

# MALPH Practice Exchange



Central Michigan District Health Department - Rural  
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## STRATEGIC QUALITY IMPROVEMENT PLAN

A "Promising Model" - NACCHO

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**Central Michigan District  
Health Department**

Promoting Healthy Families, Healthy Communities

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## ABSTRACT

The Central Michigan District Health Department (CMDHD) revised its agency strategic plan to create a new Strategic Quality Improvement Plan to be implemented over a 5 year period beginning in 2009. The plan is designed to create quality improvement activities to meet the agency goal "to develop a strategic plan that will enable CMDHD to build capacity in order to improve performance and health outcomes". The needs addressed in the plan were determined by completing an internal capacity assessment. The assessment was designed to measure the agency's capacity to meet the Ten Essential Public Health Services.

Facilitated discussions were held with the entire agency staff to review the assessment results as well as to determine if additional concerns/processes needed to be addressed. Enhanced internal and external communication plans were identified as a cross cutting issue and therefore communication objectives were included in the plan. The plan was endorsed by the Central Michigan District Board of Health in December 2008 and the board receives annual updates on the plan's accomplishments and barriers. The plan is reviewed and revised in December of each year as well.

CMDHD estimates the costs for the assessment, facilitation and start-up costs to be \$50,000.00.

The benefits of having the plan in place in 2009 has put CMDHD in an excellent position to be able to apply for PHAB (national) accreditation and has improved many of the processes within the health department. Such improvements include the development and monitoring of a CMDHD health indicator database, a paperless purchase requisition system, an improved internal communication structure, a coordinated agency marketing plan, an enhanced effort in establishing partnerships to participate in research, and the near completion of a six-county community health assessment and community health improvement plan.

### CATEGORY

- Quality Improvement
- Organizational Practices

### ACCREDITATION

#### Michigan:

- Section I – LHD Powers and Duties
- Quality Improvement Supplement

#### National:

- Domain 5 – Develop public health policies and plans

### QUALITY IMPROVEMENT

### METHODS AND/OR TOOLS

- PDSA/PDCA
- Affinity diagrams and nominal group process

### POPULATION SERVED:

- 187,000

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## OVERVIEW

The public health issues addressed in the plan are the 10 Essential Public Health Services. The Plan was implemented in January 2009 and took approximately 1 year to plan. The administrative staff initially met to review the 2003-2008 plan and to determine the successes of the plan, to indicate where the plan did not achieve its goals and to discuss what should be changed in the plan that would begin in 2009.

An assessment based on the National Association for County and City Health Officials' document "Operational Definition of a Functional Health Department", was conducted and the results were shared with the 110-member staff at an all-staff meeting with a hired facilitator. The staff worked with affinity diagrams, fishbone diagrams and the nominal group process to prioritize goals and objectives. The plan was then written and shared with the staff on a district-wide conference call to seek additional input. The plan was then endorsed by the Central Michigan District Board of Health and implemented in January 2009.

The agency's strategic QI plan has 7 goals and objectives for meeting each goal:

1. CMDHD will maintain a competent public health workforce. Objectives for this goal include the development of an internal communication plan and a formalized staff development plan. The agency now has an internal communication plan and the staff development plan is in draft form as the team works to incorporate "public health core competencies" into its job descriptions.
2. Help people receive health services. Objectives for this goal include assessing the needs of the community related to accessing preventive health services and developing a plan for the sharing of available community resources and referral methods. The agency has a formalized customer satisfaction survey process to monitor the community's ability to access services. We also highly promote and endorse the 211 system to both staff and clients on available community resources.
3. Distribute public health information and educational materials to protect people from health problems and health hazards. Objectives for this goal are to develop a policy to assure all communications are culturally competent and linguistically appropriate (CCLA) and to have an external marketing plan to promote health and wellness. The agency has a policy to assure all of the materials produced are age-appropriate, and CCLA.
4. Complete a community health assessment and community health improvement plan. The objectives are to have the assessment and plan completed by December 2011. The agency is on-target to have both of the documents complete by the December 2011 goal.
5. Contribute to and apply the evidence base of public health. In order to achieve this goal we are establishing a GIS steering committee to be able to increase the GIS data available for use in program planning and analysis as well as to create a plan to engage in research activities that benefit the health of the community. The GIS steering committee was formed in 2011. The agency is engaged in several research activities with CMU, MSU and Alma College.
6. Evaluate and improve programs and interventions. The objective to meet the goal is to have an established written process for evaluation and a QI plan for our public health programs and processes. The agency has a QI Policy and templates for staff to use when developing their QI projects.
7. Develop public health policies and plans to facilitate the enforcement of public health laws and regulations. The objective assigned to this goal is to have a process to assist in public health policy development including policy related to funding of public health activities. The agency's advocacy plan is currently in draft form.

