Health, Housing & Human Services
CLACKAMAS COUNTY

Multnomah County

Washington County
Health and Human Services

A Collaborative Journey Along the Road to a Culture of Quality: A Regional Effort

OPHA 69th Annual Meeting and Conference
Corvallis, OR
October 15, 2013

Health, Housing & Human Services CLACKAMAS COUNTY

Multnomah County

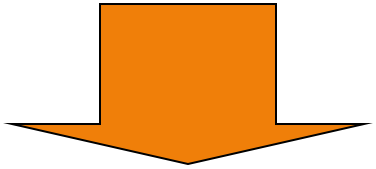
Washington County Health and Human Services

Today's Objectives

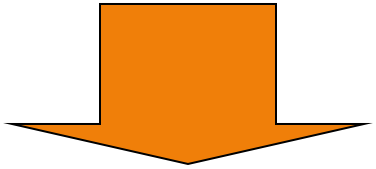
1) Identify the benefits of collaborative efforts in implementing activities related to public health accreditation
2) Learn ways to engage senior leadership in creating a culture of performance management within their agency
3) Be aware of tools available to assist in implementing quality improvement initiatives
4) Learn about the different "Exits" along the "Roadmap to a Culture of Quality"

Regional Accreditation Initiative

NACCHO Accreditation Grant



Partnership with Clackamas & Washington Counties



Regional Collaborative

Nuts & Bolts of the Grant

Multnomah County Health Department

- 3 work sessions with Marni Mason
  - Department Leadership Team
  - Quality Leadership Team
  - Public Health Quality Council

Washington County Health & Human Services

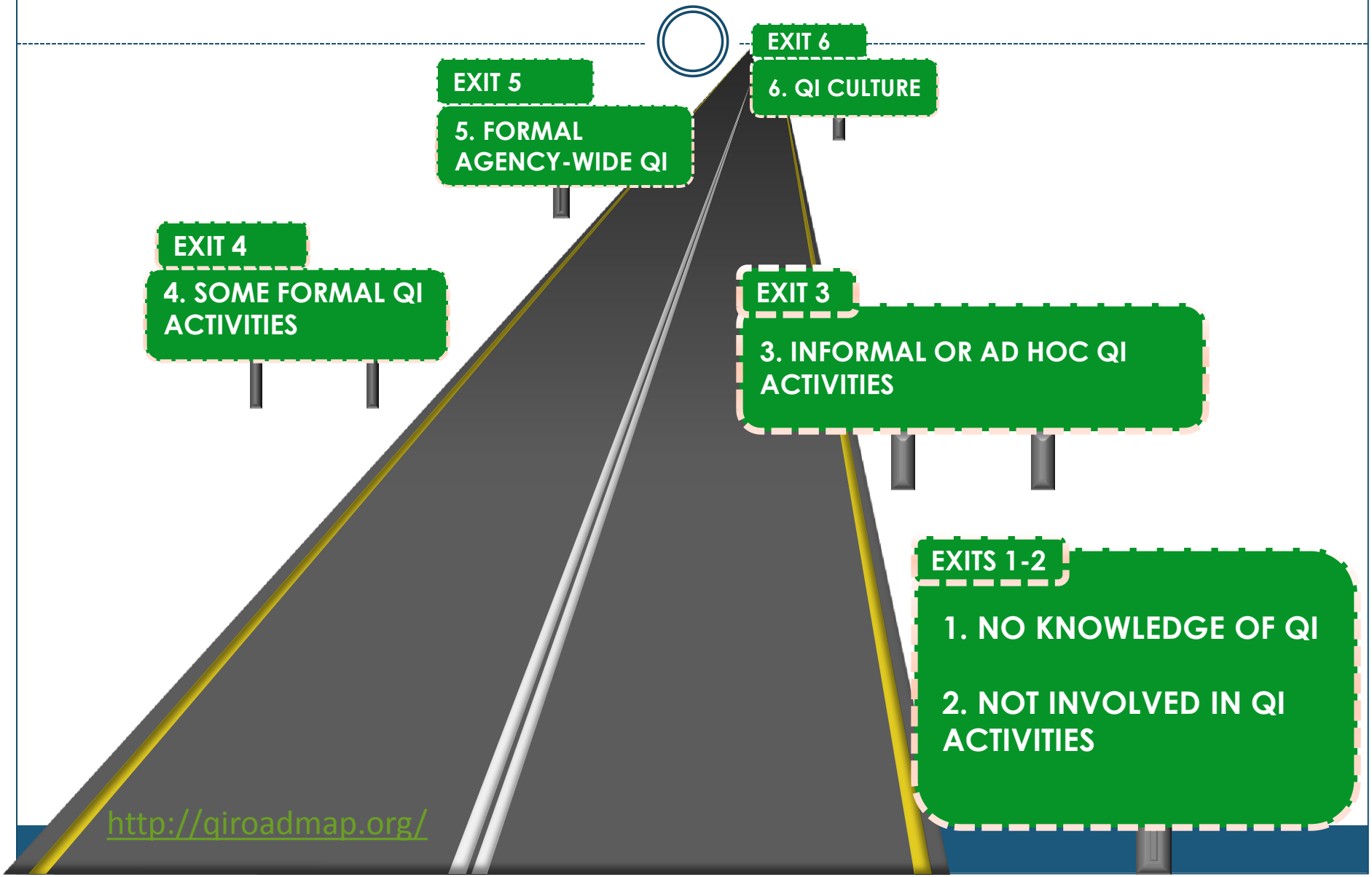
- Work sessions with Marni Mason
  - Department Leadership Team

Clackamas County Public Health Division

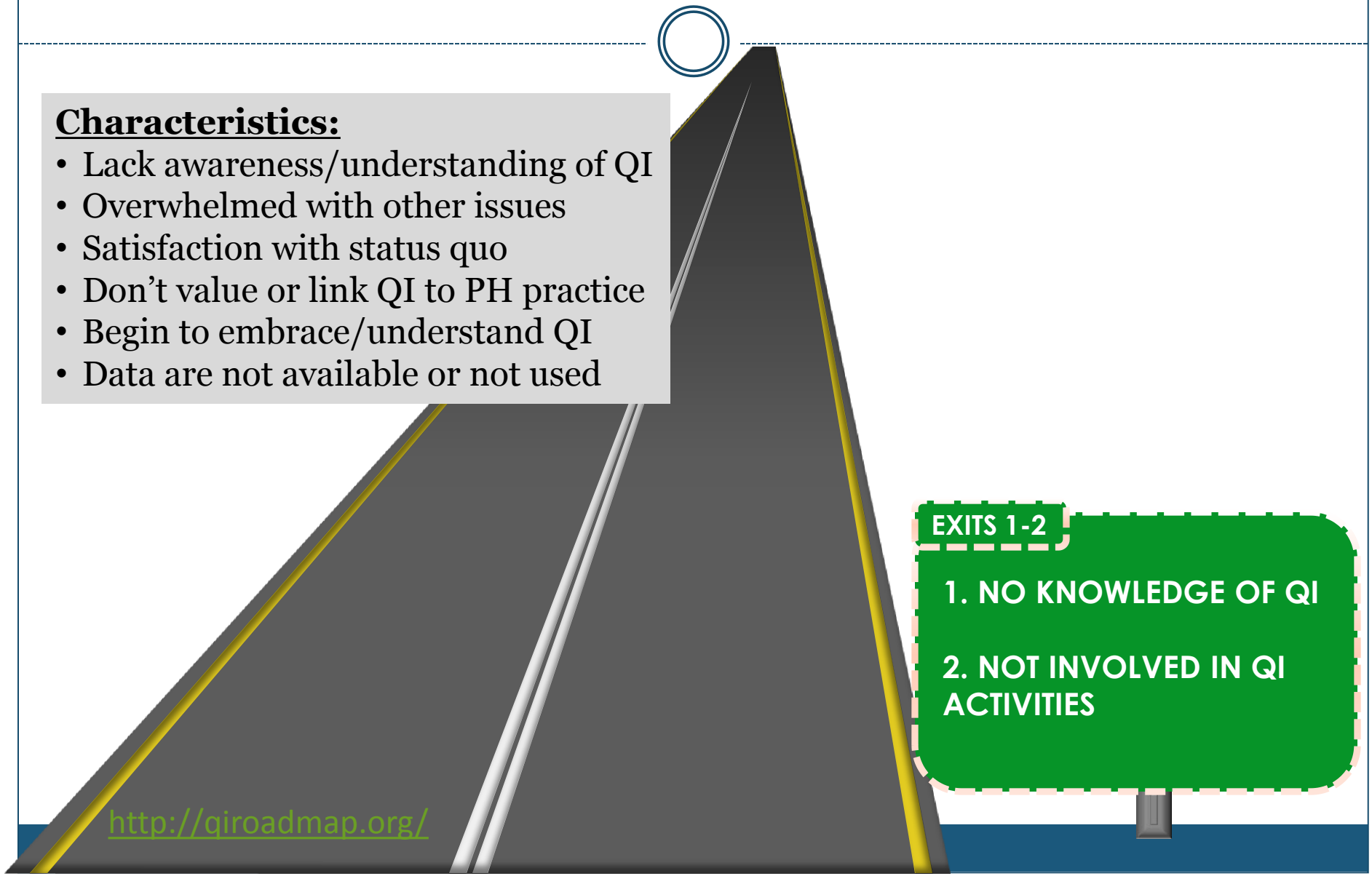
- Work sessions with Marni Mason
  - Public Health Managers Group
  - Quality Improvement Committee
  - Program Lead Staff

