

**County of Los Angeles**  
**Department of Public Health**  
**Fifth Annual Quality Improvement Summit**



**Quality Improvement Awards**



# A Look back to Anno 2016



- Program with the most timely data submission (PH Measure update; Spring, Report Card and Fall Data collection)
- Program with the highest percent of staff who took the Introduction to QI Module
- Program with the highest percent of “Met the Target” and “Some Improvement” indicator & measures results
- Program with the most QI Projects within one year
- QI Oscar Statue for Program with most innovative QI Project



Program with the most timely data submission  
(PH Measure update; Spring, Report Card and  
Fall Data collection)

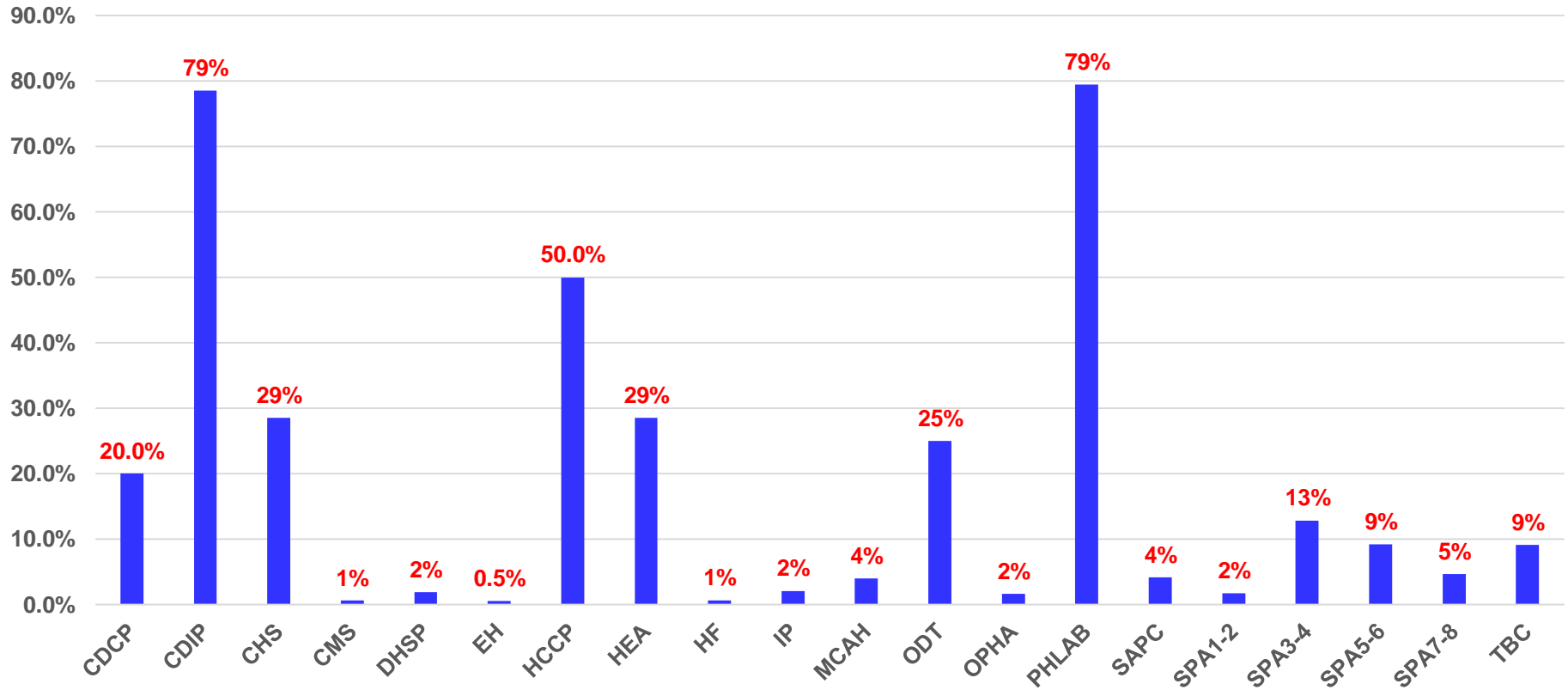
**Golden Medal will be awarded to:  
Health Facilities (HF)**

Silver Medal: Acute Communicable Disease Control (ACDC)

