TARRANT COUNTY PUBLIC HEALTH DEPARTMENT

# Continuous Quality Improvement Plan

CQI

July 2016

**MISSION-** Using our expertise to advance our community's health through accountability, quality and innovation.

**PURPOSE-** Provide guidance and direction on how to conduct, manage, and review Continuous Quality Improvement (CQI) initiatives, interventions and projects throughout our organization.

## GOALS:

- All staff will support a culture of CQI throughout the organization.
- All staff will participate in CQI processes and activities.
- Each division/program's CQI activities will align with the organization's CQI plan.
- Deliver advanced CQI training to the PM/CQI committee members during bi-monthly committee meetings, and as necessary.
- All staff will complete CQI modules 1&2 on the Tarrant County Public Health (TCPH) Learning Management System (LMS) by 15 November 2016.
- All PM/CQI Core Team and Committee members will complete CQI modules 1-3 on the TCPH LMS by 15 November 2016.
- All newly hired TCPH staff will complete CQI modules 1&2 by 60 days after being hired and reporting to TCPH.
- Conduct annual CQI survey for Expanded Leadership Team (ELT), PM/CQI committee members, and divisional/program CQI activity leads by 6 April 2016.
- Create, and update PM/CQI newsletter on a bi-monthly basis that coincides with the PM/CQI committee meetings. Solicit input for newsletter from PM/CQI Core Team and Committee members.
- Ensure the PM/CQI information on the TCPH website is reviewed quarterly for accuracy and relevance.

## GOVERNANCE

The Leadership Team (LT) task and support the Performance Improvement Coordinator with developing and approving a quality improvement plan, with plan recommendations from the PM/CQI Core Team and Committee. The PM/CQI Core Team will oversee all aspects of the Performance Management System (PMS), to include CQI activities, as it is one of the components of the organization's PMS Framework. The PM/CQI Core Team will establish specific processes, schedules and reporting methods for CQI activities within the department, with feedback and recommendations from the Committee when necessary.

The leadership and expanded leadership teams, core team and committee members' titles, positions and responsibilities are listed and described in the TCPH PM/CQI Policy.

## CQI LEADERSHIP

The key to attaining our organization's Vision, is Visible Leadership. Our organization must continually evolve, by improving how we do, what we do: providing the 10 Essential Health Services to our community. Success in this endeavor requires the leadership throughout TCPH to be actively involved in our improvement processes, and cultivate a culture of CQI. Oversight, coordination, delegation of roles and responsibilities, and personal accountability will clearly define our direction as we move forward and continually seek to improve our processes and programs.

At TCPH we understand that CQI leadership is the responsibility of top management. However, we also understand that leadership comes from our staff. "CQI is driven and powered by you and your bright ideas…" –Dr. Anita Kurian, Associate Director, TCPH. Experience, expertise and tacit knowledge fuel our staff with quality improvement ideas continually. Moreover, our staff is empowered and encouraged by leadership to identify and participate in CQI initiatives, interventions and projects throughout the organization. These actions help to create a learning organization, foster working relationships that may not have previously existed, and provide solutions not only from the top-down, but from the bottom-up.

## TRAINING

A major component of, and challenge to today's health organizations is training. Maintaining a competent, well-trained staff is paramount when continuous quality improvement is one of the tenets of the organization. As we develop our PMS, its CQI component will be used to identify gaps and opportunities for improvement, this will be accomplished with the Plan-Do-Check-Act (PDCA) cycle. As with anything cyclic, it is repetitive in nature, and allows for a continual improvement of processes and programs.

CQI training is the responsibility of all staff, with leadership support and at times, intervention. Quality improvement training, whether formal, informal or lessons learned will be conducted by members of the PM/CQI Core Team and Committee. However, periodically, training may be conducted by staff members from the various divisions/programs outside of the team and committee.

Opportunities for the different facets of CQI training occur continuously, whether it is a period of instruction (formal/informal) or practical hands-on training, staff members are encouraged to participate in all levels of training. When providing any level or type of quality improvement training, a number of factors should be considered per PHAB Measure 9.2.2 A 1:

- How did staff problem-solve and plan the improvement?
- How did staff select the problem/process/program to be addressed and describe the improvement opportunity?
- How did they describe the current process surrounding the improvement opportunity?
- How did they determine all possible causes of the problem and agree on contributing factors and root cause(s)?
- How did they develop a solution and action plan, including time-framed targets for improvement?
- What did the staff do to implement the solution or process change?

