



Chester County  
Health Department  
*Quality Improvement Plan*

Adopted: 5/26/2017

# Signatures

This plan has been approved and adopted by the following:

- Reviewed and approved by Board of Health: 5/23/2017
- Reviewed and approved by Management Team: 4/26/2017



Jeanne Casner, MPH, PMP  
County Health Director



Date

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# Introduction

## *Board of Health*

Laura J. Peterson, MPH, Chair  
Robert Zei, PhD, Vice Chair  
Leonard C. Giunta, DO  
Winslow W. Murdoch, MD  
Michelle Tucker, MS, RN

## *Vision*

Leading and supporting the growth of healthy communities.

## *Mission*

Provide personal and environmental health services to residents and visitors so that they may grow, live and work in healthy and safe communities.

## *Values*

- **Communication:** We are open and honest in our interactions and information is shared in a clear, concise manner.
- **Accountability:** We accept responsibility for our actions, job duties and program outcomes.
- **Trust and Respect:** We value the skills and abilities of ourselves and others while accepting our differences.
- **Integrity:** We conduct ourselves in an honest, trustworthy and ethical manner.
- **Cooperation:** We focus on building teams that support and appreciate each other while working toward a common goal.
- **Innovative Thinking:** We use creative and innovative thinking to improve processes and programs and to address challenges.

### **Main Office**

Government Services Center  
601 Westtown Road, Suite 290  
West Chester, PA 19380  
610-344-6225

### **Women, Infants and Children (WIC) Office**

1001 East Lincoln Highway, Suite 105  
Coatesville, PA 19320  
610-383-3824

### **Women, Infants and Children (WIC) Office**

1120 Newark Rd, Suite 400-A  
Toughkenamon, PA 19374  
610-268-5153

## *Locations*



## *Ten Essential Services*

Chester County Health Department continuously strives to assure that the Ten Essential Services of Public Health are provided in our community:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## *Quality Improvement Purpose*

Chester County Health Department (CCHD) is dedicated to developing and sustaining a culture of Quality Improvement (QI). This plan supports CCHD's mission to "Provide personal and environmental health services to residents and visitors so that they may grow, live and work in healthy and safe communities". CCHD recognizes the importance of continuously evaluating and improving the quality of programs, processes and services available to the citizens of Chester County. Continuous QI supports the department in maintaining a high level of efficiency, effectiveness, and customer satisfaction. To achieve this culture of continuous improvement, QI efforts will target the department-level ("Big QI") and the program or project level ("Small QI"). The QI Plan provides the context and framework for QI activities at CCHD. CCHD leadership is dedicated to providing the resources necessary to effectively implement this plan.

# Definitions & Acronyms

## Introduction

A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.

## Definitions

- **Big QI:** A QI project that pertains to a department-wide function and/or would have an effect on the entire agency. Big QI projects are usually initiated at the request of the Management Team.
- **Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process to investigate a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.
- **Performance management (PM):** A systematic process aimed at helping achieve an organization's mission and strategic goals by improving effectiveness, empowering employees, and streamlining the decision-making process<sup>1</sup>.
- **Plan, Do, Check, Act (PDCA, also known as Plan-Do-Study-Act (PDSA)):** An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned<sup>2</sup>.
- **QI Project Team:** Teams that work on specific QI projects.
- **Q-Team:** The team that oversees QI at CCHD. Responsibilities are outlined in the QI Plan.
- **Quality Improvement (QI):** Raising the quality of a product/service to a higher standard. Focuses on the process to help bring services to the next level with the aim to improve the overall health of a community<sup>1</sup>.
- **Quality Improvement Plan:** A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan<sup>3</sup>.
- **Quality Culture:** QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that QI efforts continue and they seek out the root cause of problems. They do not assume that an intervention will be

<sup>1</sup> Public Health Foundation: <http://www.phf.org/focusareas/pmqi/pages/default.aspx>

<sup>2</sup> Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008

<sup>3</sup> PHAB Acronyms and Glossary of Terms, 2009

effective, but rather they establish and quantify progress toward measurable objectives<sup>4</sup>.

