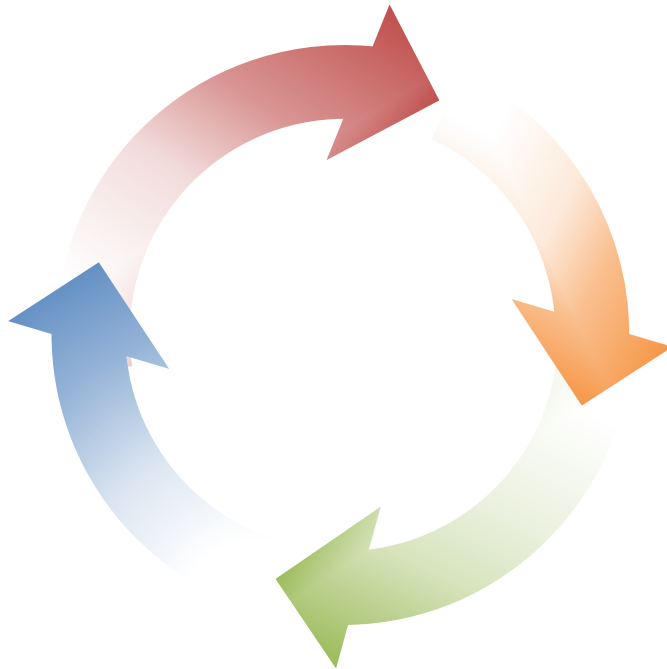


Los Angeles County Department of Public Health

# Quality Improvement Plan

2024



Revised 2/26/24



Updates to the DPH Quality Improvement Plan

<b>Revision Date</b>	<b>Update</b>	<b>Page #s</b>	<b>Approved by</b>
9/11/18	QI measures and text updated to incorporate RBA	8 & 9	Karen Swanson
12/18/18	QIAP Performance Measure results added	11-12	Karen Swanson
1/5/19	Updated role of QI Specialists	5 & 17	Karen Swanson
1/5/19	Lean/Six Sigma Training added	10 & 11	Karen Swanson
12/15/19	Roadmap to a Culture of Quality Improvement	12 & 13	Karen Swanson
11/15/2021	QIAP Performance Measure results updated	14	
6/2023	Removed Lean/Six Sigma Training	6	Karen Swanson
11/2023	QIAP Performance Measure results updated	14	Karen Swanson
12/29/2023	Revised Training Section	6	Karen Swanson
2/26/24	Quality Management System & Calendar Updated	7-10, 19	Karen Swanson

# Table of Contents

Section I: Purpose .....	4
Section II: Overview of Quality .....	4
Section III: QI Governance Structure .....	4
A. Organization Structure.....	4
B. Roles and Responsibilities.....	5
Section IV: Staff Training and Resources .....	6
A. New Staff .....	6
B. Current Staff .....	6
C. QI Team.....	6
D. QI Support .....	6
E. Tools and Resources .....	7
Section V: DPH Quality Management System and Activities .....	7
A. Quality Management System Overview.....	7
B. Description of QI Activities .....	8
C. Culture of Quality Improvement .....	11
Section VI: LAC DPH QI Goals and Objectives .....	14
QI Public Health Measures.....	14
Section VII: Communication Strategies .....	14
Section VIII: QI Plan Evaluation.....	14
Section IX: Definitions.....	15
Section X: References.....	16
Section XI: Appendices .....	17
Appendix A: QI Team Charter .....	17
Appendix B: QI Annual Calendar.....	19

# Los Angeles County Department of Public Health Quality Improvement Plan

## Section I: Purpose

The purpose of the Los Angeles County Department of Public Health (LAC DPH) Quality Improvement Plan is to provide guidance for LAC DPH's Quality Improvement (QI) efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor the Department's progress towards QI goals.

## Section II: Overview of Quality

Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the Department is based on science and the best available evidence (worthy); is linked with the health outcomes that are most important to the agency and the communities served (work); and is performed in an acceptable manner, often defined by specific standards (well-done).