- How did the staff review and evaluate the result of the change, and how did they reflect and act on what they learned?

During the bi-monthly PM/CQI Core Team and Committee meetings, the members will receive instruction, as needed, on the CQI processes and procedures for documenting their CQI project in their divisions/programs.

Below is the 2016-2017 CQI training schedule:

- All staff will complete CQI modules 1&2 on the Tarrant County Public Health (TCPH) Learning Management System (LMS) by 15 November 2016.
- All PM/CQI Core Team and Committee members will complete CQI modules 1-3 on the TCPH LMS by 15 November 2016.
- All newly hired TCPH staff will complete CQI modules 1&2 within 60 days after being hired and reporting to TCPH.
- Deliver advanced CQI training to the PM/CQI committee members during bi-monthly committee meetings, and as necessary.
- Provide PM/CQI Core Team and Committee, project leads/alternates and any other staff Project Management101 training throughout the year.

## CQI PROJECT IDENTIFICATION & PROCESS

CQI is implemented organization wide through the joint effort of every staff member. Each person within the department has a role that contributes to the successful achievement of the organization's mission of continuous quality improvement. The TCPH CQI project process is designed to be an ongoing PDCA cycle that has previously began at the beginning of the project year, in May.

Previous projects were aligned with the department's strategic plan, and were selected with regard to complexity. We are further developing our performance standards and measures, with well-defined progress reporting. Although our PMS was being further developed, the annual CQI projects provided an excellent opportunity for staff training and familiarity with the CQI process.

Future CQI projects will be considered an initiative or intervention. This will be determined once an opportunity or a gap is identified for improvement. Although quality improvement is a component of our PMS framework, CQI will be used as a tool to check performance standards and measures, which are aligned with the department's strategic plan.

The process is as follows:

### Plan

- The department's strategic plan provides organizational direction for fiscal years 2017-2020. CQI initiatives and interventions will be utilized in the event targeted performance metrics are not met or possibly over achieved; CQI projects should not be conducted arbitrarily. CQI project training events are not arbitrary in nature; they are opportunities to increase staff knowledge.

- Managers and their staff identify process improvement opportunities or gaps within their divisions/programs. Achievement of performance standards, measures or targets (under/over) must be given consideration when determining whether an improvement initiative or intervention is necessary.
- Staff members are selected to lead the CQI project, with a designated project lead and alternate. The lead and/or alternate will also act as liaison between their respective division/program and the PM/CQI Core Team and Committee. It is recommended that project leads have an acute understanding of CQI processes, depending on project complexity, in order to better facilitate CQI project activities.
- A brainstorming session(s) and Strengths-Weaknesses-Opportunities-Challenges (SWOC) analysis are performed. Three (3) projects are identified and proposed to the division/program manager for selection. **NOTE**: The (3) project selection was for the 2016 CQI project year; future project selections will coincide with departmental strategic targets.
- After the (3) projects have been proposed to the division/program manager, the projects should be prioritized and vetted with the respective staff to be Specific-Measurable-Achievable-Relevant and Time-bound (SMART). Furthermore, budgetary constraints and cross-functional assistance **MUST** be taken into consideration during project selection. Once these factors are considered and completed, a single project should emerge.
- The selected project will be briefed to the PM/CQI Core Team Chair, a project review questionnaire will be provided to the project lead, and Core Team review time slots will be assigned to each participating division/program.
- Projects are reviewed with the PM/CQI Core Team for guidance, lessons learned, assistance, departmental cross-functional assistance, resources, etc.
- Project development forms are completed, and provided to division/program Associate Director for approval. Baseline data should be established at this point. If not, a Core Team intervention may be required to review and assist with baseline data collection.
- A final PM/CQI Core Team review will be conducted to ensure CQI project accuracy and timeliness. The core team then forwards the approved project to the LT for final approval.

**Do / Check / Act**

- The project team begins the initiative/intervention project using the PDCA cycle quality improvement model. Although all phases of the PDCA cycle are critical, particular attention **MUST** be given to the project as it progresses through these phases; this is where project adjustments will be made to ensure process success.
- Project leads provide quarterly project updates to the PM/CQI Core Team for review and updates.
- CQI projects progress through the fall and winter months; the National Quality Month is in November, and all project phases will be completed by the end of February.