- **Small QI:** A QI project that pertains to a particular program, and would not have an effect on the entire department.
- **Strategic Plan:** Outlines a clear picture of where the health department is headed, what it plans to achieve, the methods by which it will succeed and the measures to monitor progress.
- **Storyboard:** Graphic representation of a QI team's quality improvement journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012)
- **Workforce Development:** Effort to enhance the training, skills, and performance of public health workers to improve health outcomes.

## *Acronyms*

- BASS – Bureau of Administrative Support Services
- BOH – Board of Health
- CCHD – Chester County Health Department
- CHA – Community Health Assessment
- CHIP – Community Health Improvement Plan
- CQI – Continuous Quality Improvement
- ENV – Bureau of Environmental Health Protection
- NACCHO – National Association of County and City Health Officials
- PHAB – Public Health Accreditation Board
- PHEP – Public Health Emergency Preparedness
- PHF – Public Health Foundation
- PHS – Bureau of Personal Health Services
- PopHealth – Population Health
- QI – Quality Improvement
- WebCC – Chester County Intranet
- WDP – Workforce Development Plan

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<sup>4</sup> Roadmap to a Culture of Quality Improvement, NACCHO, 2012





# Overview of Quality

## Introduction

This section provides a description of quality efforts in CCHD, including structure, staffing, culture, processes, and linkages of quality efforts to other agency documents.

## Description of Quality Efforts

In 2016, CCHD started down the path of establishing formal processes around QI and cultivating a culture of QI. While QI projects had previously been done in an effort to improve processes and systems, staff had no formal training or a defined process for conducting projects. CCHD received an Accreditation Support Initiative (ASI) grant from NACCHO to support QI training and plan development. CCHD identified additional funds through the PHEP Program to support QI training opportunities. CCHD contracted with Public Health Foundation (PHF) to provide a series of training for management and key staff. The first training for the Management Team, Quality Culture Assessment and Planning, took place over two days in March 2017 and focused on defining the gaps in the quality culture, identifying priority areas, and leading change. The second training, QI Basics with Project Launch, will take place over two days in June 2017 and provide the Management Team and selected staff an overview of QI tools, support further development of QI capacity, and formally launch multiple QI projects. As part of the contract, PHF provides remote support and coaching following each training.

The Management Team currently fulfills the roles and responsibilities of the Q-Team until additional staff training is complete and a mixed staff and management Q-Team can be established. The Management Team is continuing to grow their core knowledge of QI concepts, tools, and application. Awareness of QI has increased throughout the department, but there is limited understanding of the formal QI process and impact of integrating QI tools and practices into day-to-day department operations. The Q-Team will be established in July 2017 and will be comprised of a mix of management and staff.

The Management Team has determined, in comparing CCHD's current status of QI with the *Roadmap to a Culture of Quality Improvement*, (NACCHO, 2012), that the agency is in Phase 3 which is defined as:

**Phase 3: Informal or Ad Hoc QI** Executives and seniors leaders may value QI, but expectations are not consistently communicated to staff. Because some financial and human resources are dedicated to QI, a few staff have the knowledge, skills, abilities, resources, and support to lead small QI projects. Staff meet informally to solve problems and innovate, but opportunities for peer sharing are limited. Typically one or two staff are responsible for QI and performance management activities. While some performance data is collected, monitored, and shared, it is not used consistently for decision making. Staff may view QI as a passing fad or added responsibility.

CCHD desires to reach Phase 6 which is defined as:

**Phase 6: QI Culture** Executives and senior leaders fully embrace quality and ensure the sustainability of the culture by maintaining necessary resources. Leadership turnover has minimal negative impact on the organizational culture. Performance management and QI are fully embedded into the way business is done at the individual, team, and

organization levels. The use of formal and informal QI tools and methods to solve problems and create improvements is second nature to employees. Performance data drives all decision making across the organization. The organization is regarded as quality-driven and innovative. Employees are granted autonomy to fulfill their QI responsibilities. Staff understands how they contribute to the organization's overall mission, vision, and strategic plan.

Over the next three years, the Management Team and Q-Team would like to increase the number of QI champions in the organization and encourage all staff to embrace a culture of quality. The Q-Team will be formally established and serve as the experts and leaders for QI. The Q-Team plans to provide opportunities for additional staff across the department to participate in QI training and actively participate in QI projects. The Q-Team plans to systematically align QI projects to the agency strategic plan utilizing a standard project request form and evaluation criteria. The Q-Team will support the completion of, at minimum, two small QI projects and one big QI project per year.

