Public Health Performance Management
Centers for Excellence

2014 Quality Improvement Grantees Learning Congress

September 26, 2014

Strategic Plan Revision and Implementation

Kittitas County Public Health Department

Robin Read, Public Health Administrator

Amy Fuller, Assessment Coordinator

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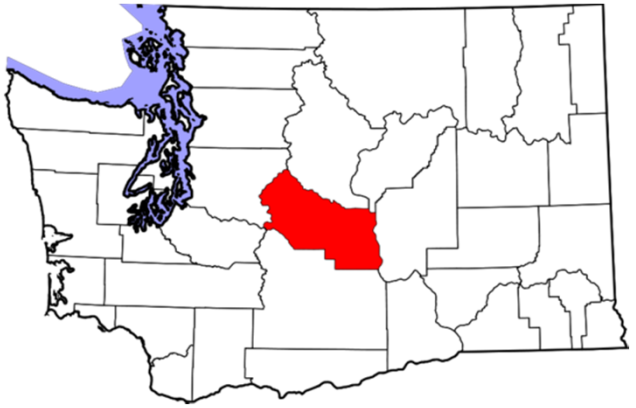
Kittitas County

- Total population:42,100
- 44% residing in unincorporated areas (vs. 37% statewide)
- 17.8 FTEs and an annual budget of 1.9 million
- 3rd QI project for CFE



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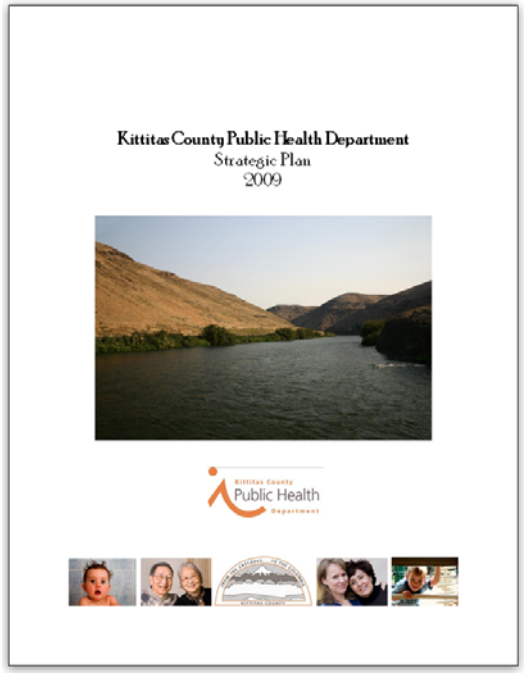
Project Team

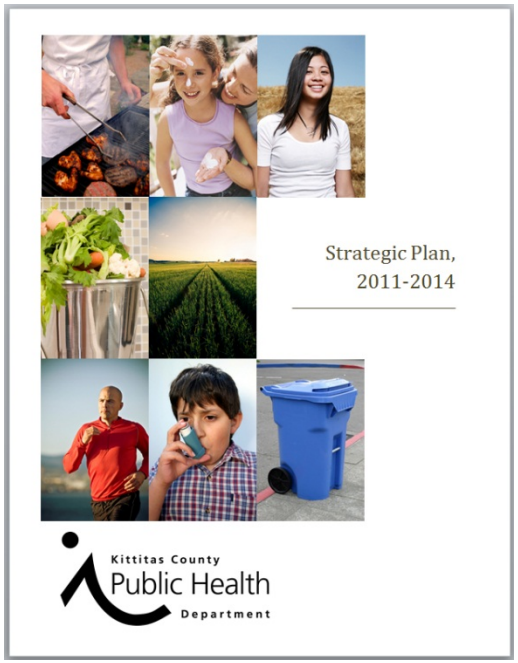
- Robin Read, Health Administrator
- Amy Fuller, Assessment Coordinator
- Dr. Mark Larson, Health Officer
- Candi Blackford, Administrative Assistant
- Liz Whitaker, Community Health Services Supervisor
- Holly Myers, Environmental Health Supervisor

Project Identification

How can we best monitor plan implementation and in turn measure the efficacy of our strategic goals? Lessons learned from the past…



2009



2011

?

2014

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AIM Statement

Our mission is to improve the effectiveness of our strategic plan through revision of department priorities and utilization of improved data collection and assessment systems in order to monitor implementation.

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Project Activities

- Determine a tool to guide the strategic planning process so that we are PHAB compliant.
- Assess the current plan for deficiencies.
- Identify QI tools to help develop new strategic plan.
- Create a measureable implementation plan.
- Develop a monitoring system that can generate progress reports.

