

Improving the efficiency and effectiveness of public health practice and operations



SAINT PAUL – RAMSEY COUNTY PUBLIC HEALTH

Quality Improvement Plan

2014

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2014 – 2018 Quality Improvement Plan

I. Purpose and scope

Policy Statement: SPRCPH will utilize the continuous quality improvement (CQI) process to systematically evaluate and improve its programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction.

The purpose of the 2014 – 2018 Saint Paul – Ramsey County Public Health (SPRCPH) Quality Improvement Plan is to provide context and a framework for quality improvement (QI) activities for the department. Commitment to QI is based on an intent to improve the outcomes of our services and programs, reduce errors in our work, maximize people and material resources, provide greater accountability, and be more responsive to the needs of our clients. To achieve this, QI efforts will target department-wide culture (“Big QI”) as well as program- or issue-specific projects (“Small QI”).

Building a culture of quality, applying quality-improvement processes, and creating a performance-management system to assess and manage performance and identify opportunities for improvement are priorities in the department’s 2014-2018 strategic plan (see Appendix A).

See Appendix B for an overview of current status and accomplishments to-date in our QI work. See Appendix C for definitions of QI-related terms.

II. Structure, roles, and responsibilities

A. Quality Improvement Leadership Team

The Department Leadership Team (DLT) has charged the Quality Improvement Leadership Team (QILT) with providing guidance and coordination of quality improvement efforts at SPRCPH. The QILT consists of a cross-section of representatives from various sections within the departments, including senior management, supervisors, division managers and front-line staff. The QILT and the DLT are charged with assuring adequate membership and representation from the department for both the QILT, and any QI workgroups that may be needed for specific QI projects.

The QILT will consist of 5-10 members, representing both senior leaders and front-line staff, including a Chairperson who serves at least a one-year term. At least one member of the QILT will also be a member of the DLT and will serve as liaison to the DLT. Members will serve for a minimum of two years; replacements can occur after two years as QILT, DLT and managers deem appropriate. Members will rotate on and off the committee on a staggered basis, ensuring at least 50% of the team has been a QILT member for at least one year at all times (beginning in 2013). The QILT will schedule meetings on a regular basis, at least monthly. A facilitator and recorder will be assigned for each meeting, and minutes will be shared on the department’s SharePoint QI website.

The QILT will:

- Develop an annual QI Plan,
- Implement/monitor the goals and objectives identified in the QI Plan,
- Identify staff training needs,
- Provide staff with training related to QI,
- Monitor and provide guidance to QI efforts,
- Assure the provision of technical assistance to QI projects, and
- Report to the DLT on progress/ results of the QI Plan.

B. Staff

Staff are an integral part of Departmental QI efforts, including participation in QI Project Teams for specific projects. QI concepts will be reflected in staff work, demonstrating an understanding of the relationship between QI activities and strategic goals and objectives.

Staff will:

- Participate in QI training determined appropriate by supervisors/ managers,
- Understand how program QI activities relevant to their work affect section goals and objectives,
- Report QI training needs or project ideas to supervisor,
- Participate in QI project teams, as requested by supervisors/ managers, and
- Incorporate QI concepts into work as assigned.

C. Supervisors / Managers

Supervisors and managers will integrate QI activities into their programs.

Supervisors and managers are expected to:

- Orient staff to the QI Plan, QILT, and resources on SharePoint,
- Assure QI activities occur in their program areas by identifying QI projects,
- Provide periodic updates or training at section/team meetings regarding QI projects or concepts,
- Encourage all staff to integrate QI concepts into daily work,
- Assign staff from their section to work on identified QI projects,
- Provide updates to the DLT regarding QI projects within their section, and
- Annually review/assess QI projects within their section

D. Department Leadership Team

The DLT provides oversight to the QILT. The QILT liaison to the DLT will regularly update the DLT on QI Plan activities.

The DLT will:

- Designate or approve the membership of the QI Leadership Team,
- Review and approve the QI Plan,
- Allocate staff and budgetary resources for QI processes and activities,

- Allocate time on the DLT agenda for updates on QI projects, and
- Report on QI activities to the County Board.

