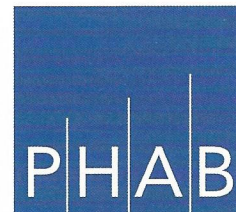


PUBLIC HEALTH ACCREDITATION BOARD



*Advancing  
public health  
performance*

QI LEADERS ACADEMY  
PROGRAM REPORT  
MARCH 2015 - MARCH 2016



Funded by the Robert Wood Johnson Foundation

Managed by PHAB

Training & QI Expertise Provided by Continual Impact



Dear Colleagues:

With special funding from the Robert Wood Johnson Foundation and in partnership with Continual Impact, LLC, the Public Health Accreditation Board (PHAB) is pleased to have managed the Quality Improvement (QI) Leaders Academy. The goal of this year-long program was to build on the Community of Practice for Public Health Improvement (COPPHI) Kaizen Event Program and its Community of Practice to develop additional QI Leaders with the knowledge and skills to help build high-performing cultures of quality and to incorporate the sustainability of those efforts through the accreditation process. The QI Leaders Academy focused on one of the key roles in organizations as they try to establish a culture of quality — that of the QI Leader.

Through a competitive proposal process, PHAB reviewed and awarded participation to twelve accredited health departments. In the first phase of the program, the accredited health departments that were selected received initial Foundational and Kaizen training and on-site applications and coaching, thereby creating improvement involvement and measurable results. The next phase, with ten additional health departments who participated in the original COPPHI Kaizen Event Program (thereby enlarging the learning community), went beyond those skills by teaching the QI Leaders (1) how to identify key opportunities at the organizational level through a comprehensive annual QI planning process and (2) how to successfully apply QI techniques with project teams to achieve timely and measurable results. This phase included teaching comprehensive planning skills and techniques, expanded change management, skills to teach others foundational QI techniques, and additional coached on-site applications of the annual planning process with the site leadership and project teams. Health departments that participated in the program also had the opportunity to update, improve, or create their organizational annual QI plan; prioritize and select needed department outcomes and the annual improvement projects to achieve those outcomes; increase their improvement results; and involve others in furthering their culture of quality improvement.

The QI Leaders Academy graduation ceremony took place April 8, 2016 during the closing plenary session of the COPPHI Open Forum in Indianapolis, Indiana.

PHAB, in partnership with Continual Impact LLC, is pleased to provide this report of the QI Leaders Academy experience in the hope that the summary of the program and the description of the health departments' hard work will further their culture of quality improvement. Through health department testimonials, you will see the program's impact on their work. PHAB will use this experience to inform accreditation and quality improvement in the future.

