Public Health
Prevent. Promote. Protect.
Greene County

QUALITY IMPROVEMENT PLAN

ABSTRACT

This document sets out a plan to evaluate and continuously improve the Health District's processes, programs and interventions.

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Greene County Public Health Quality Improvement Plan

Public Health Prevent. Promote. Protect. Greene County	**Greene County Public Health**	Board President	
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		Adoption Date	10/01/15
Revision #:	Brief Summary of Changes	Revision Date:	Last Modified By:
1.0	Original Draft	05/15/14	D. Brannen
2.1	Updated draft, updated authority, committee relationship, integrated SOG and forms for submission of QI projects, introductory training for staff	01/12/15	K. Bean
3.0	Updated draft – brought QI plan into alignment with accreditation requirements	04/02/15	K. Bean
3.1	Incorporated QI comments	4/27/15	K. Bean
3.1	Approval	10/1/15	M. Howell
3.2	3.2 Project Submission Form online link added; Project table updated with 'Status'; deleted word 'necessary' from steps that *may* be done to submit form; page numbers updated in Table of Contents	2/5/2016	D. Brannen
4.0	Updated goals and objectives Updated list of trainings and projects completed	3/5/2018	K. Bean
4.1	Updated objectives and tracking of actions taken toward the objectives	4/19/18	A.Steveley
4.2	Updated goals and objectives for 2019	1/17/19	K. Bean
4.3	Updated goals and objectives	1/16/2020	N. Stuby

Greene County Public Health Quality Improvement Plan

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Greene County Public Health Quality Improvement Plan

Executive Summary

The Quality Improvement (QI) Plan was created to enable Health District staff to more effectively achieve the agency's stated mission "...to prevent disease, protect our environment, and promote healthy communities and wellness in Greene County."

In addition, the QI Plan was designed to be in accordance with the Public Health Accreditation Board Standard 9.2: To develop and implement a quality improvement process integrated into organizational practice, programs, processes and interventions.

This plan outlines the Health District's organizational commitment to and capacity for QI projects and will help us use continuous quality improvement to achieve our vision of becoming "...the recognized leader that addresses health outcomes, reduces health disparities, upholds standards of public health practice, and improves service to the community."

QI activities at the Health District are integrated into an organization-wide Plan-Do-Check-Act (PDCA) cycle which involves the Community Health Assessment, Community Health Improvement Plan and Strategic Plan. With this in mind, QI activities specifically strive to assess and improve care and service in the priority areas identified in the Community Health Improvement Plan.

The desired future state of QI at the Health District is one where all employees understand the basics of QI, integrate its practice into daily operations and are motivated to exceed customer expectations of quality and timeliness. Our goal is to create an organizational culture of quality where we proactively and continuously select processes to improve to obtain measurable increases in efficiency, effectiveness, performance, accountability, and health outcomes. Improving our processes and services will achieve greater health equity and improve the health of the community (NACCHO, 2015).

Greene County Public Health Quality Improvement Plan

Glossary of QI Terms & Acronyms

CHA (Community Health Assessment) – The CHA is a collaborative process conducted in partnership with area organizations and describes the health status of the local population, identifies areas for health improvement, aims to determine factors that contribute to health issues and identifies assets and resources that can be mobilized to address population health improvement (Public Health Accreditation Board, 2011).

CHIP (Community Health Improvement Plan) – The CHIP describes how a health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves (Public Health Accreditation Board, 2011).

Continuous Quality Improvement – An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout the organization. The intent is to improve the level of performance in key processes and outcomes (National Committee on Quality Assurance).

Evidence-Based Practice – Making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources while taking into consideration the characteristics, needs, values and preferences of those who will be affected.

Goal – A statement of a desired future state, condition or purpose.

PHAB (Public Health Accreditation Board) – A nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments (Public Health Accreditation Board, 2015).

Performance Management – The systematic process for helping the organization achieve our mission and goals. The practice of actively using performance data to improve the public's health. Performance management practices can be used to prioritize and allocate resources; to inform managers about necessary adjustments or changes in policies or programs; to frame reports on success in meeting performance goals; and to improve the quality of public health practice (Public Health Foundation, 2011). Performance management relies upon the following to "tell the story" about a program or service:

- Focus on the customer/community or client
- Internal processes and capacity FTEs, or time or skills
- Revenue/Expenditure
- Growth (databases, systems, training)

Plan, Do, Check, Act (PDCA) – A four-step management method used for the control and continuous improvement of processes and products.