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Project Activities

Developing a Local Health Department Strategic Plan: A How-To Guide

PUBLIC HEALTH INFRASTRUCTURE & SYSTEMS

"The guide provides a basic framework for developing a strategic plan, including the most commonly found elements in various strategic planning models as well as the components required by PHAB for a strategic plan as outlined in the PHAB Standards and Measures Version 1.0, Standard 5.3."

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

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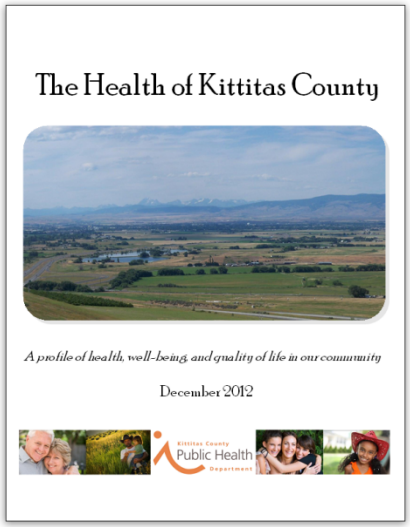

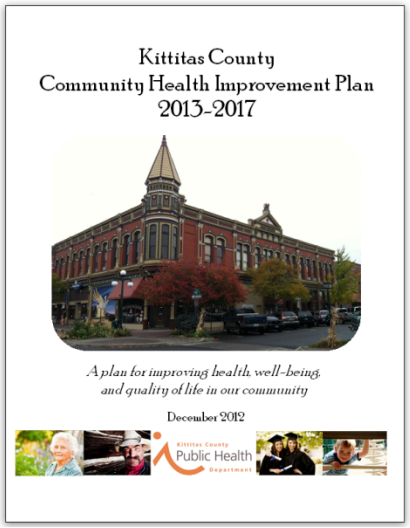

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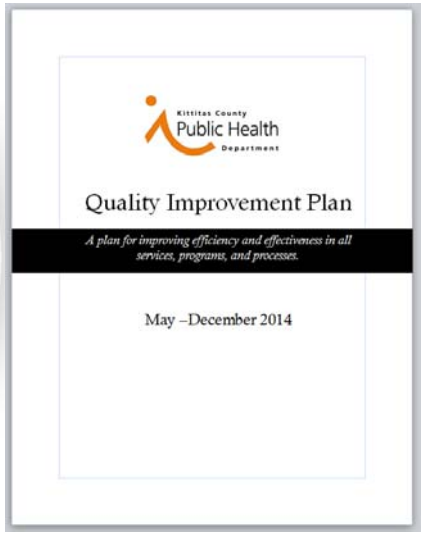

The Community Health Assessment informs all three plans.

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Project Activities

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Quality Tools – Environmental Scan

Strengths-Weaknesses-Opportunities-Threats

A SWOT analysis helped us to identify all of the elements currently in play that may be helping or hurting our department's progress.