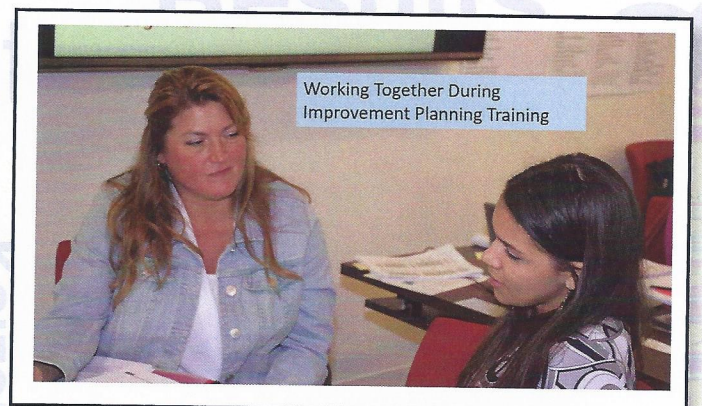
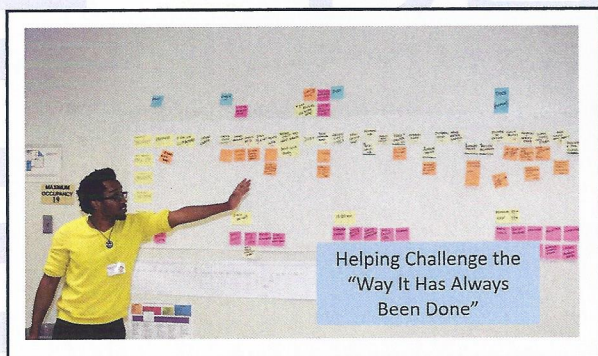
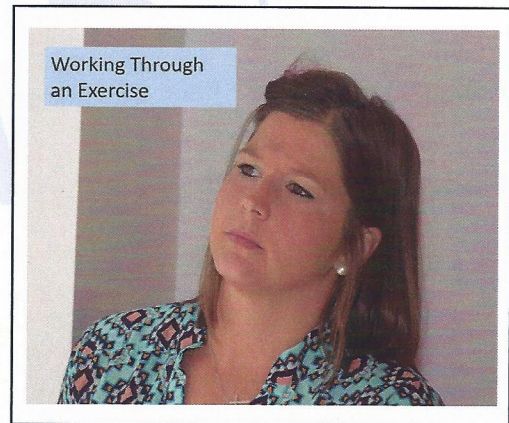
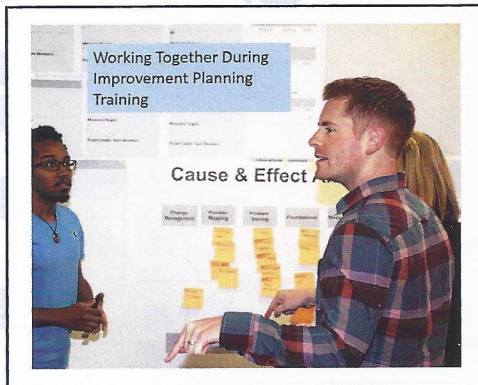
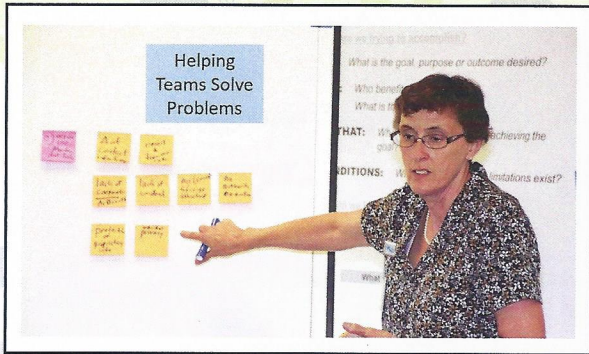
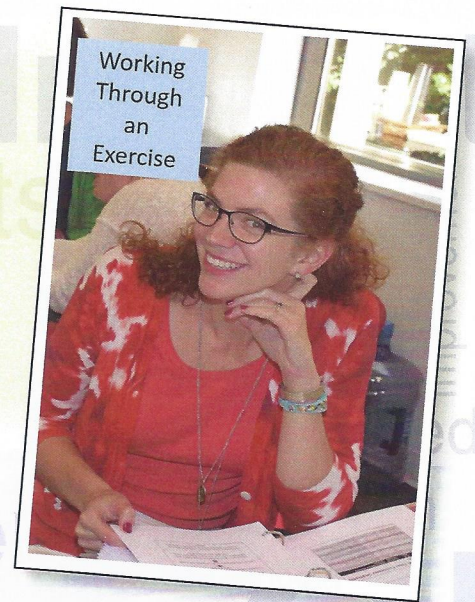
Kaye Bender, PhD, RN, FAAN  
President and CEO  
PHAB



# Table of Contents

Program Purpose .....	1
<b>Program Strategies:</b>	
What do QI Leaders Participate In? .....	1
<b>Program Strategies:</b>	
Definitions and Examples .....	2
QI Leaders Academy Program Feedback .....	3
QI Leaders & Teams in Action .....	4
Kaizen Project Results .....	6
Annual Improvement Plans.....	8
Participants' Comments.....	12

# QI LEADERS & TEAMS IN ACTION



## QI Leaders Academy Program: March 2015 – March 2016

### PROGRAM PURPOSE

The objective of the QI Leaders Academy Program was to develop QI Leaders with the knowledge and skills to promote rapid and measurable improvements in public health work processes and outcomes, within accredited public health organizations.

IMPACT	
22	Health Departments (local & state)
27	Participating QI Leaders
145	Annual QI projects selected & resourced
856	Individuals trained (to date)
1,531	Annual participants: QI trained to date, in Kaizen events, developing planning, participating in projects Does NOT include future training plans & future project teams & Kaizen events
12	Kaizen events completed: Improving Customer Satisfaction, Public Health Safety, Labor Time and Cost Reductions, and Revenue Increases.
21	Annual Improvement Plans focused on measurably impacting outcomes. Customer: Communicable diseases, access & communication, equity, & partnering. Organization: Program efficiency/cost, enabling process efficiency, use of data. People: Employee engagement, QI culture progression

### PROGRAM STRATEGIES: *What do QI Leaders Participate In?*

QI Leaders participate in the following:

- Kaizen - Foundational QI and Kaizen training; Co-Lead a Kaizen event in your health department with a QI Coach
- QI Planning - Improvement Planning process training; Co-Lead the improvement planning process with a QI Coach (data preparation, create plan of annual needed outcomes and prioritized improvement projects, cascade plan through project teams)
- QI Culture - Train the Trainer session for QI for Individual Contributors; Co-Lead training sessions
- Community - Actively participate in the QI Leader Program learning community; Document and submit the results of the Kaizen event for submission to the Public Health Quality Improvement Exchange

**PROGRAM STRATEGIES:** *Definitions and Examples*



**A KAIZEN EVENT** is a team-based approach to problem solving that flows through **all phases of the improvement cycle effectively and rapidly**. Before the event, a Kaizen-appropriate problem is identified along with goals in areas such as customer satisfaction, cycle time and labor reduction, and error elimination. The team is then mobilized and a Kaizen event begins. A typical event uses a **systematic process to identify waste in the targeted**