Objective – A measurable condition or level of achievement at each stage of procession toward a goal. Objectives usually carry a time frame within which the objectives should be met.

Greene County Public Health Quality Improvement Plan

Quality Improvement – The establishment of a defined process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports (Public Health Foundation, 2011).

Quality Improvement Council (QIC) – A group of Health District staff convened to create, implement, monitor and evaluate the QI efforts at the agency. Members of the QI Council have also received advanced training in QI principles and project management.

QI Team – A team convened for the purpose of working on a specific QI project.

S.M.A.R.T. – Acronym used when ensuring objectives are **S**pecific, **M**easureable, **A**ttainable, **R**ealistic and **T**imely.

Strategic Plan – defines the outcomes the Health District plans to achieve over the following three to five years and details how the agency will achieve the outcomes listed in the plan. Serves as guide for decision making and the allocation of resources.

Storyboard – An organized graphic way of documenting and showcasing the work of a QI team on improving a particular process. Uses simple, clear statements as well as pictures and graphs to describe a problem, summarize the analysis process, describe the solution and its implementation and display the results and next steps.

Standard Operation Guide (SOG) – A written lists of steps, or procedures, to be carried out to complete a given operation.

Team Charter – Used to document a QI Team's purpose and clearly define project scope, goals, individual roles and operating rules.

Team Roles (these are not mutually exclusive, one individual may fill multiple roles):

Facilitator – Not a member or leader of a QI team; serves as an internal consultant/coach; keeps the team focused on the meeting process and purpose; seeks opinions of all team members; coordinates ideas; assists the team in applying QI tools; provides feedback to the team. Typically a member of the QI Council.

Leader – Active member of the QI Team, provides direction and support; not responsible for all decision making or for the Team's success or failure; responsible for preparation and conduct of meetings, assigns activities to team members, assesses progress, represents the Team to management, manages paperwork and facilitates communication with the Team and the Sponsor.

Sponsor – usually a work area supervisor or director who has authority over the area where the improvement project is taking place. May or may not be actively involved in the QI Team's efforts.

Champion – A key leader in the organization who sees the benefits of quality improvement; is assigned overall responsibility, authority and accountability for the Team's efforts; monitors decisions and planned changes to assure they are aligned with the agency's mission, vision and

strategic plan; implements changes the Team is not authorized to make. The Team Champion is usually the Health Commissioner.

Greene County Public Health Quality Improvement Plan

Roles and Responsibilities

Greene County Combined Health District is committed to improving the quality of all of its services, processes and programs and is seeking accreditation through the national Public Health Accreditation Board (PHAB). In order to accomplish both of these goals, a formal structure is necessary to lead and guide QI efforts within the agency.

The following describes the roles of the Health District's leadership and staff to provide support for QI activities.

The Board of Health provides leadership, support, and resources for QI initiatives by:

1. Establishing QI as an agency-wide priority
2. Approving the QI Plan
3. Recognizing improvements made through QI projects

The Quality Improvement Council (QIC) The QIC will have cross-departmental representation and include Directors/Supervisors and staff and will have a chairperson appointed by the Health Commissioner. Council members will be requested to serve two-year terms with no more than half of the team rotating off the QIC each year. In an effort to spread a culture of QI members will be rotated off the QIC and new members will be brought on annually.

Administrative support (photocopies, distribution of meeting minutes and agendas, etc.) is rotated between members based on the assignment of roles within the QIC.

The QIC provides on-going leadership and oversight of QI activities. The QIC meets monthly, on the third Thursday morning of every month, as necessary, and will:

1. Develop, approve, evaluate and revise the QI Plan, including establishing goals, priorities and indicators of quality.
2. Review QI Plan annually revise as needed, based on annual review.
3. Make recommendations for QI projects.
4. Monitor QI Projects and provide Team Facilitators with advanced training in QI techniques for QI Team projects.
5. Set yearly QI goals and objectives
6. Under direction from the Leadership Team, the Accreditation Coordinator or the Health Commissioner, assess gaps in meeting PHAB standards and help facilitate a plan for improvement.
7. A designated member of the QIC will give monthly status updates during the Leadership Team meetings. These updates will consist of status updates on current QI projects, tracking of projects, any administrative support needed, and lessons learned for the implementation of various QI projects at the Health District.
8. Assist Program Managers with developing meaningful indicators and measures to monitor their operational performance and progress towards goals outlined in performance management plans.
9. Encourage, train, and empower all employees to participate in QI processes.

