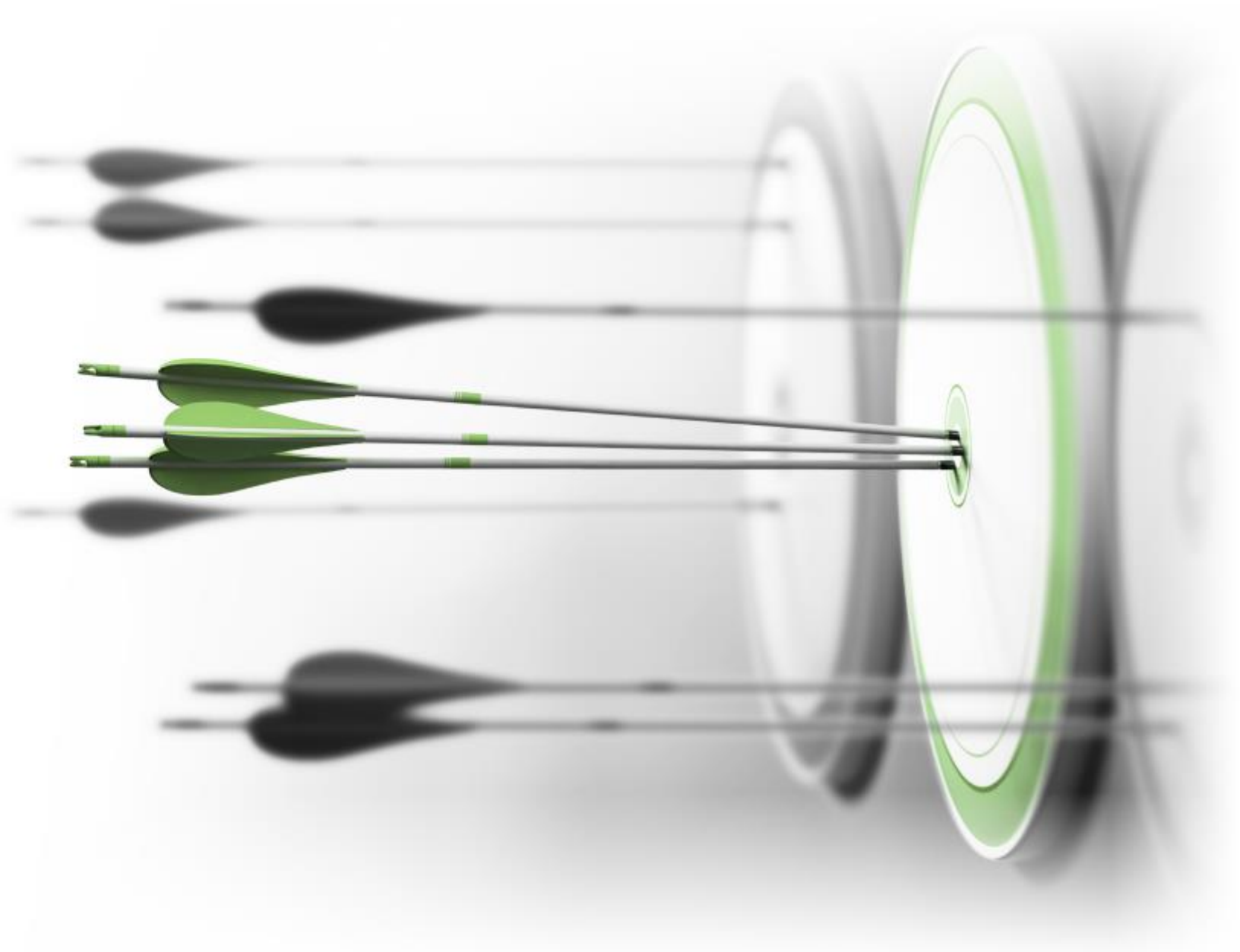




Public Health

# QUALITY IMPROVEMENT PLAN 2024-2025



# Introduction

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The San Bernardino County Department of Public Health (DPH) is committed to being a performance-based organization by defining clear goals and objectives in all programs. Leaders and staff at all levels strive to create a culture in which quality is a shared value and quality improvement (QI) activities are actively pursued and supported. On October 4, 2022, DPH released the QI Plan for Fiscal Year (FY) 2022-2023 with goals and objectives to help regain momentum that was reduced during the COVID-19 pandemic response. Goals were aimed at strengthening the culture of quality within DPH and further developing the DPH QI program infrastructure.