III. Resources and capacity

SPRCPH has demonstrated its commitment to QI through allocation of staff time to serve on the QI leadership team, a communicated expectation that staff at all levels will integrate QI into daily work, and the incorporation of QI as a regular agenda item for monthly DLT meetings. The department has invested resources into introductory training sessions for staff and has formally undertaken a few well documented QI projects within specific program areas. We have begun building capacity with help from the Office of Performance Improvement (OPI) at the Minnesota Department of Health (MDH) which has provided technical assistance, training, support for the development of this plan, and staff time for project-team facilitation.

As we move forward, we have identified the need for professional consultation in order to successfully take our QI work to the next level. To fully implement this QI plan and achieve our stated goals, we anticipate expending financial resources to hire outside expertise aimed at helping us cost-effectively build internal capacity, develop and implement an all-staff training plan, ensure an adequate infrastructure to efficiently build a department-wide culture of QI, and sustain our efforts into the future.

IV. Process for identification/prioritization of QI efforts

Managers and supervisors are responsible for identifying QI projects. Opportunities for quality improvement efforts within the department are identified through a variety of means, including:

- Customer/client satisfaction feedback,
- Review of department performance measures,
- Review of workplans from divisions and sections throughout the department,
- Improvement plans following public health emergency responses,
- Ramsey County Solid Waste Master Plan evaluation and review,
- Strategic Plan evaluation and review,
- Community Health Improvement Plan evaluation and review,
- Ramsey County Energy Management and Stewardship evaluation and review,
- Public health accreditation evaluation and organizational assessments, and
- “QI Culture” surveys of department staff
- Analysis of business procedures and processes.

Projects should be in alignment with the following: department’s vision, mission, strategic plan, health improvement plan, Ramsey County CSI performance measures and Public Health Accreditation Board (PHAB) standards. Priority will be given to issues that are high-risk, high-volume, or problem-prone and can be tracked and reported with aggregate data.

V. Quality improvement projects

Managers and supervisors are responsible for assigning staff to serve on teams for QI projects within their division. QI project teams are a collaborative which may include program staff, program supervisors, division managers and a QILT member as needed. QILT will work with project teams to determine the specific measures and targets appropriate for each project, ensure data are collected and analyzed appropriately, and assist in identifying the most effective methods for reporting on project activities. The team will submit the completed QI Project Proposal Worksheet (Appendix D) to QILT.

After the project plan is finalized, the team will implement the steps of a QI process, such as Plan, DO, Study, Act (PDSA), Lean, etc. The team should be intentional about documenting its process, including the use of QI tools, specific evaluation measures and defined data sources using a story board or a written summary. The summary will be shared with the QILT and posted to SharePoint. Some projects may also be shared at appropriate staff meetings or other venues. Following conclusion of the project, a QI Project Reporting form (Appendix E) will be submitted to QILT as part of project documentation.

QILT will maintain a system of monitoring and tracking QI projects. The tracking system will list the various QI activities that are in place or planned and will identify who is responsible for the project, purpose (with a link to the department's vision, mission, strategic plan or performance measures), the anticipated completion date, how progress will be monitored and reported, resources needed, and expected outcome(s) of the process.

VI. Goals, objectives and measures

The goals, objectives and measures of the QI Plan (Appendix G) for the upcoming year are informed by the strategic plan as well as direct correlation with the organizational intent to build a culture of QI and advance the knowledge and use of QI practices throughout the department. QILT is responsible for carrying out the goals of the QI plan.

VII. Monitoring and Evaluation

QILT will evaluate and revise the QI plan annually to reflect process/program improvements, changing priorities and progress towards the goals and objectives. The following sources of data will be collected and analyzed to measure progress towards the goals: customer satisfaction with services, annual QI survey results, staff attendance and evaluation ratings from QI trainings, QI project reports, and access/use of SharePoint site. The evaluation will describe progress towards the goals, objectives and measures of the plan, summarize department-wide QI projects, review the effectiveness of the QI plan and its processes, and offer suggestions for improvement. In addition, relevant information from strategic plan and community health improvement plan evaluation efforts will be considered for incorporation into updated QI plans and reported to the DLT for review.