## *Links to Other Agency Plans*

The strategic priorities set forth in CCHD's Strategic Plan in conjunction with the Community Health Improvement Plan and Community Health Assessment provide a framework and direction for the activities of the QI Plan, which is a component of the overall performance management system. QI projects may be driven from objectives and strategies within the Strategic Plan and the Community Health Improvement Plan. Data within the Community Health Assessment may also drive agency or community QI projects.

## *Quality Improvement Management, Roles, & Responsibilities*

The CCHD Q-Team will consist of a manager and two staff from each bureau (BASS, ENV, PHS) and PopHealth, in addition to the department's QI lead. All thirteen members are voting members. The Q-Team will meet at a minimum of monthly and may meet more often as the group deems necessary to carry out the tasks of the QI plan.

New Q-Team members will serve a two year term, with an option to opt out after the first year. The first Q-Team will maintain half of the initial membership for three years so the term limits will be staggered, to ensure consistency on the team. Members of the team are selected on a volunteer basis; employees interested in serving on the Q-Team may submit an interest form to be considered for the next available vacancy. The interest form requires that the interested person discuss the opportunity with their supervisor will be reviewed and approved by the Q-Team. Requests for new Q-Team membership will be provided to all new employees during orientation and annually to all employees. If there are not sufficient volunteers for representation from each bureau, the Q-Team will work with the management team to identify and nominate new members. Current Q-Team members may be reelected to a position at the end of their term if they would like to continue and no other candidates are interested in serving on the committee. Membership terms aim to balance continuity of operations and retention of institutional knowledge with allowing others to get involved and promote diverse, agency-wide representation. All council members will be required to attend a minimum of 9 meetings per year, unless there are extenuating circumstances and the Q-Team waives this requirement for an individual.

The committee strives for consensus on all decisions but agrees to abide by majority vote in absence of consensus.

The responsibilities of the Q-Team include:

- Champion QI efforts throughout agency
- Revise/update the QI Plan annually
- Make recommendations for QI Projects based on identified priority areas and data available in the Strategic Plan, Community Health Improvement Plan, Community Health Assessment, or other internal processes or systems that could benefit from being addressed as a QI Project
- Monitor QI projects, act to solve problems, review recommendations from QI projects for feasibility and assist in implementing quality improvements
- Identify opportunities and methods to communicate with all staff about QI

The responsibilities of the QI lead include:

- Convene and facilitate Q-Team meetings
- Ensure communication and coordination between the Director, Management Team, and Q-Team
- Identifying additional resources to support CQI
- Identify and/or create resources to support Q-Team activities: Q-Team membership, QI project identification/recommendation, QI project selection, QI project tracking, and QI project reporting

The responsibilities of the Management Team include:

- Provide leadership for department vision, mission, strategic plan and direction related to QI efforts
- Assure and support staff participation in QI activities and projects
- Include QI as a recurring agenda item for program/bureau/department meetings
- Assure all staff has access to resources to carry out QI projects and training
- Advocate for a culture of QI to staff and partners through communications
- Promote a CQI environment (learning environment) for the department
- Apply QI principles and tools to daily work

The responsibilities of the QI Project Teams include:

- Actively lead and advance the QI project
- Report progress to the Q-Team monthly
- Provide documentation/summary of QI project to share/communicate across the department (storyboard, etc.)

The responsibilities of all staff include:

- Participate in the work of QI projects
- Develop an understanding of basic QI principles and tools through QI training
- Work with colleagues and supervisor to identify opportunities/projects for improvement, suggest improvement actions to address identified opportunities/projects
- Apply QI principles and tools to daily work

# Quality Improvement Process

CCHD uses the Plan, Do, Check, Act (PDCA) methodology for QI efforts. CCHD has several copies of the Public Health Foundation Public Health Quality Improvement Encyclopedia available for staff and team use in working through QI projects.

