PIMA COUNTY
HEALTH DEPARTMENT

Quality in Action Plan
2015 - 2019

A Healthy Pima County
Every **one**. Every **where**. Every **day**.

TABLE OF CONTENTS

PURPOSE OF QUALITY IN ACTION PLAN ____ 3
CULTURE OF QUALITY IN PCHD ____ 4
Progress toward a Culture of Quality
Current Culture of Quality
QUALITY IN ACTION PROGRAM ____ 9
Guiding Principles
Goal, Objective, and Strategy
Connecting Quality Improvement to Performance Management and Strategic Planning
Structure, Roles, and Responsibilities
Approach
QUALITY IN ACTION PROJECTS ____ 16
Project Oversight
Types of Quality Improvement Projects
Project Identification and Determinations
Project Implementation
Monitoring and Reporting
TRAINING ____ 19
Determining Training Needs
Identifying and Implementing Quality Improvement Trainings
COMMUNICATION ____ 21
Existing Communication Avenues
Intranet
Workforce Development Program
EVALUATION AND UPDATE OF QUALITY IN ACTION PLAN ____ 22
Monitoring and Reporting
Evaluation
SUSTAINABILITY OF PCHD CULTURE OF QUALITY ____ 24
THANK YOU AND ACKNOWLEDGEMENTS ____ 25
QUALITY IMPROVEMENT TERMS ____ 26
Quality Terms
Quality Tools and Techniques
PCHD Quality Improvement Project Types
Performance Management Terms
Miscellaneous Terms
Appendix A: 2014-2015 Quality Improvement Work Plan ____ 30
Appendix B: Quality Improvement Project Implementation Guide ____ 31
Appendix C: Quality Improvement Project Screening Tool ____ 45
Appendix D: Quality Improvement Calendar ____ 46
Appendix E: Strategic Plan Quarterly Progress and Updates ____ 47

Approved this 24 day of April 2015

Francisco García, MD Director, Chief Medical Officer

PURPOSE OF QUALITY IN ACTION PLAN

The purpose of this Plan is to introduce a foundation and structure by which the Pima County Health Department (PCHD) implements quality improvement efforts. Every one of our staff has a role in creating and maintaining a culture of quality. This Plan guides our efforts moving forward. As we continuously improve our programs and services, we ensure the improved health and well-being of our community.

CULTURE OF QUALITY IN PCHD

Quality improvement in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

PCHD is committed to providing quality programs and services for our community. Our goal is to advance our performance capacity to systematically evaluate and improve the quality of our programs, processes, and services. To do this, we are client-focused and community-centered so that we engage our customers and stakeholders with specific focus on their needs. We foster a culture that enables and encourages all employees to be involved in continuous quality improvement activities. We use data to continuously monitor, evaluate, and analyze our performance, and develop improvements and solutions using proven methods and best practices. Engagement of our senior leadership to provide support and clear direction for quality improvement activities is key to our success.

PCHD's focus on quality begins with our mission.

> To ensure the health, safety, and well-being of our community through leadership, collaboration, and education

This is reinforced by our vision.

Our aspirational tenets embody a culture of quality as well.

Client-focused

We use our abilities and resources to address our clients' needs.
We treat the diverse populations we serve with compassion and respect.

Community-centered

We identify emerging health issues and priorities in response to stakeholder feedback.
We reflect community values by providing strong leadership and developing collaborative partnerships.

Evidence-based

Scientific knowledge is the foundation of our policies and programs.
Our decision-making is based on credible data grounded in the best available practices.

Integrated

We recognize the complexity of our clients' lives and honor our responsibility to address their needs in a holistic fashion.
Our programs, services, and community resources are seamlessly connected and accessible.

Progress toward a Culture of Quality

Building a culture of quality within any organization takes time, requires lots of effort, and must be sustained. In order to develop and sustain a culture of quality within PCHD, we are using the Roadmap to a Culture of Quality Improvement developed by the National Association of County & City Health Officials (NACCHO). This tool provides us with guidance on how to progress through a number of phases of quality improvement integration until a culture of quality is achieved and can be sustained. The Roadmap to a Culture of Quality Improvement[1] presents common organizational characteristics and core elements, strategies, and resources for transitioning from one phase to the next. The six phases are:

Phase 1
No knowledge of quality improvement

In this phase, staff and leadership are unaware of quality improvement and its importance. Quality improvement is not considered as a way of doing business, evidence base is not used in decision-making, and a reactive rather than proactive approach is used to address problems.

Phase 2
Not involved with quality improvement activities

In this phase, leadership understands and discusses quality improvement with staff, but does not enforce the implementation of or dedicate sufficient staff time and resources for quality improvement.

Phase 3
Informal or ad hoc quality improvement activities

In this phase, discrete quality improvement efforts are practiced in isolated instances throughout the health department, often without consistent use of data or alignment with the steps in a formal quality improvement process.

Phase 4
Formal quality improvement activities implemented in specific areas

In this phase, quality improvement is being implemented in specific program areas, but quality improvement is not yet incorporated into an organization-wide culture. This follows the adoption of one or more formal quality improvement models.

[1]NACCHO, Roadmap to a Culture of Quality Improvement, 2011.

Phase 5
Formal agency-wide quality improvement

In this phase, quality improvement is integrated into the agency strategic and operational plans. A performance management/quality improvement council oversees the implementation of a detailed plan to ensure quality improvement throughout the health department. Policies and procedures are in place and data are commonly used for problem-solving and decision-making.

Phase 6
Quality improvement culture

In this phase, quality improvement is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of the quality improvement efforts are communicated internally and externally. Even if leadership changes, the basics of quality improvement are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measureable objectives.

Current Culture of Quality

To determine the current culture of quality within PCHD, we implemented an assessment tool based on the Public Health Foundation's Public Health Performance Management Self-Assessment Tool during fall 2014. All staff were invited to complete the survey, and analysis shows that PCHD had 179 respondents representing over 50% of PCHD staff.

Results from this assessment were used to indicate that while PCHD is currently in Phase 3 of the Roadmap to a Culture of Quality Improvement, there are some characteristics of Phase 1 and Phase 2 that need to be addressed.

While **40%** of staff feel that quality improvement is practiced widely throughout PCHD, **29%** of respondents indicated there is a lack of opportunities for quality improvement training

Highlights from the survey revealed that a large amount of respondents (42%) feel that quality improvement processes exist within PCHD to improve programs and services. Staff indicated that sometimes performance data is used to implement quality improvement projects and set priorities and resources.

PCHD can justify being in Phase 3 because of identified staff awareness of quality improvement processes and methods within the department. Roughly 40% of respondents feel that quality improvement is practiced widely throughout PCHD. However, 29% indicated there is a lack of opportunity for quality improvement training. Importantly, 43% of respondents stated that PCHD staff is able to make certain changes to improve the quality within the department.