10. Communicate to all staff the progress and success of various QI projects at all staff meetings, through emails, or with storyboards placed in common areas within the Health District.
11. Seek additional resources for QI training for Health District staff or conduct trainings.
12. Participate in QI Trainings.

Quality Improvement Teams carry out QI projects and assume the following responsibilities:

1. Complete a QI Project Charter at the beginning of every QI Project.
2. Report QI project progress and remain accountable to the QIC.
3. Identify a Team Leader, Sponsor and Facilitator prior to beginning a project.
4. Final Report out to leadership or all staff

Directors & Supervisors provide leadership, support and resources for QI initiatives as follows:

1. Identifying and initiating problem solving processes that utilize QI tools and evidenced based practices.
2. Overseeing QI projects in their area
3. Participating in QI projects
4. Scheduling staff time for QI projects
5. Incorporating QI concepts into daily work

All Health District staff are responsible for:

1. Working with their supervisors and QIC members to identify areas for improvement and suggest QI projects to address these areas.
2. Participating in QI projects as requested by Directors/Supervisors
3. Collecting and reporting data for QI projects
4. Developing an understanding of basic QI principles and tools by participating in QI training
5. Incorporating QI concepts into daily work.

QI Training & Education at the Health District

Trainings for New Employees

As part of the new employee orientation, all new hires will watch Quality Improvement 101 Course from NICHQ is available through Ohio Train. Course ID is 1067632 https://www.train.org/odh/course/1067632/

Ongoing training in QI tools and concepts will be an integral part of Workforce Development at the Health District. QI training for specific program or focus areas will be made available, as necessary. For example, these focus areas may include QI training specific to billing issues, communicable disease reporting or management of electronic medical records. For a full list of staff trained in QI see Appendix H.

Reporting Out on QI Projects

To foster a culture of QI in our agency, we recognize the importance of communicating the successes and effects of QI projects to the management as well as the rest of the staff. To this end, each QI project will create a storyboard or graphic representation of the QI Team's project to share with all staff at the monthly staff meeting. Upon request, the QI Team Leader will also present QI project results to the Accreditation or Leadership Team or at Board of Health Meetings. Lessons learned from QI projects completed in the prior year will inform the QIC's recommendations for revision to the agency's QI Plan. All QIC meeting minutes are available to staff on the L drive > Accreditation Folder >Quality Improvement Council Folder.

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Greene County Public Health QI Goals and Objectives

GOAL: The desired future state of QI at the Health District is one where all employees understand the basics of QI, integrate its practice into daily operations and are motivated to exceed customer expectations of quality and timeliness. Our goal is to be an organization with a "culture of quality" with "continuous and on-going efforts 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" (NACCHO, 2015).

The following QI objectives will allow the Health District to have measurable outcomes toward reaching the goal of this QI plan. See Appendix A for the actions, persons responsible, timeline and measures applicable to the objectives listed below.

Objective 1: Increase the number of new employees who receive training on the basics of QI

Objective 2: Obtain three quality improvement project ideas that improve daily operations

Objective 3: Review customer feedback to determine and implement two quality improvement projects to help us exceed customer expectations

Objective 4: Increase the number of communication activities to at least two

QI Projects

The following section explains the process for QI project identification, selection, prioritization, implementation and tracking. Additional information about current or past QI projects can be obtained from the QIC Chairperson.

Project Identification & Prioritization

Priority for QI projects will be given to projects addressing one or more areas where PHAB standards/measures are not yet fully met. Consideration will also be given to alignment of the proposed project with the Health District's Strategic Plan, mission and vision, the capacity of the agency to take on the suggested QI project, the financial consequences (cost of staff time to complete project vs. potential financial benefit of QI project), and timeliness.