**Project Close-Out**

- After project completion, the team analyzes the results and creates a summary report and a project story board that indicates if performance measures were or were not achieved and next steps: adjust, adopt or abandoned. This information is provided to the LT via the Core Team.
- The CQI project summary report form includes the cumulative data collected and analyzed, actions taken based on the results of the data obtained, and ongoing monitoring of the improvement. The summary form also includes evaluation and next steps for projects that did not achieve their performance targets.
- Storyboards are displayed in the TCPH lobby during the D.H. Fabio Health week. LT and people's choice project award voting is conducted, and results are provided to all.

## CQI Schedule/Plan FY 2017

**CQI project milestones are as follows:**

- **19 May 2016 -** CQI project year begins, with the Planning phase of the PDCA cycle. SWOC analysis conducted and (3) projects selected.
- **30 June 2016 -** Division/Program management and staff select initiative/intervention for improvement project.
- 15 July 2016 TPCH CQI Plan revised, and submitted for approval.
- **15 July 2016 -** CQI project leads/alternates meet with PM/CQI Chair for project brief, questionnaire, and Core Team review time slot.
- **19 & 20 July 2016 -** Project leads/alternates meet with PM/CQI Core Team for project review.
- **15 August 2016 -** Project development forms are due to Core Team for review.
- **31 August 2016 -** Finalized project to Associate Director for approval.
  **NOTE**: Baseline data will be established prior to Core Team final review. If not, a Core Team intervention may be necessary.
- **20 September 2016 -** PM/CQI Core Team final project review.
- **27 September 2016 -** CQI projects submitted to LT for approval.
- **3 October 2016 -** CQI projects begin Do-Check-Act phases of PDCA cycle.
- **November 2016 -** National Quality month is observed.
- **28 February 2017 -** All project phases completed.
- **15 March 2017 -** Divisional/Program project summary reports due to Core Team, via Core Team chair.
- **22 March 2017 -** Summary reports to LT for review.
- **31 March 2017 -** Story boards due to Core Team for review.
- **17 April 2017 -** Storyboards displayed in TCPH lobby during the D.H. Fabio Health Quality week.
- **24 April 2017 -** LT and People's Choice award voting commences.
- **28 April 2017 -** LT and People's Choice award winners announced.

## CQI ACTIVITY COMMUNICATIONS

Communication for all CQI activities is conducted in the following manner:

- Outlook meeting requests for bi-monthly and unscheduled meetings are sent by the PM/CQI Chairpersons and/or the administrative support personnel.
- Meeting agendas are sent by the PM/CQI Chairpersons via administrative support.
- Meeting reminders, reports, deadlines, etc. are sent by the PM/CQI Chairpersons via administrative support.
- Meeting minutes are compiled by administrative support and available via the PM/CQI Chairpersons.
- PM/CQI Committee members MUST keep their information up to date with the Chairpersons in order to maintain access to the PM/CQI electronic share drive. This drive is where training materials and materials developed by the Core Team and Committee are located.
- PM/CQI updates are provided quarterly during the bi-monthly PM/CQI meetings.
- The PM/CQI Newsletter is compiled, produced and distributed through the joint efforts of the Media Team, Core Team, Committee and the PIO.
- During the Douglas H. Fabio Quality Improvement Week, department wide recognition of CQI projects will be displayed in the main lobby.

## ASSESSMENT OF THE EFFECTIVENESS OF THE CQI PLAN & ACTIVITIES

To assess the effectiveness of the CQI Plan, the following will be:

**15 November 2016** – The PM/CQI Core Team will prepare a mid-year (2nd Qtr.) written report of the findings from the Divisions/Programs.

**17 November 2016 -** The PM/CQI Core Team will provide and discuss its findings with the PM/CQI Committee during the bi-monthly meeting.

**18 May 2017** – The PM/CQI Core Team will present their annual CQI report to the PM/CQI Committee during the bi-monthly meeting. The report will include the following:

- Review of the process and progress toward achieving goals, objectives and targets (under/over-achieved).
- Successes and lessons learned.
- Any cross-functional/divisional projects.
- All CQI plan updates or revisions, and the decision to adjust, adopt or abandon a project, based on progress reports.

