



Quality Improvement and Organizational Performance Management Plan

Version 1.1

November 2015

3313 Chanate Road, Santa Rosa, CA 95404

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Acronyms

CHNA	Community Health Needs Assessment
DHS	Department of Health Services
DOP	Department Operating Procedure
HPPE	Health Policy, Planning and Evaluation Division
QI/OPM Plan	Quality Improvement and Organizational Performance Management Plan
OPM	Organizational Performance Management
QA	Quality Assurance
QI	Quality Improvement
PHAB	Public Health Advisory Board

Acknowledgments

The Department of Health Services' Quality Improvement and Organizational Performance Management Plan succeeded through the contributions and efforts of many people. Thank you for your commitment of time and ideas.

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We acknowledge and appreciate the contributions and participation of all DHS staff in the development of this DHS Quality Improvement and Organizational Performance Management Plan and their commitment to fostering a culture of quality throughout the organization.

Message from the Director

Greetings Colleagues,

I am pleased to introduce the new Quality Improvement and Organizational Performance Management Plan (QI/OPM Plan) for the Department of Health Services (DHS). This document is the result of staff feedback collected through the DHS Quality Improvement Staff Survey and many hours of dedicated research, analysis, planning and collaboration by a team comprised of DHS staff. The QI/OPM Plan provides a new framework for quality improvement and organizational performance management contributing to the success of our department. The QI/OPM plan also introduces a new DHS Quality Improvement Council to implement the plan.

The department's team-based efforts have already served to empower us in the journey to becoming the healthiest county in California by 2020. DHS's recent receipt of the California Endowment's Health Equity "Justie" award is a testament to what we can accomplish collectively as a department. As we continue our journey, DHS is committed to building and sustaining a culture of quality throughout the department, which is dependent on the excellence of our staff.

As you read through the following pages, I hope you will find the QI/OPM plan a source of inspiration in setting the foundation for implementing and sustaining a model of quality across the department. The QI/OPM plan integrates the department's Strategic Plan, *Portrait of Sonoma: Sonoma County Human Development Report 2014*, and other department reports. It is the individual commitment to quality that has and will continue to serve as a significant factor in the improvement of DHS organizational and service delivery systems. The plan touches on basic principles of quality improvement, which include definitions to create common terminology, staff training, and specific goals and objectives - all critical components in the development of dynamic infrastructure and projects for our department.

I am grateful for the passion and commitment of our entire staff, leadership team and Board of Supervisors to the importance of quality. Thank you for considering the QI/OPM Plan in your daily efforts, and for all you do for the Department of Health Services and the community of Sonoma County.

Sincerely,



Rita Scardaci, PHN, MPH, Director



1. Purpose of the Quality Improvement and Organizational Performance Management Plan

The purpose of the Department of Health Services' Quality Improvement and Organizational Performance Management Plan (QI/OPM Plan) is to align with the Department's Strategic Plan and National Public Health Accreditation Board's Standards and Measures to provide context and a framework for quality improvement (QI) and organizational performance management (OPM) within Sonoma County's Department of Health Services.

The County of Sonoma Department of Health Services ("DHS" or "Department") is committed to developing, implementing and sustaining a model of quality improvement across the Department.

The DHS QI/OPM Plan is aligned with this commitment as contained in Strategy Number 13 of the Department's Strategic Plan document titled *Ahead of the Curve Sonoma County Department of Health Services Strategic Plan, November 2012*:

“Implement and sustain a model of quality improvement across the Department.”

The DHS QI/OPM Plan is aligned with Standard 9.1 and 9.2 of the National Public Health Accreditation Board's Standards and Measures.

- **Standard 9.1.** Use a Performance Management System to Monitor Achievement of Organizational Objectives.

DHS will implement and maintain a performance management system based upon the *Roadmap to an Organizational Culture of Quality Improvement Self-Assessment* produced by the National Association of County and City Health Officials, and the *Quality Improvement Maturity Tool (version 5)* developed by Dr. Brenda M. Joly, Associate Research Professor at the University of Southern Maine.

- **Standard 9.2.** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions.

DHS will implement and maintain a quality improvement plan as part of the Department performance management system. DHS utilizes Plan-Do-Study-Act (refer to Figure 1) as a primary quality improvement model (Image Source: The W. Edwards Deming Institute).

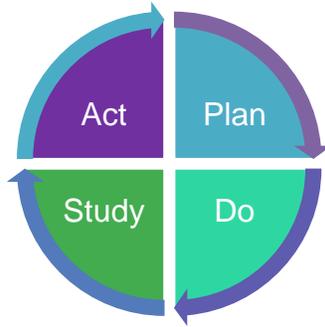


Figure 1. Plan-Do-Study-Act Model of Quality Improvement

2. Key Working Definitions for Quality Improvement and Organizational Performance Management Terminology

To establish a common vocabulary and a clear, consistent message throughout DHS, the following key QI and OPM terms are defined below.

Collective Impact. A commitment of a group of collaborators from different sectors to a common methodology for solving complex social problems.

Community Health Assessment. A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The Department relies on numerous community health assessments to identify key health issues and priorities. These two complementary community health assessments meet the National Public Health Accreditation Board’s current requirements for community health assessments by compiling countywide data and are used to prioritize critical areas for health improvement:

- **Community Health Needs Assessment (CHNA 2013-2016).** A report that is required for not-for-profit hospitals to generate in order to maintain tax-exempt status under section 501(c) (3) of Internal Revenue Code. The report assesses community health needs and is used to benefit the community. The Sonoma County Community Health Needs Assessment (CHNA) 2013 is a collaborative effort from Sutter Medical Center of Santa Rosa, St. Joseph Health-Sonoma County, Kaiser Permanente Medical Center-Santa Rosa and the Sonoma County Department of Health Services to assess the health status of Sonoma County residents and to identify critical areas for health improvement.
- **A Portrait of Sonoma County: Sonoma County Human Development Report (2014).** A report written by Measure of America, commissioned by DHS, that provides an in-depth analysis of disparities in health, education and income by census tract and population in Sonoma County.



This report provides the backbone for the Department’s prevention programs and policy efforts.

Community Health Improvement Plan. A long-term, systematic effort to address public health problems on the basis of the results of community health assessments and the community health improvement process. The Department develops and relies on various health improvement plans to guide its work. For the purposes of National Public Health Accreditation, one report compiles countywide data and key areas for health improvement and is designated as a community health improvement plan for the County of Sonoma:

- **Sonoma Health Action Plan.** An action plan designed to foster and support collaborative and bold action to advance health equity. The plan supports improvement in clinical care as well as the built environment, with particular attention to social determinants of health. The plan focuses on the following priorities: educational attainment, health system improvement and economic security.



Community Health Improvement Process. A process which involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems, assess applicable data, develop measurable health objectives and cultivate community ownership of the process. (PHAB Acronyms and Glossary of Terms, 2013).

Continuous Quality Improvement. An approach to quality improvement that builds upon traditional quality assurance methods by emphasizing the organization and systems.