In addition, QI projects may be prioritized at the request of the Health Commissioner. To generate ideas for potential projects staff, or the QIC, may consider:

- Areas identified as needing improvement based on the Performance Management Plans
- After-action reports generated following outbreak investigations and emergency preparedness events and exercises
- Client or Employee satisfaction surveys
- Staff suggestions
- Audit or compliance issues
- Incident Reports
- Performance Appraisals

Implementation

Potential QI projects can be brought to the QIC by any employee, the management, leadership team or intern. QI Projects are carried out following the Plan-Do-Check-Act cycle (PDCA) described below.

PLAN

1. To present a QI project for consideration, fill out the Project Submission form in Appendix B. Individuals are encouraged to meet with the supervisor in the affected work area before completing the form. Steps prior to filling out form may include:
    i. Identifying a problem or opportunity for improvement. Typical areas include time, cost or quality of work produced.
    ii. Defining the process that needs to be improved.
    iii. Defining the scope of the process: What is the first step of the process? What is the last step of the process?
    iv. Identifying metrics that can be used to measure current state and success of quality improvement project.

2. Submit Project Submission Form to the QIC Chairperson.

3. A member of the QIC meets with the director or supervisor to discuss if this project is feasible and possible review status (full, expedited or exempt).
4. Project presented to QIC at next meeting.
5. After QI meeting, status update given to the individual submitting the project.
6. Baseline data collection, if baseline data does not already exist
7. Assign QI project roles and responsibilities.
8. Assemble QI Team.
9. Complete Project Charter form, see Appendix C.

DO

10. QI project carried out by QI Team
11. QI Teams will provide progress reports to the QIC bi-monthly.
12. Once the project is complete, the QI Team is responsible for creating a storyboard or one-page summary of the QI project. For Storyboard Template see Appendix E.

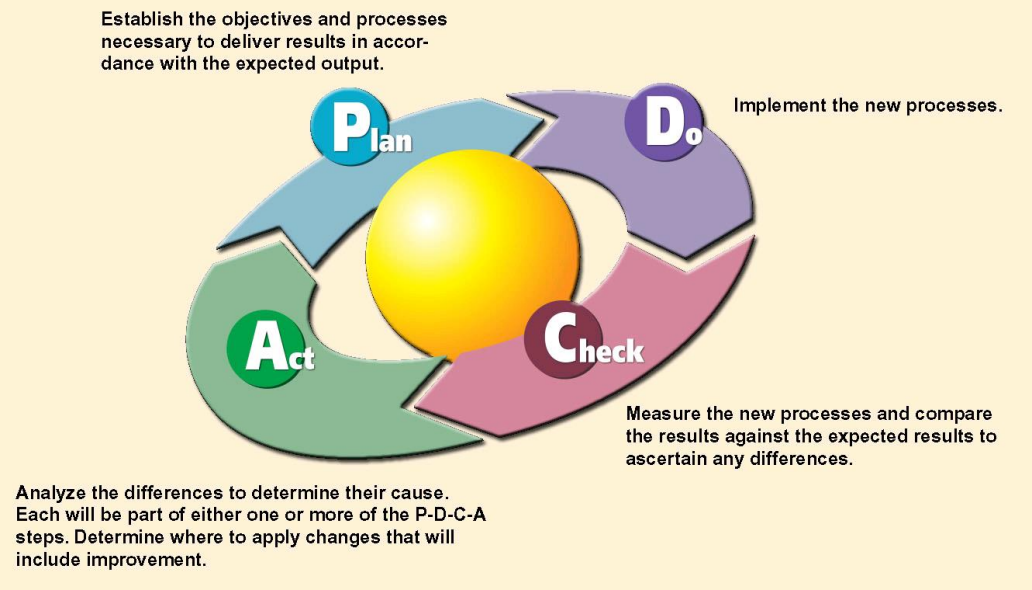
CHECK

13. QI team leader reports on the project progress at 30, 60 and 90 days post implementation.
14. QI Team completes QI Project Reporting Form (Appendix D) and submits form to QIC.

ACT

15. QIC makes recommendation to the Leadership Team or the Division Director to adopt or reject changes developed through QI process.

Fig. 1 PDCA Cycle Used for QI Projects



QI Plan Management and Maintenance

This QI Plan will be evaluated by the members of the QIC in February of every year. Evaluation will address:

- The effectiveness of QIC meetings
- The clarity of the QI Plan and associated forms and appendices
- The effectiveness of the QI Plan for overseeing projects
- Integration with the Health District mission, vision, Workforce Development and Strategic Plans.