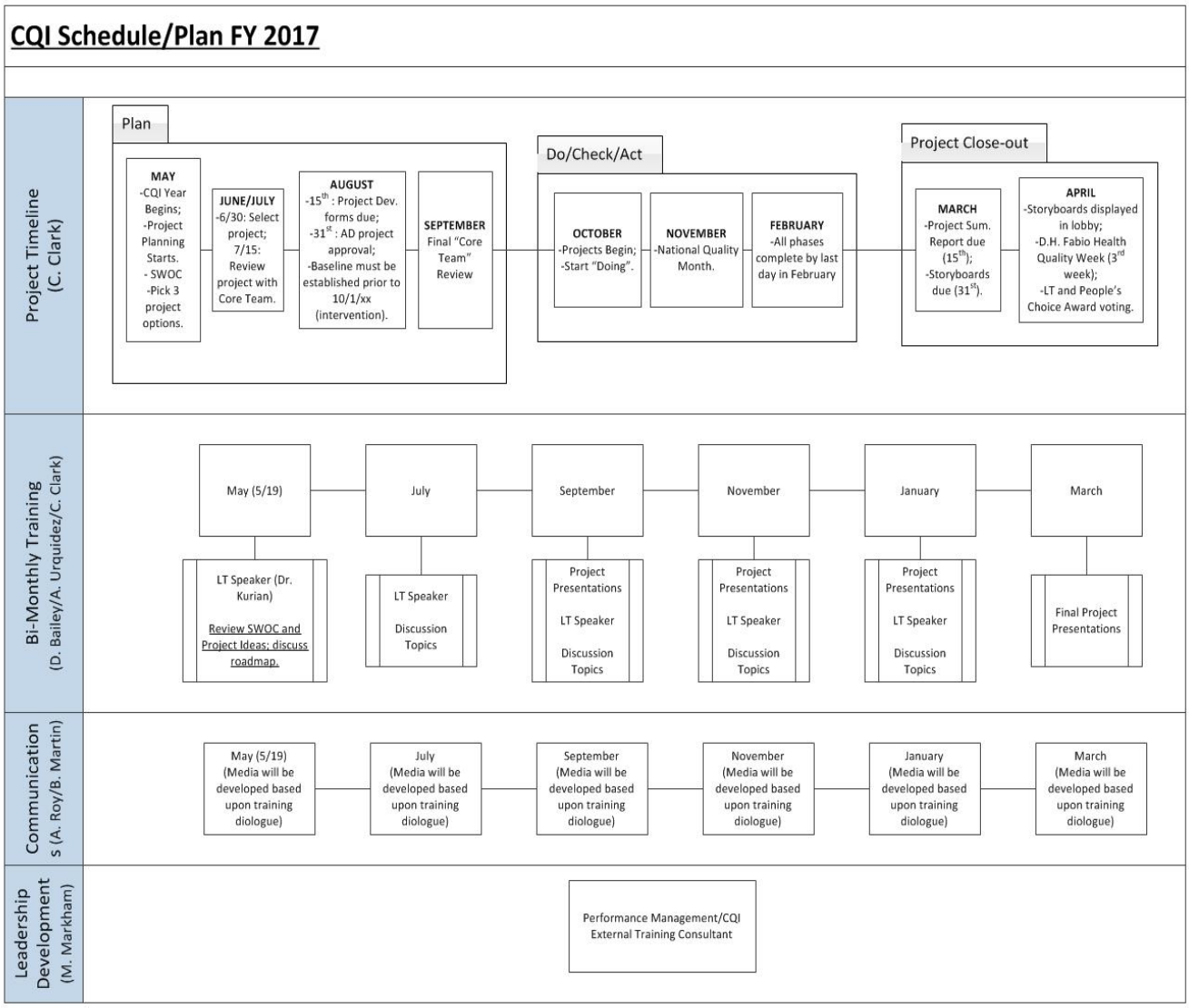
## APPENDIX: A

Contains the following CQI project documents:

1. 2016-2017 CQI Schedule/Plan
2. CQI Project Review Questionnaire
3. Project Implementation Checklist
4. Project Development Worksheet
5. Project Quarterly Status Update
6. Project Summary Report
7. Project Monitor Update

# APPENDIX A

## 2016-2017 CQI Schedule/Plan



# CQI Project Review Questionnaire

## 2017 CQI Project Review Questions
## July 19th and 20th, 2016

*We are excited to hear about how your CQI project planning is going for 2017. Please work with your CQI team and complete the CQI project idea questions below (please type your answers) and be ready to talk with the CQI Core Team on either Tue., July 19th, or Wed., July 20th about this year's project. Please email your completed SWOC analysis and this completed questionnaire to the to the TCPH PM CQI mailbox (TCPH-PM_CQI@TarrantCounty.com) by close of business Monday, July 18th. We look forward to hearing about your ideas for this year…*

### SWOC Analysis

1. From your SWOC analysis, what were the opportunities and/or challenges that lead your team to these possible CQI project(s)?
2. What project ideas came out of the SWOC analysis?