## FY 2022-2023 Accomplishments

- 22 staff were trained as QI Champions and an additional 10 staff received QI Champion training in FY 2023-2024.
- Two projects using QI tools were completed by QI Champions in 2023.
- Over 200 staff completed Plan-Do-Study-Act (PDSA) training.
- Train-the-Trainer resources were developed to build capacity by training Performance Management Committee (PMC) members how to deliver the PDSA training to others.
- The PDSA submission process was revised in January 2023. Since then, 41 PDSAs have been submitted by programs throughout the DPH. Completed PDSAs are now searchable and accessible via Microsoft Lists.
- Five new modular QI trainings were developed and published on the department's Learning Management System (LMS) in August 2023 and are now available on-demand.

## ASSESSMENT OF CULTURE OF QUALITY

The National Association of County and City Health Officials (NACCHO) Organizational Culture of Quality Self-Assessment Tool (QI SAT) is used to assess staff and leadership perceptions of an organization's culture of quality. The six phases of a quality culture as defined by NACCHO are:

- Phase 1: No Knowledge or Awareness of QI
- Phase 2: Not Involved with QI Activities
- Phase 3: Informal or Ad Hoc QI Activities
- Phase 4: Formal QI Activities Implemented in Specific Areas
- Phase 5: Formal Agency-Wide QI
- Phase 6: QI Culture

NACCHO's QI SAT also provides detailed descriptions of each of these phases and specific transition strategies that must be implemented to progress between the phases.



In January 2023, the department administered the QI SAT. 500 staff and leadership responded to the survey with scores indicating that the department is in Phase 5 (Formal Agency-Wide QI). Contrary to the survey scores, an evaluation of actual activities and transition strategies implemented indicated the department's actual culture of quality is rated between Phase 3 and 4.

- The department has progressed beyond conducting informal or ad hoc QI activities (Phase 3) and is beginning to implement formal QI activities in specific areas (Phase 4). This includes our department's work in developing an aligned performance management system.
- Many (but not all) transition strategies from Phase 3 to 4 have been implemented.
- Some transition strategies from Phase 4 to 5 have begun to be implemented.

In August 2023, the Performance Management Committee (PMC) selected the following four QI SAT transition strategies to help guide the department's efforts in fully advancing its quality culture from Phase 3 to Phase 4:

- Developing and implementing a workforce development plan to address gaps in competencies around job-related work and QI.
- Creating a performance management scorecard for select areas of the organization; including data and measures that are reliable, believable, encourage responsibility and elicit positive consequences.
- Requiring the standardization of work processes as a required output of all process improvement efforts.
- Providing the structure for all organization members to receive QI training and get involved in QI.

## PERFORMANCE MANAGEMENT SYSTEM UPDATES

In FY 2023-2024, several key components of the department's performance management system were revised including the Workforce Development Plan, Community Health Assessment, Community Health Improvement Plan, and Strategic Plan. These documents provide performance management standards that inform the development and implementation of the QI Plan. The following Workforce Development and Strategic Plan objectives have been incorporated into the QI goals in this plan:

- Workforce Development Taskforce members will be identified and trained to become QI Champions and advance a culture of quality by September 2024.
- The Workforce Development Taskforce will identify root causes for high turnover rates and develop a mitigation plan using quality improvement tools and methodologies by June 30, 2025.
- The Workforce Development Taskforce will implement mitigation plans with four staff cohorts by June 30, 2026.