*“ Nothing has ever happened this quickly before. We solved a 16-year-old problem in 5 days.”*

**work process, understand and analyze the root causes, identify and test solutions, extract learning, install improvements, and create a system for ongoing improvement.** As the event progresses, numerous QI and change management methods and techniques are applied. All of this work is accomplished in a brief period of time, typically **5 days, with full benefits achieved within 0-3 months.**

**ANNUAL IMPROVEMENT PLANNING** is a structured process to focus improvement efforts on **achieving needed organization outcomes.** Before the plan is created, data is gathered and analyzed (Customer, Organization, Process, Culture, and Learning). Priority outcomes and drivers (projects) are identified and cascaded to project teams with teams creating their project measures, problem solving approach, resources, timeline, and project plans. It is a process that addresses team structure, education, goal/target cascading, data evaluation, prioritization techniques, and change management into a comprehensive and logical sequence so that the **organization achieves more results, faster.**

*“ I am excited about the direction and definition that this will bring. No more arbitrary projects.”*

**CREATING A QI CULTURE** involves **engaging and empowering all organization members in actively improving their workplace and work processes every day,** in order to achieve sustainable success beyond historical norms and what is even thought possible. The QI for Individual Contributors course prepares every member of the organization to complete personal improvement activities and participate in team improvement activities. Individuals **learn and apply several techniques to the improvement cycle phases** of establishing goals and measures; using data, waste & value to understand their current activities; performing cause and effect analysis to determine the root of the problems and identify solutions; testing and installing solutions.

*“ I was ready to leave the department ... after going through the training I decided that I want to stay here and be a part of this new culture and change.”*

**QI LEADERS COMMUNITY** is a learning community of approximately **27 QI Leaders** who can share and draw upon one another going forward. Communities such as this have a great deal of potential for **growth of the individual, sharing of learning, and providing a significant impact** on both individual organizations and public health in general. The skills and knowledge QI Leaders gain through the learning community, collaboration technology, such as webinars, and subsequent application will help to guide their local leadership teams to higher levels of performance and can be shared with others.



**QI LEADERS ACADEMY PROGRAM FEEDBACK**

**Enjoyed it! Can't wait for another one!**

Thank you for including me and making me feel like a vital part of the process. Central Intake

**This experience was phenomenal in quantity, quality, and efficiency.**

*I want to use this process more!*

**I thoroughly enjoyed getting to know staff I don't have the privilege of working too closely with.**



**People**

Usually we just plan; the best part of this (Kaizen) is we did it too, we made the changes. QI Leader

**This exceeded my expectations. This has been amazing. I see us using this (Kaizen) on so many things we do. PHD Administrator**

*What we did in the Kaizen event, in our program would have taken us a year to do in our program.*

**Having this opportunity helped us with QI and Accreditation so thank you very very much!!! Recently accredited HD**



**Results**

**I've been trained in a lot of QI, especially in the hospital. This process (Kaizen) was by far the best.**

**Dental Program director**

*This Kaizen event has taught me a better way to define a goal, look at a problem, and get to the bottom of a problem.*

**Customer: Thank you for including me in testing the new process developed.**

*I was glad to learn not just Kaizen but other skills to help like working with others, group facilitation & transferring knowledge.*



**Kaizen Process**

**Liked going through potential projects together – increased ideas and decreased silos.**

*Liked that we are all on the same page with choosing drivers.*

**It's realistic and we are going to use the plan**

*It was good to create the plans together so that we can collaborate across offices.*

**No more pleading for QI projects.**



**QI Planning**

*Better understanding of the processes (both).*

**Learned about what other people do.**

*We have a complete project plan (Actions, Who, and When).*

**Our plans are scheduled, including our Kaizen event. We can predict benefit realization.**



**Cascading Plan to Projects**

**Make this class mandatory for everyone.**

*Nice to hear other input even though we all do different work.*

**... as a Division Director I am working on creating a QI Culture with all levels of staff and the training gave me ideas on how to implement. Thank you!! Nicely done!!**

*I will try to apply this to my job as I now have greater knowledge and can see where to apply these techniques.*



**QI For Individuals Training**

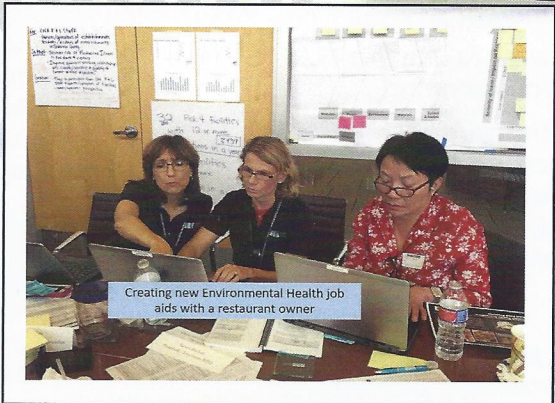
# QI LEADERS & TEAMS IN ACTION



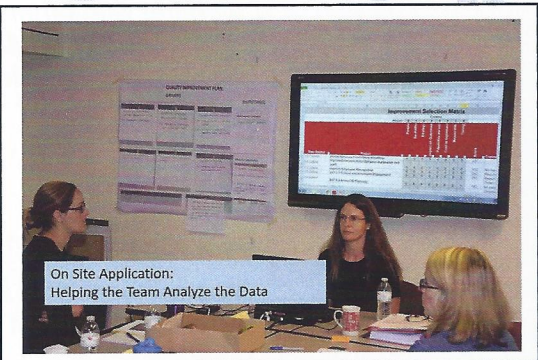
On Site Application: Ready to lead the Improvement Culture transformation