## JUSTIFICATION OF THE PRACTICE

The practice was implemented in our agency because we wanted to be able to meet the 10 Essential Public Health Services and to be able to improve our performance as an agency with the expectation that it would, in the long-term, improve health outcomes in the district. The current plan is also preparing the agency to be able to achieve the PHAB standards and measures.

The CMDHD is a six-county district health department (Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon) and its population is 187,000.

## INPUTS, ACTIVITIES, OUTPUTS AND OUTCOMES OF THE PRACTICE

1. **Competent Public Health Workforce:** Create an internal communication team, conduct focus groups in every branch office to discuss/compare results of the Baldrige "Are We Making Progress" surveys - deadline March 2011. Develop an agency Staff Development Plan by December 2011. Create a process for staff training; create an orientation/termination process and cross-train staff. Increase employee satisfaction by 8% by June 2012.
2. **Help People Receive Health Services;** Assess customer satisfaction through surveys, review hours of operation/service, reduce transportation barriers. Engage private/public health system partners for promoting health in the community. Hold an annual public health summit; develop an organized system to keep record of available services. Develop internal resource and referral information system. Coordinate with 211 providers. Deadline was March 2011 and was met.
3. **Distribute Health Information:** Develop a team to develop a policy that assures all public health education materials are culturally competent and linguistically appropriate. Use results of client surveys to improve client education. Deadline of December 2009 was met. Create an agency marketing committee to develop process to target various locations such as schools, grocery stores, faith community etc. Use marketing expertise from universities.
4. **Complete a Community Health Assessment and Community Health Improvement Plan every 5 years.** Formed a six-county health improvement council, gathered data, hosted two public health summits and two town hall meetings, identified gaps in services, established priority areas and will have a completed assessment and plan in December 2011.
5. **Contribute to and apply the evidence base of public health (improved data collection):** Established a GIS team and a Green team to identify hardware and software needs. Develop a technology plan that includes needs, types of equipment and software, projected costs, timeline and plan for funding. Deadline is December 2011. Engage in research activities by working with college/university researchers to facilitate their efforts and share findings with the community, governing body and policymakers.
6. **Evaluate and improve programs/interventions:** Development of a written QI policy and plan for the agency. Establishment of a QI oversight team. Establishing ongoing staff education on evaluation and QI. Deadline of March 2009 was met.
7. **Develop public health policies and plans to facilitate the enforcement of laws and regulations:** Establish a team to create an agency advocacy plan which includes identifying opportunities to network with legislators, share the public health "story", and assist with public health policy development/advocacy/funding. Deadline is December 2011.

## ADMINISTRATION, OPERATIONS, SERVICES, PERSONNEL, EXPERTISE AND RESOURCES

The CMDHD administrative staff and associated Goal Champions meet once a month to review the status of the goals and to receive updates from each of the Goal Teams. Each of the Goal Teams must follow the PDSA model and complete an agency devised PDSA template explaining their improvement process.

Each Goal Team has approximately 8 members who comprise members from each of the member counties and each service division.

CMDHD has a trained QI Team that reviews the PDSA improvement template and offers recommendations. The completed templates are posted on the agency intranet site for all staff to view.

The Goal Teams typically meet monthly- often times via conference call. Each team provides an annual summary of their progress toward their goal; the Health Officer compiles the reports and produces an annual summary which is shared with the Central Michigan District Board of Health and provided to the staff via the agency's Intranet.

## BUDGET ESTIMATES AND FORMULAS OF THE PRACTICE

CMDHD received 10,000 from the National Association of County and City Health Officials to conduct its self-assessment and to hire a facilitator to guide our discussions with staff as well as to train them in various QI components. We also received 5,000 from the Northern Health Foundation to off-set the costs of the district-wide staff meeting.