# Definitions & Key Terms

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The following definitions have been adopted by the DPH to establish common Performance Management (PM) and QI terminology:

- **Aim Statement** – Describes the current status quo and what a QI project intends to accomplish. The aim statement can be considered a team charter and is used to clarify and focus the team’s direction and scope of work.
- **Executive Team** – The following DPH leadership positions: Director, Assistant Director, Health Officer, Assistant Health Officer, Chief Financial Officer, Division Chiefs, IT Deputy Chief, and Human Resource Business Partners.
- **Objective** – A target for achieving all or a portion of a goal through specific interventions. Objectives should always be assessed for the following “SMARTIE” criteria: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable.
- **Performance Management System** – Sets organizational objectives across all levels of the department; identifies indicators to measure progress toward achieving objectives on a regular basis; identifies responsibility for monitoring progress and reporting; identifies areas where achieving objectives requires focused QI processes; and includes visible leadership for ongoing PM.
- **Performance Measurement** – The process of data collection, analysis, and monitoring change over time to assess progress on specific objectives.
- **Performance Indicator** – A defined, specific criterion or metric that is tied to an objective. An indicator is usually categorized as either a measure of an outcome or a process and should be meaningful to staff involved in collecting and analysing data.
  - Outcome indicators focus on the product (or outcome) of a process or system of care or services, which can identify different or more complex underlying causes.
  - Process indicators assess the steps, activities or outputs involved in an operational function or delivery of care or services.
  - Indicators are typically described as a fraction. The denominator represents the total pool of persons or events to include – this is the bottom number of the fraction. The numerator represents when a person or event within the denominator will be counted as having met the desired result – this is the top number of the fraction. Indicators are often synonymously referred to as measures.
- **Quality** – The degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: 1.) inputs, 2.) service delivery, and 3.) outcomes, in order to continuously improve systems of care and services for individuals and populations.
- **Quality Improvement** – The use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It 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 equity and improve the health of the community.
- **Quality Improvement Tools** – A combination of templates, documents, and resources that are designed to assist with solving a defined problem. They help a team better understand a problem or process in order to develop plans, problem statements, objectives and strategies. Examples include brainstorming, fish bone (cause-and-effect) diagrams, root cause analysis, and process maps.
- **Subject Matter Expert (SME)** – An individual who can contribute significant knowledge about a program, process, or topic. SME input and participation are important to the success of QI projects.



# THE QI STRUCTURE

Performance Management is a systematic process by which an organization involves its employees in improving the effectiveness of the organization and achieving the organization’s mission and strategic goals. DPH’s PM system uses the Public Health Performance Management System Framework developed by the Turning Point Performance Management National Excellence Collaborative, which was further updated by the Public Health Foundation.

Any PM system relies on a strong QI component to ensure that action is taken to increase performance. After indicators have been determined, measures have been defined, and baseline data has been collected, QI practices can be implemented. Under the PM system, QI uses data to drive decisions that improve policies, programs, and outcomes. A QI methodology is developed to manage changes and ensure positive results while staff at all levels receive QI education and training. Together, these measures help cultivate a sustainable culture of QI.

DPH adopted the Model for Improvement framework, developed by Associates in Process Improvement, which is based on the sequential building of knowledge and is centered on three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

**PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM**



## Plan-Do-Study-Act (PDSA)

The Model for Improvement Framework uses the PDSA cycle to determine if a change is an improvement. It is a “systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process.” It is a trial-and-learning method that facilitates the implementation of small tests of change prior to large-scale implementation. Four steps are included in the cycle:

1. **Plan** (define a change) – Identifies a goal or purpose and a theory or idea. It answers the first question, “What are we trying to accomplish?” The plan focuses on a small-scale change and defines success metrics.
2. **Do** (try it out) – Implements the components of the Plan step and tests the proposed change.
3. **Study** (observe the results) – Analyzes results of the Do step to identify signs of progress, success or, problems and answers the second question, “How will we know that a change is an improvement?” It examines what worked and what did not.
4. **Act** (refine the change as necessary) – Applies what was learned during the entire cycle and answers the third question, “What changes can we make that will result in improvement?” It determines if the Plan requires adjustments or if the original theory should be discarded altogether.