DHS QI Executive Leadership Team. The team is composed of the Director of Health Services, Assistant Director of Health Services, Health Officer, and Division Directors, whose role is to approve the annual QI/OPM Plan, allocate resources for quality improvement activities and programs, and advocate for a quality improvement culture.

DHS Quality Improvement Council (QI Council). A Department-wide committee tasked to implement the QI/OPM Plan, select organization quality improvement and organizational performance management projects, identify trainings, and build a culture of quality. This committee is composed of representatives from each division of DHS, and includes representatives at both staff and leadership levels.

Health Action. A cross-sector, collective-impact initiative that addresses critical health needs and advances health equity in Sonoma County. Health Action sets the vision for Sonoma County to become the healthiest



county in California. To achieve this vision, ten broad goals to improve community health informs program and policy planning and development across DHS and in partnership with a wide diversity of community partners. Health Action is a local framework that draws from national efforts such as the U.S. National Prevention Strategy. Health Action works in tandem with Upstream Investments Sonoma County.

Organizational Performance Management (OPM). A system that is completely integrated into a health department’s daily practice at all levels, including the following: setting organizational objectives across all levels of the department, identifying indicators that measure progress toward achieving objectives on a regular basis, identifying responsibility for monitoring progress and reporting, and identifying areas where achieving objectives requires focused quality improvement processes. (PHAB Acronyms and Glossary of Terms, 2013).

Plan-Do-Study-Act. A four-stage, problem-solving model for improving a process or carrying out change.

Quality Improvement (QI). The use of a deliberate and defined improvement process which is focused on activities that are responsive to addressing community needs, improving population health and the administrative procedures necessary to support the organization. Quality Improvement refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve health equity, improve the health of the community and the effectiveness of the organization

Quality Improvement and Organizational Performance Management Plan (QI/OPM Plan). A combined plan that articulates the Department’s commitment to a culture of quality, establishes the organizational infrastructure for the Department’s quality improvement and organizational performance management program, and identifies specific areas of current operational performance in need of improvement within the Department. This QI/OPM Plan is aligned with the mission, vision and values of the Department and the goals, objectives and strategies of DHS’s Strategic Plan.

Social Determinants of Health. The economic and social factors – and their distribution among the population – that influence individual and group differences in health status.

Strategic Plan (2012). As used in this document, “Strategic Plan” refers to the Department’s Strategic Plan titled *Ahead of the Curve Sonoma County Department of Health Services Strategic Plan, November 2012*. (www.sonoma-county.org/health/publications/pdf/strategicplan.pdf).



Upstream Investments Sonoma County. A cross-sector initiative aimed at building community capacity and commitment to invest in prevention-focused, evidence-based solutions that eliminate disparities in health, education and self-sufficiency. Upstream Investments in Sonoma County promotes capacity-building and stakeholder sustainability within community-based organizations through program evaluation and quality improvement. The Portfolio of Model Upstream Programs provides a clearinghouse of evidence-informed interventions that represent opportunities to maximize resources and impact for the purpose of best addressing key priorities of health and well-being. Upstream Investments in Sonoma County works in tandem with Health Action.



3. Culture of Quality

3.1 Building the Foundation

DHS is committed to fostering a culture of quality throughout the Department and will leverage investments made to date to improve the quality of its infrastructure and projects.

DHS has a long history of working with the community to improve its health and well-being. In the past decade, a strong emphasis has been placed on partnering with community providers to deliver services and empowering our community to identify and address key health needs. In 2007, the County of Sonoma Board of Supervisors charged DHS to establish Health Action, and in doing so, set the bold vision of Sonoma County becoming the healthiest county in California. DHS’s vision is to lead, collaborate and succeed in achieving this vision by promoting and protecting the health and well-being of every member of the community.

DHS furthered this effort in 2014 with the release of *A Portrait of Sonoma County*, which underscores the Department’s commitment to health equity by addressing disparities in health, education and income that affect long-term well-being outcomes in Sonoma County.

DHS’s Strategic Plan articulates a strategy of developing, implementing and sustaining a model of quality improvement across the Department in order to achieve its aim of health equity for

all Sonoma County residents. The plan is to leverage existing priorities, data and program-focused quality improvement activities throughout the Department to create a department-wide approach to quality. The timeline in Section 3.2 is not exhaustive, yet it showcases successes and elements from multiple programs, reports and plans that are critical to the success of this QI/OPM Plan.

3.2 Timeline

2007. The County of Sonoma Board of Supervisors authorized two groundbreaking initiatives Health Action and Upstream Investments to improve health in Sonoma County. DHS was charged to establish and convene the Health Action Council to work on improving health and health care for all Sonoma County residents. Health Action set the vision of Sonoma County becoming the healthiest county in the state by addressing core determinants of health. DHS and the Human Services Department were charged to establish Upstream Investments Sonoma County which in turn was charged to focus policies and investments on upstream, prevention-focused initiatives designed to save on downstream monetary and societal costs.

2009. DHS released *Health Action 2009-2012 Plan: Health Improvement Plan* that established 10 broad goals for health improvement and indicators for success. The Health Improvement Plan focused on three priorities: patient-centered primary care, healthy eating and active living.

2010. The Portfolio of Model Upstream Programs was established to support and promote evidence-informed interventions that guide policy development and investment allocation.

2012. DHS developed a “new brand” and Strategic Plan—which aligned with the County’s overall strategic plan—to reflect a new and evolving landscape of health. The Strategic Plan oriented the Department toward prevention-focused efforts and underscored DHS's commitment to community engagement as a core principle of the Department’s work to understand and address key community health needs. In the Strategic Plan, DHS selected several strategies to achieve goals and objectives. For example, Strategy Number 13, “Implement and sustain a model of quality improvement across the Department,” was established.

The Health Policy, Planning and Evaluation (HPPE) Division led the Development of the DHS strategic plan and was tasked to lead efforts to develop health-related performance measures and outcomes, create a comprehensive place-based health strategy and increase dissemination of health information in the community through multimedia platforms. The Research, Evaluation and Health Access (REHA) team of HPPE was put together to be responsible for data

generation, analysis and dissemination to further the goals of DHS. In addition, to maximize impact and to strengthen partnerships with key community agencies, HPPE was tasked to collaborate and support additional community coalitions and forums; provide technical expertise to community organizations through data, research and evaluation; and facilitate strategic planning to address health issues in their communities.

DHS Public Health Division launched The Public Health Innovation Program to be responsible for facilitating ongoing efforts across the Division to achieve measurable improvement in the efficiency, effectiveness, accountability, outcomes, and other indicators of quality in services or processes that improve the health of the community. The Public Health Innovation Program functions include trainings, communications, development of an annual public health innovation plan, and the facilitation of the Innovation Committee. The Public Health Innovation Program is aligned with the values and goals articulated in the DHS *Strategic Plan* and will help prepare the Public Health Division for the requirements of national public health accreditation.