LAC DPH has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. Thus, implementation of a Quality Improvement culture throughout LAC DPH will contribute to the Department's overall goal to protect and improve the health of the population. Our vision for the future state of quality is "A Department that utilizes continuous quality improvement at all levels to achieve healthy people in healthy communities."

## Section III: QI Governance Structure

### A. Organization Structure

#### 1. Quality Improvement & Accreditation Program (QIAP)

The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department. QIAP provides oversight, coordination, training, technical assistance, and data management for all LAC DPH programs.

#### 2. Quality Improvement (QI) Team

The QI Team was established to assist QIAP in managing QI efforts across LAC DPH. The QI Team is made up of representatives (QI Specialists) from programs or divisions and meets bi-monthly to implement the department-wide Quality Management System. (See Appendix A for the QI Team Charter.)

## B. Roles and Responsibilities

### 1. Director of Public Health and the Department's Executive Team

- a. Provide leadership to achieve the LAC DPH's vision, mission, strategic plan, and direction related to QI efforts.
- b. Promote and support a culture of QI in LAC DPH.
- c. Promote and support QI efforts and initiatives.

### 2. Quality Improvement & Accreditation Program

- a. Provide direction for QI efforts throughout the Department, including the facilitation of a Department-wide QI Team to coordinate QI efforts and the implementation of the Quality Management System.
- b. Oversee the development and implementation of the QI Plan.
- c. Provide training, consultation, and technical assistance for QI efforts.
- d. Ensure communication of QI activities and QI project results to the Executive Team and Director of Public Health.
- e. Promote and support a culture of QI in LAC DPH.

### 3. Division and Program Directors

- a. Support the implementation of QI projects:
  - Identify QI specialists to lead QI projects within the divisions or programs.
  - Assist in identifying resources for QI projects and public health measures for tracking.
  - Analyze Clear Impact Scorecards
  - Assure that QI projects advance the Program, Division, and Department goals, objectives, and strategic plans.
- b. Provide the QI specialists and project teams with opportunities to share their findings (e.g. DPH QI Summit, DPH Science Summit, APHA, staff meetings).
- c. Promote and support a culture of QI in LAC DPH.

### 4. Managers/Supervisors

- a. Develop an understanding of QI principles & tools.
- b. Assure and support staff participation in QI activities as needed.
- c. Promote and support a culture of QI in LAC DPH.

### 5. Quality Improvement Specialists

- a. Participate in Department-wide QI activities.
- b. Assist in the development and refinement of the program's population indicators and performance measures.
- c. Create and analyze program/division-level scorecards using Clear Impact Scorecard and identify program successes and measures/indicators in need of improvement.
- d. Lead division- or program-level QI projects.
- e. Serve as a liaison between the QI Team and their program.
- f. Advocate for QI practices and support a culture of QI in LAC DPH.

### 6. All Staff

- a. Develop an understanding of basic QI principles and tools.

- b. Become familiar with their program's public health measures.
- c. Identify program areas for improvement and suggest improvement actions to the QI Specialists.
- d. Participate in QI activities as needed.

## Section IV: Staff Training and Resources

### A. New Staff

New departmental staff will receive an orientation to QI at DPH as part of the DPH *New Employee Orientation*. During this orientation, new employees will learn basic QI terminology and principles as well as receive an overview of the Department's QI infrastructure, including their role in QI projects.

### B. Current Staff

There are links to four introductory and one intermediate QI trainings available to all staff in DPH that on the QIAP intranet website. These trainings include:

Beginning Level:

1. *Introduction to Quality Improvement in Public Health*, by the California Department of Public Health (35 minutes)
2. *An Introduction to the Model for Improvement*, by the Institute for Healthcare Improvement, (1 hour)
3. *CQI for Public Health: The Fundamentals*, by The Ohio State University College of Public Health (2 hours)
4. *The Basics of Results-Based Accountability*, LAC DPH Quality Improvement & Accreditation Program

Intermediate Level:

5. *CQI for Public Health: Tool Time*, by the Ohio State University College of Public Health (2 hours)

### C. QI Team

In addition to the educational opportunities listed above, QI team Specialists will receive ongoing specialized training in various QI methods and tools at QI Team Meetings.