Marni Mason facilitated 3 work sessions with the Regional Public Health Leadership Group

Roadmap to an Organizational Culture of QI



Roadmap to an Organizational Culture of QI



Characteristics:

- Lack awareness/understanding of QI
- Overwhelmed with other issues
- Satisfaction with status quo
- Don't value or link QI to PH practice
- Begin to embrace/understand QI
- Data are not available or not used

EXITS 1-2

1. NO KNOWLEDGE OF QI
2. NOT INVOLVED IN QI ACTIVITIES

http://qiroadmap.org/

Washington County Public Health Division:

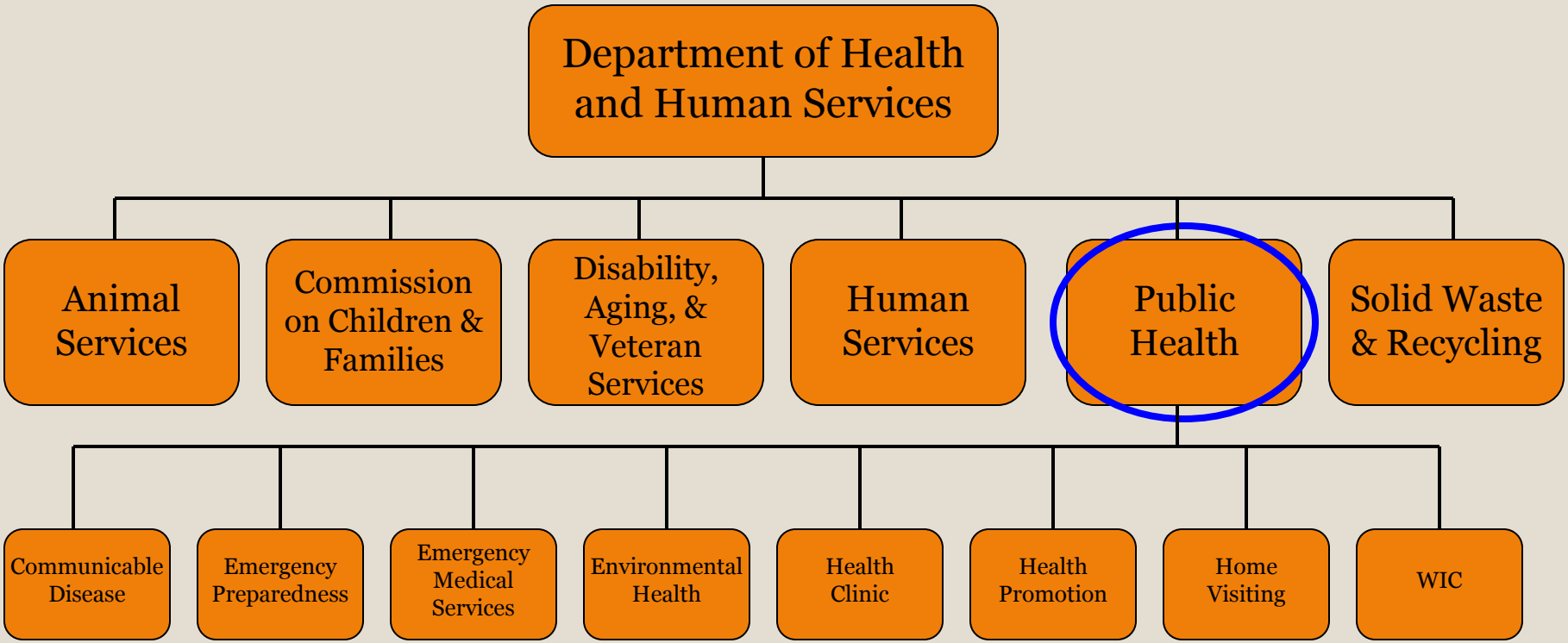
Journey Along the Road to a Culture of Quality

OCTOBER 15TH, 2013

OREGON PUBLIC HEALTH ASSOCIATION

ANNUAL CONFERENCE

Washington County Public Health Division



Background

Prior to Grant/Regional Accreditation Initiative:

- Between Exits 1 & 2
- 2011 – 2012:
  - AmeriCorps VISTA focused on Quality Improvement
  - PHLT participated in QI Training
- 2012 – 2013:
  - AmeriCorps VISTA focused on document collection and Workforce Development Plan
  - Clinic staff conducted a QI project but had no formal training in QI
  - PHLT conducted Turning Point Performance Management self-assessment

Background, continued

Gaps:

- No Performance Management system
- No Quality Improvement Plan
- Lack of capacity to prioritize PM and QI

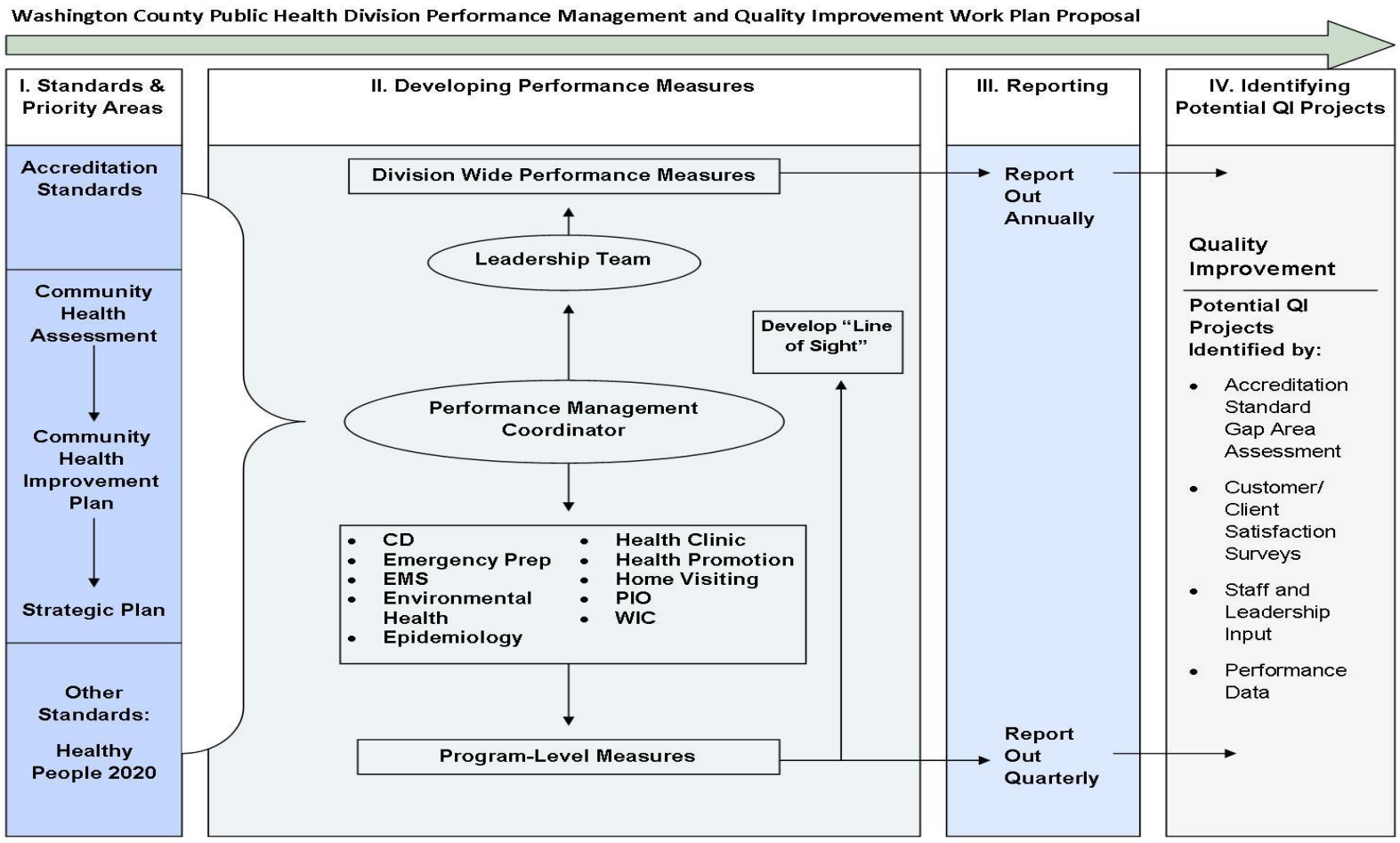
Benefits of Regional Accreditation Initiative for WCPH