The four phases in the Plan-Do-Check-Act Cycle involve:

- Plan: Identifying and analyzing the problem.
- Do: Developing and testing a potential solution.
- Check: Measuring how effective the test solution was, and analyzing whether it could be improved in any way.
- Act: Implementing the improved solution fully.

There can be any number of iterations of the phases, as the solutions are refined, retested, re-refined and retested again.

## Step 1: Plan

First, identify your exact problem. Useful tools include Affinity Diagrams, Brainstorming, Cause and Effect Diagrams, Root Cause Analysis, and other data collection tools that can help identify the root of the problem. Once this is done, it may be appropriate to map the process. The final part of planning involves gathering additional information to start sketching out solutions.

## Step 2: Do

This phase involves several activities:

- Generate possible solutions.
- Select the best of these solutions.
- Implement a pilot project on a small scale basis.

The Public Health Foundation Public Health Quality Improvement Encyclopedia has several tools that can be used to assist in generating ideas. "Do" means try or test; it does not mean implement fully. Full implementation happens in the "Act" phase.

## Step 3: Check

In this phase, measure how effective the pilot solution has been, and gather any information from it that could make it better. Depending on the success of the pilot, the number of areas for improvement identified, and the scope of the whole initiative, the phases may be repeated multiple times, incorporating additional improvements.

## Step 4: Act

This phase is full implementation. However, the PDCA Cycle doesn't necessarily stop there. Other areas of improvement may need to be identified in the same process and the PDCA cycle repeated.



# Quality Goals & Projects

## Introduction

CCHD aims to foster a culture of QI throughout the department by achieving the goals outlined in this section. The plan will be reviewed and goals will be updated annually by the Q-Team with input from the Management Team.

This section also describes the process for QI project identification, selection, prioritization, and selection of team members. A brief description of the projects is included. Additional information about current and past projects may be obtained from members of the Q-Team and past story boards will be stored in the S: drive.

## Quality Goals

Goal	Timeframe	Measure	Lead
All current employees complete basic QI training (online or in-person)	December 31, 2018	Documentation of training	Q-Team Management Team
All new employees complete basic QI training (online or in-person)	Annually	Documentation of training	Q-Team Management Team
Orientation checklist includes introduction to QI and requires QI online training	December 31, 2017	Orientation Checklist	Q-Team Management Team
Annually, review and update QI Plan	Annually	Plan revision documented	Q-Team
Every bureau uses QI tools as part of program assessment and evaluation efforts	Annually	Efforts summarized in program/bureau meeting minutes	Management Team Q-Team
Annually, support a minimum of two small QI projects	Annually	Team documentation; storyboards	Q-Team QI Project Teams
Annually, support a minimum of one big QI project	Annually	Team documentation; storyboards	Q-Team Management Team QI Project Teams
Present QI projects at Annual Celebration	Annually	Presentations conducted	Q-Team QI Project Team Leads

## Project Selection

Potential projects are selected by the Q-Team. Projects should align with CCHD's mission, vision, values, strategic plan, and/or community health improvement plan. Priority will be based on the number of projects received, alignment agency plans, feasibility of the project, complexity of the project, available resources for the project, availability of data for the project and the potential internal and external impact the project may have. Additional consideration will be taken in regards to one project coming from a program area (non-clinical) and one coming from the administration area



to meet PHAB documentation requirements. Sources of potential projects include internal and external customer feedback, program evaluations, after-action reviews, performance as related to PHAB standards and measures, the Chester County Roadmap to Health CHA and CHIP, the CCHD Strategic Plan, audit or compliance issues, or project recommendations from the Board of Health.

Any staff member may recommend a project to the Q-Team for consideration at any time using the QI Project Recommendation Form. Additionally, project recommendations may be made by the County Health Director, Management Team, and Q-Team.

Recommendations or requests for QI project team members can be made on the QI Project Recommendation Form; however, the Q-Team has the authority to recommend/appoint members to the teams to ensure diverse perspectives, subject matter expertise, and that resources are available to ensure team success. Teams will consist of three to seven members. At least one Q-Team member will be assigned to each project; additional members may be utilized as needed.

# *Monitoring & Evaluating*

## *Introduction*

This section describes the evaluation and monitoring for the QI Plan and projects.