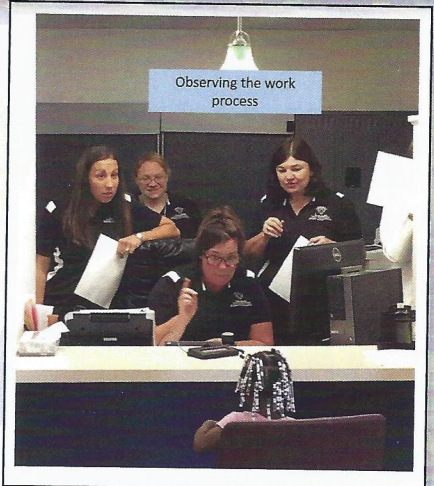
On Site Application: We Have a Plan!



Creating new Environmental Health job aids with a restaurant owner



On Site Application: Helping the Team Analyze the Data



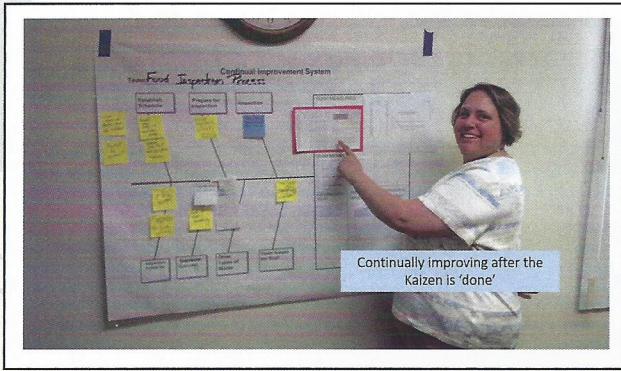
Observing the work process



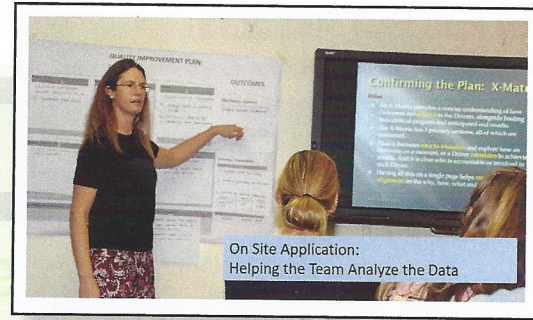
Getting Ready for Application: Improvement Planning Training



On Site Application: Putting the Improvement Plan Together



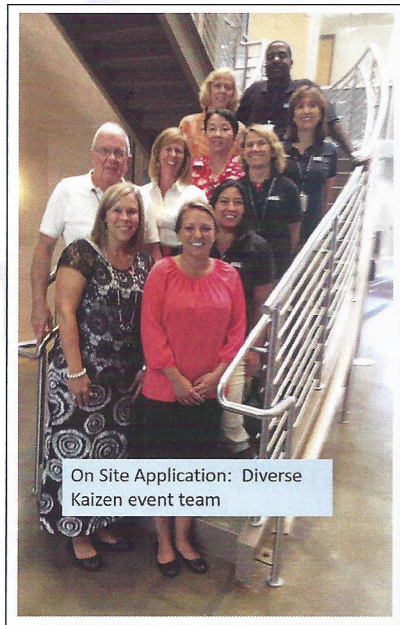
Continually improving after the Kaizen is 'done'



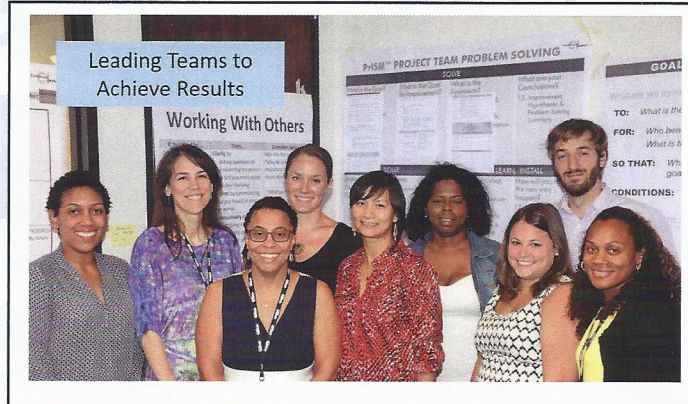
On Site Application: Helping the Team Analyze the Data



On Site Application: Getting Our Improvement Projects Moving



On Site Application: Diverse Kaizen event team



Leading Teams to Achieve Results

Working With Others



QI Academy Graduation: Having a Little Fun



On Site Application: Kaizen team sharing their new visual communication wall

**KAIZEN PROJECT RESULTS**

Participants' titles, Kaizen results, and annual improvement outcomes and drivers as stated in this report were current as of April 8, 2016.