Additionally, results from the PCHD training preferences survey and core competency assessment conducted during summer 2014 show that topics on system thinking, introduction to evaluation, interpreting health data, planning public health programs, community assessment, quality improvement, using evidence-based policies and practices, and improving program outcomes were trainings important to staff job functions or of personal interest to staff.

43% of PCHD staff feel that staff is able to make changes to promote quality improvement throughout the department

QUALITY IN ACTION PROGRAM

Guiding Principles

Using the results from these assessments and transition strategies in the Roadmap to a Culture of Quality Improvement, PCHD developed our Quality in Action (QIA) program. PCHD's QIA program reflects a strong commitment to success and sustainability by emphasizing:

A focus on ALL staff

Everyone has a role in PCHD quality improvement efforts.

Clear goals

We align our quality improvement efforts to our strategic plan by connecting goals, strategies, and performance measures across both plans.

Consistency

We implement the same quality improvement methods for all our initiatives to ensure integration of knowledge and ideas across the department.

Compliance

We implement quality improvement initiatives that align with requirements from our funders and licensing institutions.

Staff training

Our training is designed to coincide with quality improvement activities, which reinforces the learning process.

Simplicity in design

Our Quality in Action program uses a disciplined methodology that can be applied in larger scale initiatives as well as in improvement projects of a smaller scope.

Commitment to oversight

We are committed to monitoring and evaluating our program and service results so we can design and implement appropriate and continuous program improvement.

Goal, Objective, and Strategy

The goal, objective, and implementation strategy that guide our quality improvement efforts are as follows:

Goal

Foster a culture of performance management and continuous quality improvement across the Pima County Health Department

Objective

By 2019, continuously improve the quality of department programs and services

Strategy's

Implement department level quality improvement program.

Each year, specific activities with expected outcomes, completion dates, and responsible persons to lead these activities are determined. These activities are outlined in a work plan (Appendix A) and included in PCHD's strategic plan.

Connecting Quality Improvement to Performance Management and Strategic Planning

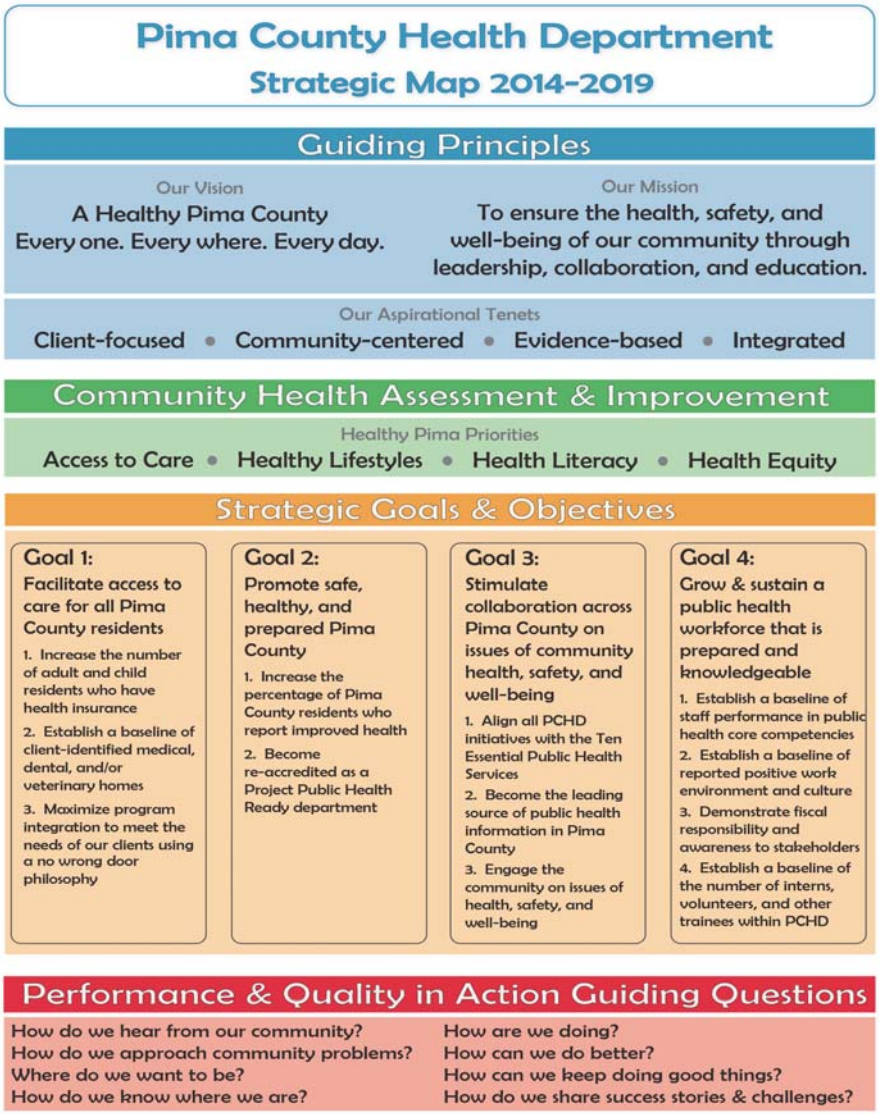
Performance management at PCHD is an eight component system.

Component	Question We Ask
Community Input	How do we hear from our community?
Strategic Planning	How do we approach community problems?
Standards	Where do we want to be?
Measurement	How do we know where we are?
Monitoring and Tracking	How are we doing?
Quality Improvement	How can we do better?
Quality Assurance	How can we keep doing good things?
Reporting	How do we share success stories & challenges?

Performance management is using data to determine if our programs and services are having an impact on the health of the people we serve. Data collected from our performance management activities lead us to opportunities to improve the quality of the programs and services we provide to our community. Both performance management and quality improvement assist with creating a culture of quality that leads to improved decision-making and program development.

A detailed description of our performance management system is found in the Pima County Health Department Performance Management Plan 2015-2019.

Both our performance management and quality improvement efforts are tied directly to strategies and activities in our strategic plan. We developed a strategic map showing the connections between our guiding principles, community health assessment and improvement, strategic goals and objectives, and performance management and quality improvement efforts. Beginning in 2015, this goal and objectives will become part of our strategic plan, further strengthening the link between our strategic plan and our performance management and quality improvement efforts.



Structure, Roles, and Responsibilities

Everyone has a role in our Quality in Action efforts – staff, supervisors, managers, senior leadership, County Administration, Board of Supervisors, and Board of Health. Quality improvement efforts are guided by the Quality in Action Team.

Quality in Action Team

Overview

The Director has empowered the Quality in Action Team to provide operational leadership of quality improvement efforts within the department. The QIA Team's four core functions are to:

1. oversee the QIA Plan;
2. recommend training and provide technical assistance to staff;
3. determine availability of organizational supports for the QIA program; and
4. promote a culture of quality within the department.

