

NORTHERN NEVADA

Public Health+

Serving Reno, Sparks & Washoe County

Quality Improvement Plan

August 2024 – August 2026

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MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

VALUES

Collaborative - In unity there is strength.

Adaptable - Ever evolving and adapting.

Trustworthy - Doing right by the community.

Inclusive - Equity and inclusion for all.

Compassionate - Caring for the health of the community

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INTRODUCTION

Quality Improvement Overview

Northern Nevada Public Health (NNPH) is committed to consistently reviewing and improving its initiatives. We believe critically evaluating and periodically modifying our programs and procedures will help us deliver higher quality services and experiences for both external customers and internal staff members. This in turn will result in better public health outcomes and improved employee morale.

NNPH fosters a culture of continuous improvement that encourages staff to seek opportunities to understand and improve underlying work processes and systems. NNPH staff are empowered to implement Quality Improvement (QI) projects utilizing their expertise and data-driven efforts to develop solutions that address areas of need. NNPH's Quality Improvement Council will be comprised of members from all NNPH divisions that will provide a framework for how to manage QI projects and to advise on all QI matters. The council will be QI subject-matter experts and advocates for QI in their respective divisions and across the agency.

QI Plan Purpose

The purpose of the QI Plan is to provide a framework supporting a thriving QI culture that prioritizes continuous improvement in programs, processes, services, and outcomes. The plan fosters a mindset where all members of the organization are committed to identifying opportunities for improvement, implementing changes based on evidence and data, and evaluating the impact of those changes. The framework utilizes the National Association of County and City Health Officials' (NACCHO) QI roadmap to progress through increasing levels of QI maturity. NNPH incorporated strategies and resources outlined in the QI roadmap to address the six foundational elements of a QI culture:

1. Staff Empowerment – Employees are empowered to identify opportunities for improvement and to make changes.
2. Teamwork and Collaboration – Employees cooperate across divisions to learn and make changes.
3. Leadership Commitment– Managers are committed to continuous QI.
4. Customer Focus – The agency understands and responds to the needs and values of diverse internal and external customers.
5. QI Infrastructure –The health district has a QI Council, a QI plan, and a performance management system. The agency provides ongoing QI training.
6. Continuous QI Process Improvement – Continuous QI is integrated into daily operations.

NNPH will create an ever-improving culture of quality by using evidence-based, defined QI processes, such as Plan-Do-Check-Act cycles. These methods will be used to improve upon existing initiatives related to the below areas NNPH is involved with, as recommended by NACCHO's Quality Improvement roadmap:

- Community Health Improvement Plan (CHIP): Goals and objectives that are not on track.
- Agency Strategic Plan: Strategic objectives not on track as indicated by performance management data.
- Workforce Development Plan: Incorporating QI training into this plan to ensure that staff have the necessary knowledge, skills, and abilities to perform QI functions.
- Operational Plans: Operational Plans at the work unit level, such as specific programs and services, should identify opportunities for QI based on performance data.
- Employee Performance Plans: QI may be incorporated into individual performance plans to hold all staff accountable for implementing QI.
- Customer Satisfaction Data: NNPH will make efforts to gather and review customer satisfaction data and will consider these results when selecting QI projects.

Key Terms and Definitions

The below glossary contains terms that will be used throughout the document in describing quality improvement processes:

Plan-Do-Check/Study-Act	<p>The American Society for Quality defines the PDCA cycle as a four-step model for carrying out change. It is a circle that has no end and should as such be repeatedly implemented for continuous improvement. The four phases are:</p> <ul style="list-style-type: none"> • Plan: Recognize an opportunity and plan a change. • Do: Test the change. Carry out a small-scale study. • Check: Review the test, analyze the results, and identify lessons learned. • Act: Take action based on what was learned in the study step. If the change did not work, go through the cycle again with a different plan. If it was successful, incorporate what was learned from the test into wider changes. Use what was learned to plan new improvements, beginning the cycle again.
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Quality Improvement Encyclopedia	A booklet authored by QI subject matter experts from the Public Health Foundation (PHF). All members of the QI Council and senior leaders at NNPH have access to this guide. The guide contains 75 QI tools – such as charts, diagrams, and other models – that may be used to discover root causes and undertake QI projects.
Quality Improvement	The American Public Health Association defines Quality improvement in public health as the use of a deliberate and defined 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 services or processes that achieve equity and improve the health of the community.