- Public Health Leadership Team participated in a half-day PM/QI Training with Marni Mason (PM/QI Specialist)
- Marni Mason provided training to the Regional Public Health Leadership Group (PH Administrators and Health Officers)
- WCPH Public Health Administrator aligned Public Health Division budget to prioritize Accreditation, PM, and QI
  - WCPH Workforce Development Plan prioritized PM/QI
  - WCPH reconfigured positions in order to hire a Senior Program Coordinator devoted to Accreditation, PM/QI, and Workforce Development activities

Where WCPH is now: Exit 2 - 3

- Hired Senior Program Coordinator devoted to Accreditation, PM/QI, and Workforce Development
- Established PHLT as PM/QI Council
- Developed a PM system picture
- PM/QI Council adopted PM system plan
- Program supervisors are preparing to work on Next Steps with staff to develop performance measures and identify potential QI projects

Performance Management system



PM System Roles

- PM/QI Council (Public Health Leadership Team):
  - Develop division-wide performance measures
  - Report out on division-wide measures annually
  - Track and monitor program and division-level performance data
  - Identify areas for improvement using performance data
  - Prioritize Quality Improvement focus areas
  - Support and dedicate resources to prioritized projects (staff time, etc.)

- Program Areas:
  - Develop program specific performance measures
  - Identify potential QI projects
  - Report out on performance measures quarterly

Next Steps

- PM/QI Council
  - Development of PM/QI Council Charter
  - Determine method for QI project prioritization
- Senior Program Coordinator
  - Attend program staff meetings
    - Familiarize staff with PM/QI
    - Familiarize staff with standards and priority areas that will inform development on performance measures
- Program Areas
  - Develop performance measures at the program level
  - Determine a system for staff to identify potential QI projects

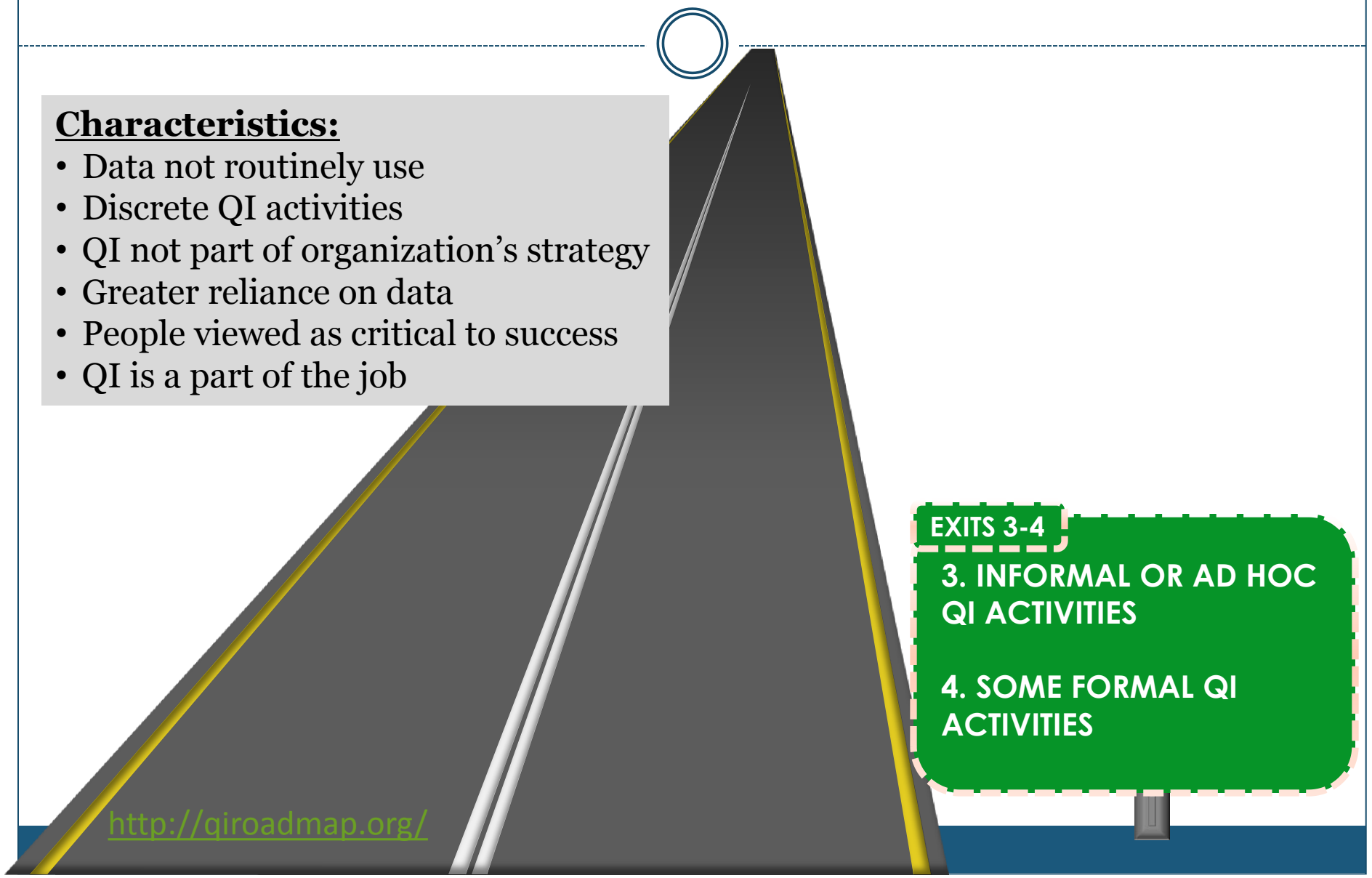
Long-Term PM/QI Goals

- All staff involved in one QI project a year and receiving "Just-In-Time" QI training
- Continuous cycle of prioritizing and addressing potential QI opportunities
- Established system for documenting QI projects (i.e. storyboards)
- Every program reports out on performance measures quarterly
- Division reports out on performance measures annually

Where will WCPH be at time of Accreditation application submission? (December 2015)

- Exit 5

Roadmap to an Organizational Culture of QI



Characteristics:

- Data not routinely use
- Discrete QI activities
- QI not part of organization's strategy
- Greater reliance on data
- People viewed as critical to success
- QI is a part of the job

EXITS 3-4

3. INFORMAL OR AD HOC QI ACTIVITIES

4. SOME FORMAL QI ACTIVITIES

http://qiroadmap.org/

Multnomah County Health Department:

A Collaborative Journey along the Road to a Culture of Quality

Marisa McLaughlin & Cally Kamiya

OREGON PUBLIC HEALTH ASSOCIATION CONFERENCE

OCTOBER 15TH, 2013

Multnomah County

Public Health
Prevent. Promote. Protect.

