# Public Health Quality Improvement Grant

# Performance Management Report

Due September 29, 2012

**Report Collection Format**

This template is the required form for collecting and formatting your Public Health Quality Improvement Project’s story and the results you have achieved. Word limits are included as guidelines. Each section has a self-check at the end, which outlines criteria relevant to that section.

**Submission Instructions**

* Fill out the template.
* Make sure all the information provided is reviewed and approved by your agency before submission.
* Please submit your completed report to [megan.davis@doh.wa.gov](mailto:megan.davis@doh.wa.gov) at the Washington State Department of Health by September 29, 2012.

The Washington State Department of Health will forward your report to the U.S. Centers for Disease Control and Prevention, funder of the Performance Management Center for Excellence QI Project grant you received. We may request additional information if clarification is needed. The CDC or Washington State Department of Health will provide the final draft of the story to you for final approval before posting on the State, Tribal, Local and Territorial Public Health Gateway.

Please visit the CDC’s [State, Tribal, Local and Territorial Public Health Gateway](http://www.cdc.gov/stltpublichealth/phpracticestories) for more information and to view and download all of the current stories posted there.

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**Report Template**

**General Style Guidelines**

* Use plain language; avoid jargon.
* Keep messages simple and concise. A bulleted list of key points is acceptable.
* Use active voice (e.g., “X partner provided Y trainings.”) instead of passive voice (e.g., “Trainings were provided.”).
* Limit use of acronyms. If you use acronyms, spell them out on first mention.
* Include direct quotes if they strengthen the story.
* Do not interject an opinion unless you attribute it to someone.
* Avoid broad, sweeping statements (e.g., “A significant amount of money was saved”).   
  Be specific.

**Title**

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| Food Handler’s Education and Permit Planning (FHEPP) |

***Self-check****:* Have you

* Captured the overall message of the story?
* Included an action verb?
* Captured the reader’s attention?

**Public Health Problem or Performance/Quality Improvement Issue** (200 words or less)

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| The current system of delivering food handler’s education and permits cannot be updated with upcoming food handling code changes. The software used for education will soon have out of date information. We needed to plan for a different method of delivering food handler’s education. In addition, the lack of food handler’s permits or expired permits was the most common food inspection violation in the past 12 months. We needed to address the barriers to getting food handler’s permits. |

***Self-check:***Have you

* Described the scope of the public health problem in your jurisdiction or introduced the problem that performance management /quality improvement addressed?
* Explained why this public health problem or quality improvement issue is important?
* Used data (include references) to frame the problem, including health burden and economic costs?
* Specified the affected population(s)?

**Program / Activity Description and Methodology** (200 words or less)

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| The quality improvement team for this project consisted of staff from three departments including administration, health promotion, and environmental health. Quality improvement tools used included logic models, top down flow charts, surveys and quality planning project steps.  We used the Assess, Define, Measure Analyze, Design, and Evaluate framework to guide our project. The QI team assessed the current food education program with a “so that” logic model and a top-down flow chart of the process. We then completed a project definition document, established measures, and started collecting data. Some data was already available (numbers of food handler cards issues, number of food handler card inspection violations, and income per card), but data related to customer needs, barriers, and time needed to be collected. We collected 50 surveys from food handler card customers and 25 surveys from food establishment owners. In order to analyze best practices and translate customer need into service features we surveyed 25 local health jurisdictions on their food handler’s education delivery methods. Once we determined that the Tacoma-Pierce County Health Department’s internet based education process would be our best option, we did some future state flow charting and worked on an implementation plan. |

***Self-check:*** Have you

* Described how the practice, program, or activity was implemented, including where and when it took place and how it addressed the problem?
* Described the specific methodology or quality improvement tools used as applicable?
* Identified who was involved, including your partners?
* Identified the target audience of the practice, program, or activity?
* Identified the evidence-base for the practice, program, or activity or described how it is an innovative practice, program, or activity?

**Accomplishments and Impact** (200 words or less)

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| December 1, 2012 is the target date to implement the internet based version of the food handler’s education program. We anticipate immediate outcomes of increased customer satisfaction and decreasing barriers to completing the food handler education course. We also anticipate staff time being reduced in issuing food handlers cards in the office. Long term goals include the violation of missing or expired food worker cards to decrease during food inspections. Progress will be evaluated using post surveys as well as assessing food inspection data. |

***Self-check*:** Have you

* Described how progress of the practice, program, or activity was evaluated or how progress will be evaluated?
* Identified the short-term or intermediate outcomes (include data) that demonstrate how the practice, program, or activity addressed the problem (e.g., change in policy, change in local-level practices, establishment of additional funding)?
* Included specific numbers to illustrate the scope of the impact (e.g., X of XX health departments, # of days saved in reporting to CDC)?

**Conclusions/Lessons Learned** (200 words or less)

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| We are experiencing some barriers to implementation related to budget concerns. We need to work on presenting the project information to our county commissioners to better make the case for moving to an online system. |

***Self-check*:** Have you

* Provided a conclusion to the story that avoids using broad, sweeping statements such as “There was a noticeable decrease in prescription medication abuse”?

**Additional Information**

1. List keywords and keyword phrases specific to this story in the box below.

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| Quality planning, top-down flow chart, food worker cards, food handler’s permits, process, improve, plan, implement. |

1. Check if any of the following are being submitted to complement your story:

* Testimonials
* Quote from partner/participant
* Sample of materials produced
* Press release
* Promotional materials
* Project photo(s)
* Publication (e.g., news story, journal article)
* Video/audio clip
* Website URL
* Other — Explain:

1. Contact information

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1. Does CDC/OSTLTS have permission to share this story?

* Yes
* No

1. Confirm that this information has been cleared for dissemination by your agency.

* Yes, I confirm this has been cleared.
* No. (Please note that this information must be cleared by your agency before it is submitted to CDC/OSTLTS.)