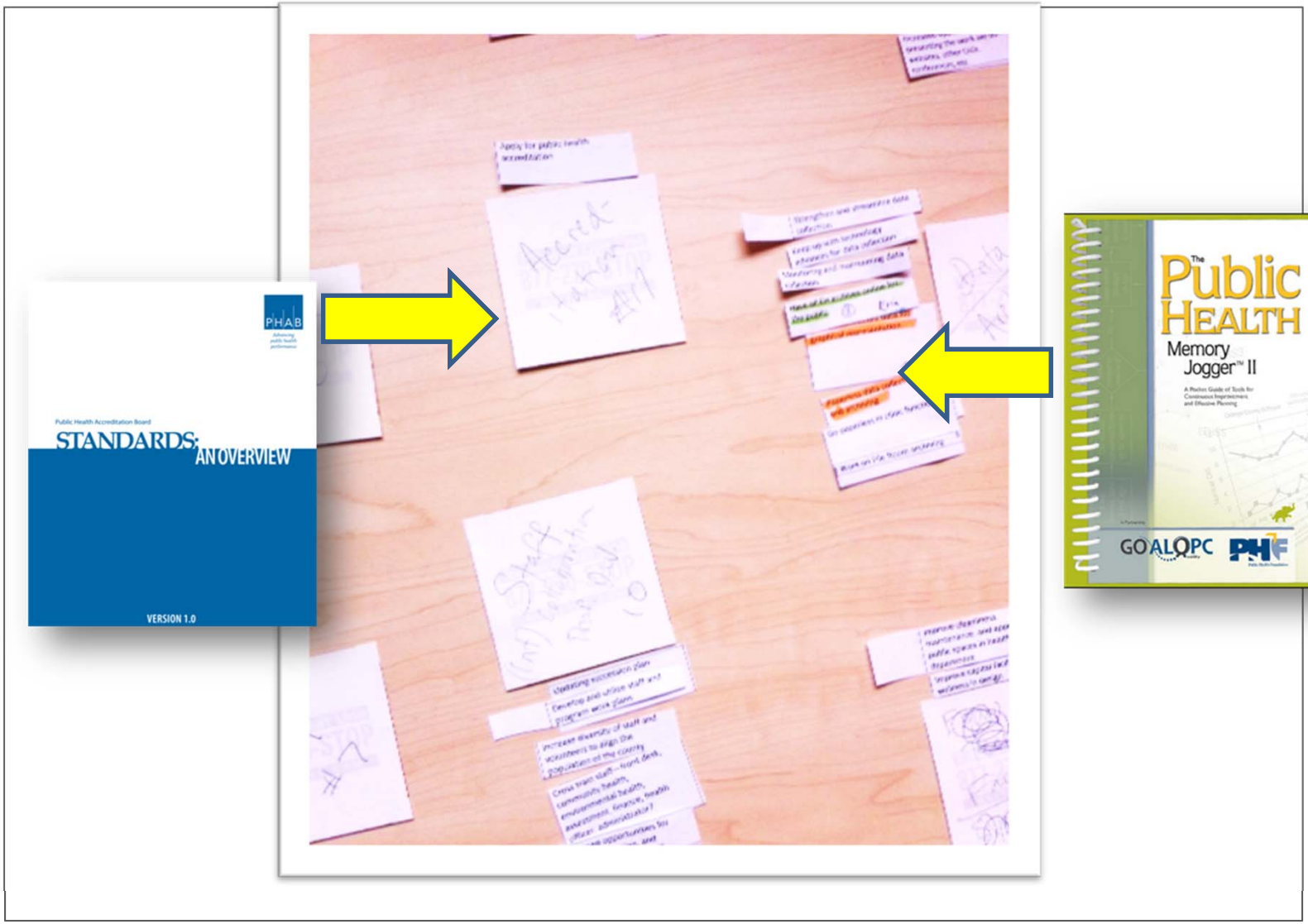
STRENGTHS 2014	OPPORTUNITIES 2014
Cross-trained Staff (+ 2 checks) Customer Service (+1 check) Respect Adaptable Fun staff (+6 checks) Wonderful Accountant (Smiley face) Strong community connection (+2 checks) Vaccine program / immunization efforts (+1 check) Inter-department collaboration / cooperation Positive attitude, strong work ethic in many staff (+1 check) Positive environment Healthy staff Supportive co-workers, Cohesive team (+2 checks) Positive energy / synergy between groups Experienced, well trained staff (+2 check) New director (Smiley face)	Community outreach – new programs (+ 2 checks) Billing insurance (+ 10 checks) Cross training (+10 checks) MOU partnerships with pharmacies (+ 1 check) Stricter policy enforcement (+ 2 checks) Expanding jurisdictional umbrella Providing links on the website to other state and local agencies (+1 check) Streamlining process, making a more efficient team Strategic planning CHMN (?) community impact New staff (+2 checks)
WEAKNESSES 2014	**THREATS/CHALLENGES 2014**
Communication gaps (+ 15 checks) Salaries (not enough) (+2 checks) Presence in the community (+3 checks) Programs start / stop (funding issues) (+2 checks) New Building (+ 4 checks) Dirty Health Department (+ 7 checks) Redundancy in data (+7 checks) Crowded work environment (+3 checks) Need to strengthen relationship with KVH and other medical providers (+3 checks) Standardized education, work, trainings (+ 3 checks) People overwhelmed Systems for performance management / QI not yet in place Government requires transparency which leads to slow processes (+ 2 checks)	Taking Credit / debit cards (+5 checks) Funding stability (+ 8 checks) More nursing services (+ 2 checks) Drama, politics, staff issues (+ 1 check) Water Slow government processes – can't respond quickly to some kinds of opportunities (+2 checks) Waiting on other departments (+ 1 check) Office space – challenge (+1 check) Staying focused on work (+1 check) Inconsistency in services (+1 check) Public still does not understand what public health is or does (+2 checks) Gross work environment

Quality Tools – Environmental Scan

Strengths-Weaknesses-Opportunities-Threats

Strengths:	Opportunities:
• Dedicated, experienced Staff • New Director • Positive work environment	• "New energy" • Community partnerships • Medicaid billing • Cross training among staff
Weaknesses:	**Threats/Challenges:**
• Communication • Inefficiency/redundancy in processes • Relationships with community health service providers	• Behind the times (technology) • Funding instability

Quality Tools: Affinity Diagrams



Quality Tools: Affinity Diagrams

10 Possible Strategic Goals…

POSSIBLE STRATEGIC GOAL # 1:
To Increase sustainability and stability of public health funding.

