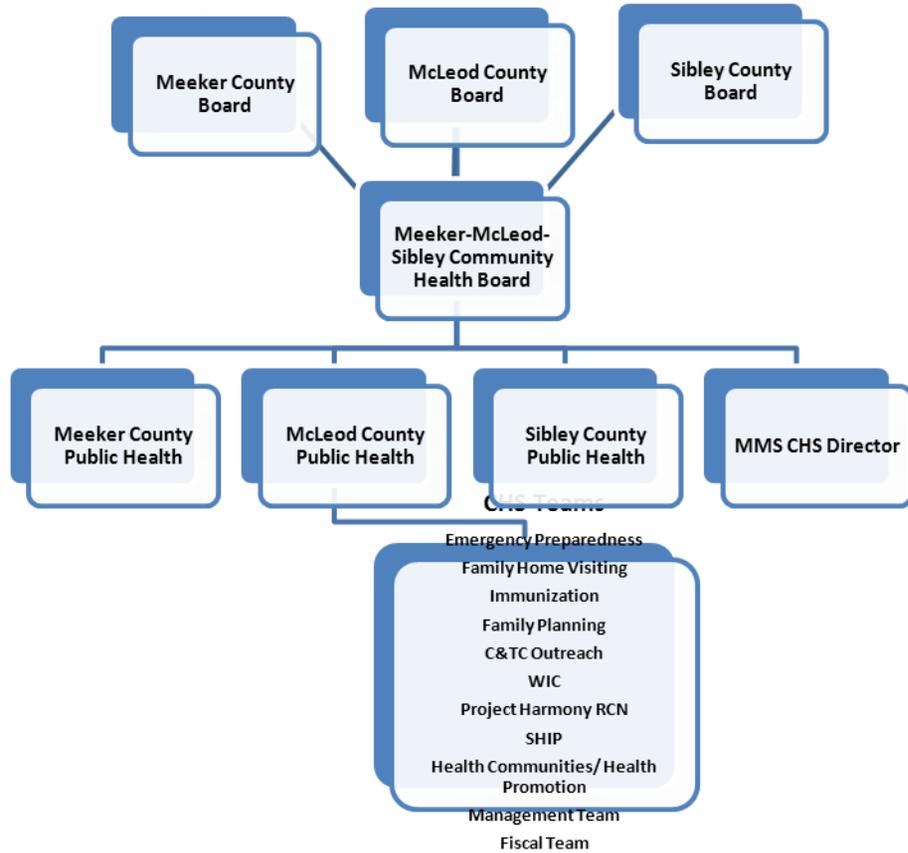
Date Started	Team	AIM Statement Or SMART (yes or no)	QI Method PDSA (Action plan worksheet)	Date Completed	Notes
9/2011	Family Planning-EC	Yes	Yes	2012	
9/2011 1/2015	Women,Infants & Children-Fruits and Vegetables	Yes Yes	Yes In development	2 nd cycle of PDSA	Awarded NNPHI grant to complete QI project
9/2011 3/26/15	Emergency Preparedness	Yes Yes	Yes In development	2 nd cycle of PDSA	
12/19/14	WIC-Breastfeeding	Yes	In development		
12/19/14	Child &Teen Checkup	Yes	In development		
12/19/14	Family Planning-outreach	Yes	In development		
3/26/15	Project Harmony	Yes	In development		
3/26/15	Healthy Homes	Yes	In development		
3/26/15	Family Home Visiting	Yes	In development		

APPENDIX C MMS CHS QI TRAINING LOG

Year of Training	Title of Training	CHS	Meeker	McLeod	Sibley
2011	County Staff Meeting Training on QI		10/25/11	10/12/11	10/18/11
	CHB training by CHS Director and MDH	10/12/11			
	QI Team training provided by MDH	10/31/11			
2012	QI Team training provided by MDH	2/9/12			
	QI Team training provided by CHS Director	11/29/12			
2013	Provided QI manuals for all QI team members	5/3/13			
2014	RBA training to all program team members provided by Washington County Staff	3/24/14			
	RBA training to all program team members provided by CHS Director and AC	12/29/14			
2015	RBA training to all program team members provided by CHS Director and AC	3/6/15			

APPENDIX D

MMS Organizational Chart



APPENDIX E

Acronyms

CHAPP- Community Health Assessment Planning Process
CHB-Community Health Board
CHS-Community Health Services
MDH-Minnesota Department of Health
MMS- Meeker- McLeod- Sibley Community Health Services
MT-Management Team
PET-Performance Excellence Team
QI- Quality Improvement
C&TC- Child and Teen Checkup
WIC- Woman, Infants and Children
EP- Emergency Preparedness
NACCHO – National Association of County & City Health Officials
RBA- Results Based Accountability
CHA- Community Health Assessment
CHIP-Community Health Improvement Plan