The completion of each PDSA cycle leads directly into the start of another as part of a continuous cycle of QI. More opportunities for learning emerge with each cycle conducted. PDSA cycles are used by DPH either as small-scale standalone improvement activities or to support larger, structured QI projects.

The phrase “Think Big, Start Small, and Grow” defines the department’s approach to QI. When evaluating potential changes that will have a positive impact on the community, it is important to remember that change happens incrementally. By breaking down a large project into smaller, manageable pieces, there is a greater chance for success. “Starting small” means change can happen with one staff member, one process, or small teams.



## QI Support and Oversight

QI efforts receive full support from executive leadership, management, supervisors, and staff throughout the department.

The PMC and the QI Coordinator provide additional support through oversight of QI activities and guidance on QI to DPH leaders and staff. Staff from all levels of the department play a role in QI and have assigned responsibilities for ensuring success. The following table outlines staff responsibilities.

Staff	Responsibility
Executive Team	<ul style="list-style-type: none"> <li>Provides direction for the PM system and implementation of the QI Plan</li> <li>Allocates resources for PM and QI</li> <li>Approves departmental performance indicators and QI projects</li> <li>Monitors departmental performance</li> </ul>
All staff	<ul style="list-style-type: none"> <li>Completes QI training</li> <li>Incorporates QI into duties and assignments</li> <li>Participates in QI activities</li> <li>Conducts and reports on PDSA cycles</li> </ul>
PMC	<ul style="list-style-type: none"> <li>Provides input into the development and revision of the QI Plan</li> <li>Provides input and feedback on the implementation of QI</li> <li>Makes recommendations to the executive team</li> <li>Reviews the progress of QI projects and provides feedback to project teams</li> <li>Ensures QI efforts are in alignment with the following: Countywide Vision, Community Health Improvement Plan, DPH Strategic Plan, and the Public Health Accreditation Board (PHAB) Standards and Measures</li> </ul>
PMC Chair	<ul style="list-style-type: none"> <li>Oversees and develops QI activities and trainings</li> <li>Prepares all PMC meeting schedules and agendas</li> <li>Facilitates PMC meetings and trainings</li> <li>Works with QI Coordinator to ensure all PMC activities are in alignment with PHAB Standards and Measures</li> </ul>
Program leadership	<ul style="list-style-type: none"> <li>Participates in PM and QI activities</li> <li>Maintains PM as a priority and integrates QI into program objectives and operations</li> <li>Sponsors and participates in QI projects and conducts PDSA cycles</li> <li>Works with QI Champions to build a culture of QI in the program</li> </ul>
QI Champions	<ul style="list-style-type: none"> <li>Conduct QI projects</li> <li>Act as QI subject matter experts</li> <li>Provide guidance to staff in locating and using QI resources and tools</li> <li>Promote QI culture and activities with leadership and co-workers</li> </ul>
QI Coordinator	<ul style="list-style-type: none"> <li>Oversees and develops QI activities and trainings</li> <li>Identifies resources and best practices related to QI</li> <li>Ensures the QI Plan aligns with PHAB Standards and Measures</li> </ul>



## Resource Allocation

DPH allocates resources to support participation in PMC meetings, trainings, projects, and activities. Staff time and resources are allocated to support PM and QI efforts throughout the department. A full time Project Coordinator position is designated to coordinate all aspects of QI and PM in the department.

## Performance Management SharePoint Site and the Learning Management System (LMS)

Staff can easily access trainings, tools, and publications as well as review completed QI projects and PDSA cycles on the [DPH Performance Management SharePoint Site](#). The site provides a means to connect with QI Champions who are qualified to educate staff on QI principles and consult on QI activities. The [County's LMS](#) offers on-demand training on QI topics.