POSSIBLE STRATEGIC GOAL #2:
To increase community partnerships and strengthen KCPHD community presence by raising awareness of Public Health

POSSIBLE STRATEGIC GOAL #3:
To increase and strengthen existing Chronic Disease Prevention Program(s)

POSSIBLE STRATEGIC GOAL #4:
Streamline and update all policies, procedures and regulations.

POSSIBLE STRATEGIC GOAL #5:
To create a workforce development plan which addresses diversity, professional growth, and adequate qualified staffing.

POSSIBLE STRATEGIC GOAL #6:
KCPHD will become an accredited health department.

POSSIBLE STRATEGIC GOAL #7:
Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.

POSSIBLE STRATEGIC GOAL #8:
Increase and develop sustainable Community Assessment practices.

POSSIBLE STRATEGIC GOAL #9:
Streamline KCPHD data collection and management

POSSIBLE STRATEGIC GOAL #10:
Improve internal collaboration and communication between KCPHD divisions

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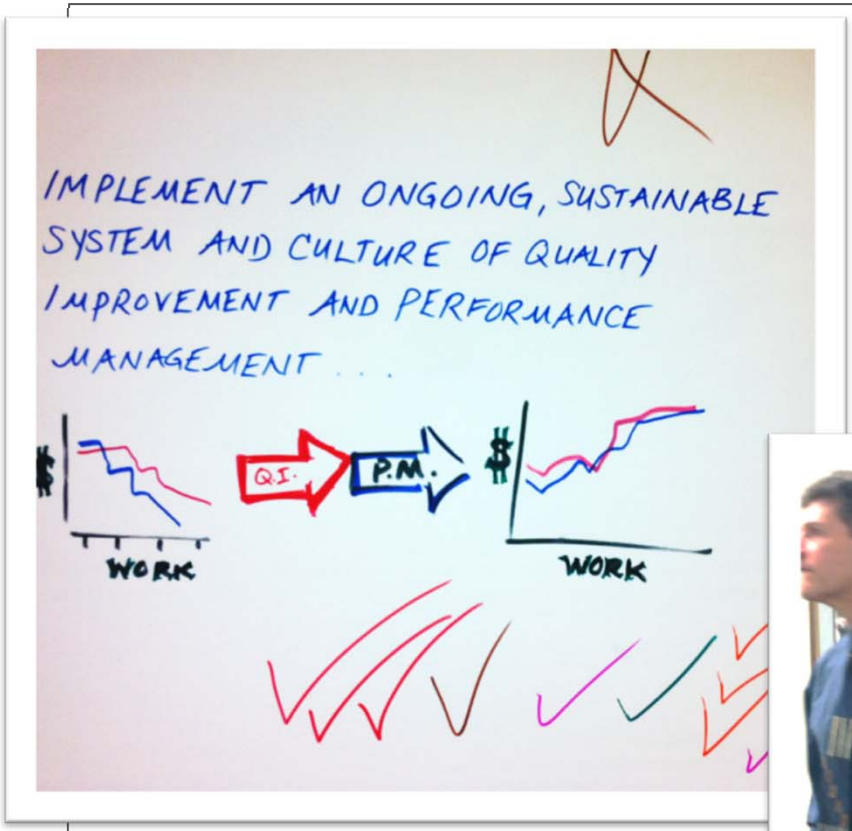
Quality Tools:Prioritization



<u>Nominal Group Technique Method:</u>
Of 10 choices posted, choose top 5.
Of those five, choose top 3.
Of those 3, choose 2.

What rises to the top?

Effective method for BOH & BOHAC due to time constraints…

Quality Tools: Prioritization

Is the left more important than the top?	TOTAL	WEIGHT
Are staff motivated to work on this goal?	2.2	9%
Will achieving this goal have a positive impact on the community?	1.4	6%
Will achieving this goal have a positive impact on our organization's success?	6.2	25%
How likely is it that we will be successful in achieving this goal? (Is it realistic, feasible, do we have the resources, skills,	15.0	60%
	24.8	