The QIA Team is comprised of PCHD staff from varying classifications and program areas representing each division in the department. The Director, Deputy Medical Officer, Organizational Compliance and Lab Manager, and at least one licensed clinical staff are permanent members of the team.

The QIA Chair maintains integrity of QIA efforts and team functions, facilitates team meetings, and acts as the liaison with senior leadership.

QIA members serve for a minimum term of two years. To preserve continuity, no more than half the members will rotate off in any given year, and only one staff member from each division will rotate at a time. The QIA Team meets at a minimum on a quarterly basis and maintains records and minutes of all meetings.

Responsibility

- Promote a culture of quality within the department
- Establish department-level quality improvement program policies, goals, and methodologies
- Coordinate implementation of the QIA Plan
- Provide recommendations for quality improvement projects and activities, and assists with the project selection process
- Determine quality improvement training needs and available resources
- Provide technical assistance, guidance, mentoring, and coaching to QIA project teams
- Track progress of quality improvement activities
- Communicate with senior leadership and staff about quality improvement activities
- Assure timely recognition of individual and team accomplishments
- Gather and share best practices
- Evaluate the QIA Plan and activities on an annual basis and revises as necessary
- Prepare an annual update of all PCHD quality improvement efforts and findings

Pima County Health Department Staff

Overview

Pima County Health Department staff identifies and suggests quality improvement projects, and participates in and implements quality improvement activities.

Responsibility

- Identify and suggest areas needing improvement or opportunities for program development
- Develop and participate in quality improvement projects and activities
- Participate in quality improvement trainings
- Incorporate quality improvement concepts and principles into daily work
- Demonstrate familiarity with the QIA Plan
- Collect and manage quality improvement data
- Document and report on the progress of quality improvement projects and activities
- Communicate success stories and challenges of quality improvement projects and activities

Pima County Health Department Managers and Supervisors

Overview

PCHD managers and supervisors oversee the day-to-day implementation of quality improvement projects and activities, as well as support their staff and provide access to training opportunities.

Responsibility

- Carry out the responsibilities of PCHD staff as described above
- Identify staff quality improvement training needs and provide access to training opportunities
- Orient staff to QIA processes and the QIA Plan annually
- Present proposals for quality improvement projects and activities to division leader
- Ensure quality improvement projects and activities align with department strategic plan
- Complete quality improvement worksheets and written reports of project results
- Initiate, implement, and ensure oversight of quality improvement projects and activities
- Support staff in quality improvement and data collection efforts
- Recognize and reward staff for participation in quality improvement efforts

Pima County Health Department Senior Leadership

Overview

Pima County Health Deapartment senior leadership is comprised of the Director, Deputy Director, Deputy Medical Officer, and division leaders. This group provides an overall vision and direction for QIA efforts in the department. Senior leadership provides guidance and support of QIA efforts and gives approval to all quality improvement projects and activities.

Responsibility

- Carry out the responsibilities of PCHD managers and supervisors as described above
- Foster a culture of quality within the department
- Allocate and request necessary resources and funding to sustain and implement quality improvement efforts
- Ensure quality improvement efforts align with department strategic plan or fulfill critical division/program needs
- Approve all quality improvement projects and activities
- Prioritize department-wide and division/program quality improvement projects and activities
- Coordinate oversight of quality improvement projects and activities with the QIA Team
- Communicate quality improvement efforts and successes to staff, the Board of Health, and the Board of Supervisors

Pima County Administration, Board of Supervisors, and Board of Health

Overview

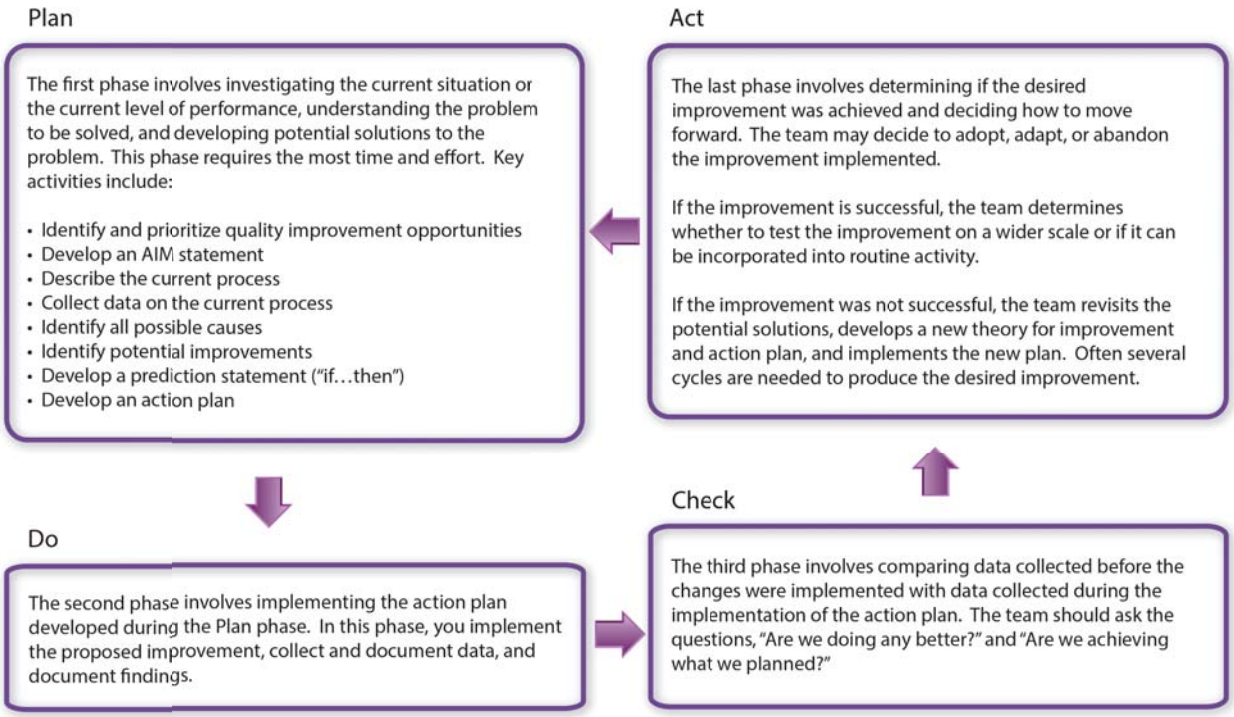
County Administration, Board of Supervisors, and Board of Health provide guidance and advice to senior leadership regarding quality improvement efforts. They receive periodic updates on the progress of quality improvement efforts and findings.