2013. DHS produced and published the *Sonoma Community Health Action 2013-2016 Plan: Health Improvement Plan*, which focused on three priorities: educational attainment, health system improvement, and economic security. The plan supports strategic planning, policy development and implementation of systems and environmental change that focused on the key priorities, led by Cradle to Career, the Committee for Healthcare Improvement and Economic Wellness, in partnership with local, place-based Health Action Chapters throughout the county.

DHS produced and published the *Sonoma Community Health Needs Assessment (2013-16)* in collaboration with Sonoma County agencies, Community Health Centers, Local Hospital Systems Health Plans, coalitions, and community-based organizations and members. The needs assessment outlined 13 key priority health needs and was used to inform community benefit investment decisions by the three local hospital systems.

2014. DHS released *A Portrait of Sonoma County: Human Development Report 2014*, a report developed in collaboration with Measure of America to take an in-depth analysis of health disparities in Sonoma County. The report included census tract level data on health, education and income outcomes and provided recommendations to address health disparities by place and population.

The Department prioritized Strategy Number 13 of the DHS Strategic Plan and established the DHS Quality Improvement Assessment Team, a cross-Department team, to develop a

Department-wide quality improvement survey, develop the DHS Quality Improvement and Organizational Performance Plan and establish the QI Council.

DHS was honored by The California Endowment for innovations to combat health inequities during the first annual *Advancing Health Equity Awards: Highlighting Health Equity Practice in California Public Health Departments*. The awards showcased the work of 13 health departments across the State that went beyond the traditional scope of public health. DHS was awarded a “Justie” Health Equity award for “Exemplary Practice – Medium County”.

2015. DHS released its first annual *DHS Quality Improvement Staff Survey* to all DHS employees in order to assess DHS's readiness to implement a culture of quality. The results of the survey were evaluated against the [Roadmap to a Culture of Quality Improvement](#), which was developed by the National Association of County and City Health Officials (NACCHO).

DHS published the *DHS Quality Improvement and Organizational Performance Management Plan*, which guided DHS toward QI and OPM goals, objectives and measures. The plan also provided the framework for the structure of the QI Council.

3.3 Looking to the Future

The Department intends to leverage existing investments, priorities, data, and program-focused quality improvement activities throughout the Department to create a department-wide approach to quality.

QI and OPM at DHS, as recommended by the *Roadmap to a Culture of Quality Improvement* from NACCHO, includes continued growth of QI and OPM systems at DHS and the increased engagement and participation in both systems by all employees of DHS. DHS’s overarching goal for QI and OPM is to **implement and sustain a model of quality improvement across the Department**. The QI/OPM Plan provides the framework for the Department to implement and sustain a model of QI. Through the QI Council, the Department will lay out a roadmap to guide all employees to a culture of quality. In addition, DHS leaders will dedicate additional human and financial resources to QI.

4. Quality Improvement Department Structure

All DHS divisions, Administration Unit, and employees have a role in DHS's efforts to build a culture of quality and to contribute to the success of QI goals within the organization. The

following Section 4 subparagraphs outline: existing DHS infrastructure to leverage in QI efforts, the roles and responsibilities of the QI Council to specifically support QI and OPM at Department and Division levels, and the role of the QI Executive Leadership Team.

DHS’s infrastructure for building and maintaining a culture of quality throughout the department includes existing infrastructure within the divisions and administration unit, which can be leveraged. The QI Council Structure (refer to Figure 2.) describes the infrastructure:

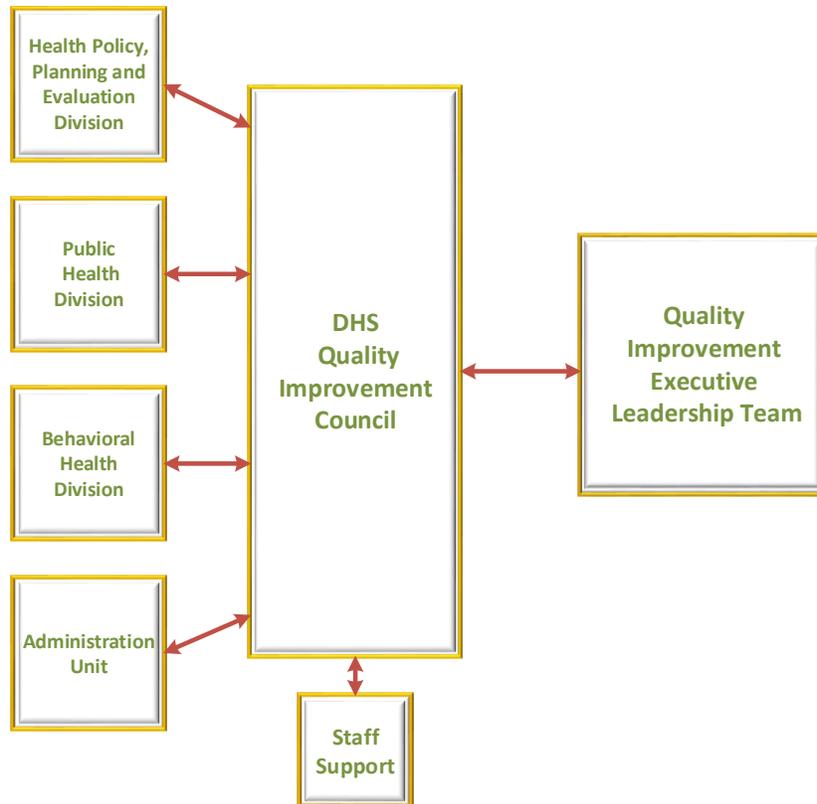


Figure 2. QI Council Structure Chart

DHS divisions and administration unit consists of the following infrastructure:

Health Policy, Planning and Evaluation (HPPE). HPPE is responsible for leading Department strategic planning, policy development, and data development and evaluation. HPPE coordinates activities and initiatives across DHS that include the Strategic Plan, Health Action, and *A Portrait of Sonoma: Human Development Report 2014*. HPPE leads DHS efforts to establish performance objectives and metrics. The REHA team of HPPE is responsible for data generation, analysis and dissemination to further the goals of DHS.

Public Health. The Public Health Innovation Program, which is led by the Innovation Team, is responsible for facilitating ongoing efforts across the Division to achieve measurable improvement in the efficiency, effectiveness, accountability, outcomes, and other indicators of quality in services or processes that improve the health of the community. The program includes a program manager, program planning and evaluation analyst, and department analyst.

Behavioral Health. Quality Improvement/Quality Assurance (QI/QA) Unit. The Behavioral Health QI/QA Unit consists of a quality improvement manager and quality assurance manager. The Division uses a community-driven continuous-quality-improvement process to evaluate programs and services provided. Feedback is provided through contractors and community stakeholders using formal and informal methods throughout the year. The staff and managers monitor outputs and outcomes with staff and contractors in the effort to realize more effective programs, services, and activities.

Administration. The DHS Administration Unit is responsible for leading and providing oversight to DHS. DHS is guided by the mission of promoting and protecting the health and well-being of every member of the community. In the Strategic Plan, the focus is on implementing and sustaining a model of QI across DHS. Administration includes providing human resources, operations and facilities, risk management and compliance, contract and board item development, and fiscal services.