## LESSONS LEARNED AND/OR PLANS FOR IMPROVEMENT

1. Involve the staff and board at the beginning of the process so they are engaged and want to participate in the teams.
2. Plan that it will take twice as long as you anticipate to meet/achieve a goal - it is ok to make revisions
3. Monitor the plan on a monthly basis to assure that progress is being made, identify barriers and make adjustments as necessary
4. Ask for additional team members on a regular basis so new staff members can participate
5. Celebrate successes and share with staff and board
6. Provide at least an annual update to the plan to the board and staff

## AVAILABLE RESOURCES

Michigan QI Guidebook, NACCHO website [www.naccho.org](http://www.naccho.org)

## EVALUATION PROCESS

The evaluation is on-going (monthly) as we review and evaluate the plan during our administrative staff meetings each month. An annual evaluation/review is conducted in November each year and the board of health receives the annual update at the December board meeting. The Goal Champions are involved in the process; all staff sees the annual review on the intranet site. The evaluation is largely qualitative with the exception of the Baldrige Surveys which are administered every two years to measure employee satisfaction.

## IMPACT/ EFFECTIVENESS

The CMDHD Strategic Quality Improvement Plan is predominantly an internal working document. However, the creation of the Together We Can Health Improvement Council which was formed to create the community health assessment

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and community health improvement plan has yielded tremendous benefits to the community in the form of new interventions, partnerships and grants for the jurisdiction.

A few of the examples of the benefits to care achieved through the Together We Can Process:

- New primary care clinic will be opening in Spring 2012 in Beaverton, MI where previously there were no primary care providers
- Free clinic will be opening in Mt. Pleasant, MI to increase access to health services
- New partnerships have been formed with the community colleges, private colleges and universities within the area to provide internships and faculty research opportunities
- Community Nutrition Network has been formed to bring a food truck into Clare County on a monthly basis and it is stocked with healthy foods including fresh fruits and vegetables.
- Walking clubs have been formed
- After school programs have added health components to them
- Increased prescription medication drop boxes have been placed in permanent locations within the district and
- Large strategic planning grant was recently awarded to increase access to dental services.

## **EFFICIENCY**

The plan, once developed and approved by the staff and board, was incorporated into the existing meetings within the district. Expenses were minimal with the exception being for staff travel for the face-to-face meetings and in some instances the granting of compensatory time if the meetings were held during the lunch hour in order to accommodate clinic/inspection schedules.

## **DEMONSTRATED SUSTAINABILITY**

The plan is sustainable because it is the basis and primary agenda issue for the monthly administrative staff meetings. Also, the Goal Teams meet on at least a quarterly basis and in most cases, the staff looks forward to them.

## **ADDITIONAL OBJECTIVES/ RATIONALE**

The implementation of the strategic plan has addressed the following national accreditation domains:

- Domain 1 - CMDHD Goal IV addresses the PHAB pre-requisite for a community health assessment.
- Domain 3 - CMDHD Goal III addresses the PHAB standards for informing and communicating with the public about public health issues and functions.
- Domain 5 - The strategic plan in its entirety addresses the PHAB pre-requisite for an agency strategic plan. CMDHD Goal IV also addresses the PHAB pre-requisite for a community health improvement plan.
- Domain 6 - CMDHD Goal VII addresses the PHAB standard of working with legislators and policymakers regarding public health laws and regulations.
- Domain 7 - CMDHD Goal II addresses the PHAB standard to access health services.
- Domain 8 - CMDHD Goal I addresses the PHAB standard of maintaining a competent public health workforce.
- Domain 9 - CMDHD Goal VI addresses the PHAB standard for evaluating and monitoring processes and programs and having a QI plan in place.
- Domain 10 - CMDHD Goal V addresses the PHAB standard of contributing to the evidence base of public health.
- Domain 11- and Domain 12 are addressed by the CMDHD's commitment to engaging both the administrative staff and the board of health in its plan and its written operating procedures.

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The CMDHD Goal VI addresses the Michigan Accreditation's Quality Improvement Supplement. Several components of the plan also address the required elements for the agency's Plan of Organization.