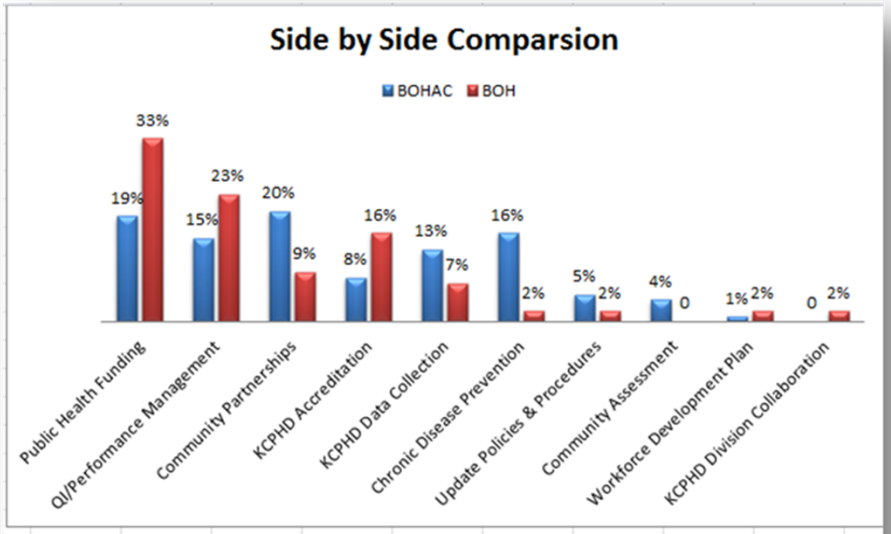
Weighted criteria prioritization matrix

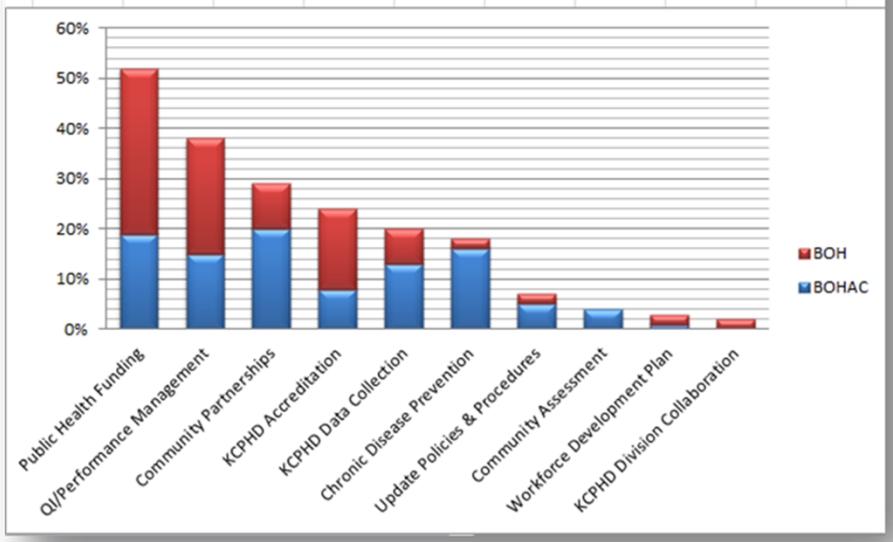
Criteria Question	Would you be motivated to work on this goal?			Will achieving this goal have a positive impact on the community?			Will achieving this goal have a positive impact on our organization's success? (Will it make us a stronger organization?)			Will we be successful in achieving this goal? (Is it realistic, feasible, do we have the resources, skills, knowledge necessary?)		
Answers	yes	sort of/ maybe	no	yes	sort of/ maybe	no	yes	sort of/ maybe	no	yes	sort of/ maybe	no
	2	1	0	2	1	0	2	1	0	2	1	0
ISSUES	IT IS OK TO USE 1/2 NUMBERS (IE 1.5, OR .5).											
	Score			Score			Score			Score		
ll become an accredited health department.												
e community partnerships and strengthen KCPHD community presence by raising awareness of Public Health												
Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.												
Streamline and update all policies, procedures and regulations.												
Increase and develop sustainable Community Assessment practices.												
To increase sustainability and stability of public health funding.												
Improve internal collaboration and communication between KCPHD divisions.												
To create a workforce development plan which addresses diversity, professional growth, and adequate qualified staffing.												
To increase and strengthen existing Chronic Disease Prevention Program(s)												
Streamline KCPHD data collection and management												

Staff defined criteria weights together, then individually answered the four criterion questions for each strategic goal…

Results: Nominal Group Technique

BOHAC and BOH results shown side by side as well as combined to demonstrate areas of agreement and difference…