Health Department	Goals	Baseline	Target	Expected Results (Dec. 2015)
Barren River, KY: <b>Timesheet reporting improvement</b>	Reduction in the work content time - staff filling out their timesheet; supervisors reviewing and handling timesheets; staff auditing, reviewing, and recording; keying into statewide system	Hours per pay period	>=50%	Hours per pay period
		80.5	>=50%	40.25
35.1		>=50%	17.5	
25		>=30%	17.5	
8		>=75%	2	
	Reduction in errors discovered during payroll audit	11 errors per timesheet	>=80%	90%
Cabarrus Health Alliance, NC: <b>Reduce food inspection P/PF violations</b>	Number of P/PF violations	164 violations	>30% (<=115)	>30% reduction
Champaign-Urbana, IL: <b>Increase insurance enrollment</b>	% eligible clients insured	74%	90%	>90%
	All family members enrolled at CUPHD	None	90%	>90%
	\$ not collected (opportunity loss)	FY14 (\$104K)	75% (\$75K)	<\$75k
Columbus Public Health, OH: <b>Increase immunization insurance reimbursement &amp; decrease external labor</b>	Reduction in contractor spend	\$12K	100%	100% (1150 hrs. each yr.; \$12k)
	Reduce cycle time	3 months	< 1 month	Real time
	Absorb contractor data entry with no increase in CPH labor time	1150 hours	No FTE increase	.5 FTE seasonal clerical support
	Reduction in labor time	None	>50%	33% (1700 labor hours)
Cook County, IL: <b>Reduce STD case investigation cycle time</b>	# business days from receipt of a GC or CT case to closure	76 days (2014)	60 days	49 days (36% reduction)

Health Department	Goals	Baseline	Target	Expected Results (Dec. 2015)
Deschutes County, OR: <b>Increase internal referrals across &amp; within the division</b>	Customer knowledge, use, and satisfaction	None	>=10%	10%
	Staff referral & service knowledge, use, and satisfaction	None	>=20%	20%
	# of closed loop referrals	None	None	243 (Nov-Mar)
Florida State DOH: <b>Efficient &amp; Timely Grant Budget Management</b>	Unspent amount PHER & HPP Grants	12% (2013-14 carry forward)	<=7%	Reduced labor hours 26% (est. 235 hours)
	Monthly Corrections	None	25% reduction	25%
Franklin County, KY: <b>Improve environmental health inspection compliance</b>	Establishments have at least 2 inspections in a one year period	65%	100%	100% (5 weeks early)
Houston, TX: <b>Improve mobile food unit inspection processes</b>	Reduce Customer inspection cycle time	70 minutes	30 minutes	43% reduction (40 minutes)
	Reduce labor required for inspection	48 hours / week	16 hours / week	33% reduction (3 to 2 inspectors)
New Orleans, LA: <b>Improve the Grant Application process</b>	Reduction in grant writing time wasted	43% wasted time	50% reduction	21.5%
	Increase win rate for new grants	None	None	
	Increase ratio of grants won to total hours spent on grants	None	None	
New York State DOH: <b>Standardizing temporary food service permitting</b>	% of TFS applications that span <= 5 days	None	None	Additional benefit: Simplified & Std process across 9 districts
	Compliance to the std. work process, forms, reporting	0%	100%	100% (Jan 2016)
RiverStone Health, MT: <b>Improve Distribution of HAN Messages</b>	Labor time per HAN	Average of 360 minutes	50% reduction	>70% reduction
	HANs successfully delivered	Varies	>90%	>90%

**ANNUAL IMPROVEMENT PLANS**

Participants' titles, Kaizen results, and annual improvement outcomes and drivers as stated in this report were current as of April 8, 2016.