The QIC will also review feedback from all members of QI Teams convened in the previous year to evaluate lessons learned and incorporate suggestions for overall agency QI efforts.

References

National Association of County and City Health Officials (NACCHO). Quality Improvement in Public Health. (2015). Retrieved April 8, 2015, from http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm

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Appendices

Appendix A: QI Objectives

Appendix B: Project Submission Form

Appendix C: Project Charter Form

Appendix D: Quality Improvement Reporting Form

Appendix E: Storyboard Template

Appendix F: Sample Storyboard from Delaware General Health District

Appendix G: QI Projects

Appendix H: Employees Trained in QI

Greene County Public Health Quality Improvement Plan

Appendix A: QI Objectives

Objective 1: Increase the number of new employees who receive training regarding the basics of QI by December 31, 2020.

Strategies	Actions	Person(s) Responsible	Timeline	Measures
Training	Provide QI training as a part of new employee orientation	Workforce Development Coordinator	Within 3 months of employee hire date	number trained/number of new employees
	Provide QI training to all employees who have not received any QI training	QI Council Leader	Annually	number trained/number who have not received any training

Objective 2: Obtain three quality improvement project ideas that improve daily operations by December 31, 2020. (Preferably at least one in a programmatic area and two in an administrative area).

Strategies	Actions	Person(s) Responsible	Timeline	Measures
Suggestion box	Develop QI box form	Accreditation Coordinator (s)	Annually	Number implemented/ number of suggestions
	Create a box and place in a location	Accreditation Coordinator (s)	Annually	Forms Submitted
	Discuss box in staff meeting and follow up with an email	Accreditation Coordinator (s)	Bi-annually	Meeting Minutes Documenting Discussion
	Check box before each QI meeting	Accreditation Coordinator (s)	Monthly	Forms Discussed in QI meeting

Strategies	Actions	Person(s) Responsible	Timeline	Measures
	Discuss in QI meeting and follow up with person who submitted	Accreditation Coordinator (s)	Monthly	Projects Submitted/Projects Selected

Objective 3: Review customer feedback to determine and implement two quality improvement projects to help us exceed customer expectations by December 31, 2020.

Strategies	Actions	Person(s) Responsible	Timeline	Measures
Customer Satisfaction Survey	Develop promotion plan	Health Education Program Manager	Annually	Surveys Completed
	Review Results	QI Council	Bi-annually	TBD Based on survey measures
	Select a QI project	QI Council	As Needed	Number of projects identifies
	Assign QI project team	QI Council Leader	As Needed	Teams identified
	Implement project	Assigned Project Lead	As Needed	Number of projects completed

Objective 4: Increase the number of communication activities to at least two by December 31st, 2020.

Strategies	Actions	Person Responsible	Timeline	Measures
Leadership Meeting	Report on activities of QI council	QI Council leader	Quarterly	Number of reports given:
Storyboard or Graphic	Develop a storyboard or graphic and post it		Within a month of QI project completion	Number of items When the items were shared in relation to project completion

	or share via email			

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Quality Improvement Project Submission Form

To initiate a quality improvement idea or project, complete this submission form. Submission forms can be emailed to any quality improvement council member and will be reviewed and either approved or declined within thirty days.

Employee Name:	**Date:**
Program:	
Idea/Project:	
What would you like to improve?	
Do you have information/evidence/data available to support the need to work on this topic? Yes No	
If yes, please describe here:	
What kind of improvement will result? (Select all that apply):	

	Enhanced Employee Performance
	Improved Teamwork and Communications
	Improved Use of Resources
	Improved Working Conditions and Employee Morale
	Increased Efficiency
	Improved Quality of Services
	Increased Safety
	Reduced Cost
	Reduced Waste
	Satisfied Customers/Stakeholders
	Other:

What is the desired result? (Example: Reduced Turn Around Time)							
Who will benefit? (Check all that apply)		Program		Public		Staff	Other:

Which of the six areas of public health responsibility does this QI project align with? (Check all that apply)	
	Assure an adequate local public health infrastructure
	Promote healthy communities and healthy behavior
	Prevent the spread of infectious disease
	Protect against environmental health hazards
	Prepare for and respond to disasters and assist communities in recovery
	Assure the quality and accessibility of health services