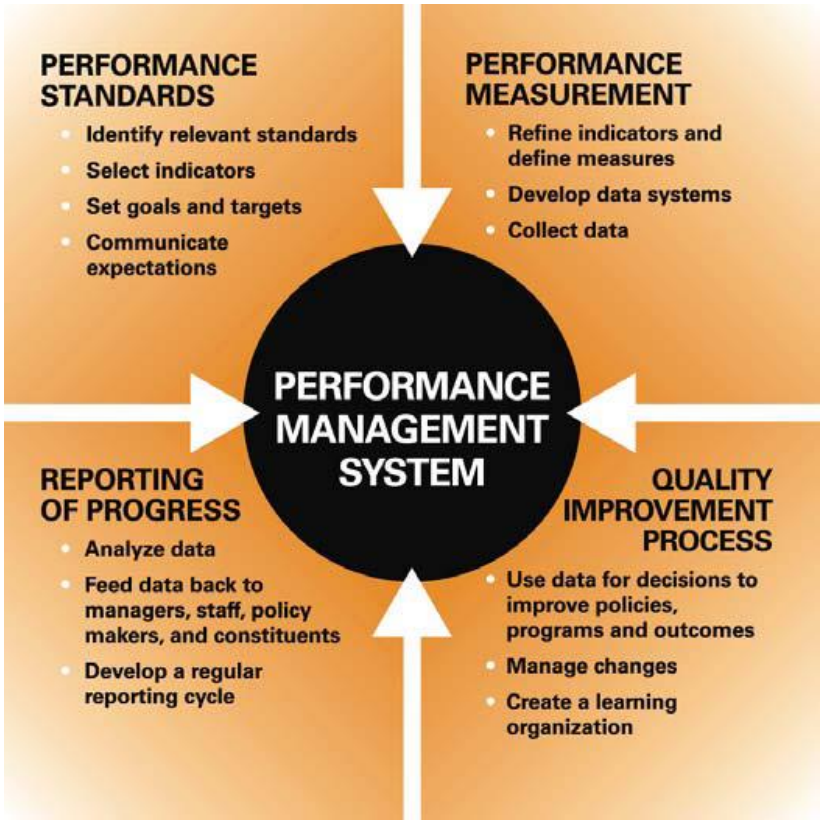
Background

- Community Health Services Systems and Quality Council formed in FY 08-09.
- 1st Public Health Accreditation Readiness Assessment completed in FY 09-10.
- Primary Recommendations from both were to: **Establish agency policy and capacity to implement a performance management system and quality model.**

CHS Performance Management Efforts

Training series with CHS managers/supervisors & staff:

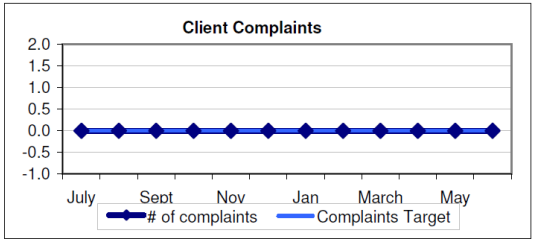
- Performance Management training series
- Development of 13 program scorecards
  - Communicable Disease;
  - Early Childhood Services;
  - WIC;
  - HIV Care Services;
  - HIV/Hep-C Prevention Programs;
  - STD Disease Intervention;
  - STD Clinical;
  - Health Inspections;
  - Healthy Homes and Families;
  - Lead Poisoning Prevention;
  - Vital Records;
  - EHS Program Development;
  - Vector Control
- Initial attempt at Service Area Level scorecard



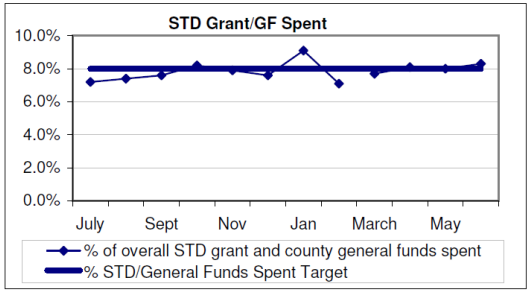
Disease Intervention Program: Q4

Multnomah County Health Department, Portland, Oregon

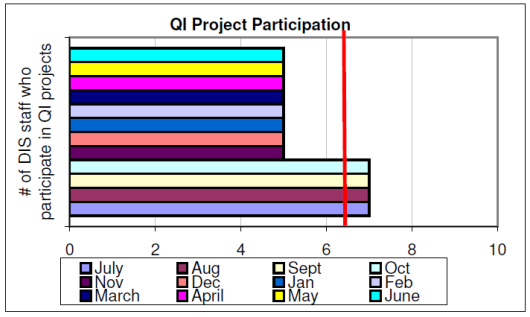
Customer Perspective



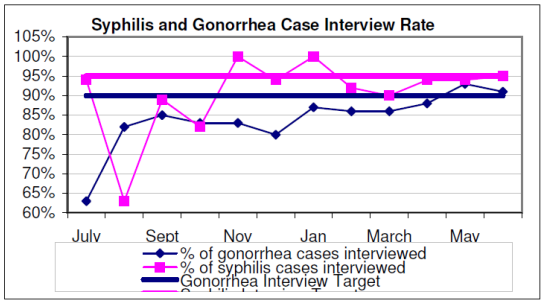
Financial Perspective

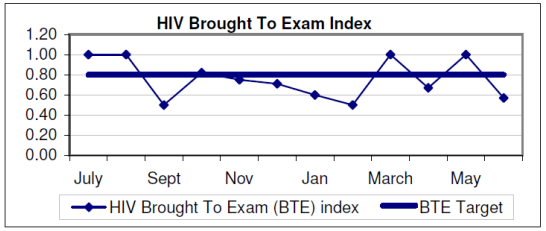


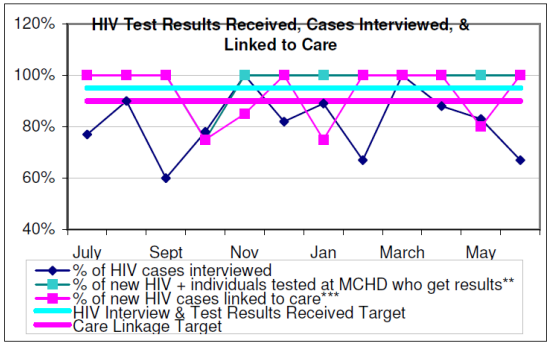
Learning and Growth

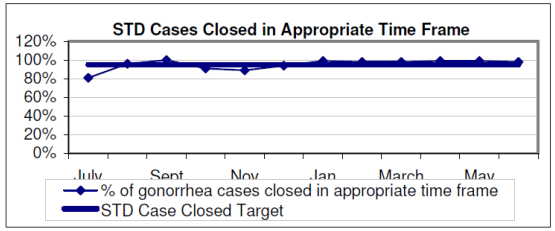


Internal Processes/Services









Client Satisfaction: Increase client satisfaction

MEASURE	April	May	June	Trend	Target
# of complaints	0	0	0	★	0%

Financial: Good stewards of community resources through monitoring funds, & targeting funds towards priority populations

MEASURE	April	May	June	Trend	Target
% of overall STD grant and county general funds spent	8.1%	8.0%	8.3%	★	25%

Internal Processes and Services: 1) Partner Counseling and Referral Services; and 2) Monitoring disease trends & outbreaks to ensure timely & appropriate response

MEASURE	April	May	June	Trend	Target
% of gonorrhea cases interviewed	88%	93%	91%	★	90%
% of syphilis cases interviewed	94%	94%	95%	★	95%
% of HIV cases interviewed	88%	83%	67%	◆	95%
% of gonorrhea cases closed in appropriate time frame	99%	99%	98%	★	95%
% of syphilis cases closed in appropriate time frame	96%	94%	100%	★	95%
% of HIV cases closed in appropriate time frame	100%	100%	100%	★	95%
HIV Brought To Exam (BTE) index	0.67	1.00	0.57	◆	0.8
Gonorrhea Brought To Exam (BTE) index	1.31	1.00	2.67	★	0.8
Syphilis Brought To Exam (BTE) index	0.64	0.70	0.68	◆	0.8
% of new HIV + individuals tested at MCHD who get results**	100%	100%	100%	★	95%
% of new HIV cases linked to care***	100%	80%	100%	★	90%