VIII. Training

Priorities for staff training related to QI are established based on an annual all-staff survey, DLT guidance, PHAB standards, and other relevant input. A basic training to provide an overview of QI has been provided for all staff, which provided a foundation and common language for QI efforts within the department. As part of new employee orientation with managers and supervisors, employees will receive a one page overview of QI within SPRCPH and also complete QI 101 training online. Based on needs identified through surveys and discussions with leadership, additional training will occur. Advanced skill training has been provided to supervisors and key staff involved with specific QI efforts. Ongoing advanced training for a core group of dedicated staff and for QILT members will be provided.

A detailed training plan will be developed on an annual basis, based on staff surveys, supervisor feedback and recommendations from a consultant.

IX. Communication plan

A SharePoint Site has been developed to facilitate communication related to QI efforts throughout the Department. The site includes items such as QILT information, QI project updates, training materials, resources, tools, web links, survey summaries, recognition of projects. As new resources become available they will be posted to the site and announced to staff.

Regular updates will be provided to the DLT regarding QILT activities and QI projects. Potential specific opportunities for promoting QI efforts and success include publicly displaying storyboards, creating a recognition wall at public health buildings, and including QI updates in other departmental communications with the public and other key public health partners (such as the County Board and the Community Health Services Advisory Committee).

X. Sustainability of QI activities

The department has adopted into policy its intent to systematically and continuously evaluate and improve its programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. The department is committed to accountability of performance management under the Local Public Health Act, MN Statutes Chapter 145.A and achieving and maintaining accreditation through the national Public Health Accreditation Board (PHAB). Accreditation provides a framework for performance management and the incorporation of quality improvement principles and tools throughout the department. Specific goals and objectives within the SPRCPH strategic plan reinforce this commitment. Supervisors and managers are charged with incorporating QI principles into the daily work of the staff they supervise. QI discussions during regularly scheduled DLT meetings will provide an opportunity for sharing ideas and strategies effective at enhancing the culture of QI throughout the department.

SPRCPH Board Approval Date:

Appendix A

Linkages between Quality Improvement, Strategic Planning and Community Health Improvement Planning

The agency's Strategic Plan (SP), Community Health Improvement Plan (CHIP), and Quality Improvement (QI) activities cross-reference one another and are linked in the following ways.

Strategic Plan and Community Health Improvement Plan:

- Overlap between SP objectives and CHIP objectives;
- Staff commitment to CHIP action teams highlighted in the SP.

Quality Improvement and Strategic Plan:

- Goal 5 of the SP addresses continuous improvement and performance management;
- QI will be used in evaluating/improving department programmatic work;
- The department QI plan informs and is informed by SP monitoring/evaluation efforts.

Community Health Improvement Plan and Quality Improvement:

- QI will be used to help evaluate/and improve the work of CHIP action teams;
- The department QI plan informs and is informed by CHIP monitoring/and evaluation efforts.



Appendix B
Overview of Current Status and Accomplishments
Saint Paul – Ramsey County Quality Improvement
(updated: July 2014)

Accomplishments to-date related to Quality Improvement (QI) and Saint Paul – Ramsey County Public Health include:

- Adoption of a form policy statement related to QI. [*SPRCPH has an interest in systematically evaluating and improving its programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this goal, QI efforts will target department-wide culture (“Big QI”) as well as program- or issue-specific projects (“Small QI”).*](Policy revised October 2014)
- Creation of an annual QI plan to guide the department’s efforts, intentionally designed to comply with MDH guidance and PHAB standards.
- Engagement is an organizational self-assessment that identified three PHAB standards for priority attention by the Department Leadership Team (Standard 9.1: Use a performance management system to monitor achievement of organizational objectives, Standard 10.1: Identify and use the best available evidence for making informed public health practice decisions, and Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences).
- Completion of a training to orient all department staff to QI concepts and principles.
- Completion of introductory training for supervisors and department leaders (“Demystifying Quality Improvement”).
- Implementation of several formal QI projects and assurance that project documentation is consistent with PHAB requirements.
- Creation and biennial dissemination of an all-staff “QI Culture” survey.
- Evaluation of the QILT team (a self-assessment of team functioning) and review of progress toward goals.

Information related to the above can be found on the department’s QI SharePoint site.