**Bronze Medal: Public Health Laboratory (PHLAB)**



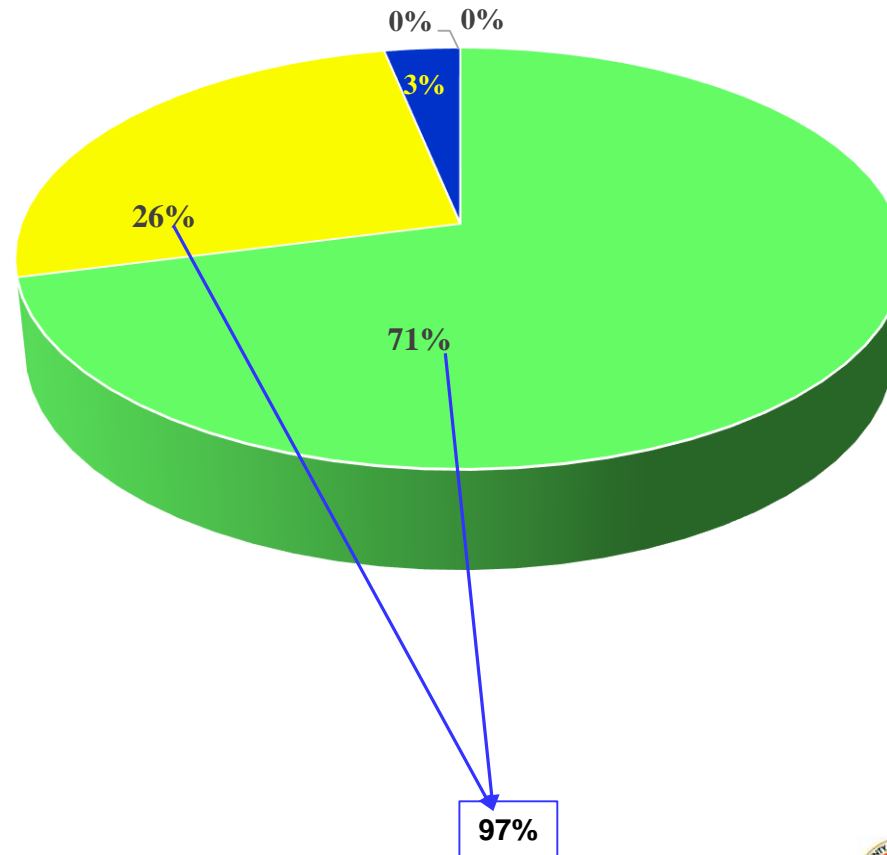
# Program with Highest Percentage taking the Introduction to QI Module



Denominator = 3,755 (Number of staff reported by program in the Report Card FY 2015-2016)



# Program with the highest percent of “Met the Target” & “Some Improvement” Performance Measure Results



Note: Programs eligible if have 10 or more performance measures.



# Program with the most QI Projects within one year

## QUALITY IMPROVEMENT STORY BOARD



PROGRAM NAME: Health Facilities Inspection Division  
Completion of Immediate Jeopardy (IJ) complaint investigations for long-term care facilities within 90 days of receipt.

PROJECT TITLE: Strategic Priority 2 - Preventive Health Care  
Strategic Priority 5 - Public Health Protection

DPH STRATEGIC GOAL/OBJ.: July 1, 2016 through December 31, 2016

PROJECT TIMELINE: Monica Austin  
Monica.Austin@cdph.ca.gov

QI SPECIALIST: 626) 430-5601

EMAIL/PHONE NUMBER:

# Health Facilities and SPA 5&6

## PERFORMANCE IMPROVEMENT STORY BOARD



PROGRAM NAME: SPA 6/PHI Administration  
Timeliness of PHI TB Investigations

PROJECT TITLE: DPH Strategy 2; Obj. 2.1.d & 2.4.d  
DPH Strategy 5; Obj.5.1.d  
DPH Strategy 6; Obj.6.2.c

DPH STRATEGIC GOAL/OBJ.: 10/1/2015 – 12/31/15

PROJECT TIMELINE: Dr. Condesa Curley & Patel Adams  
ccurley@ph.lacounty.gov / (323) 568-8703  
paadams@ph.lacounty.gov / (323) 890-7801

PI SPECIALIST:

EMAIL/PHONE NUMBER:

## PERFORMANCE IMPROVEMENT STORY BOARD



PROGRAM NAME: Health Facilities Inspection Division (HFID)  
Recertification surveys for Skilled Nursing Facilities  
Goal 5.1: Improve effectiveness in preventing and controlling infectious disease.

PROJECT TITLE: Obj.5.1.a Provide continuing education and share best practices to increase capacity to effectively prevent and control infectious diseases.  
Obj.5.1.b Streamline internal disease reporting and follow-up processes to ensure timely and high quality management of disease cases and contact investigations.