### Project Development Worksheet

3. Which project do you feel will have the most impact and why?
4. What outcome do you want to improve?
5. Why does this outcome need to be improved? (Is a standard not being met?)
6. What process/procedure are you going to change to achieve this improvement?

### Data Collection Plan

7. Do you already have your baseline data for this project?

   If yes….
   a. What did you measure?
   b. How did you collect your data?
   c. How much data was collected and over what length of time?
   d. Did the data reflect a need for improvement?
   e. How much improvement do you want to achieve?

   If no…..
   a. What will you be measuring?
   b. How will you collect your data?
   c. How much data needs to be collected and over what time period?
   d. When will you start and finish collecting your data?
   e. Do you have an idea of how much improvement you want to achieve?

# CQI Project Implementation Checklist

| TCPH CQI Project Checklist; Rev 7/2016 (Page 1) | | | |
|---|---|---|---|
| | **Items to Consider** | **Explanations/QI Tool Suggestions** | **Date Completed** |
| Plan / To Be Completed by August 15th | **Complete a SWOC analysis to determine at least 3 possible CQI projects for the year.** | Use the SWOC template and tools to aid in completing the SWOC with your team. | |
| | **Choose the improvement area we want to focus on for our CQI project from the SWOC analysis; remember projects must align with the TCPH performance management standards.** | If there are multiple improvement suggestions, use one of the decision making tools to prioritize them, e.g. Criteria Rating Form, Weighted Voting, Effort and Benefit Matrix. Before moving forward, make sure you can demonstrate alignment of the improvement with the current strategic plan, the 10 Essestial Public Health Services, and/or accreditation requirements. | |
| | **Select our CQI project team leader, team members, and team facilitator (usually the CQIC member)** | All staff involved should be represented; team leader should be a non-supervisory staff member whenever possible. Co-leadership with both supervisory and non-supervisory staff is acceptable when it is necessary for the proposed project | |
| | **Select a specific issue/problem you want to improve and develop a general aim statement about what you want to do.** | Write a simple statement about what you want to improve. For example: "We want to decrease the amount of time our clients spend waiting for service." Don't worry about making it SMART until you have collected baseline data. | |
| | **Document the current process in use** | Use flowchart(s) for documenting the current process to identify where problems might exist. | |
| | **List reasons why there are issues/problems with the current process** | Use a fishbone diagram to document and organize the possible causes. Use the 5 whys to get to the root cause of each of the causes. | |
| | **List possible changes in our process that might improve it** | Brainstorm possible changes and use one of the decision making tools listed above to document your selection process if needed. | |
| | **Develop our improvement theory** | (If…Then Statement) What do we predict will happen if we make this change? | |
| | **Choose an indicator that we can measure that will reflect our improvement theory.** | Your indicator must be measurable. Look at what you can measure to show improvement for this target indicator. | |
| | **How will we get our baseline data for our target indicator to establish our current performance. Will this process work for our improvement performance?** | Discuss and develop a data collection plan. What data will be collected? Do we have existing baseline data or does it need to be collected? How much data is needed to show improvement? Who will collect the data? When will it be collected and for how long? How will the data be recorded and organized? Who will monitor the data collection process? Use the CQI Project Worksheet and data collection strategies, e.g. check sheets, checklists, database searches, or manual searches, to determine your baseline and improvement data collection procedures. | |
| | **Does our baseline data show the need for improvement? What will be our target improvement goal based on our current performance?** | Make your improvement goal realistic and acheivable based on your current performance data. If your baseline data does not show a need for improvement, are you measuring the correct target indicator? | |
| | **Develop our improvement goal / SMART Aim Statement** | **Fill in the blank SMART Aim statement template:** | |
| | Specific: Who is our target population? What are you changing? | We will increase / decrease: | |
| | Measurable: By how much do we want to improve? (could be a percentage, average of, number of, count of…) | _____ (outcome) | |
| | Achievable: Do we have all of the means to accomplish this goal? (Funding, staff, equipment, time, approvals) | from: _____ (baseline %, rate ,#, ave…) | |
| | Relevant: Why is it important to us and to our client? What is the benefit? | to: _____(future state %, rate ,#, ave…) | |
| | Timeline: When will the project be complete? Remember we cannot begin our project until the LT has approved it | by: _____(date, usually 3-6 month timeframe)<br>in: _____(Target Population) | |
| | **List all processes or procedures impacted by the proposed change(s).** | Brainstorm all possible processes or procedures that will have to change in response to the proposed improvement. Make sure any changes needed are planned and ready to be implemented at the same time as your improvement. Flowchart the new processes. | |
| | **List all staff, program/divisions, clients impacted by the proposed change(s).** | Brainstorm all people that will have to be notified, trained, and/or updated in response to the proposed improvement. If needed, develop a communication plan to inform the appropriate people about potential changes. | |
| | **List the constraints and required resources for implementing this improvement.** | Regulations, policies, funding, staffing, space needs, equipment ….. | |
| | **Determine a proposed start and end date for our CQI project** | Make sure you have enough time to notify everyone impacted by the change, complete training on the improvement process and data collection process, to collect representative baseline data (if you do not already have it available) and improvement data, and complete analysis of your data. | |
| | **Create an improvement plan to organize our objectives, tasks, and timelines to ensure the progress of our CQI project.** | Use one of the QI planning tools (Gantt Chart, Tree Diagram) to begin to plan your project by breaking down your overall improvement goal into smaller defined objectives, tasks, measures with defined priorities, timelines, and/or milestones; remember this is not a static document, it will be updated with new objectives/tasks/timelines throughout the duration of the project. | |