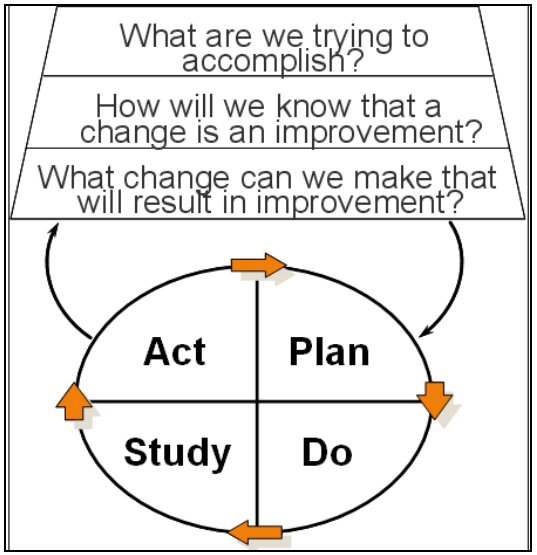
Capacity and Growth: Increase staff satisfaction

MEASURE	April	May	June	Trend	End Year Target
# of DIS staff who participate in QI projects	5	5	5	★	8

CHS Quality Improvement Projects/Efforts

QI Models:

- Model for Improvement
- Lean Tools for Process Improvement



Training:

- Introductory Trainings on QI
- Just in Time trainings

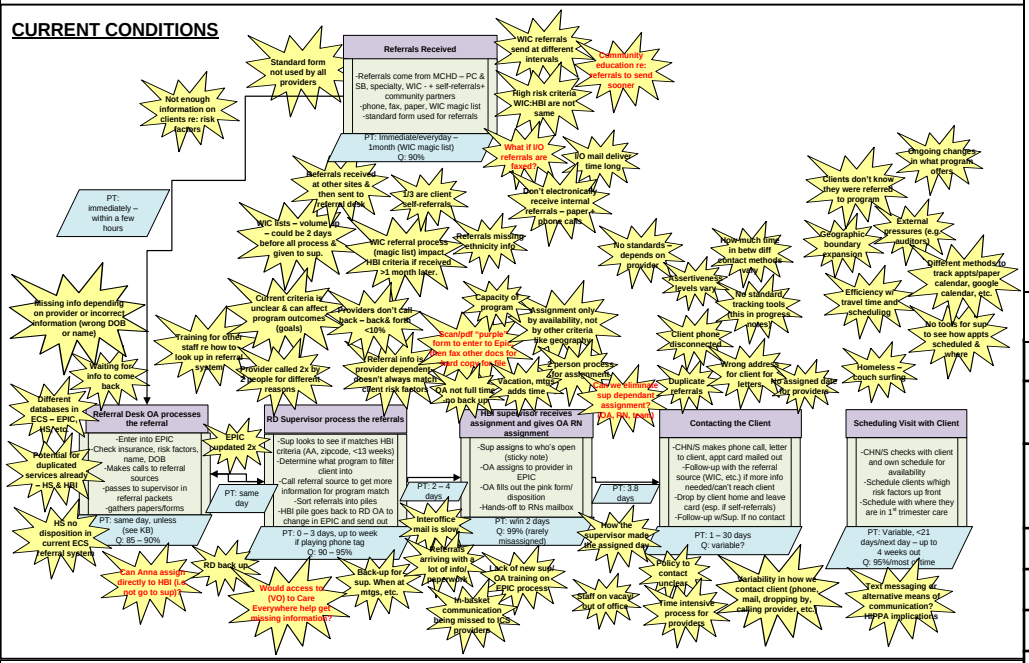
Projects:

- Improvements in client intake into programs (WIC, ECS, & HBI);
- Improvements in efficiencies related to IT (ECS, EHS, TB, STD)
- Practice based improvements (STD, CDS, ECS)
- Improvements in documentation efficiencies (ECS & EHS)

BACKGROUND

Problem Statement: The referral process is long, cumbersome, mysterious, non-static, unknown, technologically outdated (paper aspects), siloed, multi-stepped/idiosyncratic which leads to a delays in each process step and delays in people getting services which results in adverse health consequences, frustration for clients, and inhibits ECS and HBI from meeting their goals and creating health communities/fulfilling HD mission. *Voice of the Customer*: Customers would want: opportunities for service expansion, no delays, no confusion, easy access and entry into services, easier access for staff to information, less silos, better communication, unique and value added services for clients, and ability to look at clients holistically, instead of possessively or siloed.

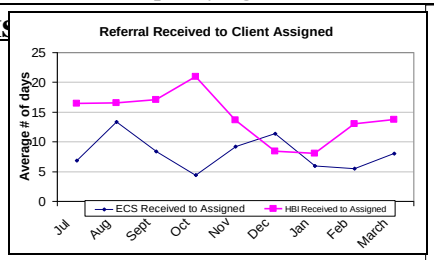
CURRENT CONDITIONS

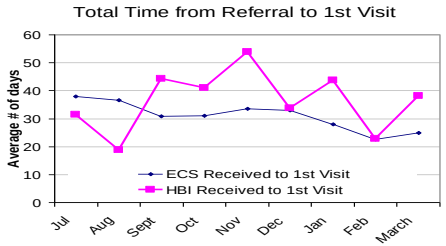


GOALS

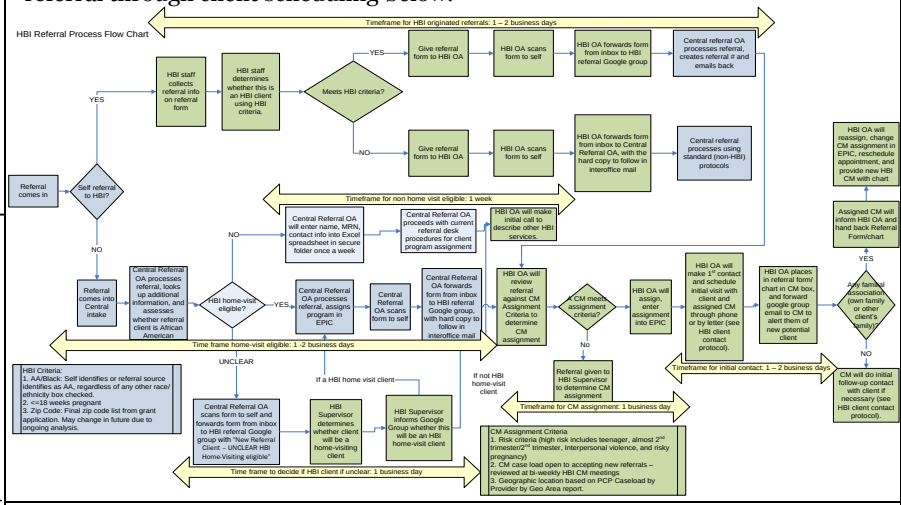
- Reduce average time from referral received to 1st visit from 38 to 20 days.
- Reduce average time from referral received to client assigned from 14 days to w/in 5 business days (7 days).
- Reduce average time from 1st attempt to 1st visit from 21 days to 10 days.
- Reduce average time from client assigned to contact from 4 days to 2 days.
- Find a way to refer non-qualifying African American clients into other services available.

ANALYSIS





PROPOSAL: Affinity diagramming and brainstorming led to the ranking of development of new referral and client contact processes. Process map of new referral through client scheduling below.