Managers and Supervisors. Management is responsible for promoting a culture of quality. This responsibility includes attending trainings, leading quality improvement projects and dedicating resources. Management assures staff participation in QI/OPM activities. Management reports QI and OPM training needs to the QI Council. Management apprises the QI Council of QI/OPM activities and documents quality improvement efforts.

Staff. Staff is responsible for reporting QI training needs to their supervisors and/or the QI Council. Staff (1) participate in the work of QI projects as applicable, (2) can identify and suggest areas needing improvement, (3) attend QI trainings, and (4) apply QI principles and tools into their daily work.

QI Council. Figure 2 displays the structure of the QI Council. A QI Council Charter is attached as Exhibit A.

4.1 QI Executive Leadership Team

4.1.1 Membership

The QI Executive Leadership Team consists of the following members:

1. Director of Health Services
2. Health Officer
3. Assistant Director of Health Services
4. Division Directors

4.1.2 Roles and Responsibilities

The roles and responsibilities of QI Executive Leadership Team are as follows:

1. Meet with the QI Council annually to discuss department QI and OPM activities.
2. Approve the annual DHS Quality Improvement and Organizational Performance Plan.
3. Allocate resources for QI and OPM programs and activities as well as ensure that staff has access to resources needed to conduct quality improvement projects and training.
4. Advocate for a QI and OPM culture to leadership, managers and supervisors, staff, and external customers through presentations and messaging.
5. Inform the County of Sonoma Board of Supervisors on QI and OPM-related matters as deemed appropriate.
6. Health Officer, Assistant Director of Health Services and Division Directors will also serve on the DHS QI Council.

4.2 QI Council

4.2.1 Membership

The QI Council consists of the following members:

1. Assistant Director of Health Services
2. Health Officer and/or Deputy Health Officer
3. Director of Behavioral Health
4. Director of Health Policy, Planning and Evaluation

5. Director of Public Health
6. Department Administrative Services Director
7. Two members of staff from each Division and Administration Unit

4.2.2 Roles and Responsibilities

The roles and responsibilities of QI Council members are to develop and oversee the *DHS Quality Improvement and Organizational Performance Management Plan* activities and the spreading of a culture of quality. These responsibilities include the following:

1. Select DHS quality improvement and organizational performance management activities that align with the DHS Strategic Plan that are to be included in the QI/OPM annual work plan.
2. Establish performance metrics for the evaluation of the implementation of the QI/OPM Plan and activities.
3. Assess progress towards a culture of quality.
4. Identify applicable training and technical assistance.
5. Develop champions of QI and OPM
6. Communicate QI and OPM activities to QI Executive Leadership Team and all DHS staff.

4.2.3 Selection of Membership

Division Directors are responsible for identifying one member who is represented and one member who is unrepresented of their staff to participate as voting members of the QI Council. Criteria for the selection of the QI Council members are as follows: (1) expressed interest in QI Council participation, (2) belief in participatory planning across all levels of DHS, and (3) some knowledge of and/or experience with quality improvement.

4.2.4 Attendance Requirements

All members are to attend all meetings. Members appointed by Division Directors must adhere to attendance requirements and may be removed for lack of attendance at the discretion of the QI Council. A minimum attendance of three QI Council meetings annually for appointed staff is required to maintain membership.

4.2.5 Voting Rights

Each QI Council member shall have one vote on each matter submitted for consideration by the QI Council members. A quorum at any meeting consists of 50% of the current membership.

4.2.6 Term

The Assistant Director, Division Directors, Health Officer, and Deputy Health Officer positions are not term limited. All other DHS QI Council members will serve a term of two years. This term limit may be shortened or extended based on Department need, as long as each Division has two representatives, one from the Leadership Team and two from staff. The QI Council members will appoint a Chair and Vice Chair, who will then serve two years. When the Chair and Vice Chair term ends, a new Chair and Vice Chair will be elected.

4.2.7 Content Experts and Special Guests

The QI Council may invite quality and performance experts to meetings as non-voting participants.

4.2.8 Quality and Performance Sub-Committees

The QI Council may establish sub-committees to address quality improvement and organizational performance management issues and topics such as training, evaluation, and project management, among others.

4.3 QI Support Staff

4.3.1 Roles and Responsibilities

The role of the Quality Improvement support staff is to provide support to the QI Council. Initially, this position will be located within DHS Administration Unit. The department will conduct an assessment in regards to placement of the quality improvement support position within the organization. Additional staffing and/or administrative support may be provided as required based on activities.

The responsibilities of the Quality Improvement staff support are as follows:

1. Coordinate and support the QI Council and department QI/OPM activities.
2. Develop messages to communicate QI activities and results to directors, staff, the public, and other audiences.

3. Develop the annual DHS QI/OPM Plan with input from and the approval of the QI Council and the QI Executive Leadership Team.
4. Work with the QI Council and its QI Executive Leadership Team to define and document QI and OPM issues, activities and evaluations.
5. Provide training, consultation and technical assistance to QI and OPM projects, the QI Council and staff.

4.3.2 Budget and Resource Allocation

The primary budget allocation for this program is for the QI support staff position and the support of QI Council activities, which are paid out of departmental funds. As resources allow, budget line items will be dedicated to QI/OPM efforts, including the purchase of training materials, marketing materials, attendance at conferences, and services of expert consultation in the areas of quality improvement and OPM.

5. Trainings and Education Programs

5.1 New Employee Orientation

All new DHS employees will be oriented to the QI/OPM Plan and the Department's culture of quality as it relates to DHS priorities, such as the 2012 Strategic Plan, annual reports, *A Portrait of Sonoma County: Human Development Report 2014*, and Health Action. During the initial onboarding process, training will include an orientation to the QI/OPM Plan and the roles and responsibilities of all DHS Staff in supporting QI/OPM. A Quality Improvement Training Work Plan is attached as Exhibit C.

5.2 Introductory Online Trainings

All DHS directors, managers, supervisors, staff and interns will be trained on the QI and OPM systems utilized within DHS. This training will frame QI efforts within existing frameworks and plans designed to improve community health in Sonoma County. The "QI 101" introductory course will provide an overview of QI principles, methodologies, the seven basic tools of quality, and OPM. DHS managers and supervisors will receive change management and quality leadership training to orient them to their role of facilitating a quality culture.

5.3 Advanced Trainings for QI Council

Members of the QI Council are required to have higher-level quality improvement skills, and as such, will also be trained on QI tools and methodologies. These intermediate and advanced levels of training will include application-based training for QI projects, building an OPM system and change management for leadership.

5.4 Ongoing Staff Trainings

All DHS Staff will receive annual QI and OPM trainings. The trainings focus on skills and tools needed for QI efforts, such as additional QI methods and tools for data collection and analysis, process mapping and analysis, cause-and-effect analysis, planning and evaluation.