| TCPH CQI Project Checklist; Rev 7/2016 (Page 2) | | | |
|---|---|---|---|
| | **Items to Consider** | **QI Tool Suggestions** | **Date Completed** |
| **Do** | **Review your CQI project planning tool. Update and prioritize with new objectives, tasks, timelines, and assignments as needed.** | Make sure you have included all tasks that need to be completed in the order they need to be done before implementing the improvement. Be sure to include the "Do", "Check", and "Act" items listed below in your CQI project planning. | |
| | **Develop and implement a training plan before initiating the improvement.** | Plan and complete any training that is needed; include what information is needed; who will develop the training, who needs to be trained, and when it will take place. | |
| | **Notify everyone impacted by the proposed changes/improvements before the start date.** | If you developed a communication plan, has it been implemented? | |
| | **Implement our improvement and begin data collection as planned.** | Remember collect the same kind of data for your improvement data as you did for your baseline data so a valid comparison can be made. Should be outlined in the CQI Project Worksheet | |
| | **Consistently monitor our data collection process for completeness, timeliness, and quality** | Should be outlined in theCQI Project Worksheet. A team member should be assigned this job. | |
| | **Analyze our data collected using the same method used for baseline data.** | Should be outlined in the CQI Project Worksheet. | |
| | **Document all implemented changes so the process can be duplicated and standardized if successful.** | Be sure to record all changes or modifications made before implementation of the improvement to ensure repeatability by everyone if the improvement is adopted into daily operations. | |
| **Check** | **Compare our improvement results to our baseline results and evaluate. Did we meet our improvement goal from our SMART Aim statement? If no, list possible reasons why this might be.** | Document the results of the comparison. Did you meet/exceed your goal or not? By how much? Use data analysis tools to visually display your results; such as bar charts, run charts, or control charts. | |
| | **Document any new knowledge that was learned during our project. (Lessons Learned)** | What worked well? What could have gone better? Did we forget anything critical? How can we do it better next time? | |
| | **List additional improvements that can be made through any of the "lessons learned" in our project.** | Consider other improvement possibilities that could be planned from some of the lessons learned in this project. | |
| | **Evaluate the measure(s) used to determine success for our project.** | Were they adequate, too low, or too high? Were our results on target with the improvement theory we developed early on? | |
| **Act** | **Describe what we will do to sustain or continue the improvement. (Next Steps)** | Will you adopt the improvement as is or adapt it and do another PDCA cycle for further improvement of the process? | |
| | **Describe any ongoing measures we will put in place after this project.** | Will this level of improvement (%, #, Ave) be the standard from this point forward? Will we add this improvement to a routine quality assurance audit requirement. | |
| | **Describe how this improvement will be monitored, what QI tool, how often, who will do it.** | Find a way to build this into your regular Quality Assurance activities. It needs to be an ongoing monitor for periodic follow-up evaluation to make sure the improvement is sustained over time. | |
| | **If we did not reach our target improvement goal, describe our next steps to improve these process.** | Look at our reasons and the lessons learned we listed in "Check" above . What can we do differently to achieve our improvement goal? | |