Results: Staff Prioritization

Criteria Question	Would you be motivated to work on this goal?			Will achieving this goal have a positive impact on the community?			Will achieving this goal have a positive impact on our organization's success? (Will			Will we be successful in achieving this goal? (Is it realistic, feasible, do we			
Weighted Percentage	9%			6%			25%			60%			
Answers	yes 2	sort of/ mayb 1	no 0	yes 2	sort of/ mayb 1	no 0	yes 2	sort of/ mayb 1	no 0	yes 2	sort of/ mayb 1	no 0	
	IT IS OK TO USE 1/2 NUMBERS (IE 1.5, OR .5).												
STRATEGIC ISSUES	Score			Score			Score			Score			Total
KCPHD will become an **accredited** health department.	3.1			1.7			9.3			18.6			32.6
To increase **community partnerships** and strengthen KCPHD community presence by raising **awareness of Public Health**	2.8			2.2			8.0			20.1			33.1
Implement an ongoing, sustainable system and culture of **Quality Improvement and Performance Management.**	3.2			2.0			9.6			20.7			35.5
Streamline and update all **policies, procedures and regulations.**	2.0			1.2			7.9			20.1			31.2
Increase and develop sustainable **Community Assessment** practices.	2.3			1.9			8.0			17.7			29.8
To Increase sustainability and stability of **public health funding**.	2.7			2.3			9.6			15.6			30.3
Improve **internal collaboration and communication** between KCPHD divisions.	2.7			1.5			8.9			20.4			33.4
To create a **workforce development** plan which addresses diversity, professional growth, and adequate qualified staffing.	2.2			1.5			8.9			15.0			27.6
To increase and strengthen existing **Chronic Disease Prevention** Program(s)	2.3			2.2			7.3			16.8			28.5
Streamline KCPHD **data collection and management**	2.7			2.0			9.4			21.6			35.6

Page 1

Results: Priority Strategic Initiatives

#1: To implement an ongoing, sustainable system and culture of quality improvement and performance management.

#2: To increase sustainability and stability of public health funding.

#3:To increase community partnerships and awareness of public health.

#4:To become accredited through the Public Health Accreditation Board.

#5:To improve internal collaboration and communication between divisions and teams.