5.5 Position-Specific Quality Improvement Trainings

The QI Council and the QI Coordinator, who are specifically accountable for the implementation of the QI program, will attend trainings and conferences regarding QI as available and as resources allow. Attendance at these trainings will ensure that the attendee's skills are enhanced and that DHS remains abreast of current topics in QI/OPM.

6. Identification of Improvement Projects

6.1 Project Selection Process

The QI Council will focus on specific QI and OPM activities at both the department and division levels. QI and OPM projects will reflect data and recommendations found in such reports including, but not limited to, the Department's Strategic Plan, annual *DHS Quality Improvement Staff Survey*, community health assessments, community health improvement plans, U.S. Surgeon General's National Prevention Strategy, and the *National Association of County and City Health Officials Roadmap to a Culture of Quality*. Local initiatives, including Health Action, Upstream Investments, and *A Portrait of Sonoma County* will guide selection of long-term community health outcomes toward which quality improvement efforts are aimed. Any DHS employees may recommend QI and OPM projects for the QI Council to consider by filling out a project recommendation form.

All DHS employees are encouraged to discuss QI and OPM project ideas with their supervisors and managers before initiating a project.

Consistent with the budget process, each of the three divisions of DHS (Behavioral Health; Health Policy, Planning and Evaluation; Public Health) and DHS Administration Unit will select and develop at least one QI project to be included in the QI Council's work plan. The QI Council can also be asked to provide support and technical assistance in the development of QI projects.

6.2 Project Selection Criteria

QI and OPM proposals to potentially be included in the QI/OPM annual work plan will be evaluated and selected based on the need to:

1. Improve DHS's operational, financial and program processes.
2. Align with established health priorities, such as those found in the Strategic Plan, Health Action plan, local community health assessments and state and national health improvement frameworks.
3. Align with the National Public Health Accreditation domains.

The QI Council is responsible for managing and selecting the forms to be included from Exhibit D.

6.3 Project Work Plan

The QI Council and QI support staff are responsible for developing work plans to implement each project. The QI Council is responsible for managing and selecting the forms to be included from Exhibit D.

7. DHS QI/OPM Goals, Objectives, and Performance Measures

Annually, DHS will select a QI and OPM project to be included in the QI Council's annual work plan. DHS's overarching goal for QI and OPM is to **implement and sustain a model of quality improvement across the Department.**

Each QI project is to include goals, objectives, and measures with time-framed targets. For each objective in the plan, the person(s) or team responsible will be identified. Specific activities, performance measures and time frames will be defined for all objectives.

Progress toward the Department's goals, objectives, and performance measures is to be evaluated by the QI Council. Goals and objectives for Fiscal Year 2015-2016 can be found in Exhibit B.

8. DHS Division- and Administration Unit-Specific Goals, Objectives and Performance Measures

Annually, each of the three divisions of DHS (Behavioral Health, Health Policy, Planning and Evaluation, Public Health) and the DHS Administration Unit will select and develop at least one QI and OPM project to be included in the QI Council's annual work plan. The overarching goal of each quality improvement or organizational performance management goal is to **align with DHS quality improvement and performance management goals.**

Each quality improvement project will include goals, objectives, and measures with time-framed targets. For each objective in the plan, the person(s) or team responsible will be identified. Specific activities, performance measures and time frames will be defined for all objectives.

Progress toward the DHS division's goals, objectives, and performance measures is to be evaluated by the Division and DHS Administration Unit on a quarterly basis. The results of this evaluation are to be shared with the QI Council. Goals and objectives for Fiscal Year 2015-2016 can be found in Exhibit B.

9. Monitoring Quality Improvement/Organizational Performance Management

9.1 Collection, Analysis and Monitoring of Data

Data to support evidence of progress towards goals and objectives will be gathered on an ongoing basis and reviewed quarterly at a minimum.

The QI Council is to develop a dashboard of progress for each sponsored project, which is to be viewable by any DHS employee and used by the QI Council to evaluate project progress.

The QI Council will meet quarterly to review, identify and analyze the results of QI and OPM projects, identify opportunities for improvements and improve performance measures.

9.2 Reporting Progress toward Achieving Stated Goals

Members of the QI Council will report progress on performance measures to the QI Council quarterly, at a minimum. This progress information should also be shared at the division level. QI and OPM will be on the agenda of at least one DHS Managers and Supervisors meeting each year.

9.3 Actions to Make Improvements Based on Progress Reports

During the QI Council quarterly meetings, members will review each of the Department's performance measures and determine the need for QI action for each measure. For those measures in which QI action is required, an action plan will be developed by the QI Council and QI support staff to guide the completion of this work. The results of these QI efforts are to be reported at the next quarterly meeting.

10. Engagement and Outreach

10.1 Communication and Promotion

DHS recognizes that a streamlined communication process is vital to the success of its QI efforts. Communication regarding QI efforts needs to occur at all levels of DHS. Consistent, concise and complete communication is essential to understand the full vision behind the QI thrust.

The promotion of DHS's QI efforts will entail an outreach and engagement plan to ensure that DHS staff receives the relevant information pertaining to the approved DHS QI/OPM plan. DHS's QI efforts will also relate and reinforce DHS priorities, such as the 2012 Strategic Plan, the annual reports, *A Portrait of Sonoma County*, and Health Action.

Managers and supervisors are to include QI activities in their work and discuss QI activities with their staff.

A number of methods will be used by the QI Council and QI support staff to assure that regular and consistent communication regarding QI and OPM efforts within DHS occurs. These methods are directed to and include, but are not limited to the following:

10.1.1 All DHS Staff

All DHS employees will be informed of QI and OPM activities to include, but are not limited to the following:

1. Inclusion of QI efforts in the DHS quarterly newsletter and in any division newsletter.
2. DHS's vision and mission statement communicated with the QI/OPM plan.
3. Presentation of the approved QI/OPM Plan to DHS staff at meetings and via all-staff emails.
4. The DHS QI/OPM plan discussed with managers and supervisors via the QI Council on outreach.
5. Promotional materials developed and shared in DHS worksites.
6. Inclusion of QI efforts on digital media, including DHS intranet for posting QI Council meeting information and minutes.
7. Creation of an email address specifically for QI/OPM internal feedback and comments so that staff can contribute to the approved plan.

10.1.2 Public/Community Partners

The Public and Community Partners will be informed of QI and OPM activities to include, but are not limited to the following:

1. Outreach and communications to ensure a County-wide view is taken of all DHS priorities and values associated with QI and OPM.
2. Inclusion of QI and OPM efforts on digital and social media sources, including the DHS website and Facebook page.

10.2 Recognition

As DHS seeks to develop a culture of quality that encourages all staff to develop their own skills relative to QI and OPM, strategies for recognition are also designed to acknowledge the efforts to apply QI and OPM. Strategies designed to recognize QI and OPM efforts include, but are not limited to:

1. Release of regular updates and recognition of QI and OPM projects at QI Council meetings.
2. Posting of teams' QI and OPM work on bulletin board space in DHS offices.

