


Clifton Health Department


The Journey to Quality Improvement

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Clifton Health Department

- ▶ Lower portion of Passaic County
- ▶ 12 FT Staff; 6 PT Staff
- ▶ Also provide local health services to Little Falls
- ▶ Total population served: 98,000




Gaining Ground Initiative

- ▶ 2-year initiative
- ▶ Funded by NNPHI; support from RWJF
- ▶ Assists LHDs with developing sustainable systems to promote public health accreditation and support performance improvement initiatives
- ▶ Create a culture of quality improvement




Gaining Ground Initiative

- ▶ Full support of City Council & Board of Health
- ▶ Creation of Accreditation Coordinator position coincided with joining Gaining Ground Initiative as part of Cohort 2 - October 2014
- ▶ Establishment of Quality Improvement Steering Committee
 - ▶ Health Officer
 - ▶ Accreditation Coordinator
 - ▶ PHN Supervisor
 - ▶ Senior REHS
 - ▶ Health Educator
 - ▶ Administrative Clerk




QI Training

- ▶ Staff had limited or no knowledge of Quality Improvement (QI)
- ▶ QI Steering Committee attended Gaining Ground workshops and trainings
- ▶ Began formal QI process in January 2015
 - ▶ 10-item QI Maturity Tool
 - ▶ PHAB Self-Assessment Tool
- ▶ Accreditation Coordinator provided QI training at all-hands staff meeting




Staff Involvement

- ▶ All department employees involved in QI
- ▶ QI Steering Committee meets on quarterly basis
- ▶ Divisions meet monthly to address QI projects:
 - ▶ Nursing
 - ▶ Environmental Health
 - ▶ Administration
 - ▶ Health Education
 - ▶ Animal Control
- ▶ All QI meetings are attended by Health Officer and facilitated by Accreditation Coordinator




2015 Department QI Projects

- ▶ Decided by Nominal Group Process
- ▶ Improved Resource & Referral process, including tracking of types and numbers of referrals made on a monthly basis
- ▶ Established an agency Facebook page to maximize the public relations and branding opportunities afforded by social media.



2015 Division QI Projects

- ▶ Nursing
 - ▶ Increase number of flu vaccine doses administered and diversity of populations vaccinated
- ▶ Environmental Health
 - ▶ Increase number of retail food establishment inspections so that all establishments are inspected at least once per year and Risk 3's & 4's are inspected twice per year



AIM / OPPORTUNITY STATEMENT

An opportunity exists to improve the:
number of flu vaccine administered each year

Open process, in order to work on:
beginning with: Division of Environmental & Geographic Information Systems for an ICH/IC & Health Care Center (beginning boundary, starting point)


and ending with: increase number of flu vaccine administered each year
(ending boundary, starting point)

This effort should improve:
number of flu vaccine doses administered and diversity of populations being vaccinated
(any characteristics of how the team is working on)

for the:
Division of Environmental & Geographic Information Systems
business, staff or those affected by the process and public engagement

This process is important to work on now because:
number of flu vaccine administered each year needs to increase
(what will happen when we succeed)

The baseline measurement is defined as the following metric:
flu vaccine administered 2014-15 flu season
(define the metric's starting point - current state)

Updated: 7/29/15 

Report from the Public Health Foundation by PHF

AIM / OPPORTUNITY STATEMENT

An opportunity exists to improve the:
 Name of unit that opportunity impacts each one _____
 (name, process, or area to work on)

beginning with: (Specify description of change to the unit work and/or to culture, including location, starting point)

and ending with: (Specify description of change to the unit work and/or to culture, including location, starting point)

This effort should improve:
 1. Quality of care of patients/clients 2. Development of personnel
 (Specify characteristics of area the unit is working on)

for the:
 Address of Unit (Department or Office) _____
 Business Unit / Area Affected by the Change and under Management _____

This process is important to work on now because:
 List why it is critical to work on _____
 (name of key person to be aware)

The Baseline measurement is defined as the following metric:
 (Indicate the metric's starting point - current state)

Version: 1/2013

Approved for use: Public Health Foundation for NH

CLIFFON HEALTH DEPARTMENT Continuous Quality Improvement Plan

DATE _____
 (Check one) _____ New Plan _____ Annual Report? (If annual report, was 6-month review done? ___Yes ___No)

Program Area: _____
 Problem Statement: _____
 Goal Statement: _____


OBJECTIVES/ RELATED TASKS	TARGET DATE	RESPONSIBLE PARTY	OUTCOME MEASURES PROCESS	OUTCOME MEASURES IMPACT	6-MONTH STATUS*

*Annual Progress Report includes completion of the 12-month status column using the following codes: 1-Met as Planned; 2-Met as Intended; 3-Met as Anticipated; 4-Met as Exceeded; 5-Met as Exceeded; 6-Met as Exceeded; 7-Met as Exceeded; 8-Met as Exceeded; 9-Met as Exceeded; 10-Met as Exceeded; 11-Met as Exceeded; 12-Met as Exceeded.

Updated February 9, 2015


Challenges to Implementing QI Process

- ▶ Staff "buy-in"
- ▶ Civil Service Municipality / Unions
- ▶ Not many champions for change within department
- ▶ Staff shortages
- ▶ Limited staff time
- ▶ Limited knowledge of QI / Lack of knowledge about effective QI strategies
- ▶ Limited data
- ▶ Limited financial resources
- ▶ Need for improved evaluation tools
- ▶ Moving towards performance management system




Benefits to Implementing QI Process

- ▶ Creates accountability and transparency
- ▶ Creates a culture of quality; wanting to always improve processes, services, and programs
- ▶ Employee empowerment; all staff feel like their opinions matter; everyone is included in the process
- ▶ More committed staff
- ▶ More data is available to evaluate programs and services
- ▶ Enhanced teamwork and collaboration
- ▶ Customer-focused results; improved customer service



2016 Quality Improvement Plan

Goal	Objectives & Activities	Measure	Timeframe	Responsible
All position descriptions will include expectations for involvement in QI	Revise job descriptions to include the requirement of QI knowledge and competencies.	Position descriptions with expectations	5/31/2016	Health Projector Accreditation Coordinator
All staff will be trained in QI, including the QI Plan.	All staff will complete at least one (1) department-approved QI training	Certificates of Completed Training for all staff	12/31/2016	All Staff
Each division will engage in at least two (2) QI initiatives	QI team leader will be established for each division. Each division will identify at least two (2) QI projects. Each division will conduct one (1) or more QI processes identified in the QI Plan and complete a minimum of two (2) QI projects per year.	Two (2) completed QI projects for each division	12/31/2016	Division QI Team Leaders



Next Steps

- ▶ 2016 QI Plan needs to be adopted by BOH
- ▶ Each Division needs to identify one (1) QI project for the first half of year
- ▶ Continued QI training for all staff
- ▶ Performance Management System
 - ▶ Social Media
 - ▶ Restaurant Inspections