Project Activities

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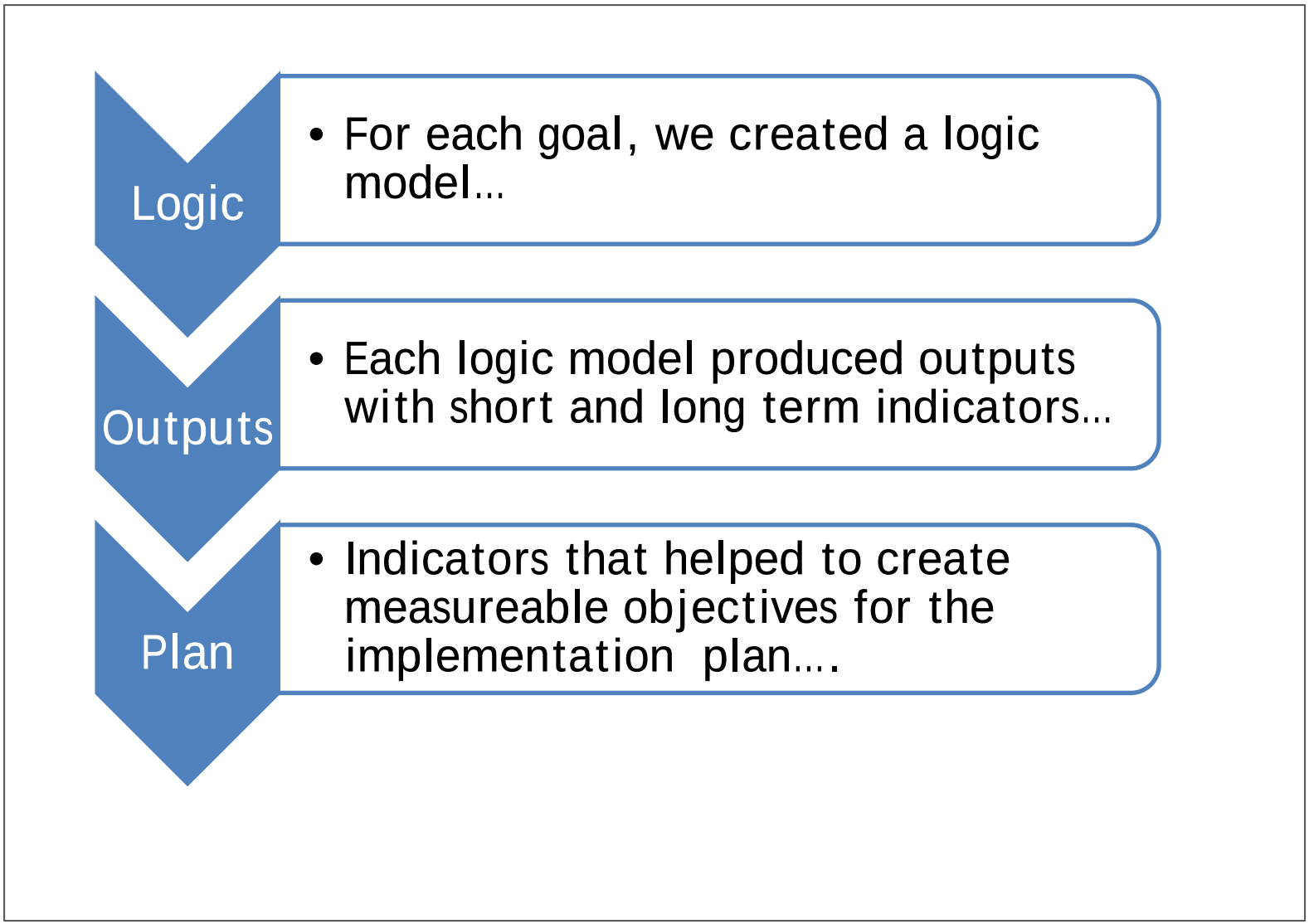
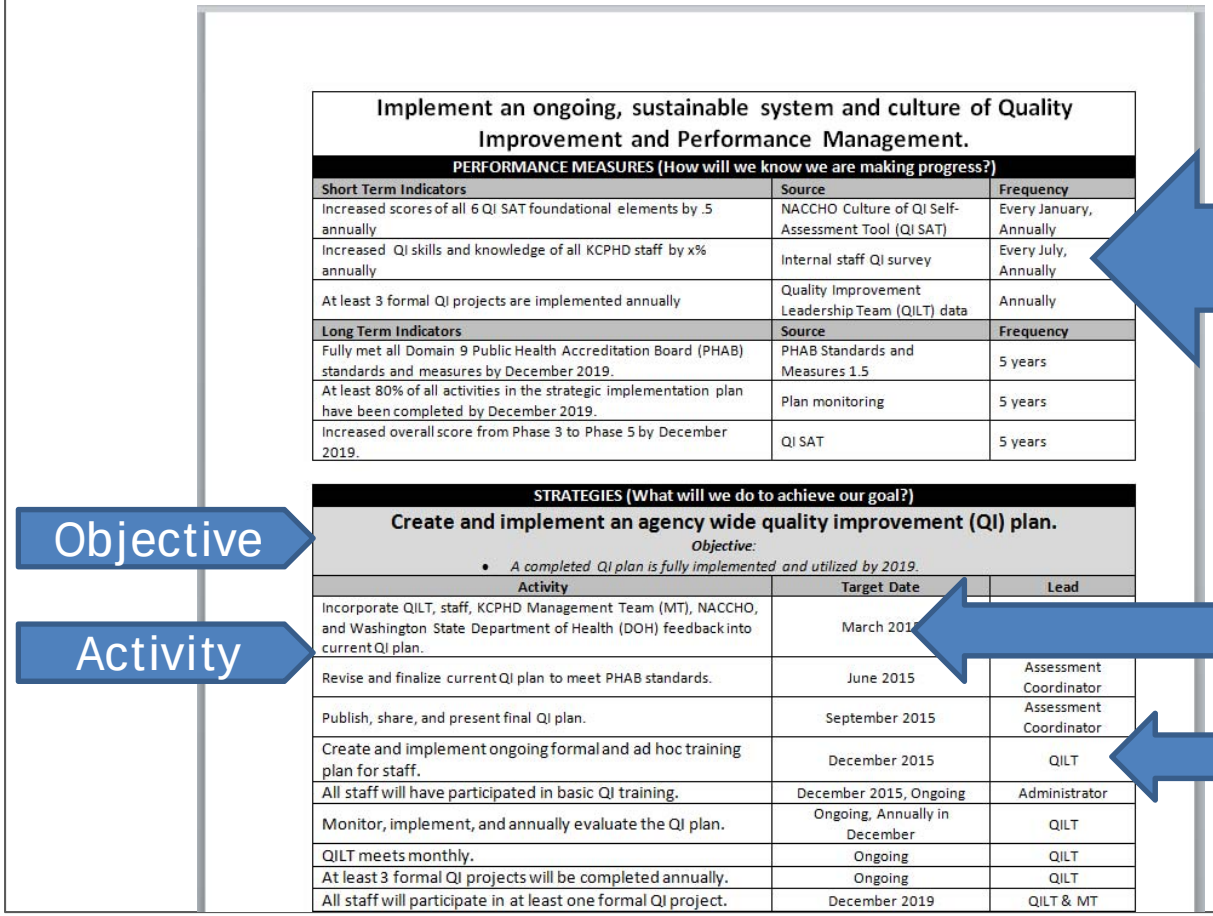
We have our goals…now what?