11. Approval and Evaluation of Quality Improvement/Organizational Performance Management Plan

Annually, a draft QI/OPM Plan for the upcoming fiscal year will be developed by the QI Council based on progress toward goals and evaluation of the previous year's plan. Once a final draft of the upcoming QI/OPM Plan is complete, it will be reviewed by the QI Executive Leadership Team. The Director of DHS will give final approval of the QI/OPM Plan for the upcoming fiscal year.

In the fourth quarter of each fiscal year, the QI/OPM Plan and activities will be evaluated by the QI Council. This evaluation will include the following:

1. A review of the process of and progress toward achieving goals and objectives.
2. Efficiencies and effectiveness obtained and lessons learned.
3. Customer/stakeholder satisfaction results.
4. A summary of QI and OPM projects and the results of those projects.
5. Progress on performance measures related to QI/OPM.

The results of this evaluation will be compiled by the QI Council and forwarded to the QI Executive Leadership Team for review and approval.

Based on the recommendations of the QI Council and the QI Executive Leadership Team, the QI/OPM Plan will be revised annually by the QI Council to reflect plan enhancements and revisions. Activities planned for the next fiscal year will be based on recommendations from the annual plan evaluation and division projects and supported by the results of ongoing *DHS Quality Improvement Staff Survey*.

Exhibits

Exhibit A. QI Council Charter

Function of the QI Council

The Department of Health Services ("DHS" or "Department") Quality Improvement Council (QI Council) is responsible for the development and oversight of the DHS Quality Improvement and Organizational Performance Management Plan (QI/OPM Plan) activities and spreading a culture of quality. QI Council members will also be asked to plan and participate in quality improvement training activities and to become skilled in the implementation of quality improvement tools.

Composition/Membership of the QI Council Members

The QI Council members will be composed of representatives from all three Department divisions and the DHS Administration Unit. Each Division and the DHS Administration Unit will select one of its member on the Leadership Team and two members of its staff to participate.

1. **Selection.** Division Directors are responsible for identifying members of their staff to participate as voting members on the QI Council. Criteria for the selection of QI Council members are as follows: (1) expressed interest in QI Council participation; (2) belief in participatory planning, that is, belief that all DHS employees should have an opportunity to participate in the QI Council; and (3) some knowledge of and/or experience with quality improvement.
2. **Attendance Requirements.** Members must maintain attendance requirements and may be removed for lack of attendance at the discretion of the QI Council. Members are to attend all meetings. A minimum attendance of three QI Council meetings annually is required to maintain membership.
3. **Meeting Frequency.** The QI Council will meet quarterly with the ability to meet more frequently as needed.
4. **Term.** Each QI Council member will serve a term of two years. This term may be shortened or extended based on Department needs, as long as each Division has three representatives, one from the Leadership Team and two from staff.
5. **Voting Rights.** Each QI Council member shall have one vote on each matter submitted to the vote of the QI Council members. A quorum at any meeting consists of 50% of the current membership.

For 2015, the QI Council is represented by the following:

QI Council Members

1. Assistant Director of Health Services
2. Health Officer and/or Deputy Health Officer
3. Director of Behavioral Health
4. Director of Health Policy, Planning and Evaluation
5. Director of Public Health
6. Department Administrative Services Director
7. Two members of staff from each division

Roles of QI Council Members

1. QI Council Chair

- a. Convenes QI Council meetings and facilitates the agenda.
- b. Liaison between QI Executive Leadership Team and QI Council

2. QI Council Members

- a. Select DHS QI and OPM activities that align with DHS's Strategic Plan that are to be included in the QI/OPM annual work plan.
- b. Establish performance metrics for the evaluation of the implementation of the QI/OPM Plan and activities.
- c. Assess progress towards a culture of quality.
- d. Identify useful QI and OPM training and technical assistance.
- e. Communicate QI and OPM activities to QI Executive Leadership Team and all DHS staff

3. Quality Improvement support staff

- a. Support the QI Council and QI/OPM activities DHS-wide.
- b. Develop messages to communicate QI and OPM activities and results to directors, staff, the public and other audiences.

- c. Develop the annual QI/OPM plan and evaluation with input from and the approval of the QI Council and the DHS QI Executive Leadership Team.
- d. Work with the QI Council and its QI Executive Leadership Team to define and document QI and OPM issues and activities.
- e. Provide training, consultation and technical assistance to QI and OPM projects, QI Council and staff.

Approved this 6th day of July, 2015



Rita Scardaci, Director
County of Sonoma – Department of Health Services

Exhibit B. FY 2015-2017 Quality Improvement Projects

Department-Wide QI Projects – Goals and Objectives

The Department of Health Services' ("DHS's" or "Department's") overarching goal for quality improvement (QI) and organizational performance management (OPM) is to **implement and sustain a model of QI across the Department**. DHS's objective is to successfully implement transition strategies from the *Roadmap to an Organizational Culture of Quality Improvement Self-Assessment* that are required to move from Phase II-Not Involved with QI Activities to Phase VI- QI Culture. Progress towards this goal is achieved through the following QI goals, objectives and measures.

Goals

Goal 1: Workforce Development: Train staff on QI and OPM.
Objective 1. By December 31, 2016, improve DHS staff knowledge and capacity on basic-level quality improvement methods to improve services.
Measure. 80% of DHS staff will be trained by December 31, 2016.
Objective 2. By December 31, 2016 improve DHS staff knowledge and capacity on basic-level organizational performance management methods to improve services.
Measure. 25% of DHS staff will be trained by December 31, 2016.

Goal 2: Implement a Department-Wide OPM Program.
Objective 1. By June 30, 2017, DHS will complete an inventory of existing performance management systems and processes throughout the Department for the purpose of informing the development of a department-wide OPM.
Measure. Completion of inventory by June 30, 2017.
Objective 2. By June 30, 2017, DHS will establish organizational performance management measures to be practiced by the Department, Division and Section levels of DHS.
Measure. Approval of the DHS organizational performance management measures by the QI Executive Leadership Team by June 30, 2017.

Objective 3. By June 30, 2017, DHS QI Council will complete a gap analysis of Department and Division strategic plans to determine where and how QI and OPM will be addressed in these documents.

Measure. Completion of gap analysis and instructions regarding where and how the language of OPM and QI should be included in the strategic plans is provided to the QI Executive Leadership Team for review/approval by June 30, 2017.

Goal 3: Focus on Customer Service.

Objective. By June 30, 2017, DHS will conduct an inventory of customer service-related activities/programs performed by DHS at the Department level.

Measure. Completion of inventory by June 30, 2017.

Division and Administration Unit-Specific QI Goals

Progress toward the DHS division's and administration unit goals, objectives and performance measures is to be evaluated by the Division's quarterly. Results of this evaluation are to be shared with the QI Council.

The overarching goal for QI for Division and Administration Unit is to **align with DHS goals.**

Goal 1: Develop Division and Administrative Unit-Specific QI and OPM Activities.

Objective. By January 31, 2016, each division will identify at least one quality improvement project.

Measure 1: 100% of Divisions will select a quality improvement project by January 31, 2016.