GOVERNANCE

QI Council Membership

The QI Council will educate staff on QI frameworks and concepts to support project implementation. Additionally, the council will be an advocate of quality improvement by supporting principles that guide continuous quality improvement to ensure it is an ongoing effort, concurrent with regular duties. Accordingly, the team must include representation from each NNPH division, with some consideration given to proportionality (i.e. the larger the division, the more employees from that division that might serve on the QI Council). A minimum of six members will serve on the team, and these are to include:

- 1-2 representatives from Administrative Health Services (AHS)
- 1-2 representatives from Air Quality Management Division (AQM)
- 1-4 representatives from Community and Clinical Health Services Division (CCHS)
- 1-3 representatives from Environmental Health Services Division (EHS)
- 1-2 representatives from Epidemiology and Public Health Services Division (EPHP)
- 1-2 representatives from the Office of the District Health Officer (ODHO),

Of these individuals, one staff member must also be:

- A division director (any NNPH division)

- The Director of Programs and Projects (ODHO), who has overall responsibility and oversight of the QI initiative at NNPH.
- A staff member who is also on NNPH's health district accreditation team (ODHO). This individual will also serve as committee chair. The committee chair must be an accreditation team member so they can best help ensure QI projects and processes meet best practices in public health. The committee chair will not have greater power than other QI council members but will instead be charged with additional tasks, such as setting meeting agendas, facilitating QI Council meetings, and accomplishing various administrative tasks in between meetings.

Membership Term

The QI Council members serve a renewable, two-year term on the council. Formal openings on the QI Council will occur every year, with a maximum of half of the QI Council being allowed to step down during this window. This will ensure that the QI Council always retains a balance of experience and fresh perspectives. During each annual window, existing members will decide if they wish to serve another term or step down from the committee. At any time that a member's service ends, the Chair will issue a call to the respective NNPH division(s) for new member candidates.

QI Council Roles and Responsibilities

The QI Council members will engage in the following roles during their term of service:

- Provide coaching and facilitation for staff engaged in QI projects
- Review performance management results provided by QI Council chair to guide identification of at least two projects within the organization that align with the NNPH strategic plan
- Meet at least six times per year
- Review and approve minutes from previous team meetings
- Assist the Chair with communications to staff as necessary
- Assist in developing and revising forms and processes for QI projects
- Document, or assist in documenting, QI project progress and results
- With appropriate additional support, communicate selected QI project results to other stakeholders (NNPH staff, District Board of Health, outside public, etc.)
- Participate in training to maintain and improve QI-related skills
- Review changes to this QI Plan, which will be updated every two years

GOALS

The NNPH FY24-26 Strategic Plan outlines six priority areas the organization focuses on to improve quality of life in Washoe County. These are:

1. **HEALTHY LIVES:** Improve the health of our community by empowering individuals to live healthier lives.
2. **HEALTHY ENVIRONMENT:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **LOCAL CULTURE OF HEALTH:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **IMPACTFUL PARTNERSHIPS:** Extend our impact by leveraging collaborative partnerships to make meaningful progress on health issues.
5. **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support a growing population.
6. **FINANCIAL STABILITY:** Enable Northern Nevada Public Health to make commitments in areas that will positively impact the community's health through reliable and sustainable funding.

NNPH fosters a culture of Quality Improvement to best accomplish the strategic priorities of the organization. Staff will continually evaluate programs and processes using data from a variety of sources to improve practices and procedures to measurably impact these six overarching categories. This QI culture will uplift the values of the organization and allow NNPH to best execute its strategic plan.