Results: Measurable Implementation

….and the objectives helped to define the action items that will be reviewed quarterly for progress.



Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.

PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Increased scores of all 6 QI SAT foundational elements by .5 annually	NACCHO Culture of QI Self-Assessment Tool (QI SAT)	Every January, Annually
Increased QI skills and knowledge of all KCPHD staff by x% annually	Internal staff QI survey	Every July, Annually
At least 3 formal QI projects are implemented annually	Quality Improvement Leadership Team (QILT) data	Annually
Long Term Indicators	**Source**	**Frequency**
Fully met all Domain 9 Public Health Accreditation Board (PHAB) standards and measures by December 2019.	PHAB Standards and Measures 1.5	5 years
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years
Increased overall score from Phase 3 to Phase 5 by December 2019.	QI SAT	5 years

STRATEGIES (What will we do to achieve our goal?)

Create and implement an agency wide quality improvement (QI) plan.

Objective:

- *A completed QI plan is fully implemented and utilized by 2019.*

Activity	Target Date	Lead
Incorporate QILT, staff, KCPHD Management Team (MT), NACCHO, and Washington State Department of Health (DOH) feedback into current QI plan.	March 201	
Revise and finalize current QI plan to meet PHAB standards.	June 2015	Assessment Coordinator
Publish, share, and present final QI plan.	September 2015	Assessment Coordinator
Create and implement ongoing formal and ad hoc training plan for staff.	December 2015	QILT
All staff will have participated in basic QI training.	December 2015, Ongoing	Administrator
Monitor, implement, and annually evaluate the QI plan.	Ongoing, Annually in December	QILT
QILT meets monthly.	Ongoing	QILT
At least 3 formal QI projects will be completed annually.	Ongoing	QILT
All staff will participate in at least one formal QI project.	December 2019	QILT & MT

Strategic Plan Goal Completion: short and long term indicators

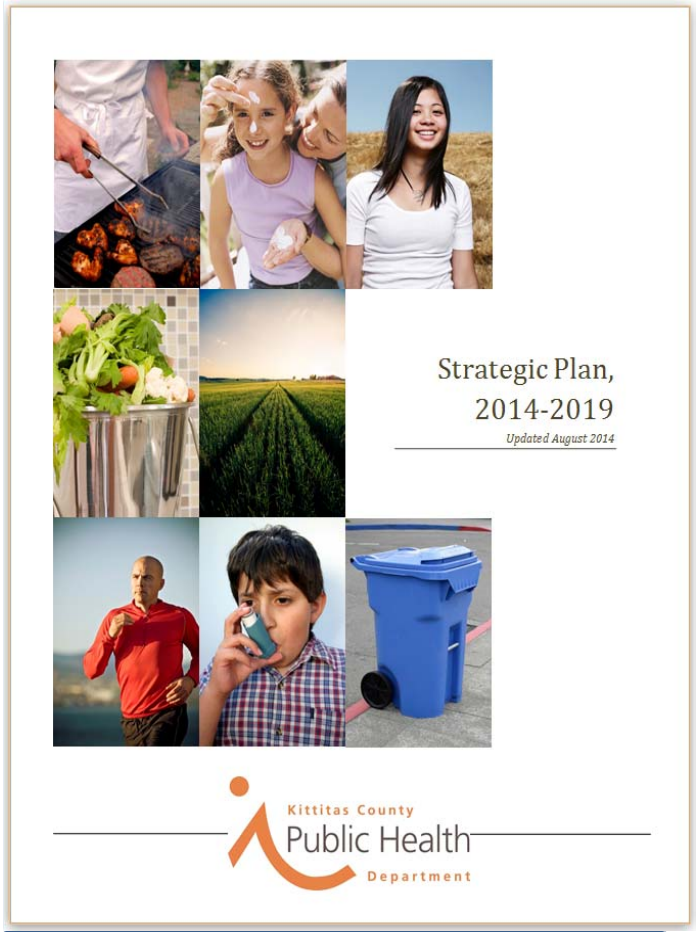
Objective

Activity

Timeline

Owner

Results: New Strategic Plan



Project Activities

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Next Steps

Designing our Project Manager

- We are currently developing an online strategic plan monitoring database on our county's intranet.
- Project manager will be able to assign tasks and mark items as complete, incomplete or in progress.
- Once finalized, it will be able to generate progress reports and supply information to our overall performance management dashboard.

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Public Health Performance Management Centers for Excellence

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Kittitas County Public Health Department

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