



## When is this form required?

Please complete the Performance Improvement Support Request Form to request guidance for using performance improvement (PI) tools, specialized training, technical assistance, and consultation from the Office of the Medical Director's Quality Improvement Division (QID). The form will help QID clarify your goals and determine the type and level of support needed.

If your issue requires immediate resolution or it can likely be addressed through a brief (30 minutes or shorter) telephone call with QID staff, you may not be required to submit this form. Please contact Quan (Joseph) Truong at [qtruong@ph.lacounty.gov](mailto:qtruong@ph.lacounty.gov) or 213-989-7249 to confirm.

## What types of support can I request with this form?

You may use this form to request assistance, resources, training, and tools to help you conduct PI measurement and improvement activities, such as:

- Designing meaningful public health measures
- Using PI tools, such as the Fishbone diagram
- Updating your public health measures codebook
- Implementing a PI Project Plan using the PDSA process
- Prioritizing and selecting a project for improvement
- Designing PDSA test cycles and creating storyboards

Support resources will vary based on Program or SPA needs but may include: a telephone consult, referrals to PI training sessions, template tools, an onsite training for your PI team, or ongoing face-to-face consultation with your PI team.

## Who should complete and approve the form?

The Program's Performance Improvement Specialist should complete and submit the form, after receiving approval from the Program Director and Division Director (if required by QID). If several Programs are requesting assistance for a joint project, the Program Directors for all Programs must approve the project and the PI Specialist from the lead Program should submit the signed form.

## What steps should you take to request support?

**Step 1:** Before you submit this form, please identify your project needs, the type of support needed, and the duration of support. If you are requesting technical support to implement a Performance Improvement Project Plan, before you complete this form:

- Complete QI Training Module 1 (Training will be available on the Learning Net starting by June 2014)
- Review the LA County DPH Quality Improvement Plan (available on SharePoint website: [Performance Improvement Team/Shared Documents/LAC-DPH QI Plan](#))
- Form your project team
- Complete a Performance Improvement Project Plan (available on SharePoint website: [Performance Improvement Team/Shared Documents/PI Plan Template](#))
- Obtain approval from your Program Director and your Division Director (if required by QID)

**Step 2:** Complete the PI Support Request Form.

- To request assistance implementing a PI Project Plan, please complete the entire form, obtain your Program Director's signature and submit the form.
- For all other requests, complete Question 1, sign and submit the form.

## To whom should you submit the form?

Please email the form to [PITeam@ph.lacounty.gov](mailto:PITeam@ph.lacounty.gov). Once submitted, QID will acknowledge receipt of each form and determine the level of support, refer the Program to appropriate tools and resources, initiate support for the proposed performance improvement project, and/or refer the Program to another entity for support.

## What resources are available to help me prepare this form?

- Contact Quan (Joseph) Truong at [qtruong@ph.lacounty.gov](mailto:qtruong@ph.lacounty.gov) or 213-989-7249.
- PI Team SharePoint Website (password required): <https://sps.publichealth.lacounty.gov/sites/LAPH/PIT/default.aspx>

# Performance Improvement Support Request Form

**PI Specialist:** Please email your completed form to [PITeam@ph.lacounty.gov](mailto:PITeam@ph.lacounty.gov)

## Program Contact Information

<b>Program Name:</b>		<b>Date:</b>	
<b>PI Specialist's Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Phone #:</b>	
<b>Program Director Name:</b>			

**Other Programs:** If you are requesting support to implement a joint Performance Improvement Project Plan, please list the names of each Public Health Program or SPA that will be involved in implementing the project.

## Type of Assistance Requested

1. What type of assistance or support are you requesting? (Please check all that apply.)

- A. Help selecting measures and/or targets for your public health measures  
[Please attach your approved public health measures set.](#)
- B. Help updating your public health measures codebook  
[Please attach your approved codebook.](#)
- C. Help prioritizing and selecting a project for improvement  
[Please attach your approved public health measures set.](#)
- D. Designing a Performance Improvement (PI) Project Plan  
[What Program issue\(s\) will the requested support help you address? \(e.g., low response rate to surveys, not meeting caseload requirements, decline in screening rates, etc.\)](#)

- E. Guidance on how to use the following PI tools (Please check all that apply.)
  - AIM Statement
  - Root Cause Analysis (RCA)/ Fishbone Diagram
  - Flowchart
  - PDSA Cycle
  - Process Map
  - Storyboard
  - Prioritization
  - Other, please specify: \_\_\_\_\_
- F. Assistance implementing a PI Project Plan using the rapid cycle PSDA process  
[Please attach your Performance Improvement Project Plan.](#)

## If you checked:

- [Responses A-E:](#) please sign below and submit this form. You are not required to complete Questions 2-6.
- [Response F:](#) please sign below, complete Questions 2-6, obtain your Program Director's signature, and submit this form.

## PI SPECIALIST SIGNATURE

I have read the Los Angeles County Department of Public Health's Quality Improvement Plan.

Lead Program PI Specialist: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

# Performance Improvement Support Request Form

**Questions 2-6 and Program Director signatures are only required if you are requesting assistance implementing a PI Project Plan.**

- 2. What is the goal or aim of the PI Project Plan that you would like to implement?** (e.g., to recruit 30 new providers to participate in the California Immunization Registry by January 1, 2014).

- 3. Please identify the types of activities that you would like assistance with for your PI Project Plan.** (Please check all that apply.)

- A. Developing an aim statement
- B. Forming a project team
- C. Identifying population indicators and/or performance measures to be tracked for your project
- D. Designing your project data collection system
- E. Selecting PI activities to implement and test
- F. Designing PDSA cycles
- G. Preparing your project storyboard
- H. Other, please specify: \_\_\_\_\_

- 4. How would you characterize your Program's readiness to implement your proposed PI Project Plan?**

- A. We are considering how to address the issue and gathering support for a project, but we do not have a concrete plan. We anticipate >6 months to prepare.
- B. We have a plan for the PI project but need more time to prepare team members, protocols, and resources. We anticipate 2-6 months to prepare.
- C. We have our plan, team, protocols, and resources. We are ready to implement within the next month.
- D. We are currently implementing the project.

- 5. How challenging do you expect the implementation of your PI Project Plan to be?**

- A. Very challenging
- B. Somewhat challenging
- C. Neutral
- D. Somewhat easy
- E. Very easy

- 6. Have you attached your PI Project Plan for this project?**

- A. Yes
- B. No

If "No", please explain why you have not attached your PI Project Plan.

# Performance Improvement Support Request Form

**Program Director signatures are only required if you are requesting assistance implementing a PI Project Plan.**

## Lead Program or SPA Approval

I support this performance improvement project and the staff time needed for completion.

Lead Program Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

## Additional Approvals for Projects Involving More than One Program or SPA

I support this performance improvement project and the staff time needed for completion.

**1. Program Name:** \_\_\_\_\_

Program Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**2. Program Name:** \_\_\_\_\_

Program Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**3. Program Name:** \_\_\_\_\_

Program Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**4. Program Name:** \_\_\_\_\_

Program Director: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**FOR OFFICE OF MEDICAL DIRECTOR USE ONLY**

Date Reviewed by Performance Improvement Coordinating Council: \_\_\_\_\_

## Level of Support

Specialized P.I. Training       Tech. Assistance (1-2 days)       Tech. Assistance (2-4 weeks)

P.I. (PDSA) Project (6-12 months)       Refer to: \_\_\_\_\_