Health Department	QI Leader	Outcomes	Drivers (Projects)
Barren River Health, KY	Haley Siler	<ul style="list-style-type: none"> <li>Reduced Communicable Disease</li> <li>Improved Oral Health</li> <li>Improved Grant Funding</li> </ul>	<ul style="list-style-type: none"> <li>STD Exam Standardization</li> <li>Food Establishment Inspection Improvement</li> <li>Grant Funding Improvement</li> <li>Oral Health Improvement</li> </ul>
Cabarrus Health Alliance, NC	Jennifer Hatley	<ul style="list-style-type: none"> <li>Access to Care</li> <li>Efficiency</li> <li>Employee Support / Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Increase internal marketing of CHA programs &amp; services</li> <li>Make CHA indispensable in the community – Ext. Mktg.</li> <li>Maximizing programs to be revenue positive or neutral</li> <li>Enhance QI Culture across all CHA departments</li> <li>Empowering employees to move ideas to reality more quickly</li> <li>Create recognition (from peers &amp; supr.) for jobs done well</li> </ul>
Champaign-Urbana PHD, IL	Awais Vaid	<ul style="list-style-type: none"> <li>Improve Staff Satisfaction</li> <li>Cost Savings</li> <li>Cross Division new project initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Improve Central Supplies Efficiencies</li> <li>Create standard New Employee Orientation process</li> <li>Reduce employee unscheduled call-ins</li> <li>Improve Inter &amp; Intra Divisional Communication &amp; Engagement</li> <li>Improve the Knowledge, Skills, &amp; Abilities of Directors and Coordinators</li> <li>Improve process for managing Agency Capital Assets</li> </ul>
City of Chicago DPH, IL	Kirsti Bocskay	<ul style="list-style-type: none"> <li>HIV viral suppression</li> <li>Childhood lead poisoning</li> <li>Contract execution times</li> <li>Contract and Fiscal Units satisfaction</li> <li>CDPH website</li> <li>Inter-program collaboration</li> <li>QI culture progression</li> <li>Trauma-Informed CDPH staff</li> </ul>	<ul style="list-style-type: none"> <li>Partner Services</li> <li>Lead Poisoning</li> <li>Delegate Agency Monitoring</li> <li>Delegate Agency RFP thru Contract Execution</li> <li>Performance &amp; Quality Improvement</li> <li>Website</li> <li>Trauma-Informed Department</li> </ul>
Clackamas County PH, OR	Philip Mason	<ul style="list-style-type: none"> <li>Current adult smokers</li> <li>Reduce opioid overdose deaths</li> <li>Reduce # of suicide deaths</li> <li>Top 3 County</li> <li>Develop Lean learners, pract., fac.</li> </ul>	<ul style="list-style-type: none"> <li>Improve EH efficiency</li> <li>Improve eWIC workflow</li> <li>Create CD reportable disease best methods</li> <li>5 S Emergency Conex trailers</li> <li>Improve Grant Management process</li> <li>Create Fiscal, HR, Contract, &amp; Occ. Health, &amp; Program Support best methods</li> <li>Increase # of PHN referrals</li> </ul>
Columbus PH, Ohio	Laurie Dietsch	<ul style="list-style-type: none"> <li>Reduce infant mortality</li> <li>Reduce overweight and obesity</li> <li>Reduce spread of infectious diseases</li> <li>Improve access to public health care</li> <li>Reduce tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>Distribute cribs in Franklin Co.</li> <li>Improve BMI</li> <li>Reduce syphilis incidence</li> <li>Clients served</li> <li>Improve insured rates</li> <li>Reduce number of current smokers</li> <li>Data development</li> </ul>

Health Department	QI Leader	Outcomes	Drivers (Projects)
Cook County HHS, IL	Deanna Durica	<ul style="list-style-type: none"> <li>Increase the integration of a health equity approach</li> <li>Improve internal and external communication</li> <li>Improve alignment of staff knowledge, skills and abilities</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate unit work using a health equity framework</li> <li>Train staff on health equity</li> <li>Integrate health equity into agency work plans and priorities</li> <li>Create a reliable, timely, accurate, accessible, interactive system of information communication</li> <li>Develop external communications plan to highlight successes / promote constituency building and community awareness</li> <li>Create and pilot a process for development of agency, unit and individual WD goals</li> <li>Improve staff knowledge of QI methods and integrate QI into daily work</li> </ul>
DeKalb County BOH, GA	Dianne McWethy	<ul style="list-style-type: none"> <li>Improve Customer Satisfaction and Fiscal Sustainability</li> <li>Increased Revenue</li> <li>Cross Division new project initiatives</li> <li>Reduction in Process Time</li> </ul>	<ul style="list-style-type: none"> <li>Finance – Billing Claim Errors</li> <li>Human Resources New Staff Orientation</li> <li>Administration, Grants Management</li> <li>Purchase Requisition Process Time &amp; Quality</li> <li>Information Technology – Ticket System</li> <li>Administration, Vital Records marketing</li> </ul>
Deschutes County, OR	Michael Ann Benchoff	<ul style="list-style-type: none"> <li>Community access</li> <li>Workforce development</li> <li>Fiscal stewardship</li> </ul>	<ul style="list-style-type: none"> <li>Client experience in department reception</li> <li>Workforce core competency</li> <li>Insurance claim accuracy</li> </ul>
El Dorado County HHS, CA	Olivia Bryon-Cooper	<ul style="list-style-type: none"> <li>Improve Customer Experience</li> <li>Increase Staff Efficiency</li> <li>Improve Workplace Environment</li> <li>Culture of QI</li> </ul>	<ul style="list-style-type: none"> <li>Improve Required Provider Reporting to CD</li> <li>Improve Convenience of Services (hrs. of operation)</li> <li>Increase Employee Engagement</li> <li>Increase System Efficiencies at Animal Services Front Office</li> <li>Decrease WIC no-show rates</li> </ul>
FL DOH, Seminole County	Sara Warren	<ul style="list-style-type: none"> <li>Promote &amp; Improve Population Health</li> <li>Reduce Chronic Disease Morbidity &amp; Mortality</li> <li>Develop an engaged &amp; satisfied workforce</li> <li>Balance Budget</li> </ul>	<ul style="list-style-type: none"> <li>Improve staff cross-training &amp; process communication</li> <li>Sterling Assessment Internal Audit</li> <li>Improvement internal communications</li> <li>Increase the utilization of leadership development opportunities</li> <li>Improve the customer satisfaction process and results</li> </ul>
Fond du Lac County HD, WI	Kay Lock	<ul style="list-style-type: none"> <li>Build a positive relationship with our customers</li> <li>Get the Word Out</li> <li>Goals and objectives achieved within program budgets</li> <li>Increase partnering with community</li> </ul>	<ul style="list-style-type: none"> <li>People</li> <li>Communication</li> <li>Performance Measures</li> <li>Cancer</li> <li>Work Environment</li> </ul>