DPH STRATEGIC GOAL/OBJ.: January 1 through April 1, 2016

PROJECT TIMELINE: Monica Austin  
Monica.Austin@cdph.ca.gov;  
maustin@ph.lacounty.gov

PI SPECIALIST:

EMAIL/PHONE NUMBER:

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### PLAN

Identify an opportunity and Plan for Improvement

**1. Getting Started**  
A new Agreement between the California Department of Public Health (CDPH) and Los Angeles County Department of Public Health (DPH) became effective on July 1, 2015 through June 30, 2018 which required DPH-HFID to conduct a total of 304 recertification surveys for Skilled Nursing Facilities (SNF) for Year 1 of the contract, which ends on June 30, 2016. HFID was non-compliant in this area in the previous contract which ended on June 30, 2015, and selected this project for the opportunity to test

2015 through June 30, 2016), HFID will fall below the required goal of completing 304 surveys for the entire year (71 multiplied by 4 quarters = 284). While HFID management established performance goals, close monitoring of workload completion was not done in the previous contract which ended on June 30, 2015.

- 4. Identify Potential Solutions**
- Close monitoring (daily and weekly reports) of work completion.
  - Requiring HFENs to access federal forms and doing write-ups on their laptops so that they do not have to return to the office.
  - Once business was field effective,

### DO

Test the Theory for Improvement

**6. Test the Theory**  
The improvement theories worked, as shown by the positive results.

### CHECK

Use Data to Study Results of the Test

**7. Check the Results**  
By December 31, 2015, HFID completed a total of 167 SNF recertification surveys. In January 2016, 31 SNF recertification surveys were conducted; 25 in February 2016, and 27 in March 2016. For a

### PLAN

Identify an opportunity and Plan for Improvement

#### 1. Getting Started

PHI Administration's charge is to ensure workforce competency for all PHIs by maintaining a skilled, competent and empowered workforce. SPA 6 Administration's charge is to ensure comprehensive patient care by providing case management, and other services necessary to manage clients with infectious disease. Together we plan to improve upon PHIs TB investigative timelines for TB case closures within 14 days. By improving the TB investigative PHI practices, we will see more positive outcomes for patient follow up within 14 days of assignment. Currently, the baseline data for the PHI TB 14 day closure rate is 65%. The data was obtained by a tool that was developed to capture closure information from 9/2015 to

problem which enhanced our ability to focus on areas we had the ability to change.



#### 4. Identify Potential Solutions

- Revise the PHI TB Algorithm for timely investigative actions.
- Common level of understanding between (clinicians/nursing/PHI) with issues of non-compliance.
- Better understanding of case routing protocols.
- Weekly & monthly review of open TB cases at chalk talks.
- One-on-One PHI Mentorino.

### DO

Test the Theory for Improvement

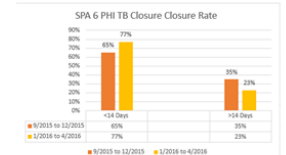
#### 6. Test the Theory

"PDSA cycles every four (4) months with review of PHI tracking sheets (peer-to-peer and SPHI). Review with PHI at monthly Chalk Talks and brainstorm using fishbone diagram each PDSA cycle until goal is reached.

### CHECK

Use Data to Study Results of the Test

#### 7. Results



### ACT



# Program with most innovative QI Project



# Criteria Used to Evaluate Innovative Projects

- ✓ Health outcome improvement
- ✓ Utilization of tools in QI Tool Box
- ✓ Involving untraditional partnerships
- ✓ “Outside of the box” strategies used

Each criteria is 20 points if fully met; 10 points if partially met; and 0 point if not met.







This award goes to **DHSP**



# Last but not least!



# A special award to a well-known person of the QI team

- ✓ She joined the QI Team in fall 2013 and then a year later took on a new role to get the documentation for the DPH Accreditation application.
- ✓ She put her “all” into this quest with her dedication, hard work, and collaborative skills, which payed off in late 2015 when she and Cindy submitted our application to the PHAB.
- ✓ Then 10 months later the PHAB knocked on our door and paid DPH a visit for two days, which flowed smoothly. **Thanks to her unbefore-known superb event planning skills.**



Ladies and gentlemen, the Queue High  
Achievement Award Goes to:

Donna Sze...!!!





Thank you very much for your support and collaboration over 12 years.

We will continue to take the road and build our relationship towards new quality improvement activities in 2017.