Responsibility

- Support a culture of quality within the department
- Provide guidance and advice to senior leadership regarding quality improvement efforts
- Review progress and findings of quality improvement efforts
- Communicate constituents' concerns and comments to senior leadership
- Communicate quality improvement success stories to constituents
- Fund PCHD quality improvement efforts through department budget

Approach

PCHD has adopted the nationally recognized Plan-Do-Check-Act framework (PDCA)[2] for quality improvement. PDCA is a team-based approach to problem-solving and quality improvement that is divided into four phases.



Staff will employ a number of quality improvement tools and techniques when implementing the PDCA framework. The most popular of these are detailed in the Quality Improvement Terms at the end of this Plan.

[2]American Society for Quality Training. Plan-Do-Check-Act Cycle. Retrieved from http://asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html).

QUALITY IN ACTION PROJECTS

Project Oversight

PCHD staff participates in quality improvement projects and activities within each division and across the department. Participation includes proposing quality improvement projects and activities, implementing quality improvement efforts, and continuously evaluating progress and outcomes of quality improvement projects.

Managers, supervisors, and senior leadership provide guidance to quality improvement (QI) project teams and quality improvement activities. Senior leadership determines which quality improvement projects are implemented.

The QIA Team provides oversight in collaboration with senior leadership by reviewing all proposed quality improvement ideas and suggestions; making project recommendations to senior leadership; providing guidance, mentoring, and coaching to QI project teams; monitoring progress of quality improvement efforts; and ensuring each quality improvement project implemented meets guidelines, goals, and objectives outlined in this Plan.

Types of Quality Improvement Projects

A minimum of three quality improvement projects are conducted each year, with opportunities to conduct more. Quality improvement efforts should fall into the following three areas:

- Department-wide administrative project
- Clinical project at either department or program level
- Non-clinical project at program level

At least one clinical project must be done every fiscal year to remain in compliance with our licensure guidelines. Projects should connect to our department strategic plan when possible. Additionally, divisions and program areas are encouraged to conduct their own quality improvement projects depending on need and resources.

Projects can be as short as three months or as long as one year. The duration of a quality improvement project is determined by the identified scope of work. Projects may also be divided into different phases or cycles depending on the scope of work.

Project Identification and Determinations

PCHD staff are in the best position to see and relate potential quality improvement opportunities in their given program areas. Staff observation is a good tool that can be used to identify issues or concerns within program areas.

All staff, supervisors, managers, and senior leadership should also look to both internal and external assessments, data, and reports to identify quality improvement opportunities. Existing sources include:

- Performance management data
- Health indicators
- Community health improvement plan
- Health department accreditation self-assessment
- Client feedback and satisfaction data
- Staff feedback, satisfaction, and self-assessment data
- Client and customer complaints and grievances

Any staff with potential quality improvement ideas or suggestions uses the proposed project worksheet found in the Quality Improvement Project Implementation Guide (Appendix B) and submits it to their respective supervisor, manager, or any member of the QIA Team. The QIA Team reviews all submissions using the Quality Improvement Project Screening Tool (Appendix C), presents them to senior leadership at one of their regularly scheduled meetings, and provides recommendations for project determination. Senior leadership makes all final determinations on which quality improvement projects are implemented, and notifies the QIA Team so projects can be tracked and monitored appropriately.

Project Implementation

Once senior leadership has determined the quality improvement opportunities to be implemented, the QIA Team works with the appropriate supervisors, managers, and senior leadership to form QI project teams and identify team leaders. QI project teams use the Quality Improvement Project Implementation Guide (Appendix B) to walk them through the steps of Plan-Do-Check-Act. The QIA Team provides guidance, mentoring, and coaching opportunities to project team members throughout the implementation process. This ranges from assistance with developing action plans to reporting findings of the project.

Monitoring and Reporting

QI project teams are responsible for completing the worksheets within the implementation guide as well as keeping written documentation of all meetings, discussions, and other project-related materials. These documents will be stored on a shared department server so all project team members, the QIA Team, and senior leadership can assess them. QI project teams should also provide periodic updates on progress to supervisors, managers, and the QIA Team. A calendar will be used to track and monitor progress of our quality improvement efforts (Appendix D).

Upon completion of a quality improvement project, QI project teams provide their completed implementation guide to the QIA Team. QI project teams also complete the Quality Improvement Project Storyboard included in the implementation guide. A storyboard is an organized way of documenting and showcasing the improvement process used by project teams. It uses simple and clear statements, pictures, and graphs to summarize the process from beginning to end and highlight accomplishments.

If a quality improvement project was not completed in the proposed time frame or if improvement did not prove successful, senior leadership will consider extending or modifying the project. If a quality improvement project is successful, the QIA Team will discuss and propose methods to replicate success in other programs and services.

TRAINING

Determining Training Needs

PCHD identifies training needs and gaps through two department-wide assessments, a performance management self-assessment and a training preferences survey that includes a core competency assessment, to gauge staff understanding of quality improvement principles and practices. These assessments help us approach and determine skills, knowledge, interest, and presence of quality improvement projects within the department.

Identifying and Implementing Quality Improvement Trainings

PCHD strives to be a high performing health department that promotes training to improve the quality of our programs and services. Senior leadership and the QIA Team review results from the assessments to identify appropriate training opportunities for staff. Divisions are also highly encouraged to report their quality improvement training needs to the QIA Team. All training opportunities, materials, and resources are coordinated with PCHD's Workforce Development Team, and are included in our department strategic and workforce development plans.

Training opportunities are created to meet identified needs and to improve quality improvement knowledge, skills, and practices within the department. To assure an accurate understanding of quality improvement, a variety of training opportunities are available to staff, including workshops developed in-house; coaching offered by the QIA Team; online trainings from reputable sources; and trainings offered by our local, state, and national partners.

Senior leadership and the QIA Team ensure all program managers and supervisors have the proper tools and knowledge to successfully participate in quality improvement efforts. Program managers and supervisors are responsible for orienting all of their staff to the roles and responsibilities of the QIA Team, this Plan, our department strategic plan, and all available resources.

The table below indicates the general categories of quality improvement trainings provided, who should participate, the level of the training, delivery method, and the purpose of the training.

Pima County Health Department Quality Improvement Trainings

Type of Training	Audience	Level	Delivery Method	Purpose
Introduction to quality improvement	Staff Managers and supervisors Senior leadership	Basic	Internal staff training Webinars	Overview of quality improvement principles, methods, and tools
Introduction to performance management	Staff Managers and supervisors Senior leadership	Basic	Internal staff training Webinars	Overview of performance management principles, methods, and tools
Applied quality improvement training	Managers and supervisors Senior leadership QIA Team	Intermediate	Internal or external staff training Webinars	In-depth training about quality improvement with a project-based, applied focus
Performance management training	Managers and supervisors Senior leadership QIA Team	Intermediate Advanced	Internal or external staff training Webinars	In-depth training on building a performance management system
QIA Team training	QIA Team	Intermediate Advanced	Internal or external staff training Webinars Academic articles, manuals, and how-to guides	Organizational capacity for coordinating and providing internal quality improvement training opportunities

COMMUNICATION

PCHD provides timely information about quality improvement activities, and its shared vision of a culture of quality to staff, stakeholders, and the community. Moving towards a culture of quality relies heavily on systematic sharing of information and knowledge, and discussing lessons learned.