A review of the SPRCPH QI Plans for 2011-2013 revealed the following accomplishments:

| Goal/Objectives | Who | Completed on time? | Notes |
|--|-----|--------------------|-------|
| Establish a Department QI Plan annually and adjust as required to support ongoing QI activities | | | |

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|---|------------------------|-----|---|
| Develop/ review plan annually and update as needed. | QILT | Yes | |
| Review / approve QI plan. | DLT | Yes | |
| Facilitate communication within the department related to QI efforts | | | |
| Create SharePoint site for QI communication. | Web Team | Yes | |
| Populate SharePoint site with QI information such as department QI plan, QILT information, survey results, resources, training materials. | QILT | Yes | |
| Publicize QI project updates and final reports upon completion of QI projects. | Project Teams & QILT | Yes | So far, informally reported. A more formal reporting system is under development. |
| Identify and address QI training needs | | | |
| Survey all staff to assess QI culture and training needs related to quality improvement. | QILT | Yes | |
| Provide all-staff training on quality improvement. | QILT | Yes | |
| Provide advanced training for lead quality improvement staff. | QILT | Yes | Expanded training plan is under development and contingent on assistance from a consultant. |
| Provide guidance and resources to QI efforts | | | |
| Solicit input from all staff regarding potential QI projects via a survey and DLT. | QILT | Yes | |
| Create and implement a process for proposing QI projects. | QILT | Yes | Created; implementation slated for 2014 |
| Create and implement a process for tracking QI projects. | QILT & PT | | Created; implementation slated for 2014 |
| Create and implement a process for reporting on QI projects. | QILT & PT | | Created; implementation slated for 2014 |
| Maintain resources on SharePoint for staff to use to support their QI efforts. | QILT | Yes | Additional work needs to be done to ensure we have the capacity to support projects. |
| Incorporate QI involvement as part of annual employee evaluation. | Supervisors & Managers | Yes | Begun; will be looked at further as part of our |

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|--|------|-----|---|
| | | | development of a performance management system |
| | | | |
| Evaluate QI Plan efforts | | | |
| Review progress/ results of QI plan activities and report to the DLT. | QILT | Yes | |
| Document QI training that is conducted and staff participation. | QILT | Yes | |
| Document communication and recognition activities in past year. | QILT | Yes | Need to expand recognition activities as additional formal projects are completed. |
| Measure change in department QI culture via a follow-up survey. | QILT | Yes | |
| Create and share a summary of lessons learned from the year's QI projects. | QILT | No | Waiting for additional formal projects to be completed and documented; pending assistance from a consultant |

A 2012 year-end evaluation of QILT for its effectiveness as a working team (using the “Team Process Review Checklist” developed by the Public Health Foundation for review of the QI *project* teams and adapted for use with a QI *leadership* team) showed that QILT has established the following elements considered essential for a successful QI team launch:

- Team charter developed
- Team sponsor review of the charter [where Department Director is considered the team “sponsor”]
- Team members selected
- Team leader selected
- Subject matter experts identified for input as required
- Team trained in QI tools and techniques
- Team meeting schedule developed
- Kick-off meeting held with senior management commitment clearly stated
- Team identified comprehensive customer requirements [where department staff was defined as the “customer” for QILT’s work]
- Regular team meetings held

- Team minutes published
- Team facilitator assigned
- Team set appropriate enabling and outcome measures
- Team and sponsor held regular review meetings
- Team completed their assigned project [where “project” is defined as the QILT’s workplan]
- Team developed a Gantt chart of key implementation milestones [our workplan matrix is used in lieu of a formal Gantt chart]
- Celebration for effective team project completion held and advertised to stakeholders [currently rely on SharePoint for “advertising to stakeholder” with a note that a more proactive promotional campaign should be developed]
- Team used data (e.g., the all-staff survey data, feedback from supervisors, information shared during trainings, etc.)

The checklist also includes the following items which the team decided were not specifically addressed through the work of the QILT but could be targeted for attention/training if deemed necessary at a future time:

- Team trained in team and communication skills
- Team followed the PDSA cycle*
- Team created effective data collection plan*
- Team engaged in appropriate analysis for data and process outcomes*
- Project solution implemented and key deliverables achieved*
- Process long-term maintenance strategy tested and in place*

*Items specifically related to QI projects and less appropriate for evaluating an oversight team like QILT but worth keeping in mind as QILT may want to conduct a QI project on its effectiveness at some point.