# QI Learning Opportunities

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DPH will encourage and support a culture of quality through the following learning opportunities:

Training Audience	Training Level	Training Content and Frequency
New staff	Introductory	LMS training module "Introduction to Quality Improvement" must be completed upon hire.
Supervisors	Introductory	Required LMS training for supervisors to create awareness regarding the PM System and QI, the role of QI Champions, and the value in participating in QI activities.
QI Champions	Introductory	Orientation is conducted annually to new QI Champions for their role in creating awareness, promoting a QI culture, and providing subject matter expertise.
All staff	Intermediate	On demand LMS training modules: <ul style="list-style-type: none"><li>• Introduction to Quality Improvement</li><li>• Process Mapping</li><li>• Problem Identification</li><li>• Root Cause Analysis</li><li>• Solution Development</li><li>• Solution Selection</li></ul>
QI Champions/ Project teams	Advanced	Training is conducted before the initiation of each QI project to prepare the teams to launch their QI projects, develop aim statements, and learn QI tools.





# Identifying, Prioritizing, and Initiating QI Projects and Efforts

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Ideas for QI projects are identified through monitoring data from the performance management system dashboard and through suggestions from staff and leadership.

## Identifying and Prioritizing QI Projects

The PMC reviews progress and data regarding Strategic Plan objectives and discusses opportunities to improve performance.

- The Strategic Plan Coordinator will provide a report on objective progress and this data will be used for PMC to guide decision-making and help facilitate continuous quality improvement.
- The PMC will invite Strategic Plan objective owners to attend meetings to discuss questions and provide additional information.
- Members will measure the level of impact that potential QI projects might have as well as evaluating the feasibility and control the department may have over the implementation.
- QI Champion training addresses establishing SMARTIE objectives for PMC members to identify the aim of the projects and provide measures/indicators.
- The Health Equity program will evaluate QI project ideas and provide input and recommendations to ensure inclusion and equitable standards.
- PMC members will prioritize and submit recommendations for department-level QI projects to the DPH Executive Team through the PMC's executive advisor.

Additional ideas for QI projects may also be submitted by staff via online Spark surveys or through their chain of command to the Division Chief, who will review project proposals for approval.

## Initiating QI Projects

After QI projects have been identified and prioritized, the projects will be initiated and coordinated by the QI Coordinator and PMC.

- The PMC will select QI project teams and coordinate training on the following items to complete selected QI Projects.
  - Their roles as QI Champions within the department.
  - How to plan, implement, and evaluate a QI project.
- QI project teams will:
  - Complete a project aim statement (team charter), develop measures and indicators, and complete a Project Action Plan and Data Collection Plan.
  - Complete PDSA cycles to test potential solutions and collect data on outcomes.
  - Develop and deliver a presentation to the PMC and executive leadership.



# Goals & Objectives

The goals and objectives for the QI Plan are focused on advancing the culture of quality, supporting QI related objectives from the Workforce Development (WFD) and Strategic Plans, and using performance data to drive QI projects and initiatives.

Goal 1: Support QI Related WFD and Strategic Plan goals		
Objectives	Responsible Party	Indicator
<b>Objective 1.1:</b> Provide QI Champion training to all Workforce Development Taskforce members by September 30, 2024.	QI Coordinator, PMC	Workforce Development Taskforce members trained
<b>Objective 1.2:</b> Provide guidance and support to all Workforce Development Taskforce on QI tools and methodologies for the development of a mitigation plan to address high turnover rates by June 30, 2025.	QI Coordinator, PMC	Aim statements, project documentation
<b>Objective 1.3:</b> Provide guidance to all Workforce Development Taskforce on implementation of mitigation plans by June 30, 2026.	QI Coordinator, PMC	Mitigation plans
Goal 2: Using Performance Data to Identify QI Needs		
<b>Objective 2.1:</b> Performance data on Strategic Plan objectives will be reviewed monthly for QI opportunities.	PMC	PMC meeting minutes
<b>Objective 2.2:</b> Identify and coordinate two QI projects with QI Champions using Strategic Plan performance data by June 30, 2025.	QI Coordinator, PMC, QI Champions	Number of completed QI projects