### D. QI Support

QIAP provides support to programs to carry out QI activities (i.e., develop and manage public health measures as well as implement QI projects). Programs can request guidance or technical assistance. The following examples represent common support request topics: designing meaningful public health measures using Results-Based Accountability, using QI tools, updating public health measures, prioritizing, and selecting a Quality improvement project, implementing a QI project plan using the PDSA process, how to assess customer satisfaction and designing PDSA test cycles and completing storyboards.

## E. Tools and Resources

QIAP maintains a library of reference materials that are available to QI Team specialists and program staff, which are available on the QIAP intranet site:

<http://intranet/ph/PHDirector/MedicalDirectorQualityAssurance/PerformanceImprovement.htm>.

**QI Templates and forms are also posted on the DPH's Intranet site under the Quality Improvement & Accreditation Program.**

## F. Budget

QIAP's annual budget is incorporated into the budget of the Chief Science Office (CSO). The CSO annual budget is \$14,820,000. Of this, QIAP's salaries plus benefits are \$561,620. An additional \$27,000 is used to fund Clear Impact Scorecard.

# Section V: DPH Quality Management System and Activities

## A. Quality Management System Overview

In 2002, the Turning Point Performance Management National Excellence Collaborative developed a Performance Management System Framework (Figure 1). This framework serves as the basis for DPH's QI efforts and is referred to as the Quality Management System in DPH.

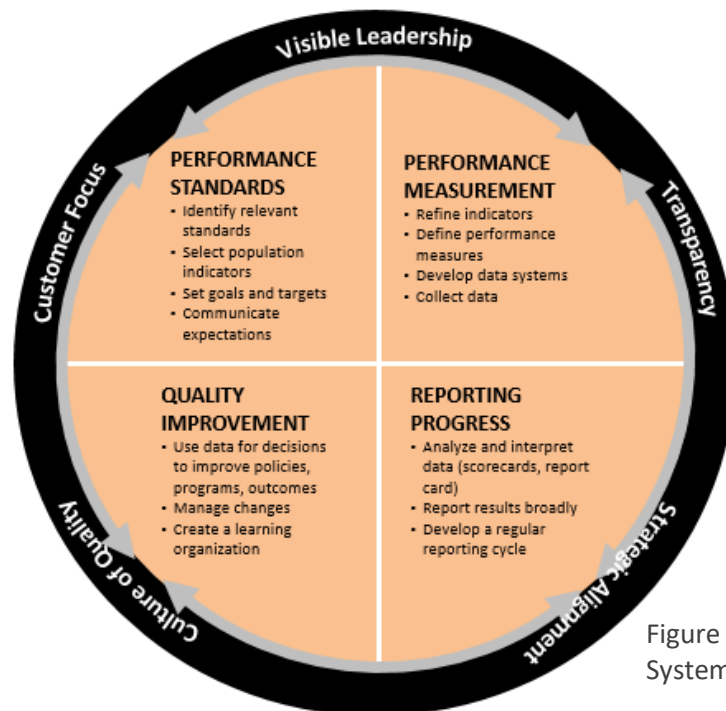


Figure 1. Performance Management System Framework

DPH's QI activities are organized by the four components of the Quality Management System (QMS).<sup>[1]</sup> Within each component, DPH follows a structure and timeframe to guide the implementation of the Department's QI efforts:

### 1) Performance Standards & 2) Performance Measurement

DPH follows the Results-Based Accountability (RBA) Framework to develop a set of Public Health Measures. These measures are reviewed and updated annually. Public Health Measures are housed and tracked through the Clear Impact Scorecard, a web-based application maintained by QIAP.

### 3) Reporting Progress

DPH programs collect data for all Public Health Measures quarterly. Scorecards are generated and analyzed by the QI Specialists and their Program Directors. This is done by applying the RBA "Turn the curve" exercise to identify root causes for the reasons behind the results and brainstorm strategies and partners who can help them turn the curve for each metric.

### 4) Quality Improvement

DPH uses the Plan-Do-Study-Act Cycle to guide QI projects as needed (an ongoing basis).

## B. Description of QI Activities



**1) Performance Standards** are organizational or system goals, standards, and targets to improve public health practices.