Appendix C
Quality Improvement Definitions
Updated: June 2014

Accreditation: According to the Public Health Accreditation Board (PHAB), Accreditation is defined as:

- The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
- The periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards.
- A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

Community Health Improvement Plan (CHIP): A long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

Continuous Quality Improvement (CQI): An intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes.

Customer satisfaction: A measure of how products and services supplied by an organization meet or surpass customer expectations. Customer satisfaction is the number of customers, or percentage of total customers, whose reported experience with an entity, its products, or its services (ratings) exceeds specified satisfaction goals.

Mission: A mission statement is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals

Plan, Do , Study, Act (PDSA): A four-step quality improvement method in which step one is to plan an improvement, step two is to implement the plan, step three is to measure and evaluate how well the outcomes met the goals of the plan, and step four is to craft changes to the plan needed to ensure it meets its goal. The “PDSA cycle” is repeated, theoretically, until the outcome is optimal.

Program Evaluation: Program evaluation is defined as the systematic application of social (or scientific) research procedures for assessing the conceptualization, design, implementation, and utility of social (or community) intervention programs.

Quality Assurance (QA): The aim of QA is to demonstrate that services in a public health department meet a set of requirements. Processes and outcomes are compared to pre-defined criteria. QA assesses compliance against standards and is usually retrospective or reactive. Questions such as "Were standards met?" and "Were deficiencies corrected?" are commonly asked.

Quality Improvement (QI) Champion: Staff who exhibit characteristics such as early adaptors, innovators, analytic thinkers and have interest in increasing knowledge of and experience with principles and tools. They will regularly advocate for the use of QI in the department and serve as members of QILT. Following advanced training, act as a member of technical assistance team in support of QI projects as appropriate.

Quality Improvement (QI): A formal approach to the analysis of performance and systematic efforts to improve it. In public health, QI employs a deliberate and defined improvement process like Plan-Do-Study-Act (or PDSA) 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.

Quality Improvement Leadership Team (QILT): The QILT will be responsible for the overall implementation of the department's QI plan, and will be comprised of staff who represent the various program areas within our agencies. The QILT operates under the leadership of the Department Leadership Team.

Quality Improvement (QI) Plan: Identifies specific areas of current operational performance for improvement. It also serves to inform staff and stakeholders of the direction, timeline, activities, and importance of quality and quality improvement. QI plans and strategic plans can and should cross-reference one another, so a quality improvement initiative that is in the QI plan may also be in the strategic plan.

Quality Improvement (QI) Project Teams: Program-level teams, organized by staff, to carry out QI activities, such as PDSA cycles. QI Project Teams are charged with developing, implementing, evaluating and reporting QI projects, with support from the QILT.

SMART Goals: A strategy for creating effective goals. S= Specific, M= Measurable, A= Attainable, R= Realistic, T=Timely

Strategic Management: In contrast to strategic planning, strategic management is the larger process that is responsible for the development of strategic plans, implementation

of strategic initiatives, and ongoing evaluation of their collective effectiveness. A strategically managed public organization is one in which budgeting, performance measurement; human resource development, program management and all other management processes are guided by a strategic agenda that has been developed with input from stakeholders communicated among external constituencies as well as internally.

Strategic Plan: A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department’s strategic plan focuses on the entire health department.

Strategic Planning: The process an organization uses for clarifying its mission and vision, defining its major goals and objectives, developing its long-term strategies for moving an organization forward in a purposeful way, and ensuring a high level of performance for the future. As compared to “program planning,” strategic planning (and quality improvement) occurs at the level of the overall organization, while program planning and evaluation are program-specific activities that feed into the strategic plan and into quality improvement. Program evaluation alone does not equate with quality improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented.

Values: Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work.

Vision: Vision is a statement of the agency’s goals—why it does what it does and what it hopes to achieve.