ANNUAL IMPROVEMENT PLANS (continued)

Health Department	QI Leader	Outcomes	Drivers (Projects)
Franklin County, KY	Brittany Parker	<ul style="list-style-type: none"> <li>Reduce Infectious Disease</li> <li>Develop Workforce</li> <li>Financial Stability</li> </ul>	<ul style="list-style-type: none"> <li>STD Reduction</li> <li>Sixth Grade Immunization Improvement</li> <li>Improve Workforce Development</li> <li>Maximize Revenue</li> </ul>
City of Houston PHD, TX	Robert Hines / Lola Coker	<ul style="list-style-type: none"> <li>Collaborate with Program Review &amp; Programs to Address Identified Opportunities</li> <li>Consistently Collect and Utilize Customer Data</li> <li>Create and Institutionalize QI Culture</li> </ul>	<ul style="list-style-type: none"> <li>Increase effectiveness of performance management processes</li> <li>Increase knowledge, skills, abilities and sponsorship of QI</li> <li>Improve Program Review engagement/ implementation</li> <li>Improve interdepartmental communication</li> <li>Increase the number of programs that utilize customer needs data</li> </ul>
Johnson County DHE, KS	Deb Kellison	<ul style="list-style-type: none"> <li>Infrastructure</li> <li>People</li> <li>Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Community Health Assessment</li> <li>Workforce Development</li> <li>Employee Engagement</li> <li>Identify Patient Management System</li> <li>Reaffirming county-wide org. commitment to sustainability</li> <li>Increase customer feedback</li> <li>Increase QI Knowledge &amp; Skills</li> <li>Increase billing capacity</li> </ul>
City of New Orleans, LA	Katherine Cain	<ul style="list-style-type: none"> <li>Promote Health Equity</li> <li>Improve public awareness &amp; utilization of services</li> <li>Culture of Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>Improve referral process from hospitals, clinics and jai ls for NOHD services (HCH, HSNO, WIC, RW)</li> <li>Broaden the reach of NOHD external communications</li> <li>Improve access to behavioral health services</li> <li>Educate NOHD and the public about STD prevention and treatment and increase public awareness about available services</li> <li>Improve communication and coordination within NOHD</li> <li>Equip our staff to address health equity</li> </ul>
RiverStone Health, MT	Marilyn Tapas / Claire Oakley	<ul style="list-style-type: none"> <li>Improve health equity in our community</li> <li>Improve understanding of customer needs</li> <li>Achieve annual financial deployment goal.</li> <li>Improve Culture of Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continue with 3 current projects: 1. Ryan White Clinic Flow; 2. Foster Child Health Program; 3. FHS Productivity</li> <li>Reduce voluntary one-year turnover of Public Health staff</li> <li>Improve the retention of patients and customers in Public Health programs</li> <li>Increase number of Ryan White patients assessed and referred for dental and nutrition needs.</li> <li>Develop a succession planning process for Public Health VP, directors, managers, and coordinators positions.</li> <li>Define roles of Public Health staff working on CHIP initiatives</li> </ul>