**2) Performance Measurement** is used to assess achievement of performance standards.

Each program or division in LAC DPH has a set of **Public Health Measures**, which includes both performance standards and performance measures.

- Public Health Measures are structured according to the **Results-Based Accountability Framework**.
- QI Specialists work with their programs to update their Public Health Measures annually.
- The Public Health Measures and data are tracked in the Clear Impact Scorecard.
- The performance metrics used to track progress in the Strategic Plan, CHIP & Workforce Development Plan will also be monitored by the Quality Management System. All public health managers will be responsible for reporting on their areas of the plan supported by their programs. Areas of improvement will be identified and referred to the Quality Improvement & Accreditation Program to determine whether a team should be assembled to conduct a QI project.



## Results-Based Accountability Framework

DPH's Public Health Measures are aligned with Mark Friedman's Results-Based Accountability (RBA) Model. Based on the RBA model, there are two categories of measures: population health and program performance. Thus, DPH's Public Health Measures includes two levels of measures: **Population Indicators** and **Performance Measures**. [2]

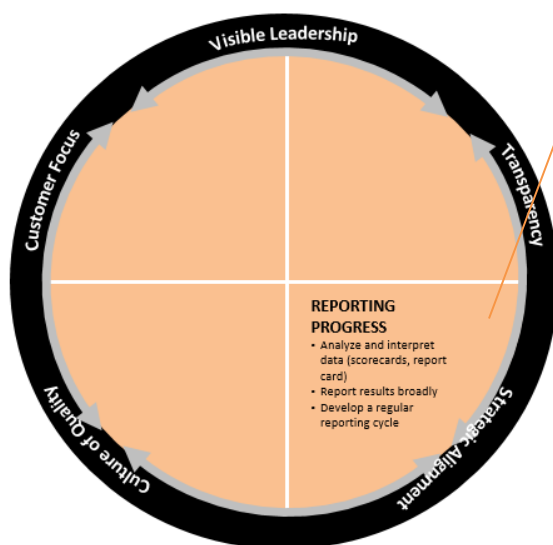
1. **Population Indicators** reflect a measurement of the population's condition or well-being. The indicators are influenced by many factors outside the direct control of our Department, thus accountability for these measures is often shared by a group of partners.
2. **Performance Measures** measure how well a program, agency or system is working. It focuses on the work performed by the agency and are collected at the program-level.

## Other Definitions

Public Health Measures also include targets and goals:

**Targets** are chosen by each program as measurement goalposts in the progress towards reaching standards. Targets are based on realistic expectations of how far a program is able to move each year or they may be based on national, state, scientific guidelines or other benchmarks.

**Goals** are identified by each program to identify a unified purpose that embodies the priorities each program will work on for that strategic planning cycle.



**3) Reporting Progress** is the documentation and reporting of results through appropriate feedback channels.

Each DPH program collects data for their Public Health Measures every quarter.

The QI Specialists enter the results into their **Scorecards** (generated through Clear Impact Scorecard<sup>®</sup>) and perform a "Turn the curve" analysis. This analysis identifies the root causes behind the results of the metrics, provides a brainstorming opportunity to identify new strategies to turn the curve, helps in identifying new partners to work with to turn the curve and

finally, specifies a specific action plan to turn the curve where strategies are prioritized based on impact and feasibility.

**4) Quality Improvement** is a process to manage improvement efforts.

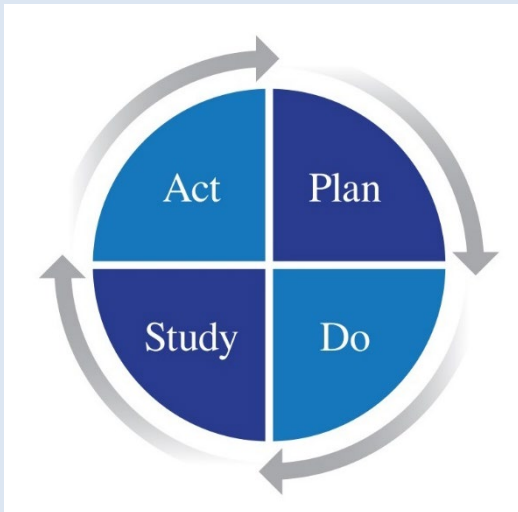
In this component, QIAP encourages programs use their scorecards to identify and prioritize QI projects to address areas or opportunities for improvement, be it to increase program effectiveness, efficiency, or customer satisfaction.