Exhibit B1. DHS Quality Improvement Work Plan FY 2015-2017

Goal 1: Workforce Development: Train staff on QI and OPM.			
Objective 1. By October 31, 2016, improve DHS staff knowledge and capacity on basic-level quality improvement (QI) methods to improve services.			
Measure. 80% of DHS staff will be trained by October 31, 2016.			
Activities	Responsible Person	Expected Outcome	Expected Completion Date
Select Project Team Members	DHS QI Council	Cross Departmental Team	Nov 2015
Develop Project Work Plan	Project Team	Project Work Plan	Dec 2015
Research/identify training methods	Project Team	Recommend Training program	Feb 2016
Develop training program	Project Team	Approve DHS QI training program	April 2016
Implement training program	Project Team	QI Council & Staff trained on QI	June 2016
Evaluation	Project Team	Improved training program	Sept 2016
Objective 2. By December 31, 2016, improve DHS staff knowledge and capacity on basic-level organizational performance management (OPM) methods to improve services.			
Measure. 25% of DHS staff will be trained by December 31, 2016.			
Activities	Responsible Person	Expected Outcome	Expected Completion Date
Research/identify training methods	Project Team	Recommend Training program	Feb 2016
Develop training program	Project Team	Approve OPM Training program	April 2016
Implement training	Project Team	QI Council & Staff trained on OPM	Sept 2016
Evaluation	Project Team	Improved training program	Dec 2016

Exhibit B1. DHS Quality Improvement Work Plan FY 2015-2017

Goal 2: Implement a Department-Wide OPM Program.			
Objective 1. By March 31, 2017, DHS will complete an inventory of existing performance management systems and processes throughout the Department for the purpose of informing the development of a department-wide OPM.			
Measure. Completion of inventory by March 31, 2017.			
Activities	Responsible Person	Expected Outcome	Expected Completion Date
Select Project Team Members	DHS QI Council	Cross Departmental Team	May 2016
Develop Project Work Plan	Project Team	Project Work Plan	June 2016
Research and select inventory templates	Project Team	Inventory template	Sept 2016
Conduct inventory	Project Team	Organizational Performance Management Data	Feb 2017
Objective 2. By June30, 2017, DHS will establish organizational performance management measures to be practiced by the Department.			
Measure. Approval of the DHS organizational performance management measures by the QI Executive Leadership Team by June 30, 2017.			
Activities	Responsible Person	Expected Outcome	Expected Completion Date
Analyze results from inventory	Project Team	Key findings	Mar 2017
Develop Department organizational performance management measures	Project Team	Standardized measures	May 2017
Approve recommendations	DHS QI Council	Approved measures	June 2017

Exhibit B1. DHS Quality Improvement Work Plan FY 2015-2017

Objective 3. By June 30, 2017, DHS QI Council will complete a gap analysis of Department and Division strategic plans to determine where and how QI and OPM will be addressed in these documents.

Measure. Completion of gap analysis and instructions regarding where and how the language of OPM and QI should be included in the strategic plans is provided to the QI Executive Leadership Team for review/approval by June 30, 2017.

Activities	Responsible Person	Expected Outcome	Expected Completion Date
Research strategic plans	Project Team	Inventory	Feb 2017
Analyze Results	Project Team	Collect data	Mar 2017
Provide recommendations	Project Team	Provide recommendations	June 2017

Goal 3: Focus on Customer Service

Objective 1. By June 30, 2017, DHS will conduct an inventory of customer service-related activities/programs performed by DHS at the Department level.

Measure. Completion of inventory by June 30, 2017

Activities	Responsible Person	Expected Outcome	Expected Completion Date
Select Project Team	DHS QI Council	Cross Departmental Team	Nov 2016
Develop Project Work Plan	Project Team	Project Work Plan	Dec 2016
Research and select inventory templates	Project Team	Approved inventory assessment tool	Jan 2017
Conduct inventory	Project Team	Collect data	Jan 2017
Provide recommendations	Project Team	Provide recommendations	June 2017

Exhibit B1. DHS Quality Improvement Work Plan FY 2015-2017

Goal 4: Develop Division and Administrative Unit-Specific QI Activities.			
Objective 1. By January 31, 2016, each division will identify at least one quality improvement project.			
Measure. 100% of Divisions and Administrative Unit will select a quality improvement project by January 31, 2016.			
Activities	Responsible Person	Expected Outcome	Expected Completion Date
Implement selection criteria	Project Manager	QI project selection process	Dec 2015
DHS Divisions identify projects	Divisions	Division project	Jan 2016
DHS QI Council review, discuss and approve	DHS QI Council	Approved Division project	Jan 2016

Exhibit C. Quality Improvement Training Work Plan

Table 2. QI Training Work Plan

Type of Training	Level	Delivery Method	Audience	Purpose or Goal	Example
New Employee Orientation	Basic	Usually internal: face to face, written materials, or web modules	New employees	Orient new employees to DHS's culture of quality and Quality Improvement and Organizational Performance Management Plan (QI/OPM Plan). Provide context of DHS Strategic Plan, Health Action, and <i>A Portrait of Sonoma County: Human Development Report 2014</i> to guide QI efforts.	Introductory QI and quality culture materials, QI/OPM Plan if available
Introduction to Quality Improvement (QI)	Basic	Usually web modules or internal staff training	All employees	Provide a general overview to QI principles, methods and tools. Provide context of DHS Strategic Plan, Health Action, and <i>A Portrait of Sonoma County</i> to guide QI efforts.	National Network of Public Health Institutes' Performance Improvement Toolkit

Type of Training	Level	Delivery Method	Audience	Purpose or Goal	Example
Introduction to Organizational Performance Management (OPM)	Basic	Usually web modules or internal staff training	All employees	Provide a general overview of OPM principles, methods and tools.	Embracing Quality in Public Health: A Practitioner's Performance Management Primer
Applied QI Training	Intermediate	Internal or external; can be web based modules	QI team members or anticipated team members	Provide in-depth training about QI with a project-based, applied focus.	QI 101 Training Program
Organizational Performance Management Training	Intermediate/Advanced	Internal or external; can be web based modules	Staff using/building a performance management system	Learn how to build a performance management system.	Turning Point Performance Management Toolkit
Just-in-time Training or Coaching	Intermediate/Advanced	Internal or external	QI team members or anticipated team members	Provide QI training when it is needed for employees.	National Network of Public Health Institutes and Community of Practice for Public Health Improvement webinars and presentations
Change Management and Quality Leadership	Basic/Intermediate/Advanced	Internal or external	Department leaders and managers	Orient leaders and managers to their role in facilitating a quality culture.	Public Health Foundation, Change Management for Effective QI: A Primer

Type of Training	Level	Delivery Method	Audience	Purpose or Goal	Example
Train-the-Trainer	Advanced	Internal or external	Employees with previous QI experience	Develop organizational capacity for internal QI training.	Certified Professional in Healthcare Quality QI Advisor course, Public Health Foundation
Academic Training	Advanced	External	Managers or motivated staff	Lead and implement OPM initiatives.	Minnesota's Public Health Certificate in Performance Improvement