Office Use Only (Do Not Write Below this Line)

QI Proposal Approval	Date Reviewed	Type of Review
Greene County Public Health QI Council:		☐ Expedited ☐ Full ☐ Exempt
Health Commissioner Team Champion:		☐ Approved ☐ Declined

This Form Available Online at: **https://www.research.net/r/QI_Project_Submission_Form**

Greene County Public Health Quality Improvement Plan

LEANOhio Project Charter

Project/Event Title _____

Project Facilitator _____

Agency Greene County Public Health

Charter Last Updated Date: _____

Project Background				
Problem/Opportunity Statement				
SCOPE (DEFINE BOUNDARIES)	**First step in the process:**			
	Last step in the process:			
Project Goals				
Project Boundaries				
Performance Metrics: What measures will tell you if you are successful.	**Performance Metrics**			
	Current	**Goal**	**Final**	**% Change**
Projected Benefits				
Project Team				
Team Champion:		Team Lead:		
Team Sponsor:				
Process Owner:				
Team Members:				
Subject Matter Experts:				
Project Sponsor and Process Owner Sign-Off: I am committed to supporting this project and implementing the team's improvements.				
Sponsor Signature:				
Process Owner:				

Also available as Excel file at: https://gchf.sharepoint.com/:f:/g/administration/accreditation/EoBJbZZWu6hFrQl-pHY4BZwBDxPZCJn2mTtbb2TjqGvLpw?e=h6bt9Z

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Quality Improvement Reporting Form

PLAN	**Agency:**	Greene County Combined Health District		
	Project Title:			
	Aim:			
	Impact:			
	Measures: (Include both process and outcome measures.)	**Outcome Measure:** **Process Measures:**		
	Team Members:			
	Month/Year:		**Reported By:**	

Please summarize the key action steps you have taken in the past month.			Describe the results of your action steps and what you learned from the process.	
DO	1.			CHECK
	2.			
	3.			
	4.			
	5.			
ACT		1. 2. 3. 4.		

What are you most proud of achieving?

What were the costs incurred for conducting this QI project?	
Salaries and Fringe	$
Travel	$
Equipment	$
Supplies	$
Printing	$
Other:	$
TOTAL	**$**

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APPENDIX D: STORYBOARD TEMPLATE

POPULATION SERVED:

QI PROJECT TITLE:

PLAN

Identify an opportunity and Plan for Improvement

1. Getting Started
Start typing here

2. Assemble the Team
Start typing here

3. Examine the Current Approach
Start typing here

4. Identify Potential Solutions
Start typing here

5. Develop an Improvement Theory
Start typing here

DO
Test the Theory for Improvement

6. Test the Theory
Start typing here

CHECK
Use Data to Study Results

of the Test

7. Check the Results
Start typing here

ACT
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
Start typing here

9. Establish Future Plans
Start typing here

Greene County Public Health Quality Improvement Plan

Delaware General Health District
Dedicated to your health

Timely Employee Evaluations
Quality Improvement Storyboard

Team Members: Joan Bowe, Angie Breckler, Steve Burke, Shelia Hiddleson, Dave Knowlton, Nancy Shapiro, Pam Shears, Amy Whitney

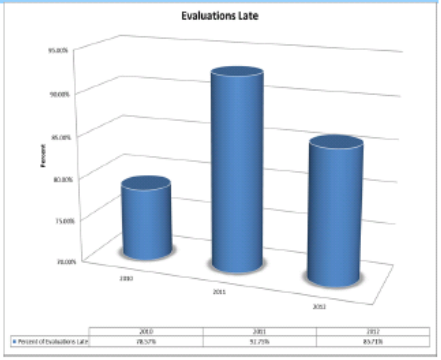
Performance appraisals should be provided to employees in a timely manner; this helps to improve morale and decreases amount of time spent in processing retroactive pay and EAF.

PLAN

Problem Statement:

In 2012 the completion of employee evaluations showed that 84% of the evaluations were given to employees and processed for merit increases late. This delay in completing evaluations in a timely manner:

- Causes employees to feel unappreciated and undervalued
- Causes an increase in workload for payroll and fiscal clerks
- Causes an increase workload for Managers/Directors at the end of the fiscal year to avoid Then and Now issues with the state auditor.