To guide QI projects, programs implement the **Plan-Do-Study-Act Cycle**, a process for testing changes that can lead to improvements (Figure 2).

During the QI Team meeting, QI Specialists present their current and final QI projects with the rest of the team. The results of QI projects are communicated through the creation of 1-page storyboard that captures each step of the projects. These storyboards are then posted on the QIAP internet and intranet website for the rest of the department, the governing entity, and the public to view. They are also exhibited at the annual QI Summit.



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



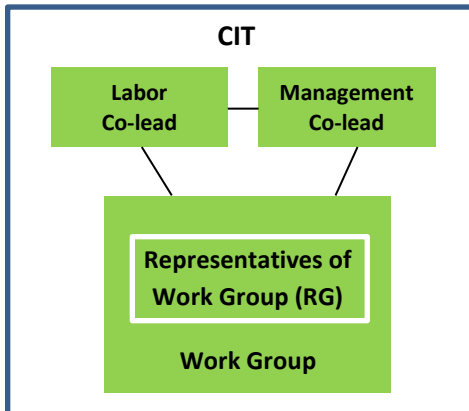
The PDSA Cycle (also known as the Deming Cycle) is a systematic process for continuous learning and improvement.

A “**Plan**” for testing changes or new strategies is developed, followed by completing the activities as planned (“**Do**”). Outcomes are monitored for signs of progress (“**Study**”) and based on what is learned, the next steps are planned (“**Act**”). These steps can be completed in a rapid cycle and repeated over and over for continuous learning and improvement. (<https://deming.org>)

All Programs within DPH are encouraged to implement rapid-cycle PDSA projects to continuously assess and improve the quality of the Department’s programs and services.

## Continuous Improvement Teams

A CIT is a team that brings frontline workers, nurses, physicians, and managers together to make program or system changes to improve day-to-day operations in the work environment. CITs strive to empower staff to help make improvements so that all clients can have a better experience. The CIT structure is based on a Labor-Management Partnership Model.



A pair of co-leads (one representing labor and one representing management) leads the CIT through a **collaborative** process where every member has a voice and an opportunity to contribute their ideas. (This CIT structure is supported by Labor and Management sponsors. A coach also supports the team's development.)

The team works together using quality and performance improvement methods and tools to set goals, establish metrics, identify problems, and make system changes, improvements, and recommendations.

The following are benefits of CITs:

- Program or system changes that will lead to a better customer experience.
- Cultural and relationship transformation – CITs give staff more opportunities to play a leadership role and contribute to changes in the workplace in a collaborative way
- Staff have opportunities to build leadership and team-building skills and quality and performance improvement expertise.

In January, 2020, there were four CITs in DPH: 2 at MLK Health Center (Business Office & STI Clinic), one at Curtis Tucker Health Center (STI Clinic) and one at Hollywood-Wilshire Health Center (STI Clinic). These CITs have made improvements in patient waiting time, access to lab results. CITs were halted during the Covid pandemic and have not restarted to date.

## C. Culture of Quality Improvement

### Customer Satisfaction Initiative

In 2018, QIAP convened a team of QI Specialists with representation from each bureau, to create a standardized customer satisfaction assessment that could be used department-wide. The result of this initiative, is the DPH Customer Satisfaction Toolkit, which is comprised of a user manual, and 4 surveys to choose from depending on the type of customer surveyed. The choice of customer is internal, external and partners/stakeholders. The external survey is also translated into Spanish. The user manual contains instructions to tailor each survey, determine survey method, how to evaluate the findings and decide whether a QI project is warranted. (Projects are encouraged if customer satisfaction ratings are less than “good” or “very good” on any single item on the survey.)