| CQI Project Documentation Due Dates | |
|---|---|
| ***Please email completed forms to the TCPH PM CQI mailbox (TCPH-PM_CQI@TarrantCounty.com) by the listed due date.*** | **Date Completed** |
| **By July 18, 2016: Email our completed SWOC Analysis Worksheet and Project Review Questionnaire.** | |
| **By August 15, 2016: Email our completed CQI Project Development Worksheet.** | |
| **By August 15, 2016: Email our completed CQI Project Status Update for the 1st Quarter (May through July).** | |
| **By August 31, 2016: Revise our CQI Project Development Worksheet if needed after Core Team review and submit finalized worksheet to our Associate Director for approval signature.** | |
| **By September 20, 2016: Email our finalized CQI Project Development Worksheet with AD approval signature.** | |
| **By November 15, 2016: Email our completed CQI Project Status Update for the 2nd Quarter (August through October)** | |
| **By February 15, 2017: Email our completed CQI Project Status Update for the 3rd Quarter (November through January)** | |
| **By March 15, 2017: Email our completed CQI Project Summary Report** | |
| **By March 31, 2017: Deliver our completed storyboard for our CQI Project for display during April** | |
| **By May 15, 2017: Email our completed CQI Project Status Update for the 4th Quarter (February through April)** | |
| **By September 15, 2017 (≈ 6 months after CQI project completion): Email our completed CQI Project Monitor Update** | |

# Project Development Worksheet

Tarrant County Public Health

PLAN DO CHECK ACT

**TARRANT COUNTY PUBLIC HEALTH CQI PROJECT DEVELOPMENT WORKSHEET (page 1)**

| | | | | | |
|---|---|---|---|---|---|
| **CQI Plan Year:** | | | **Division:** | | |
| CQI Project Title/Name: | | | | | |
| CQI Project Sponsor: | | CQI Project Team Facilitator: | | CQI Project Team Lead(s): | |
| Project Team Members: | | | | | |

| | |
|---|---|
| What outcome do you want to improve? | |
| Why does this outcome need to be improved? | |
| What process/procedure are you going to change to achieve this improvement? | |

| | | |
|---|---|---|
| List CQI tools used for: | Determining the Root Cause of your problem | |
| | Developing Improvement Strategies | |
| | Selecting your Improvement strategies | |
| | Planning your CQI project | |

| | Strategic Plan | Public Health 10 Essential Services | Accreditation Requirements |
|---|---|---|---|
| Indicate the PM standard alignment for your project: | | | |

| Type of Improvement Opportunity: | Who is your Target Customer(s) for this project: | Is your target customer .... |
|---|---|---|
| ☐ QI cross-programmatic or larger scope process improvement<br>☑ QI single program or smaller scope process improvement | | ☐ External ☐ Internal ☐ Both Internal and External |

| Proposed Project Timeline | | | | Constraints for the Project | Resource Requirements for the Project |
|---|---|---|---|---|---|
| Plan | Do | Check | Act | | |
| | | | | | |

| | |
|---|---|
| CQI Project SMART Aim Statement: | |

| TARRANT COUNTY PUBLIC HEALTH CQI PROJECT DEVELOPMENT WORKSHEET (page 2) | | |
|---|---|---|
| CQI Project SMART Aim Statement: | 0 | |
| **Data Collection Plan** | | |
| **Data Collection Strategy Questions** | **Current Performance** | **Improvement Performance** |
| What are you measuring? | | |
| Who or what is being measured? | | |
| How will you collect your data? | | |
| How much data is needed? | | |
| What is the start and end dates for your data collection? | | |
| Who will collect your data? | | |
| Is training on data collection procedures needed and who will provide this training? | | |
| How will your performance measures be calculated? | | |
| How much improvement do you want to achieve? | | |
| If your improvement is adopted, who will be the process owner(s) after the project is complete? | | |
| What is your monitoring plan if the improvement is adopted after the project is completed? | | |
| Associate Director's Name: | | |
| Associate Director's Signature: | | |
| Date: | | |