Goal 3: Advancing the Culture of Quality at DPH		
<b>Objective 3.1:</b> Review NACCHO QI SAT transition phases in relation current department activities to determine progress in advancing a Culture of Quality by May 31, 2025.	QI Coordinator and PMC	PMC meeting minutes
<b>Objective 3.2:</b> Review the 2022-2025 WFD and make recommendations for revisions to address gaps in competencies around job-related work and QI by May 31, 2025.	QI Coordinator and PMC	PMC meeting minutes
<b>Objective 3.3:</b> Conduct a study and analysis on the department's ability to provide all staff with QI training and opportunities to get involved in QI. Make recommendations for next steps by December 31, 2024.	QI Coordinator and PMC	PMC meeting minutes
<b>Objective 3.4:</b> Identify areas of the organization that would benefit from a performance management scorecard (including data and measures that are reliable, believable, encourage responsibility, and elicit positive consequences) by December 31, 2025.	QI Coordinator, PMC, Division Chiefs, Executive leadership	Executive recommendation
<b>Objective 3.5</b> Create a performance management scorecard for identified areas of the organization by March 31, 2025.	QI Coordinator, PMC, Division Chiefs	Performance management scorecard



# Measuring Implementation of the QI Plan

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Regular measurement and monitoring of QI Plan goal implementation is critical to assessing the effectiveness of QI efforts. The PMC has responsibility for ensuring these goals are implemented in FY 2024-2025.

- Measurement of progress will be according to the stated goal indicators and timeframes.
- The QI Coordinator will provide a monthly status update on goals at the PMC meetings and as needed, when feedback is required.
- The PMC will review the status update and coordinate with the QI Coordinator and executive advisor as needed to mitigate any issues and support implementation.
- QI Project results and outcomes are shared via the Performance Management Smartsheet dashboard.

## QI Communication Strategies

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The PMC will ensure QI-related efforts are communicated to staff and external stakeholders as follows:

- The QI Plan will be disseminated to all DPH staff via email and will be published on the DPH website.
- The executive advisor will provide updates as needed to the DPH executive leadership team.
- PDSAs are available for review by all DPH staff using this [link](#).
- QI project teams will develop and deliver a presentation on the conclusion of respective QI projects to program leadership and share with staff via the [PM SharePoint site](#).
- Innovative programs and QI efforts will be highlighted to external stakeholders and the San Bernardino County Board of Supervisors through submissions for National Association of Counties (NACo) and the California State Association of Counties (CSAC) awards.



# Performance Management Committee Charter

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**Mission and vision** Our mission is to empower and equip staff with the tools and knowledge necessary to achieve organizational excellence and sustain a culture of quality.

We envision a workforce that actively fosters a culture of performance management (PM) and quality improvement (QI) throughout all aspects of the department.

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**Purpose** An advisory committee is vital to coordinating and guiding the Department of Public Health’s (DPH) PM and QI activities. The DPH Performance Management Committee (PMC) works closely with DPH’s leadership and staff to implement the DPH PM system, review performance, and propose/implement QI projects based on data/performance.

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**Functions** The PMC performs the following functions:

- Provides input into the development of department and division plans to ensure alignment, including:
  - Countywide Vision,
  - Community Health Improvement Plan,
  - DPH Strategic Plan,
  - DPH Workforce Development Plan, and
  - Public Health Accreditation Board’s (PHAB) Standards and Measures.
- Identifies potential projects for National Association of Counties (NACo) and the California State Association of Counties (CSAC) awards.
- Reviews data for department, division, and program level plans.
- Proposes/implements quality improvement projects based on data/performance.
- Provides input into the QI Plan.
- Provides input into QI training.

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## Structure

The PMC is comprised of no more than 25 staff that reflect DPH's diverse workforce and disciplines. Committee members nominate and elect a Chair and a Communications Coordinator in June of each year. The Chair and Communications Coordinator will meet frequently with the DPH QI Coordinator.

- The PMC meets at least six times annually. Meetings are scheduled for 90 minutes and will start on time. Minutes are approved at the subsequent meeting.
- Supporting materials are posted on the PM SharePoint site and are available to all DPH staff.
- Sub-committees may be formed as necessary. A PMC member must chair a sub-committee.
- Virtual attendance will be accommodated for staff teleworking, etc.