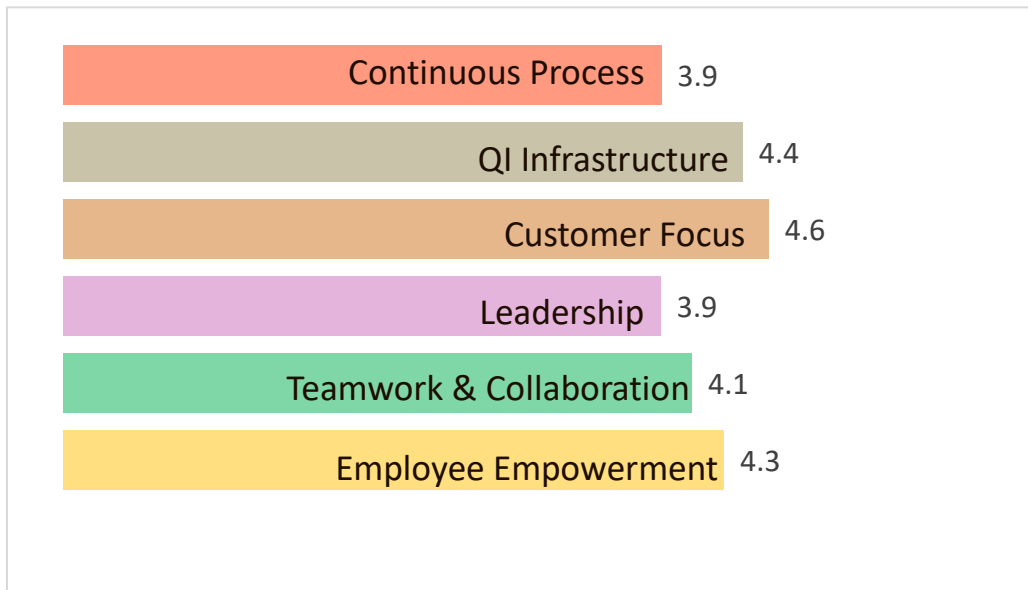
This initiative is implemented every winter by the QI Specialists. They focus on the same one to two groups of customers each year so that results can be compared over time.

### **NACCHO’s Roadmap to a Culture of Sustainable Quality Improvement**

NACCHO’s QI Culture Roadmap includes a self-assessment tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable quality improvement implementation. The QI Director took the original SAT with input from other executives in 2016, which resulted in a score of 3.3 on a scale of 0 to 6. As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move health departments’ scores from one level to the next higher level. Strategies to move from level 3 to level 4 were presented to and prioritized by the DPH Executive Working Group and the Quality Improvement Team. QIAP took this input into account when developing a set of QI goals and measures.

In 2019, the QI Specialists were surveyed using NACHHO’s new abbreviated Culture of Quality Improvement survey for staff (58% response rate) and 33% of the department executives were selected to be surveyed using a separate survey designed to assess their perspective (62% response rate). The baseline results for this new survey found the Department to be at a 4.2 level which aligns with Phase 4 on the Roadmap to a Culture of Quality Improvement. This phase means DPH has formal QI in specific areas. The following chart shows how each foundational element was scored:

### **Score by Foundational Area (Max. 6)**



Most work is needed in the Continuous Process and Leadership foundational areas, since they both scored the lowest. Proposed strategies from the NACCHO’s Roadmap for each are listed in the table below.