All Quality Improvement initiatives fall within the larger aims of the strategic plan. The table below outlines the implementation plan on how formal QI activities will be conducted to further strategic plan objectives:

Goal 1: Provide ongoing QI training to employees at all levels to build skills and understanding of QI principles and methods.		
Objective	Person Responsible	Anticipated Timeline
Every new staff member will complete QI training within the first six months of employment with NNPH.	Director of Program and Projects	Completed within six months of being hired at NNPH
All staff will receive at least 15 minutes of QI training during quarterly all staff meetings	Director of Program and Projects, QI Council	Every three months
Goal 2: Utilize the performance management system to make data informed decisions		
Objective	Person Responsible	Anticipated Timeline

NNPH staff will monitor, and revise assigned performance metrics annually	Director of Program and Projects	Annually
By the end of the fiscal year, NNPH staff will utilize the performance management system to identify at least 1 program, process, or system to improve.	Division Directors, QI Council	Annually
Goal 3: Increase the implementation of QI practices across the organization.		
Objective	Person Responsible	Anticipated Timeline
Complete at least two QI projects aligned with NNPH strategic plan priorities by the end of the fiscal year	NNPH staff, QI Council	September 2024 – August 2025
Communicate results of QI project completion to appropriate internal and/or external audiences via staff presentations to DBOH, bi-weekly staff newsletter, and/or newsletters or social media posts aimed at external audiences	Director of Program and Projects QI Council, QI project sponsors	December 2024 – December 2025
Goal 3: Increase the implementation of QI practices across the organization.		
Objective	Person Responsible	Anticipated Timeline
Complete at least two QI projects aligned with NNPH strategic plan priorities by the end of the fiscal year	NNPH staff, QI Council	September 2024 – August 2025
Communicate results within three months of QI project completion to appropriate internal and/or external audiences via staff presentations to DBOH, bi-weekly staff newsletter, and/or newsletters or social media posts aimed at external audiences	Director of Program and Projects QI Council, QI project sponsors	December 2024 – December 2025
Goal 4: Create a culture of continuous improvement that fosters innovation		
Objective	Person Responsible	Anticipated Timeline
Provide staff QI survey to establish baseline data on current state of NNPH QI culture	Director of Programs and Projects	Every three years
Analyze survey results, communicate results with district/division-level leadership and QI Council	Director of Programs and Projects	Every three years

IMPLEMENTATION

Identifying, Initiating, and Prioritizing QI projects

Identifying – Projects will be identified in a variety of ways including:

First, NNPH will use performance management results to guide identification of at least two projects that align with the NNPH strategic plan. At least once per quarter, NNPH division directors and QI Council members will review data entered by program managers into the performance management database and/or other sources, such as customer feedback surveys. Areas where data indicates there are shortfalls (e.g. missed targets, projects that are off schedule, etc.) will be examined and prioritized for selection as potential QI projects.

Second, general QI suggestions identified by staff will be considered by supervisors/project sponsors. Ideas could be generated through several feedback mechanisms including staff conversations, team meetings and other informal settings that foster collaboration.

Employees at all levels are encouraged to integrate QI practices into daily practices to ensure that processes are continually reviewed and improved. To foster a learning environment, the QI council and leadership will promote a mindset of continuous improvement by encouraging employees to stay updated on QI techniques and best practices in public health. Furthermore, NNPH encourages staff at all levels to bring forth QI project ideas based on their lived experiences and their interactions with the public.

Initiating – The organization supports various feedback mechanisms to generate QI ideas and to encourage sharing of successful QI practices and lessons learned across departments or teams. Accordingly, NNPH has designed one easy-to-use form, the “Quality Improvement Project Charter,” for submitting QI project ideas. The form allows staff to write an outline of their QI project to inform leadership what the intended project goals are, as well as an initial estimate of what resources, staff members, and timelines might be required to complete the project.