Current Process:

- HRO provides list of evaluations due to Director/Manager at times.
- Manager/Director completes performance appraisal and gives it to Director/HC for additions/corrections
- Director/HC returns appraisal to Manager/Director for corrections
- Manager/Director makes corrections/additions and gives it to Director/HC for review (This cycle could repeat itself)
- Manager/Director/HC sign off on approved performance appraisal
- Employee given performance appraisal by Manager/Director
- Signed appraisal given to HRO
- HRO reviews to determine salary adjustment and gives information to payroll clerk
- Payroll clerk determines retro pay and completes EAF

Opportunities for Change:

Long term

- Employees will feel the value they bring to the organization thereby improving retention and decreasing the need for recruitment.

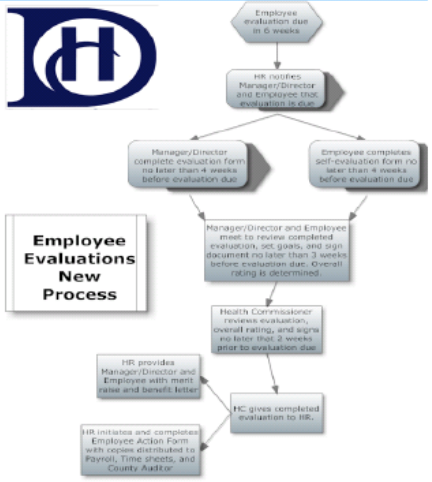
Medium term

- Payroll and fiscal clerks will be able to process evaluation merit adjustments in a timely manner without the need to make retroactive changes thereby assuring current expenditures within the appropriate fiscal year.

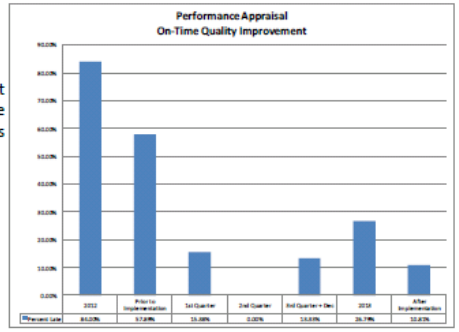
DO

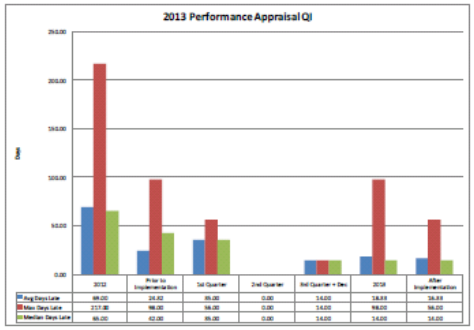
AIM Statement:

The Executive Team and Human Resources aim to decrease the number of employee evaluations given and processed late to less than 10% by January 2014.



STUDY





The Health District's new evaluation process was implemented on March 1, 2013. The Health Commissioner reviewed data quarterly; comparing 2012, pre-implementation 2013, after implementation, and total 2013 evaluation data and then reviewed the data with the Executive Team on an on-going basis. If an evaluation was given to an employee late, thereby delaying the Employee Action Form, the Health Commissioner discussed the issue with the Director for intermediary assistance to the Manager.

There was marked overall improvement in the number of evaluations given and processed on time; 89.19% given on time after implementation of new process and 73.29% given on time for 2013 as compared to 16% given on time in 2012. This is reflective of a 457.5% improvement after implementation of the new process! Additionally, the average number of days late after implementation was 16.33 and 18.33 for 2013 as compared to 69.00 in 2012.

*For clearer data analysis, outliers were removed.

ACT

Outcome:

The Executive Team were very pleased that by implementing a procedure with expectations of on-time evaluations and processing almost 90% of evaluations were completed on time. In addition to the timeliness of evaluations, anecdotally, staff were very happy with an on-time evaluation, the opportunity to self-evaluate, and information related to salary and benefits being provided in a timely manner.

As of Jan 1, 2019 QI Project Forms are available on SharePoint at:

Administration Page > Accreditation > Documents > 1026-Accredtiation > Quality Improvement > QI Projects > 0-Project Forms