PLAN

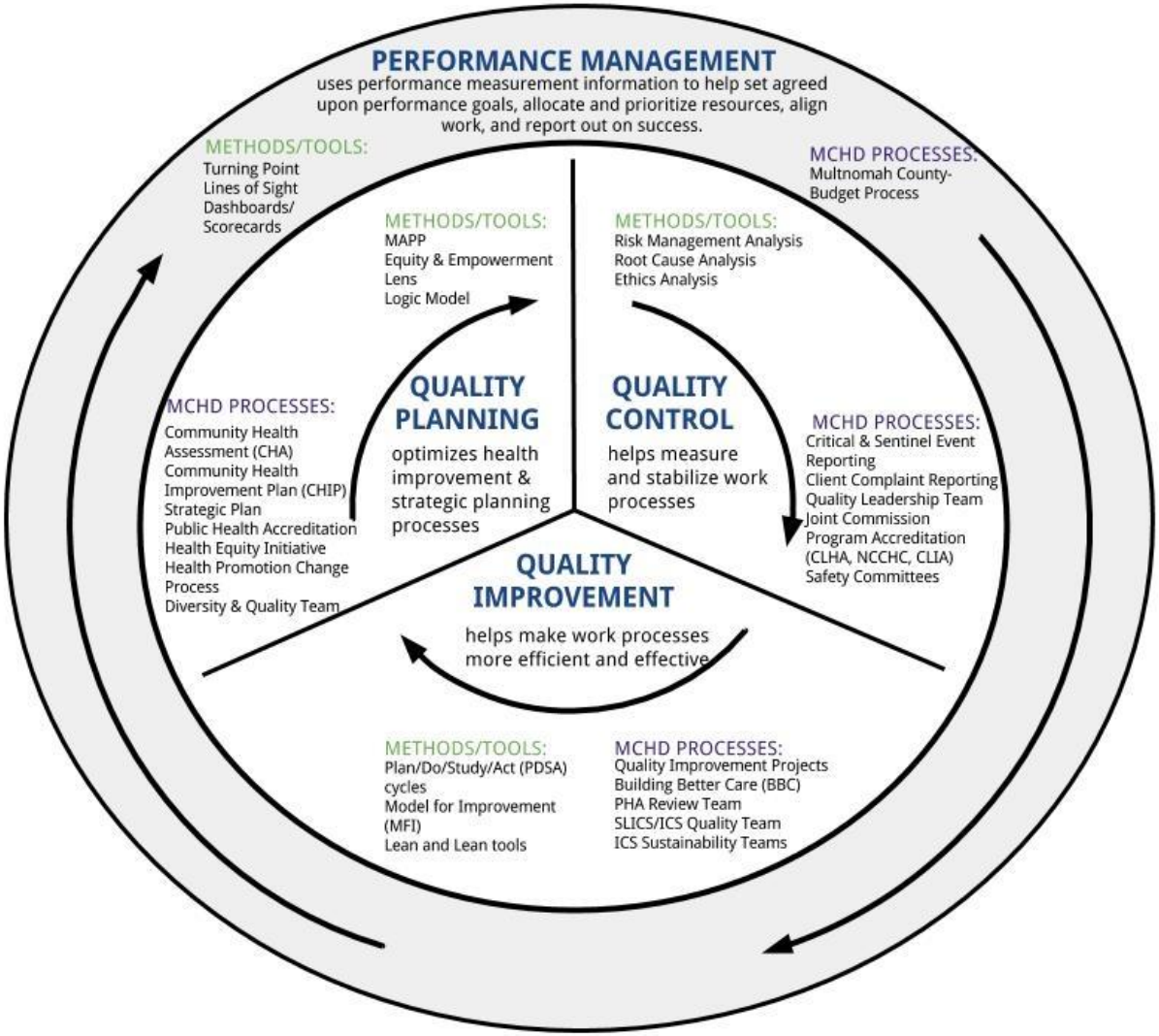
What	Who	When
-Central referral training on new referral – scheduling protocol	Central Referral	1st week Nov.
-HBI CM team training on: -Centralized scheduling & Google calendar demo; Client Contact & Referral protocols	Susana/HBI CM team	Nov. 6th – 3 – 4:30pm
-Implement new Referral and Contact policies	All	Nov. 6th, post training
-Implement Google calendar policy	HBI team	Nov. 7th
-60/90 day check to measure results and adjust	HBI and QI team	Feb. 20th
-6 month check to measure results and adjust	HBI team	May 21st

RESULTS

	Pre-PILOT All Visits				
	Dec, 2012 – June 2013	Aug, Sept, Oct 2012	Baseline Data	ACTUAL CHANGE 3-months prior	ACTUAL CHANGE Baseline
Rcvd->Assigned	3.2	7.3	13.9	-4.2	-10.8
Assigned->1stAttempt	0.7	8.3	3.8	-7.7	-3.1
1stAttempt>1stVisit	17.1	32.2	21.2	-14.7	-3.8
Rcvd->1stVisit	20.9	47.4	38.1	-25.9	-16.5
Had Scheduled appt	**47 (78.3%)**	**20 (57.1%)**			
>1 month to 1st visit	**6 (12.8%)**	**11 (55.0%)**			

TEAM Ellie Myrick (Lead); LaRisha Baker; Lauren Fries-Brundidge; Monique Allen; Tim Holbert; Anna Dyer; Rachael Banks; Susana Betancourt; Marisa McLaughlin (QI facilitator)

Infrastructure Established Prior to Grant



Gaps:

- No Health Department QI Plan
- No integrated department performance management system

NACCHO Grant

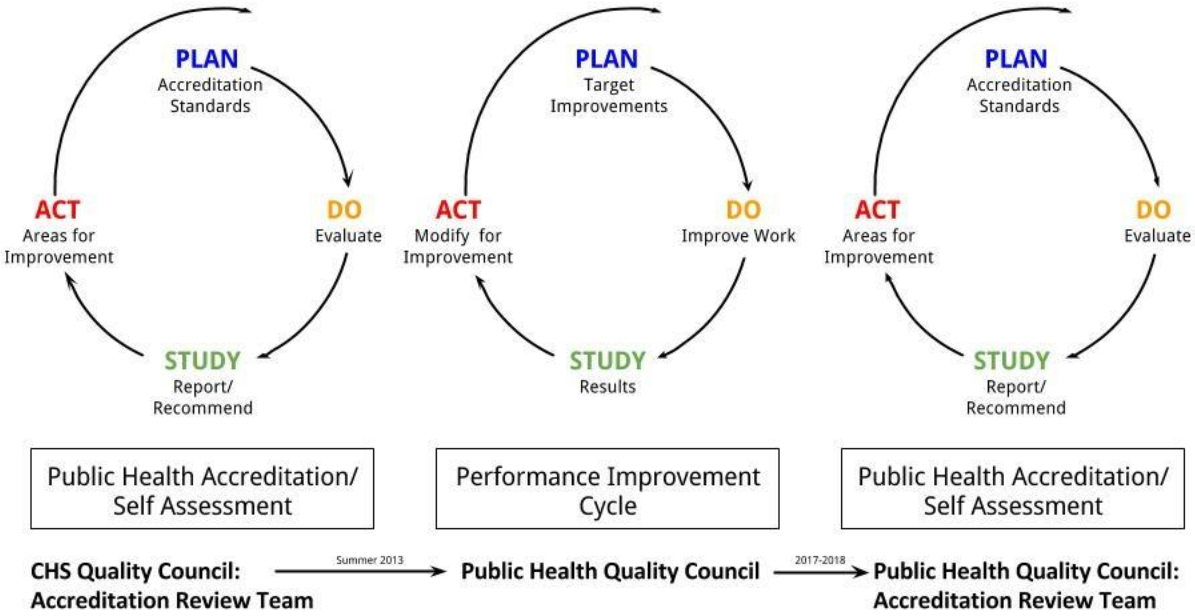
- 3 work sessions with Marni Mason
  - Department Leadership Team
  - Quality Leadership Team
  - Public Health Quality Council

Marni Mason facilitated 3 work sessions with the Regional Public Health Leadership Group

Which Exit Are We At Now?