Exhibit D. Samples

Exhibit D1. Quality Improvement Project Identification Form and Tracking Tool

Employee Name:	Date:	
Program:	Section/Division:	
Please describe the underlying issue or the process you would like to improve:		
Do you have information/evidence/data available to support the need to work on this issue/process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
What kind of improvement will result? (Check all that apply): <input type="checkbox"/> Increased Efficiency <input type="checkbox"/> Improved Safety <input type="checkbox"/> Improved Quality of Service <input type="checkbox"/> Improved Use of Resources	<input type="checkbox"/> Enhanced Employee Performance <input type="checkbox"/> Reduced Waste <input type="checkbox"/> Satisfied Customers and/or Stakeholders <input type="checkbox"/> Reduced Cost	
What is the desired improvement? (Example: reduced turnaround time)		
Who will benefit? (Check all that apply) <input type="checkbox"/> Program <input type="checkbox"/> Section <input type="checkbox"/> Division <input type="checkbox"/> DHS <input type="checkbox"/> External stakeholders <input type="checkbox"/> Public <input type="checkbox"/> Other		
Optional: Do you have a project plan in mind? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe. Please consider project scope, measures of success, resources (time and money), limitations and barriers, timeline, etc.		
For QI staff use only	Date	Comment
Project #		
Submitted to QI staff:		
Reviewed by QI Council and decision:		
QI Council or other sponsor (name):		

Exhibit D2. Quality Improvement Project Development

PDSA Project Development Plan

Plan	Project Name:	Project Leader: <i>Who is leading this effort?</i>
	Strategic Directions/Goals: <i>(What do you expect this project to contribute to the Department's strategic plan?)</i>	
	Measure(s):	Target(s): <i>How much improvement is expected?</i>
	Customer(s): <i>Who is/are the primary recipients of the program's product or service?</i>	
Do	Process(es) observed; people interviewed:	
Study	Summarize what was learned:	
Act	What changes are to be made? Do you need another cycle?	
	Target Start Date:	
	Target Completion Date:	

Exhibit D3. Quality Improvement Project Prioritization Matrix

Table 3. QI Project Prioritization Matrix

Criteria	Score	Comments/ Notes
Strategic Alignment: <i>How closely is this project aligned with the DHS strategic plan and objectives?</i>	0: aligns with none 2: aligns with one 4: aligns with two 6: aligns with all	
Opportunity Cost: <i>What would be the cost of the division for taking action?</i>	0: not time-dependent 2: low – could postpone without loss 4: medium – the time is right 6: high – can only happen now	
Opportunity Cost – No Action: <i>What would be the cost to the division for not taking action?</i>	0: no cost 2: low cost 4: medium cost 6: high cost	
Required Service: <i>Is this process or project required to meet legal, compliance, National Public Health Accreditation or other mandates?</i>	0: not required 2: one mandate 4: two mandates 6: three or more mandates	
Value to Customer: <i>How much value will the outcome of this process or project bring to the community or the individual consumer?</i>	0: little value 2: some value 4: a lot of value 6: essential	
Capacity Building: <i>To what extent will the process or project increase the skills, knowledge, and/or abilities of the staff impacted?</i>	0: little to no capacity building 2: some capacity building 4: significant capacity building 6: extensive capacity building in multiple areas	

Criteria	Score	Comments/ Notes
Leverage Capacity: <i>Can the process or project be used to support other systems and/or or stakeholders?</i>	0: little leverage potential, isolated service 2: some leverage 4: much leverage 6: service could be leveraged by many	
Volume: <i>Will the process or project impact a large number of clients or personnel?</i>	0: no clients or personnel 2: some clients or personnel 4: many clients or personnel 6: all clients or personnel	
Frequency of Occurrence: <i>Is the process or project used frequently?</i>	0: used rarely 2: used sometimes 4: used often 6: used daily	
Cost: <i>Are costs of completing the process or project well understood and predictable?</i>	0: many unknown or hidden costs 2: some costs are known 4: many costs are known 6: all costs are known	
Duration of Process or Project:	0: one day to one week 2: several weeks 4: several months 6: year or more	
Level of Resource Allocation – Monthly:	0: 1 time event (4 hours or less) 2: 1 to 2 meetings a month 4: meetings every week 6: multiple meetings a week	
Recommendations:		

Exhibit D4. Performance Measure Data Description and Collection Form

Table 4. Organizational Performance Measure Data Description and Collection Form

Year:	Program:
Division Level Measure:	Department Level Measure:
Performance standard:	
Performance measure:	
Baseline measurement data and date(s) collected:	
Target or benchmark?	
What is the target/benchmark?	
Rationale for selection of this performance measure:	
Target population:	
Numerator:	
Denominator:	
Source of data:	
Who will collect the information?	
How often will the data be analyzed and reported?	
Definitions and other comments:	

Quarterly Reporting				
1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Year Total

Performance Measure Data Description and Collection Form Definitions/Clarifications

Performance Standard. National standards, state-specific standards, benchmarks from other jurisdictions, or DHS-specific targets that define performance expectations.

Baseline Data. The rate/percent/number to which you will be comparing current data to determine whether there has been a change.

Baseline Date(s). When was your baseline data collected? For example, your baseline data could be from the previous year or an average from the previous three years.

Target. The target is the goal for the performance measure. What number are you trying to reach? Examples are a percent improvement from previous years or a rating that is higher than the average rating for comparable local health departments.

Benchmark. A benchmark is a “gold standard” goal for a measure, usually set by an external organization.

Rationale for Selection. Performance measures should have a direct connection to a national performance standard, a community health improvement plan priority, a strategic plan initiative, or the requirements of a program or grant. Measures should also be selected based on already available data. This connection should be expressed in this section.

Target Population. A description of the group of individuals from which the sample might be drawn. For example, will the sample apply to all Sonoma County residents or only clients that participate in your program? In many cases, the sample may be the same as the denominator.

Numerator. In a fraction, the top number is the numerator. For example, the numerator for the fraction of Sonoma County adults who smoke cigarettes is the number of adults who currently smoke cigarettes.

Denominator. In a fraction, the bottom number is the denominator. For example, the denominator for the fraction of Sonoma County adults who smoke cigarettes is the number of Sonoma County adults.

Definitions. Do any of the words or phrases in your performance measure need further explanation or definition? Here is where you would put that information.

Exhibit D5. Project Work Plan Template

DHS Work Plan: XXX (include project title)				
Summary of Charge: Include a brief description of the project goal and objectives.				
Task	Responsible Staff	Deadline	Complete	Comments
1. (include major activity)				
1.1 (include tasks associated with activity)				
1.2				
1.3				
2.				
2.1				
2.2				
2.3				
2.3.1				
2.3.1				
2.4				
2.5				
2.6				
2.7				
2.8				

3.				
3.1				
3.2				
3.3				
3.4				
3.5				
3.6				
3.7				
3.8				
4.				
4.1				
4.2				
4.3				
4.4				
4.5				
4.6				
4.7				
4.8				
XXX (include meeting dates)				