## *QI Plan*

This QI Plan will be reviewed and evaluated by the Q-Team by October of each year. Evaluation will occur at a regularly scheduled meeting with discussion around:

- Effectiveness of meetings
- Effectiveness of the QI plan in overseeing quality projects and integration within the agency
- Clarity of the QI plan and its associated documents
- Lessons learned
- Progress toward and/achievement of goals as outlined in the goals, objectives and implementation section
- Review of QI project team evaluations

Meeting minutes will document the evaluation process and note any agreed upon changes. Goals will be revised and corrective actions and revisions will be made after this annual review.

## *QI Projects & Teams*

QI project teams will provide project progress reports to the Q-Team at each meeting. All teams will develop and submit project summary at the conclusion of the project and present on the projects at an Annual Celebration. Within one meeting of a project's finalization, all team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcome, lessons learned, and to seek suggestions for overall agency QI efforts.

# Training

## *Introduction*

CCHD has incorporated QI training goals and objectives within the agency WDP. The WDP includes goals, objectives, training descriptions, target audience, competencies addressed, resources/sources of training, and training schedules.

## *Training & Support*

In 2016, CCHD received an Accreditation Support Initiative (ASI) grant from NACCHO to support QI training and plan development. CCHD identified additional funds through the PHEP Program to support QI training opportunities. CCHD contracted with Public Health Foundation (PHF) to provide a series of training for management and key staff. The first training for the Management Team, Quality Culture Assessment and Planning, took place over two days in March 2017 and focused on defining the gaps in the quality culture, identifying priority areas, and leading change. The second training, QI Basics with Project Launch, will take place over two days in June 2017 and provide the Management Team and key staff an overview of QI tools, support further development of QI capacity, and formally launch multiple QI projects. As part of the contract, PHF provides remote support and coaching following the trainings.

CCHD realizes the need for all staff to be trained in CQI. All current staff will be required to complete "[CQI for Public Health: The Fundamentals](#)" by the end of 2018. In addition, all new staff will be complete "[CQI for Public Health: The Fundamentals](#)" as part of their orientation requirements.

All Q-Team members must also complete "[CQI for Public Health: The Fundamentals](#)", unless they have already completed more advanced QI training.

A review of QI concepts will be included in program/bureau/department meetings annually.



# Communication

## *Introduction*

In order to support quality improvement as a business norm, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public. This section describes how quality and quality initiatives are shared.

## *Quality Sharing*

### **All CCHD Employees**

QI Projects will be presented at an Annual Celebration. QI Teams will present their story boards/summaries and include lessons learned. All QI documentation will be maintained on the S: drive. Project updates will be featured on WebCC. Additionally, staff will be briefed about QI projects at quarterly All Hands Meetings. QI project updates will also be included in regularly scheduled program, bureau, and department meetings.

### **Management Team**

The Management Team will receive quarterly updates on QI projects during regularly scheduled meetings.

### **Board of Health**

Board of Health members will receive an annual update on quality initiatives.

### **Public**

Project descriptions and results will be included in the annual report to the public.

### **Other**

In addition to these regularly occurring communications, the Q-Team will seek avenues to share quality initiatives with other community partners and state and national audiences as appropriate.

# Appendix A: Project Submission Form



QI Project Recommendation Form  
Chester County Health Department

1. Describe the proposed QI project or idea:

2. What would you like to improve?

3. What is the desired result? How will you know a change is successful?

4. What kind of improvement(s) will result? (select all that apply)

- Enhanced employee performance
- Improved teamwork and communications
- Improved use of resources
- Improved working conditions and employee morale
- Increased efficiency
- Improved quality of services
- Increased safety
- Reduced cost
- Reduced waste
- Satisfied customers/stakeholders
- Other (please specify)

5. Do you have information/evidence/data available to support the work on this topic?

- Yes
- No

If yes, please describe:

1



6. Who will benefit? (select all that apply)

- Program
- Public
- Staff
- Other (please specify)

7. What resources and support do you think may be needed to complete the project?

8. Who should be on this QI project team?

9. Please provide your full name so the Q-Team can follow up with any questions.



# Chester County Health Department

*"PROTECTING YOU AND YOUR ENVIRONMENT"*

## **COMMISSIONERS**

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