To encourage the free flow of ideas as best as possible, staff submit QI project ideas via email to their immediate supervisor to establish approval through supervisor agreements to sponsor projects. These leaders can help provide additional context and support as needed, as well as provide an organizational-level perspective on timing and resources that might be needed for the project to succeed. The QI Council chair is also included on these requests so they know what ideas are in the pipeline and can, along with the QI Council, offer additional input and cross-divisional project support as appropriate. The QI Council Chair will assist project teams by coordinating assignment of QI Council members as additional support staff for each QI project to aid project development.

Prioritizing – For all projects, NNPH’s strategic goals, community impact, existing employee workload, timing, and relevance to existing work will be discussed as factors governing what, when, and how QI projects might be undertaken. Supervisor approval will therefore be one component of prioritization. Additionally, the QI Council will use brainstorming, Impact and Effort plots, and multi-voting techniques to select at least two annual QI projects focused on advancing strategic plan priorities.

QI Learning Opportunities

Learning opportunities are essential to ensuring a culture of continuous improvement within NNPH. To this end, NNPH devotes resources to training staff on QI methods to identify areas of improvement to improve health outcomes for our community.

As part of the workforce development plan, all employees hired by NNPH attend a series of courses during their initial six months on staff. Two courses within this series are devoted to Quality Improvement. These courses define Quality Improvement, explain the Plan-Do-Check-Act cycle, discuss how to create effective QI goals, and have students create a small, mock QI project as their final exercise. Additionally, onboarding employees also complete the Association of State and Territorial Health Officials (ASTHO) online Quality Improvement training. Altogether, these classes are intended to give all NNPH employees a working-level knowledge of QI and a desire to critically evaluate their daily work with a QI mindset.

Ongoing QI trainings will be offered at quarterly all-staff meetings. These short sessions will include presentations and exercises facilitated by QI Council members, and they will cover topics such how to use QI tools for root cause analysis, map out a current process, etc.

Personnel responsible for overseeing QI-related policy and initiatives are expected to continually be the chief advocates and champions for QI throughout the health district. These include individuals such as the QI Council members, division leadership, and program supervisors. Accordingly, QI leaders will be afforded additional opportunities for refresher and/or more advanced QI learning every 1-2 years.

QI Plan Monitoring

The QI Council will track all QI project requests and ensure that all project ideas are accounted for. This means no submitted project idea will remain in an undefined status, but will instead be approved, deferred, or rejected, with project status communicated to the relevant staff members as appropriate. The QI Council will track where in the project lifecycle QI initiatives are and will follow up with relevant staff as necessary for updates on project completion and results.

QI project requests will be assigned to the most relevant QI Council member based on their relationship with a given division, subject matter expertise, or other factors. This person will not

directly implement the QI project themselves but will instead help advise project participants as well as track, document, and report on QI project progress to the QI Council and/or broader audiences. Documentation and tracking requirements will be done on a “minimum effective dose” model. This means that while some documentation of QI project progress is necessary, the emphasis will always be on helping team members accomplish actual QI projects, rather than completing overly complicated or bureaucratic documentation requirements.

Each QI project will contain the minimum documentation outlined below. QI Council members assigned to individual projects will assist project team members in completing these documents:

- The initial QI Project Charter
- An end-of-project QI Report form summarizing project completion/lessons learned

QI-related Communications

The QI plan, QI Project Charter, QI End-of-Project Report, and miscellaneous educational materials related to QI can be found on the NNPH Intranet site in the “Quality Improvement” section of the “Employee Engagement” tab.

To enhance and encourage NNPH’s culture of quality, multiple methods will be used to share information about QI trainings, QI project results, and other QI matters with both internal and external stakeholders as appropriate. Communication to internal audiences may include District Board of Health meetings, public health conferences, all-staff meetings, division/program meetings, and electronic communications to agency staff. Communication to external audiences may include newsletters, press releases, website updates, and social media posts. As part of finalizing each QI project, the QI Council member(s) assigned to QI projects will ensure that they and/or project participants share the results and learnings from QI projects to the appropriate audiences.

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