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## Membership

Membership is evaluated each May by the committee to ensure division representation, regular attendance, and the ability to fulfill the members' roles and responsibilities. If the committee does not appropriately represent all divisions or defined roles are not filled, the Chair will discuss with the QI Coordinator to initiate recruitment efforts through the executive team. Members will identify an alternate that is approved by program leadership to serve as a proxy in the member's absence.

The committee submits a recommended membership roster for the following fiscal year for executive approval each June. Additional review of membership may occur as necessary. Members commit to serve for at least one year. There are no term limits.

Members are selected based on the following criteria:

- Approval from DPH program and executive leadership.
- Capacity to regularly attend meetings and fulfill defined roles and responsibilities.
- Commitment to QI throughout the department.
- Willingness and ability to complete training and become a QI leader.
- Positive interpersonal and analytical skills necessary to provide constructive feedback and support to others in their QI efforts.

General membership responsibilities may include:

- Attending and actively participating in PMC meetings and activities.
  - Providing input and feedback on the implementation of PM and QI.
  - Serving as a liaison with their respective divisions and programs.
  - Becoming PM and QI subject matter experts.
  - Facilitating collaboration and training.
  - Mentoring and supporting others in their PM and QI efforts.
  - Sending an alternate representative if unable to attend a meeting.
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**Membership roles**

The PMC selects members to fill specific roles to ensure the committee is functioning efficiently. All others are general members. The DPH executive team approves selections for these roles and may directly appoint individuals to the committee. Members who fill roles may be required to report on activities.

<b>Role</b>	<b>Responsibility</b>
Chair (elected)	<ul style="list-style-type: none"><li>• Plans and facilitate PMC meetings</li><li>• Meets with the QI Coordinator to oversee the PM system and QI efforts</li></ul>
Communications Coordinator (elected)	<ul style="list-style-type: none"><li>• Develops PMC messaging to distribute throughout the department</li><li>• Updates and uploads materials to the PM SharePoint site</li><li>• Maintains awareness of PMC activities and disseminates information to committee members</li></ul>
Secretary	<ul style="list-style-type: none"><li>• Coordinates meeting schedules and logistics</li><li>• Takes meeting minutes</li><li>• Prepares sign-in sheets, agendas, minutes, and other meeting materials</li><li>• Orders supplies, provides support to team members</li></ul>
General member	<ul style="list-style-type: none"><li>• Provides input into department and division/program level plans</li><li>• Reviews performance data for assigned divisions/programs and brings performance issues to the meeting for discussion</li><li>• Makes recommendations for QI projects and plans</li><li>• Provides assistance with QI projects and participates as appropriate</li></ul>
QI Coordinator	<ul style="list-style-type: none"><li>• Advises the PM Chair</li><li>• Prepares the draft QI Plan</li><li>• Identifies resources and best practices related to QI</li><li>• Provides guidance on PHAB requirements</li><li>• Develops QI training or coordinates with a subject matter expert</li><li>• Provides technical assistance, guidance, training, and support for QI</li><li>• Reviews, develops, and revises QI materials</li></ul>
Executive Advisor	A member of DPH executive leadership that: <ul style="list-style-type: none"><li>• Provides general guidance and direction for the committee</li><li>• Keeps executive leadership informed about PM and QI activities and progress</li><li>• Attends meetings on a quarterly basis or as needed</li></ul>



# Revision History

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June 2024	Revised. <i>Introduction, QI Learning Opportunities, Identifying Prioritizing and Initiating QI projects and Efforts, Goals and Objectives, Measuring Implementation of the QI Plan, QI Communication Strategies and Performance Management Committee Charter.</i>
October 2022	Revised. <i>Introduction, Definitions, Structure and Goals and Objectives. Added QI Learning Opportunities, Identifying, Prioritizing and Initiating QI Projects and Efforts, Measuring Implementation of the QI Plan and QI Communication Strategies.</i>
June 2018	Revised. <i>Roles and Responsibilities.</i> Added and removed roles and modified responsibilities.
May 2017	Revised. <i>Performance Management Committee Charter.</i> Incorporated into Performance Management Plan.
June 2016	First version. <i>Quality Management Committee Charter.</i>