We use existing strategies outlined in our department communications plan to communicate our quality improvement efforts, such as quality improvement practices and principles; key quality improvement terms; creating a culture of quality; the QIA initiative and Team; and quality improvement tools and methods.

Existing Communication Avenues

There are many avenues we use to communicate information to our staff, stakeholders, and the community. These include meetings and presentations; trainings and workshops; newsletters, email, and memos; and social marketing. Through these avenues we:

- Promote quality improvement activities
- Share updates on quality improvement efforts
- Provide linkages between quality improvement and our strategic plan, the Healthy Pima initiative, public health accreditation, and workforce development
- Present appropriate trainings to staff so that they can fully engage in quality improvement projects and activities
- Share successes and lessons learned
- Recognize quality improvement efforts and improvement team contributions

Intranet

Our intranet provides opportunities to share important documents, resources, and information with staff. Using this site, we:

- Post quality improvement plans and updates
- Post current quality improvement tools and resources
- Provide access to evidence-based strategies
- Post storyboards sharing the results of implemented projects

Workforce Development Program

The QIA Team coordinates quality improvement trainings with our Workforce Development Team. This provides opportunities to inform and educate staff on quality improvement terminology, methods, and tools as well as improve staff public health core competencies.

EVALUATION AND UPDATE OF QUALITY IN ACTION PLAN

The QIA Team reviews, evaluates, and revises this Plan as necessary on an annual basis to ensure quality improvement efforts continue to meet the needs of the department. Senior leadership reviews all revisions and the Director provides final approval.

Monitoring and Reporting

Progress made towards our quality improvement goal is evaluated quarterly as part of our strategic plan reporting process (Appendix E). Through this process, we provide progress and updates on tactics and activities implemented as well as results, achievements, and any changes made to the work plan. These update reports are reviewed quarterly by senior leadership.

Evaluation

The goal of evaluating our Plan is like quality improvement itself – to continuously improve the quality improvement plan and to further support development and sustainability of a culture of quality within PCHD. In general, the evaluation of our Plan asks three questions:

- Is the Plan being implemented as designed and working well?
- How can the Plan be improved?
- What was the impact of the Plan?

PCHD conducts an annual evaluation and review of this Plan that informs necessary revisions and updates. Our evaluation of the Plan focuses on reviewing the process and progress of the Plan towards achieving our goal, and determining efficiencies, effectiveness, and lessons learned from implementing the Plan. The results of the evaluation are used to revise and update the Plan. The QIA Team prepares an annual update of all PCHD quality improvement efforts and findings. The report is reviewed by senior leadership, Board of Health, and Board of Supervisors.

The evaluation process uses a mix of capacity, process, and outcome measures. A capacity measure refers to the infrastructure and resources for implementing the Plan, such as the QIA Team, staff working on quality improvement efforts, and training resources. A process measure refers to what PCHD staff did to implement the Plan, such as the number of quality improvement projects conducted and the number of trainings held. An outcome measure refers to the results we achieved from implementing the Plan, such as the extent to which quality improvement projects relate to our strategic plan. The following table summarizes our evaluation process.

QIA Evaluation Plan

Evaluation Topic	Type of Measure	Indicator	Data Collection Method
QI projects	Process	Number of projects initiated and completed	Documentation review
	Outcome	Extent to which projects achieved AIM statements and sustained improvements	Documentation review
QI training	Capacity	Available training opportunities and resources	Documentation review
	Process	Number of staff participating in trainings	Documentation review
QIA plan	Capacity	Infrastructure and resources for implementing the Plan	Documentation review
	Process	Progress toward meeting Plan goal and objective	Documentation review
	Outcome	Extent to which projects relate to strategic plan	Documentation review
Culture of Quality	Process	Number of staff engaged in quality improvement efforts Number of staff participating in trainings	Documentation review

SUSTAINABILITY OF PCHD CULTURE OF QUALITY

In order to sustain a culture of quality within PCHD, senior leadership and the QIA Team will assist staff with cultivating the core elements of a quality improvement culture by providing education and training opportunities as well as implementing the transition strategies outlined in the Roadmap to a Culture of Quality Improvement. By carefully working through each of the Roadmap phases, we will strengthen our ability to build and sustain a culture of quality.

To ensure a sustainable culture of quality within PCHD, we will:

Implement transition strategies outlined in the Roadmap

Maintain a team responsible for overseeing our quality improvement efforts

Cultivate a culture of quality championed by all PCHD staff

Ensure our performance and quality management programs are independent of the staff involved

Create, Adapt, and Use the necessary tools for ensuring high quality and performance

Monitor quality improvement goals, objectives, and performance

Celebrate our success with all of our staff

Communicate our improvement to our clients and stakeholders

We have a great PCHD team that is committed to this journey and making a culture of quality sustainable in our department.

THANK YOU AND ACKNOWLEDGEMENTS

We express sincere appreciation to our senior leadership and PCHD staff who participated in the development of our Quality in Action program and Plan for their invaluable insight, expertise, and commitment to a culture of quality.

Quality in Action Team

Alan Bergen, Senior Program Manager, Strategic Integration Team
Sharon Browning, Program Manager, Strategic Integration Team
Sarah Davis, Special Staff Assistant, Strategic Integration Team
Susanna Feingold, Program Manager, Public Health Nursing
Gary Frucci, Environmental Health Supervisor, Consumer Health & Food Safety
Francisco García, MD, Director & Chief Medical Officer
Jill Hilber, Program Manager, Correctional Health & Clinical Training
Barbara Kremer, Clinician, Clinical Consultation Team
Shauna McIsaac, Deputy Medical Officer
Karin Merritt, Organizational Compliance & Lab Manager, Business Operations
Marcia Ortega, Licensed Practical Nurse, Correctional Health & Clinical Training

PCHD Senior Leadership

Francisco Garcia, MD, Director & Chief Medical Officer
Marcy Flanagan, Deputy Director
Kristin Barney, Division Leader, Pima Animal Care Center
Garrett Hancock, Division Leader, Business Operations
Kim Janes, Division Leader, Nutrition & Health Services
Gladys Lopez, Administrative Services Manager, Human Resources
Kathy Malkin, Division Leader, Public Health Nursing
Shauna McIsaac, Deputy Medical Officer
Louie Valenzuela, Division Leader, Strategic Integration Team
Anne Walker, Division Leader, Clinical Services

QUALITY IMPROVEMENT TERMS

This glossary of key quality improvement and performance management terms is divided into functional sections to assist staff with understanding and guiding the implementation of our QIA program.