Appendix D
SPRCPH Quality Improvement Project Proposal

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| QI Project Title |
| <i>Date</i> |
| <i>Submitted By</i> |
| <i>Explain the problem (process targeted for improvement)</i> |
| <i>Key Project goals and objective(s):</i> |
| <i>Please describe how the project connects with the department's guiding documents such as: vision, mission, strategic plan, section work plan</i> |
| <i>What is the baseline data identified in order to measure change?</i> |
| <i>What makes this project a priority?</i> |
| <i>List resources needed (financial and other)</i> |
| <i>List internal and external people who have a stake in this process, program or service (e.g. customers, clients, families, community-based resources, businesses)</i> |

Appendix E
SPRCPH Quality Improvement Project Report

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| <i>1. Project Title:</i> |
| <i>2. Submitted by: Supervisor:</i> |
| <i>3. Project start date:</i> <i>Project completion date:</i> |
| <i>4. Project goal:</i> |
| <i>5. Project objectives:</i> |
| <i>6. What were the performance measures at the start and completion of the project? Give actual percentages, rates, or other measures.</i> |
| <i>7. Were the project's goal and objectives accomplished? Please describe the variables involved in reaching or not reaching the goal and objectives.</i> |
| <i>8. What were the unanticipated outcomes of the project?</i> |
| <i>9. What barriers did the team encounter and how were they resolved? What were the lessons learned?</i> |
| <i>10. What resources were critical to the project's work? What additional resources would have been beneficial to the project?</i> |
| <i>11. How will this project's learning be shared with others?</i> |
| <i>13. Quality Improvement Method Used</i> PDSA____ Lean____ Other____ |

Appendix G
Goals, Objectives and Measures

| Goal | Objectives to be achieved by July 2015 | Activity | Performance Measure | Responsibility |
|--|--|---|---|-------------------------------------|
| 1. Advance the culture of QI within the department | 75% of staff will agree that the department is advancing a culture focusing on continuous QI | <ul style="list-style-type: none"> a) Fully implement, monitor and evaluate the QI plan annually b) Involve staff in decision-making related to QI c) Ensure all new staff are provided with an overview of how SPRCPH applies QI principles to work processes d) Ensure all new staff participate in online QI 101 training e) Incorporate QI awareness and involvement as annual part of employee evaluation | <p>% of staff agree that the department is advancing a culture focusing on continuous QI.</p> <p>Measurement will be obtained with annual all-staff survey</p> | QILT/DLT Managers Supervisors |
| 2. Improve staff capacity to engage in QI efforts | 75% of staff will agree that the department has a high level of capacity to engage in QI efforts | <ul style="list-style-type: none"> a) Plan, coordinate, and evaluate staff improvement training b) Identify and enlist a group of cross-departmental staff to serve as QI Champions within their respective divisions and serve as active members of QILT c) Provide targeted training for QI Champions, empowering them to serve as technical assistance staff for QI projects as appropriate | <p>% of staff agrees that the department has a high level of capacity to engage in QI efforts.</p> <p>Measurement will be obtained with all-staff survey, QI training evaluations, and QI Champion suggestions/feedback</p> | QILT Managers Supervisors |
| 3. Assure measurable departmental | 100% of projects implemented and | <ul style="list-style-type: none"> a) Managers/supervisors will identify and enlist staff for QI | % projects selected and monitored by | DLT Managers |

| | | | | |
|---|--|---|---|-----------------------|
| success with QI efforts | monitored by the QILT will have demonstrated measurable improvement | <p>projects based on selection/prioritization criteria</p> <ul style="list-style-type: none"> b) Implement and maintain process for identifying, tracking and reporting on QI projects c) Develop capacity building plan to support ongoing projects d) Maintain tools/resources on SharePoint for teams to use with QI efforts | <p>QILT/DLT will have demonstrated measurable improvement.</p> <p>Measurement will be obtained via written QI project reports.</p> | Supervisors QILT |
| 4. Increase awareness and communication within the department related to QI efforts | 75% of staff will know where to access internal QI project reports, QILT information and resources | <ul style="list-style-type: none"> a) Publicize and direct staff to SharePoint site for QI project updates and final reports b) Populate SharePoint site with QI information such as QI plan, QILT information, survey results, and resources/training materials c) Maintain SharePoint site for QI communication, ensure QILT uses it as a means of accessing meeting agendas and minutes | <p>% of staff that know where to access department QI information.</p> <p>Measurements will include number of "hits" on SharePoint site; % of QILT agendas and minutes on SharePoint site; QI plan, resources/training materials accessed on SharePoint</p> | QILT Project teams |



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