Foundational Area	Proposed Strategies	Action Plan
Leadership	Routinely communicates the organization’s QI vision and goals to staff	<ul style="list-style-type: none"> <li>When a QI project is done, ask that a summary of the project is included in the Director’s weekly email, or the storyboard as an attachment</li> </ul>
	Provides structure for staff to receive QI training and get involved in QI	<ul style="list-style-type: none"> <li>Add an introductory QI course to the Learning Link</li> </ul>
	Provides the resources, training and staff time to effectively run improvement activities & projects; Encourage a 5% protected time for QI Team to work on QI	<ul style="list-style-type: none"> <li>Revise the QI Specialist Charter &amp; add supervisor signature</li> </ul>
Continuous Process	Develop and document standardized work for key work processes	<ul style="list-style-type: none"> <li>After a QI project is done, have the new strategy documented as standard work</li> </ul>
	Make developing/updating standardized work a required output of all process improvement efforts	<ul style="list-style-type: none"> <li>See above</li> </ul>
Teamwork & Collaboration	Create teams that cut across programs to spur innovation	<ul style="list-style-type: none"> <li>Innovation required in Domain 9 of PHAB v2022 Standards &amp; Measures</li> </ul>
	Make more visible completed QI projects	<ul style="list-style-type: none"> <li>See first bullet point</li> </ul>
Employee Empowerment	Clearly define QI expectations of staff	<ul style="list-style-type: none"> <li>QI Specialists involve staff in QI projects that affect their work unit</li> </ul>
	Make readily available beginner and advanced-level trainings & resources to accommodate both new and experienced staff	<ul style="list-style-type: none"> <li>More beginner &amp; advanced trainings</li> </ul>
QI Infrastructure	Continue implementing Results-Based Accountability	<ul style="list-style-type: none"> <li>Develop RBA training for all staff</li> </ul>
	Standardize how performance data is used to nominate QI projects	<ul style="list-style-type: none"> <li>Devise a tool or checklist for programs to implement</li> </ul>
Customer Focus	Analyze and use data from customer surveys for improvement in services	<ul style="list-style-type: none"> <li>Update customer satisfaction analysis template</li> </ul>
	Track improvements for the entire organization	<ul style="list-style-type: none"> <li>Post QI project storyboards on QIAP intranet &amp; internet</li> </ul>
	Display visually in work areas	<ul style="list-style-type: none"> <li>Display storyboards for customers to read when they are receiving services or for the staff to read</li> </ul>

## Section VI: LAC DPH QI Goals and Objectives (updated annually)

### QIAP Public Health Measures

		2021	2022	2023	Target
<b>Performance Goal 1: Building organizational capacity to apply QI processes and tools</b>					
1-ABO	Percent of QI Specialists who learned something they could use-in the QI Team meetings	83%	98%	96%	90%
2-ABO	Percent of divisions with a scorecard	64%	73%	70%	80%
3-ABO	Percent of participants who report intention (likely or very likely) to use a QI tool they learned at the QI Summit	n/a	n/a	n/a	80%
<b>Performance Goal 2: Providing High-Quality Customer Service</b>					
4-ABO	Percent of QI Specialists who received the services or information needed	100%	100%	100%	90%

## Section VII: Communication Strategies

The following communication strategies will be implemented to ensure clear and concise internal communication about the Department’s QI Plan.

- A. Utilize existing communication venues such as the Director’s weekly email, Executive Workgroup & Program Director meetings, the Science Summit, and the annual Quality Improvement Summit to:
  1. Share findings from QI initiatives
  2. Share successes and lessons learned
  
- B. Utilize the Quality Improvement Program’s intranet website to:
  1. Post the QI Plan and revisions
  2. Post QI tools and examples of tool application
  3. Post Clear Impact Scorecards for each division
  4. Post storyboards sharing the results of implemented projects
  
- C. Utilize QI Specialists
  1. Share QI knowledge and tools with others in their program
  2. Post Clear Impact Scorecards on bulletin boards in their respective offices
  3. Post storyboards of QI Projects completed in their respective offices

## Section VIII: QI Plan Evaluation

The QI Plan and its activities’ effectiveness is evaluated by the QI Team during the December meeting of each year. This evaluation consists of determining whether proposed strategies have been effective,

and how to revise any strategies that were not.

The evaluation results of the Department's QI activities are also shared during the QI Summit in February of each year. There the QIAP Director provides an overview of the percent of programs that are utilizing Results-Based Accountability and have a scorecard. This is also presented at the division and bureau levels. Programs then present the efficiencies, effectiveness and lessons learned from the QI projects they implemented that year. Finally, the Assistant Director of QIAP shares the aggregate findings and lessons learned from the annual Customer Satisfaction Initiative.

## Section IX: Definitions

**Continuous Quality Improvement (CQI):** is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. [3]

**Plan-Do-Study-Act (PDSA):** is an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [6]

**Quality:** Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the agency is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards. [4]

**Quality Improvement (QI):** is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. [3]

**Quality Improvement Plan (QIP):** identifies specific areas of current operational performance for improvement within the agency. The QIP and the Strategic Plan can and should cross-reference one another.