# Project Quarterly Status Update

| Tarrant County Public Health | CQI PROJECT QUARTERLY STATUS UPDATE | | | PLAN DO CHECK ACT |
|---|---|---|---|---|
| **CQI Plan Year:** | **0** | **Division/Program:** | **0** | |
| **Target Start Date:** | | **Target End Date:** | | **Target Storyboard Completion Date:** |
| **CQI Project Title/Name:** ***(3 to 5 word identifier)*** | | **0** | | |
| **CQI Project Team Lead(s):** | **0** | | CQI Project Team Facilitator *(CQI Committee Representative):* | 0 |
| **How does the CQI project align with the Strategic Plan, Public Health 10 Essential Services, and/or other standards established? List all that apply.** | | | | |
| **SMART Aim Statement** | **0** | | | |
| **Status Update:** | **1st Qtr (May-July)** | **2nd Qtr (August-October)** | **3rd Qtr (November-January)** | **4th Qtr (February-April)** |
| **Date Submitted:** | | | | |
| *Summarize the current status of the project in a few sentences; updates should be submitted to the Committee Chair and Co-Chair within two weeks after the end of the quarter.* | | | | cqi |
| *When projects are completed, continue to give status updates thru the 4th quarter using the following guidelines:* | | | | |
| *1. give updates on monitoring the improvement if it was adopted, or* | | | | |
| *2. give updates on changes if it was adapted and PDCA'd again; or* | | | | |
| *3. if the CQI project gaol was not achieved, give updates on the Next Steps for addressing the area of concern.* | | | | |

# Project Summary Report

| Tarrant County Public Health | TARRANT COUNTY PUBLIC HEALTH CQI PROJECT SUMMARY REPORT | | | | | |
|---|---|---|---|---|---|---|
| CQI Plan Year: | 0 | Division/Program: | 0 | Project Competion Date: | | |
| CQI Project Name: | 0 | | CQI Project Team Lead(s): | 0 | CQI Project Team Facilitator: | 0 |
| *To be completed at the end of the QI project* | | | | | | |
| Type of Improvement Opportunity: | ☐ CQI/Cross--programatic or larger scope process improvement | | | ☐ CQI/Single program or smaller scope process improvement | | |
| SMART Aim Statement: | 0 | | | | | |
| Analysis Summary: *What root cause(s) were identified?* | | | | | | |
| List Analysis Tools Utilized: | | | | | | |
| Change Summary: *Briefly describe changes made and how they address identified root cause(s)* | | | | | | |
| CQI Project Information | | | | | | |
| Performance Management Goals Alignment: (*strategic plan goals, 10 PH Essential Service, accreditation requirements...*) | | | | Source of Data: | | |
| Statement of Measure: (*What was measured or quantitated in the CQI project, e.g. %, number, or average... of*) | | | | Current Performance/ Baseline: | | |
| Target Population: | | | | Target or Goal Performance: | | |
| How was your CQI measure calculated? | | | | Results: | | |
| Did you reach your target or goal for your objective? | ☐ Yes ☐ No | If yes, please answer questions 1-3 below; if no, please answer 4 and 5 below. | | | | |
| 1. How will you sustain or continue improving? | | | 2. What ongoing measures did you put in place? | | | |
| | | | | | | |
| 3. Who will be responsible for monitoring the improvement(s) after implementation, what QI tool(s) will be used as a monitor, and how frequently will this be done? | | | | | | |
| | | | | | | |
| 4. What variables were involved in not reaching your goal? | | | 5. What is your plan to address the variables that prevented you from reaching your target/goal? | | | |
| | | | | | | |
| Submitted By: | | | | Date: | | Rev: 4/2014 |

## Project Monitor Update

| Tarrant County Public Health | CQI Project Monitor Update |
|---|---|
| CQI Project Year: | 0 |
| Division: | 0 |
| Date: | |
| CQI Project Name: | 0 |
| CQI Project Team Lead(s): | 0 |
| CQI Project Facilitator /CQI Committee Member: | 0 |

| Was the selected improvement process: Please check (√) one | | Adopted | | Adapted | | Abandoned |
|---|---|---|---|---|---|---|

If the selected improvement process from the CQI project was adopted, please provide a brief update below on whether the improvement has been sustained. (What were the results of the monitor you indicated on your summary report? Include a copy of the data collected to monitor the project.)

If the selected improvement process will be adapted or was abandoned, please provide a brief update on your next steps since the completion of the CQI project.

Date of Issue: 1/20/2015