Health Department	QI Leader	Outcomes	Drivers (Projects)
New York State DOH	Robert Schmidt / Janice Dee	<ul style="list-style-type: none"> <li>• Timely contract processing</li> <li>• Cash plan on target (monthly var. by progress)</li> <li>• Time to fill new employee</li> <li>• Assure access to affordable high quality health services</li> <li>• Promoting Patient Safety</li> <li>• Provide data and systems, customer department, research education</li> <li>• Provide data systems efficiently</li> <li>• Provide choice to people with disabilities who want to live independently in the community</li> <li>• Support the transition of people with disabilities from institutions/facilities</li> <li>• # of people trained in QI and Lean</li> <li>• # of QI/Lean projects completed</li> <li>• % of KPIs (Lean events) received by monthly deadline</li> <li>• Interagency Development Mentor SOFA</li> <li>• Prevention of any tobacco use by HS students</li> <li>• Increase the %of patients who are prescribed ART drugs</li> <li>• Inspection compliance rates</li> <li>• Pre-opening Process cycle time</li> </ul>	<ul style="list-style-type: none"> <li>• Improve timeliness of internal recruitment process</li> <li>• Improve timeliness of contract vouchering</li> <li>• Keep actual cash plan on target with projected plan</li> <li>• Improve timeliness recruitments</li> <li>• Improve timeliness of contract process</li> <li>• Improve OPWDD rate setting units process efficiency</li> <li>• OMH Rate Setting</li> <li>• OASAS Rate Setting</li> <li>• SPARCS, data collection and reporting</li> <li>• Vital Statistics collection and reporting</li> <li>• Creation, oversight and mgmt. of an all payer data base (APD)</li> <li>• SHIN-NY Development</li> <li>• Development of Starter Health Innovation Plan (SHIP)</li> <li>• Improve tracking mechanisms to ID QI projects and meet stipulation and reporting requirements</li> <li>• Decrease transition time of direct CTC support</li> <li>• Streamline assessment process</li> <li>• Improve KPI Response (Lean events)</li> <li>• Increase Scheduled Training Opportunities – Mentor existing Ebs</li> <li>• Initiate QI/Lean training in new employee training</li> <li>• Initiate relationship, training and project work with SOFA</li> <li>• Improve the roles of viral load suppression in clinics that score in the bottom 25%</li> <li>• Expand access to evidence based treatments including telephone coaching and FDA approved cessation medications</li> <li>• Expand Adolescent Tobacco prevention efforts</li> <li>• Improve the roles of viral suppression among identified sub-groups</li> <li>• Improve Health Outcomes for adolescents with HIV</li> <li>• Expedite the pre-opening process for hospitals/D and TCs</li> <li>• Inspection Compliance for Hospitals/D and TCs</li> <li>• Expedite the pre-opening process for LHCSAs</li> <li>• Inspection Compliance for nursing homes/ICF</li> <li>• Inspection compliance for adult homes/AL</li> <li>• Expedite the clinic review component of the pre-opening process</li> </ul>
Tazewell County HD, IL	Karla Burress	<ul style="list-style-type: none"> <li>• Customer satisfaction</li> <li>• Organization efficiency (time &amp; costs)</li> <li>• Employee satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• WIC/Clinic services – Complete as of 7/16</li> <li>• Incident Command Services – Complete as of 7/16</li> <li>• Cost Saver Squad</li> <li>• #tchdweshare</li> <li>• Decrease the cost of the School Snack Program</li> <li>• Operation save HS Teen Conference</li> <li>• Caseload Crusaders</li> <li>• Septic Maintenance Program</li> </ul>

**ANNUAL IMPROVEMENT PLANS** *(continued)*

Health Department	QI Leader	Outcomes	Drivers (Projects)
Three Rivers District Health Department, KY	April Harris	<ul style="list-style-type: none"> <li>• Increase value of TRDHD to the community</li> <li>• Improve county health status</li> <li>• Best Place to Work</li> <li>• Culture of Quality Improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Establish standard process to bill for flu shots</li> <li>• Improve internal communications / culture</li> <li>• Increase frequency of customer feedback</li> <li>• Increase access to exercise opportunities</li> <li>• Align the clinic schedule to meet customer needs</li> <li>• Balance the Budget</li> </ul>
Washington County PH, OR	Erin Jolly	<ul style="list-style-type: none"> <li>• Improve communications to the public</li> <li>• Improve staff engagement/ achieve workforce development plan goals</li> <li>• Improve internal processes &amp; collaboration</li> <li>• Increase work process efficiencies &amp; impact on revenue/ budget</li> </ul>	<ul style="list-style-type: none"> <li>• Professional Development</li> <li>• Technology/ Data Access</li> <li>• On Call Process</li> <li>• Breastfeeding peer counselor caseload</li> <li>• TB Contact Investigation</li> <li>• Management Best Practices</li> <li>• EH Licensing Renewal</li> <li>• Mosquito Control Database</li> </ul>

**PARTICIPANTS' COMMENTS**

*“The skill set grown during my QI Leaders Academy experience enabled me to scale up my quality improvement toolbox to do more than improve program outcomes. The training and on-site coaching have aided in establishing QI as a set of tools to problem solve at all levels and to make change (and best manage change) as we continue to evolve as an organization.”*

Participating QI Leader

*“I was ready to leave the department, in fact I was already looking for another job, but after going through the training I decided that I want to stay here and be a part of this new culture and change.”*

Participating team member

*“Being involved in this program has moved our health department so far along with our QI efforts and really turned QI into a full health department program, rather than just the QI coordinator’s program.”*

Participating QI Leader



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