**Quality Improvement Project Teams:** program-level teams, organized to carry out QI activities, namely PDSA cycles. QI Project Teams, with assistance from the Quality Improvement & Accreditation Program, are charged with developing, implementing, evaluating and reporting on formal QI projects.

**Quality Management:** the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [3]

**Quality Management System:** the continuous use of quality management practices so that they are integrated into an agency's core operations. [1]

**Quality methods:** builds on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. [3]

**Quality Tools:** are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [6]

**Strategic planning and Program planning and evaluation:** Generally, the Department's Strategic Plan and QI Plan encompass strategic planning and QI activities that occur at the level of the overall organization, while Program planning and evaluation are program-specific activities that feed into the Department's Strategic Plan and QI Plan. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. [3]

## Section X: References

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## Section XI: Appendices

### Appendix A: QI Team Charter



#### Los Angeles County Department of Public Health QI TEAM CHARTER

##### **Vision**

A public health department where: 1) Staff are empowered to identify areas of improvement and find solutions through the application of Quality Improvement tools; and 2) leaders use public health measures for decision-making.

##### **Mission**

To train & assist staff to measure and improve the implementation and impact of their program activities.

##### **Goals**

- 1) To build organizational capacity for the application of QI processes and tools
- 2) To support the implementation of QI projects
- 3) To lead DPH's efforts to obtain and maintain national public health accreditation

##### **Role of QI Program**

- Convenes and facilitates meetings for the Department-wide QI Team<sup>1</sup>
- Oversees the implementation of the department's Quality Management System
- Provides access to beginning and intermediate QI training
- Facilitates the development, implementation and revision of the Department's QI Plan
- Orients QI Specialists to the Clear Impact Scorecard utilization
- Provides consultation & technical assistance to QI Team specialists, DPH leaders and staff
- Plans and facilitates the annual DPH QI Summit

##### **Role of QI Team Specialists**

- Serve as liaisons between QI Team and their respective programs<sup>2</sup>
- Attend and participate in QI Team meetings and the annual QI Summit
- Create and analyze program/division-level scorecards using Clear Impact Scorecard and identify program successes and measures/indicators in need of improvement
- Plan, implement and report on program or division-level QI projects
- Share successes and lessons learned with other QI Team specialists
- Share QI tools learned with staff in their respective programs
- Assess customer satisfaction for 1-2 groups of customers annually
- Annually review and provide input on the DPH QI Plan

## **Role of Program Directors**

- Review and provide input on the development/revision of public health measures to be used in programmatic decision-making
- Analyze scorecards with the QI Specialist by implementing a “Turn the curve” analysis
- Allow the QI Specialist to schedule meetings with you as needed
- Include QI updates on your staff meeting agendas
- Support the QI Specialist and their team members when implementing QI projects
- Attend the annual Quality Improvement Summit

## **Time Allocation**

- QI Specialists spend at minimum 5% of their time (2 hours/week) on QI activities, more if they are the QI Specialist for more than one program (e.g., their division).

QI Team: Department-wide team consisting of representatives from DPH’s programs, divisions, or Service Planning Area offices

1. QI Team Specialists: are QI Team members; the specialists are designated quality and performance improvement experts for each of the Department’s programs.
2. Program refers to programs, divisions, or Service Planning Area offices within LAC DPH

## Appendix B: QI Annual Calendar

Activity	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Programs Implement Customer Satisfaction Surveys	x	x	x									
QI Summit*		x										
Programs Update Goals, PH Measures & Strategies			x									
QIAP Reviews & Approves Programs' Goals, PH Measures & Strategies				x								
Programs Update codebooks					x							
Programs Update Clear Impact						x						
Programs: 1) enter PH Measures Data in Clear Impact; 2) Review results with Program/Division Directors; and 3) update Scorecard narrative, if applicable	x			x			x			x		
QIAP reviews & approves Scorecards		x			x			x			x	
Performance Counts (PCI) Measures Due**								x				
Programs start QI Projects, if needed			x			x			x			x
QI Team Reviews & Updates DPH QI Plan												x