Quality Terms

AIM Statement

An explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way. It answers the question – what are we trying to accomplish?

(Source: ASQ.org, retrieved 2014)

Continuous Quality Improvement

The actions taken throughout a department to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the customer and department.

(Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T. Westcott, editor. 3rd Ed., 2006)

Culture of Quality Improvement

Exists when quality improvement is fully embedded into the way the department does business, across all levels, divisions, and programs. Leadership and staff are fully committed to quality and results of improvement efforts are communicated internally and externally. Even if leadership changes, the basics of quality improvement are so ingrained in staff that they seek out the root causes of problems. Staff do not assume that an intervention will be effective, but rather they establish and quantify progress toward measureable objectives.

(Source: Roadmap to a Culture of Quality Improvement, Phase 6, NACCHO, retrieved 2014)

Quality Improvement

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010)

Quality Improvement Activities

Identified methods of quality improvement to focus on the system of care in which programs practice public health.

(Source: Roadmap to a Culture of Quality Improvement, NACCHO, retrieved 2014)

Quality Improvement Methods

A team approach to problem solving and quality improvement.

(Source: ASQ.org, retrieved 2014)

Quality Tools and Techniques

Brainstorming

This technique helps to define the issue or problem and includes asking for and sharing ideas, capturing and recording input, analyzing all ideas, and collaborating to organize ideas into categories or identify themes. Brainstorming generates a large number of ideas in a short period of time while creating a process that encourages participation, open thinking, and creativity.

(Source: Adopted from Minnesota Department of Health, QI Toolbox, 2014)

Fishbone (cause-and-effect) Diagram

This technique helps to identify, explore, and graphically display all of the possible causes related to a problem in order to discover its root cause. A fishbone diagram identifies possible causes of a problem and encourages the team to consider possible causes that are not readily apparent.

(Source: Excerpted from Nancy R. Tague's The Quality Toolbox, Second Edition, ASQ Quality Press, 2004)

Plan-Do-Check-Act

[also called PDCA, plan-do-study-act (PDSA) cycle, Deming cycle, Shewhart cycle]

The plan-do-check-act cycle is a four step model for carrying out improvement. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.

(Source: ASQ.org, retrieved 2014)

Workflow and Process Mapping

This technique helps to understand a process or workflow inside and out. A process map or flowchart is a diagram that illustrates the steps taken to complete a process or do a job.

(Source: Quality Improvement Plan Toolkit, QI Methods, NACCHO, retrieved 2014)

PCHD Quality Improvement Project Types

Clinical Quality Improvement Project

A quality improvement project that assess a particular health care process or outcome that enables a clinical program to monitor and evaluate the quality of clinical, management, and support functions that affect client outcomes.

Non-Clinical Quality Improvement Project

A quality improvement project that assess a particular health care process or outcome that enables a non-clinical program, such as Consumer Health & Food Safety and Tobacco and Chronic Disease, to monitor and evaluate the quality of public health outreach and impact that support functions affecting client outcomes.

Department-wide Administration Quality Improvement Project

A quality improvement project that assesses the performance, business process, management, and support functions of the health department and efficiency in services provision.

Performance Management Terms

Benchmark

Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance, or define aspirations for improvement over a specified time frame.

(Source: Norris T., Atkinson A., et al. The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities. San Francisco, CA: Redefining Progress; 1997)

Data

Quantitative or qualitative facts presented in descriptive, numeric, or graphic form.

(Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T. Westcott, editor. 3rd Ed., 2006)

Data Trend Analysis

Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.

(Source: Nash, Reifsnyder, Fabius, and Pracilio. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA, 2011)

Performance Goal Prioritization

Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.

(Source: Lichiello, P. Turning Point Guidebook for Performance Measurement, Turning Point National Program Office, December 1999)

Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes:

- setting organizational objectives across all levels of the department;
- identifying indicators to measure progress toward achieving objectives on a regular basis;
- identifying responsibility for monitoring progress and reporting; and
- identifying areas where achieving objectives requires focused quality improvement processes.

(Source: Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)

Reporting

A process which provides timely performance data for selected performance measures and indicators, which can then be transformed into information and knowledge.

(Source: Adopted from the Florida Department of Health Quality Improvement Plan 2013-2014)

SMART Objectives

Objectives need to be Specific, Measureable, Achievable, Relevant, and include a Timeframe.

(Source: Center for Disease Control Evaluation Briefs, 2009. http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf)

Miscellaneous Terms

Board of Health

An administrative body acting on a municipal, county, state, provincial, or national level. The functions, powers, and responsibilities of boards of health vary with the locales. Each board is generally concerned with the recognition of the health needs of the people and the coordination of projects and resources to meet and identify these needs. Among the tasks of most boards of health are disease prevention, health education, and implementation of laws pertaining to health.

(Source: National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf)

Public Health

The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a standard of living adequate for the maintenance of health. The mission of public health is to fulfill society's desire to create conditions so that people can be healthy.

(Sources: Winslow CEA. Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. The Future of Public Health. Washington, DC: The National Academy Press, 1988)

Appendix A: 2014-2015 Quality Improvement Work Plan

PIMA COUNTY
HEALTH DEPARTMENT

Strategic Plan 2014-2019
2014 Work Plan (Year 1)

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department

Goal 5:	Foster a culture of performance management and continuous quality improvement across Pima County Health Department		
Team Leader:	Alan Bergen		
Objective 2:	By 2019, continuously improve the quality of department programs and services		
Strategy 1:	Implement department level quality improvement program		
Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates
Develop department level quality improvement plan	Alan Bergen	Department level quality improvement plan endorsed by Senior Leadership	December 2014
Educate and orient staff on the culture and principles of quality improvement	Alan Bergen Sharon Browning Sarah Davis Marcia Ortega	Training and education opportunities	December 2015
Conduct at a minimum one (1) department-wide administrative quality improvement project	Alan Bergen	Department-wide administrative quality improvement project implemented	December 2015
Conduct at a minimum one (1) clinical quality improvement project at either department or program level	Alan Bergen Karin Merritt	Clinical quality improvement project implemented	December 2015
Conduct at a minimum one (1) non-clinical program quality improvement project	Alan Bergen	Non-clinical program quality improvement project implemented	December2015
Promote quality improvement efforts	Sharon Browning Julia Flannery Ryan Dunn	Communication tools and materials	December 2015

Adopted on 5.30.14

Quality Improvement Project Implementation Guide

Created: March 2015

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

These worksheets were developed to help guide your efforts as you implement your quality improvement (QI) project using the Plan-Do-Check-Act method. The Quality in Action Team will provide guidance on completing these worksheets as you move through the process. Please make sure to complete all items on the worksheets as you progress through your quality improvement project so all steps of the process are documented. All worksheets should be completed electronically.