Exit 4: Formal QI in Specific Areas

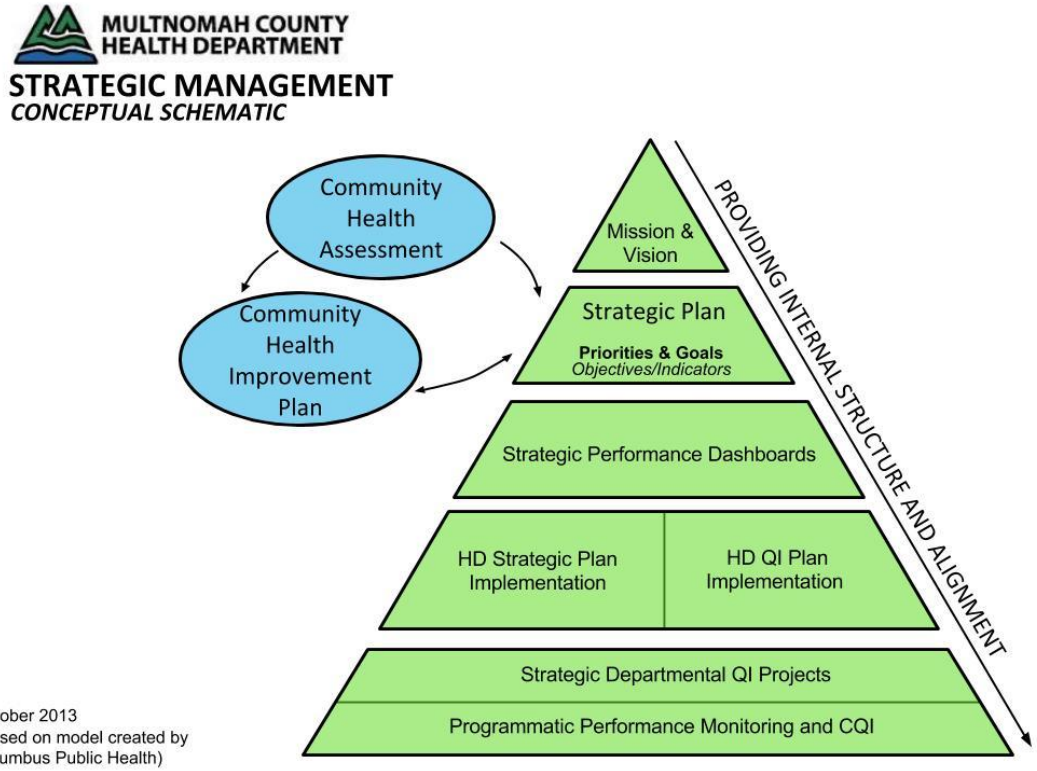
- Draft QI Plan
- Evolution of Quality Councils
- Leadership driven Performance Management System
- Stronger Communication



Where MCHD Will Be By Accreditation Submittal?

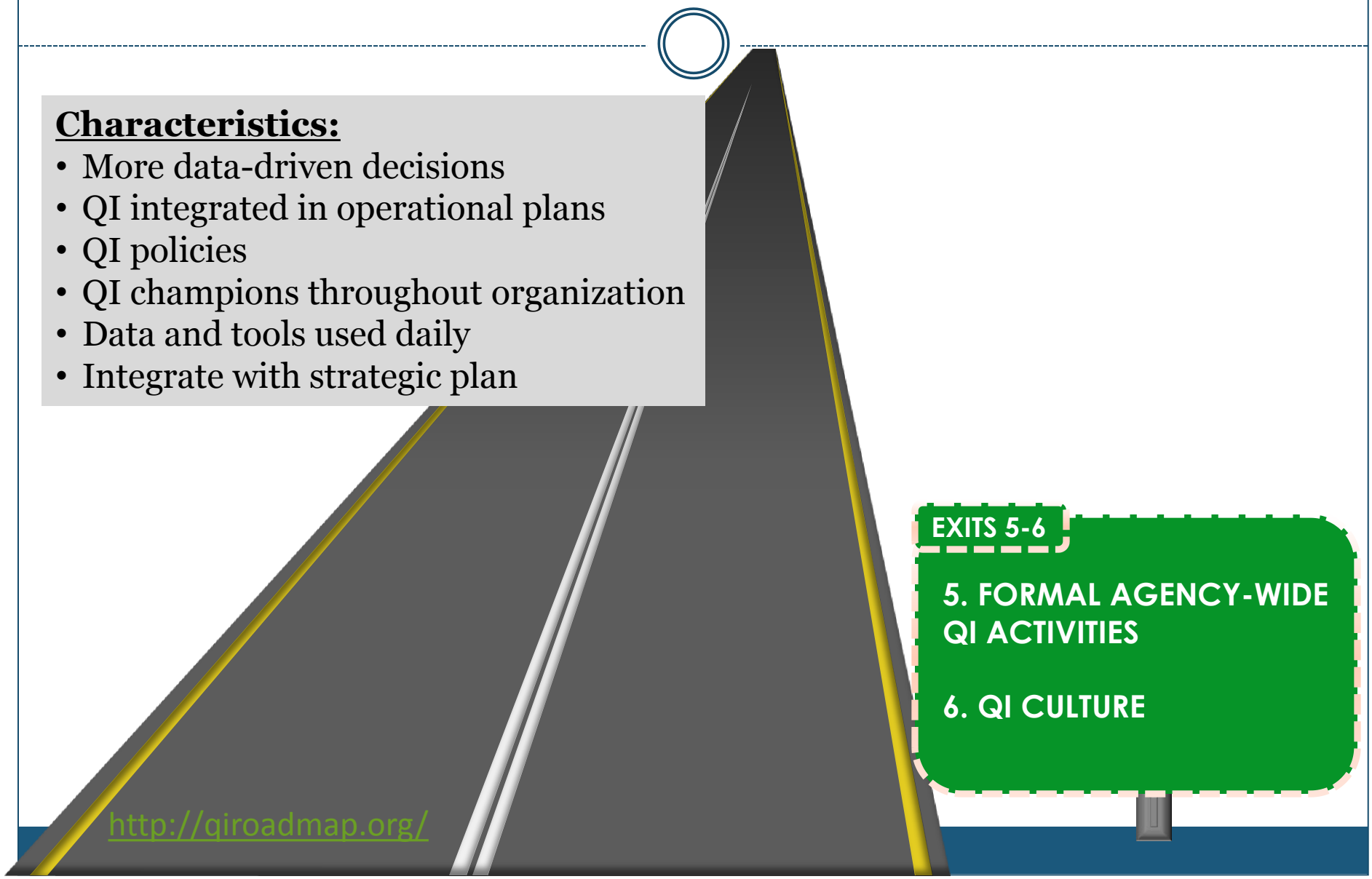
Our Plan Exit 5: Formal Agency Wide QI

- Formalizing Training & Development Plans around Quality
- Systems level quality improvement efforts
- Formalized Strategic Plan measurement which drives data-based decision making



October 2013
(Based on model created by Columbus Public Health)

Roadmap to an Organizational Culture of QI



Characteristics:

- More data-driven decisions
- QI integrated in operational plans
- QI policies
- QI champions throughout organization
- Data and tools used daily
- Integrate with strategic plan

EXITS 5-6

5. FORMAL AGENCY-WIDE QI ACTIVITIES

6. QI CULTURE

http://qiroadmap.org/

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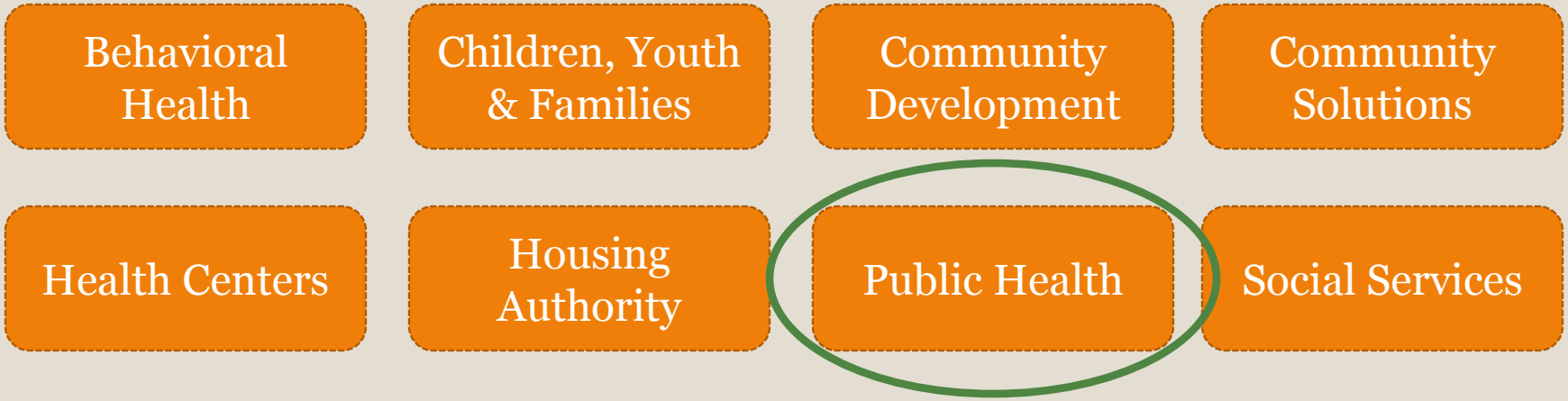
CLACKAMAS COUNTY

Background

- Performance measures have been in place within the Health Housing & Human Services Department since July 2008.