Checklist			
	Plan-Do-Check-Act Steps	**Key Activities**	**Who Does It?**
Plan	**Step 1** **Propose the Quality Improvement (QI) Project**	○ Describe the problem or process that needs improvement ○ Describe the desired improvement or end result ○ Complete Step 1 worksheet in Implementation Guide ○ Submit worksheet to manager, supervisor, or QIA Team	PCHD staff
	Step 2 **Assemble the QI Project Team**	○ Identify and assemble team (including team members and team leader) ○ Identify team member roles and responsibilities ○ Establish initial timeline for improvement project ○ Schedule regular team meetings ○ Establish team guidelines for conduct and participation ○ Complete Step 2 worksheet in Implementation Guide	QI Project Team and Team Leader with guidance from QIA Team
	Step 3 **Get Started**	○ Review Step 1 worksheet and make changes to problem or opportunity for improvement as needed ○ Discuss scope and boundaries of project ○ Develop AIM statement (ask for guidance from the QIA Team) - *What are we trying to accomplish?* - *How will we know that a change is an improvement?* - *What change can we make that will result in improvement?* ○ Complete Step 3 worksheet in Implementation Guide ○ Review worksheet and project idea with program supervisor/manager and division manager	QI Project Team with guidance from QIA Team
	Step 4 **Examine the Current Approach**	○ Describe the current approach or process ○ Obtain existing data or create and implement a data collection plan to understand the current approach ○ Obtain input from customers and/or stakeholders if appropriate ○ Analyze data ○ Determine root cause(s) of the problem or process you want to improve ○ Revise AIM statement based on data if needed or determine if the project should continue ○ Complete Step 4 worksheet in Implementation Guide	QI Project Team with guidance from QIA Team
	Step 5 **Identify Potential Solutions**	○ Identify potential solutions to the problem or process based on the root cause(s) ○ Identify and review best practices for potential solutions or improvements ○ Choose the best solution (the one most likely to accomplish the AIM statement) ○ Complete Step 5 worksheet in Implementation Guide	QI Project Team
	Step 6 **Develop an Action Plan**	○ Develop a prediction statement - *What do you predict will happen?* - *Use an "if...then" statement* ○ Develop an action plan to test the prediction - *What will be tested?* - *How will it be tested?* - *When will it be tested?* - *Who needs to know about the test?* - *What resources are needed?* ○ Complete Step 6 worksheet in Implementation Guide	QI Project Team

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Do	**Step 7** **Implement the Action Plan**	○ Carry out the action plan on a small scale ○ Collect and analyze data to determine effectiveness of the action plan ○ Document encountered problems, unexpected observations, and unintended outcomes ○ Complete Step 7 worksheet in Implementation Guide	QI Project Team
Check	**Step 8** **Check the Results**	○ Determine if the action plan was successful - *Compare results against data in Step 4 and the AIM statement* - *Did the results match the prediction in Step 7?* - *Were there any unintended outcomes?* - *Was there an improvement?* - *Does the team need to implement the plan again under other conditions?* ○ Document what the team learned ○ Complete Step 8 worksheet in Implementation Guide	QI Project Team
Act	**Step 9** **Determine Next Steps**	○ If the improvement was successful, determine if it needs to be tested on a wider scale or if it can be incorporated into routine activity - *Make plans to test improvement on a wider scale by repeating Steps 6-8* - *Make plans to incorporate improvement into routine activity* - *Document using worksheets in Implementation Guide* ○ If the improvement was not successful, develop a new prediction for improvement and action plan or determine if the project should continue - *Repeat Steps 6-8* - *Often several cycles are needed to produce the desired improvement* - *Document using worksheets in Implementation Guide* ○ Determine if unintended outcomes need to be addressed ○ Complete Step 9 worksheet in Implementation Guide	QI Project Team with guidance from division leaders, managers, and supervisors
	Step 10 **Sustain Improvement**	○ Determine how this improvement will be sustained ○ Communicate the team's accomplishments to the QIA Team ○ Complete Step 10 worksheet in Implementation Guide ○ Finalize Implementation Guide and submit it to the QIA Team ○ Complete storyboard ○ Celebrate the team's successes	QI Project Team with guidance from division leaders, managers, and supervisors

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan Step 1 Worksheet Propose the Quality Improvement (QI) Project
Employee name
Date worksheet submitted
Please describe the problem or the process you would like to improve.
What is the desired improvement or end result? (Examples: improved customer service, improved service delivery)
Who will benefit from the improvement? (Please check all that apply.) ○ Program ○ Department ○ Community ○ Other (please specify): _____
Do you have information, evidence, data, or observation available to support the need to work on this topic? ○ Yes ○ No Please explain.
Do you have an idea on what needs to be done? ○ Yes ○ No Please describe your ideas in as much detail as possible.
What skills or knowledge of team members are needed for this project? Recommend team members.
How long do you expect your project to take? (Use your best estimate)

Please submit completed form to your supervisor, your Division Manager, or the QIA Team.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan		
Step 2 Worksheet Assemble the QI Project Team		
Project title		
Date worksheet completed		
Team members	**Role**	**Supervisor approval (signature and date)**
	Team Leader	
	Note Taker (meeting minutes)	
	Member	
	Member	
	Member	
	Member	
	Member	
	Member	
	Member	
	Member	
Please list all team member roles and responsibilities.		
Please indicate the initial timeline for the QI project.		
When will you be having your regular team meetings? (Please provide the day, time, and dates if possible.)		
Please list the team guidelines for conduct and participation.		

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan Step 3 Worksheet Get Started
Project title
Date worksheet completed
Please describe the background of the situation requiring improvement.
Please indicate the changes made to the problem or oppcrtunity for improvement.
Please describe the scope and boundaries of the project. (*What is the scope of the problem or opportunity? Where does it begin and/or end?*)
Please describe the benefits of completing this QI project. (*What will be the benefits to customers? How does this issue impact our agency mission?)*
Please describe any barriers or challenges to completing this QI project, such as political, social, and technological constraints. (List all possibilities.)
Please describe how you will address these barriers or challenges.
Please indicate the QI project AIM statement. (*What are you trying to accomplish? How will you know that a change is an improvement? What change can you make that will result in improvement?)*
Please describe the milestones you expect to achieve on the way to reaching the AIM statement.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan Step 4 Worksheet Examine the Current Approach
Project title
Date worksheet completed
Please describe the current approach or process.
What data do you have? What data do you need? Where will you get the data? (Data can be obtained from customers, stakeholders, or from within the department or program.)
What does the data tell you? Does the data support the problem that needs improvement? (Please describe results or findings from the data collected.)
Please describe the process used to determine root cause(s) of the problem. (Please consider using brainstorming, fishbone (cause-and-effect) diagrams, or workflow and process mapping.)
Please list the root cause(s) of the problem.
Please indicate which root cause(s) will be addressed through this QI project and why.
Please indicate any changes made to the AIM statement based on reviewing the data.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan
Step 5 Worksheet Identify Potential Solutions
Project title
Date worksheet completed
Please describe the process used to identify potential solutions based on the root cause(s).
Please list all potential solutions determined by the team. (Please consider using brainstorming as a way to determine potential solutions.)
Please list any potential best practices considered during this process.
Please describe the solution most likely to achieve the AIM statement and why.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Plan Step 6 Worksheet Develop an Action Plan
Project title
Date worksheet completed
Please describe your prediction using an "if…then" statement. (*What do you predict will happen?*)
Please develop an action plan to test your prediction by answering the following questions: What will be tested? How will it be tested? When will it be tested? Who needs to know about the test? What data will be collected during the test? What resources are needed?

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Do
Step 7 Worksheet Implement the Action Plan
Project title
Date worksheet completed
Please provide a brief summary of how you implemented the project on a small scale.
What does the data tell you? Does the data show an improvement? (Please describe results or findings from the data collected.)
Please list any encountered problems, unexpected observations, and unintended outcomes.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Check
Step 8 Worksheet Check the Results
Project title
Date worksheet completed
Please describe if there was an improvement. (To determine if there was an improvement, you should use the data collected in Step 4 and Step 7 as well as the AIM statement.)
Does the team need to implement the action plan under other conditions? ○ Yes ○ No Please explain.
Please describe what the team learned from this project. (*Were increases in efficiencies gained? Were you able to identify any cost savings or cost reductions?*)

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Act
Step 9 Worksheet Determine Next Steps
Project title
Date worksheet completed
Was this QI project successful? ○ Yes ○ No
If yes, please choose next steps from the following options: ○ The QI project team will implement the action plan on a wider scale and repeat Steps 6-8 using new worksheets. ○ The QI project team will work with managers and supervisors to incorporate the improvement into routine activity.
If no, please explain why. Please note: if the QI project was not successful, the team will develop a new prediction and action plan to implement and repeat Steps 6-8 using new worksheets.
Please describe how unintended outcomes will be addressed.

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Implementation Guide

Act
Step 10 Worksheet Sustain Improvement
Project title
Date worksheet completed
Please fill out the Quality Improvement Project Storyboard form on the next page of this guide. (Please ask the QIA Team for guidance.)

PIMA COUNTY
HEALTH DEPARTMENT

Quality Improvement Project Storyboard

Project Title	
Project Implementation Date	
Project Team Members	

Plan	Do	Check	Act
Step 1: Propose the Quality Improvement (QI) Project Please provide a brief summary of this process.	**Step 7:Implement the Action Plan** Please provide a brief summary of this process.	**Step 8: Check the Results** Please provide a brief summary of this process.	**Step 9: Determine Next Steps** Please provide a brief summary of this process.
Step 2: Assemble the QI Project Team Please provide a brief summary of this process.			
Step 3: Get Started Please provide a brief summary of this process.			
Step 4: Examine the Current Approach Please provide a brief summary of this process.			**Step 10: Sustain Improvement** Please provide a brief summary of this process.
Step 5: Identify Potential Solutions Please provide a brief summary of this process.			
Step 6: Develop an Action Plan Please provide a brief summary of this process.			

Created: March 2015

Appendix C: Quality Improvement Project Screening Tool

Quality Improvement Project Screening Tool	
Category of Project	○ Administrative ○ Clinical ○ Non-clinical
Date Project Screened	
Project Name	
QI Project Team Lead	

Criteria	Yes	No
Does the project link directly to the strategic plan? If yes, indicate goal and objective numbers.	○	○
Was the project proposed by non-supervisory staff?	○	○
Does the Step 1 Worksheet: Propose the Quality Improvement (QI) Project…		
clearly identify an underlying issue?	○	○
provide a plan or solution?	○	○
reference data to support the underlying issue, or can this data be easily collected?	○	○
Will the project require significant or costly resources?	○	○
This project is	○ Approved ○ Deferred	

Created: March 2015

Appendix D: Quality Improvement Calendar

Quality Improvement Calendar						
Quality Project, Program, or Area	**Project Start Date**	**Project Lead**	**Accountable Staff (Implementation Team)**	**Project Completion Date**	**QIA Team Review Date**	**Other Review Dates (e.g., Senior Leadership, BOH)**
Quality Improvement Projects						
Project 1: Administrative						
Project 2: Clinical						
Project 3: Non-clinical						
Ongoing Quality Improvement Projects and Activities						
Division or Program 1						
Division or Program 2						
Division or Program 3						
Performance Measures Review						
Health Indicators Review						
QI Training Calendar Review						
QI Plan Approval *(Calendar Year)*						
Evaluation of QI Plan						
QI Plan Evaluation Recommendations *(Calendar Year)*						
QI Plan Evaluation *(Calendar Year)*						

Created: March 2015

Appendix E: Strategic Plan Quarterly Progress and Updates

PIMA COUNTY
HEALTH DEPARTMENT

Strategic Plan 2014-2019
2014 Work Plan (Year 1)

Goal 5:	Foster a culture of performance management and continuous quality improvement across Pima County Health Department
Team Leader:	
Objective 2:	By 2019, continuously improve the quality of department programs and services
Strategy 1:	Implement department level quality improvement program

Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates	Quarter 1 Progress and Updates	Quarter 2 Progress and Updates	Quarter 3 Progress and Updates	Quarter 4 Progress and Updates	Results and Achievements	Annual Review Status
Develop department level quality improvement plan									O Completed O Carried forward O Modified O Eliminated
Educate and orient staff on the culture and principles of quality improvement									O Completed O Carried forward O Modified O Eliminated
Conduct at a minimum one (1) department-wide administrative quality improvement project									O Completed O Carried forward O Modified O Eliminated
Conduct at a minimum one (1) clinical quality improvement project at either department or program level									O Completed O Carried forward O Modified O Eliminated
Conduct at a minimum one (1) non-clinical program quality improvement project									O Completed O Carried forward O Modified O Eliminated
Promote quality improvement efforts									O Completed O Carried forward O Modified O Eliminated

Page **2** of **4**

PIMA COUNTY

Pima County Board of Supervisors

Ally Miller, Pima County Supervisor	District 1
Ramón Valadez, Pima County Supervisor	District 2
Sharon Bronson, Pima County Supervisor, Chair	District 3
Ray Carroll, Pima County Supervisor	District 4
Richard Elías, Pima County Supervisor	District 5