- Public Health created first QI Committee in August 2012.

QI Committee Charter

Health, Housing & Human Services
CLACKAMAS COUNTY

Marti Franc, *Director*
Public Health Division

Function of the Quality Improvement (QI) Committee:
The QI Committee will assure the implementation of QI efforts and activities for the Clackamas County Public Health Division, which includes:

- Development and evaluation of an annual Performance Management Plan;
- Support CCPHD's efforts to obtain national accreditation and assist in accreditation activities relative to QI as needed;
- Development and evaluation of QI projects; and
- Support for the development and implementation of the department's performance management system.

Committee members will be asked to prioritize, plan and participate in QI training activities. Members will become skilled in the implementation of QI tools through involvement in this committee.

Overarching Goals of the QI Committee:

- To support the development of a culture of quality and quality improvement, in alignment with the mission, vision and values of Health, Housing and Human Services.
- To improve workforce capacity and skills related to developing, monitoring and evaluating performance improvement efforts and to contribute to the success of these efforts.

Primary Activities:

- Create, review and revise annual Performance Management Plan
- Solicit and identify QI projects
- Monitor status, review results and provide feedback on QI projects
- Plan, assist with and attend staff QI trainings
- Evaluate QI Committee and Performance Management Plan on an annual basis
- Support the development, implementation and on-going maintenance of the division's performance management system through consultation

Composition/Membership of QI Committee Members:
QI Committee members will be represented by one staff member of each of the four program areas of the Clackamas County Public Health Division. One member of the Public Health Managers Group will also participate and two additional staff members from any program area, along with the Policy Analyst (QI Coordinator) and Epidemiologist (Data Analyst) for a total of nine members. The Public Health Director shall serve as an ad hoc member of the committee.

PUBLIC HEALTH PROGRAM	REPRESENTATIVE NAME
PH Manager	Cathy Perry, CD/MCH Manager
Environmental Health	Joel Ferguson, EH Staff
WIC	Erin Myers, Nutrition Counselor
Communicable Disease/PHN	Jan Rodriguez, CD Nurse
Health Promotion	Jamie Zentner, SBHC Coordinator
Additional Staff	Liz Baca, Public Health Nurses (PHN) Staff
Additional Staff	Marco Enciso, Program Support (H3S Lean Facilitator)
QI Coordinator	Philip Mason, Policy Analyst
Data Analyst	Sunny Lee, Epidemiologist
PH Director (ad hoc)	Marti Franc, Administrator

QI Committee Members' Roles and Obligations:
In August 2012, QI Committee members were selected based on their expressed interest in participating and their level of involvement with specific program areas. The committee determined that members will serve an **18 to 24 month term** on the committee. A maximum term limit will be determined at a later date. Committee members will have some individual responsibility for the delivery of QI initiatives through collaborating with staff to identify potential projects and implement QI process improvements throughout the Public Health Division.

The schedule of meetings will initially be as follows:

- August 2012 to November 2012: occurring on a bi-weekly basis
- November 2012 to February 2013: occurring on a monthly basis
- Frequency of meetings will be reassessed at February 2013 meeting

In rare circumstances where members will be unable to attend for longer than 2 months it will be required that they find a temporary replacement from their program area. The specific processes by which members will resign from the committee could vary based on circumstances but there will be a strong attempt to adhere to the following process:

- Membership turnover will occur on a staggering basis (18 or 24 month appointments)
- Members will notify the committee and managers group of their decision to resign one month in advance, except for unforeseeable circumstances
- Resigning members will identify and recruit their replacement with input from managers group in order to determine if a staff member can take on the commitment and assess how it could potentially impact workload
- New recruits will officially become members of the committee after a majority vote of current QI Committee members and approval from managers group.

QI Committee members will be expected to communicate with Public Health Division staff through a variety of channels about progress on QI Committee projects. QI Committee members are responsible for providing and receiving feedback from their respective program team members. QI Committee members are also responsible for providing updates at the bi-monthly Public Health Division All-Staff meetings as a standing agenda item. The QI Committee will report to the Public Health Division Managers group at least on a quarterly basis to request approval of projects, present proposals for policy changes that may occur as an outcome of a QI Committee process, and report on committee attrition.

QI Committee Charter Cont.

Public Health QI Committee Members

Liz Baca, Additional Staff Rep.

Marco Enciso, Additional Staff Rep.

Joel Ferguson, EH Rep.

Sunny Lee, Data Analyst

Philip Mason, QI Coordinator

Erin Myers, WIC Rep.

Jan Rodriguez, MCH/CD Rep.

Jamie Zentner, Healthy Comm. Rep.

Public Health Program Managers

Steve Dahl, EH Manager

Dana Lord, WIC/Immunization Manager

Cathy Perry, CD/MCH Manager
(QI. PH Manager Rep.)

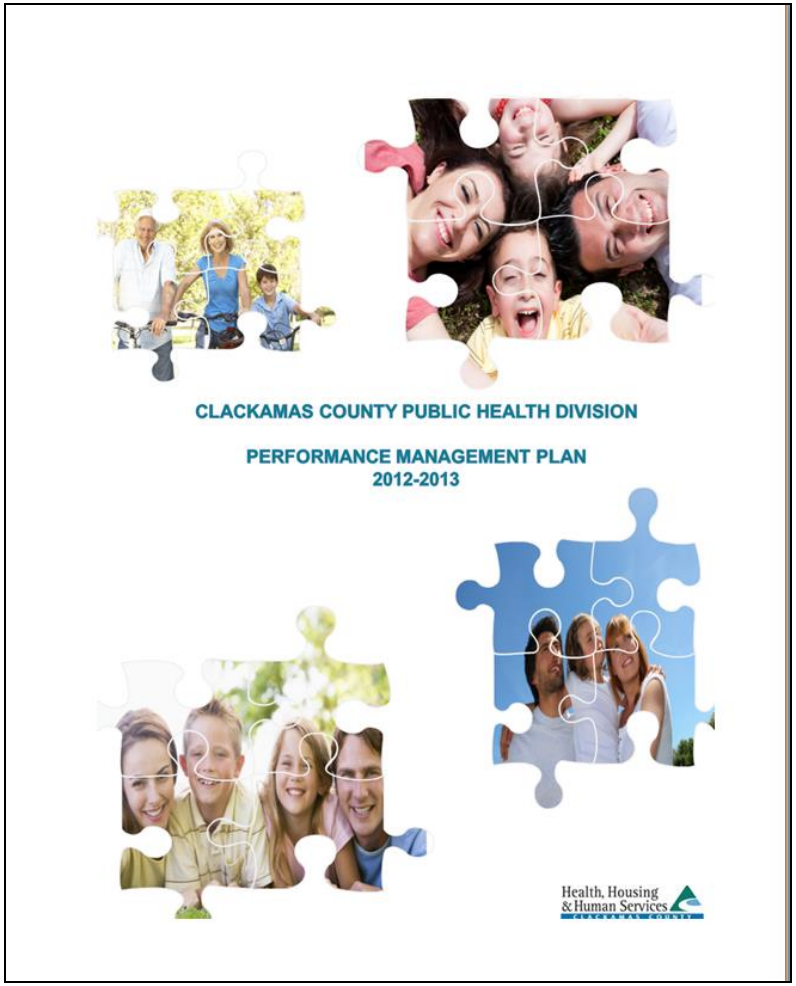
Larry MacDaniels, Healthy Comm. Manager

Sherry Whitehead, Fiscal, Support Manager

Public Health Division Director

Marti Franc, PH Division Director 10-4-12

Performance Management Plan



Clackamas County Public Health Division

Health, Housing & Human Services
CLACKAMAS COUNTY

2012-2013 Performance Management Plan

Approved: February 28, 2013

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QI Committee Reporting Calendar

APPENDIX D

2012-2013 Quality Improvement Reporting Calendar

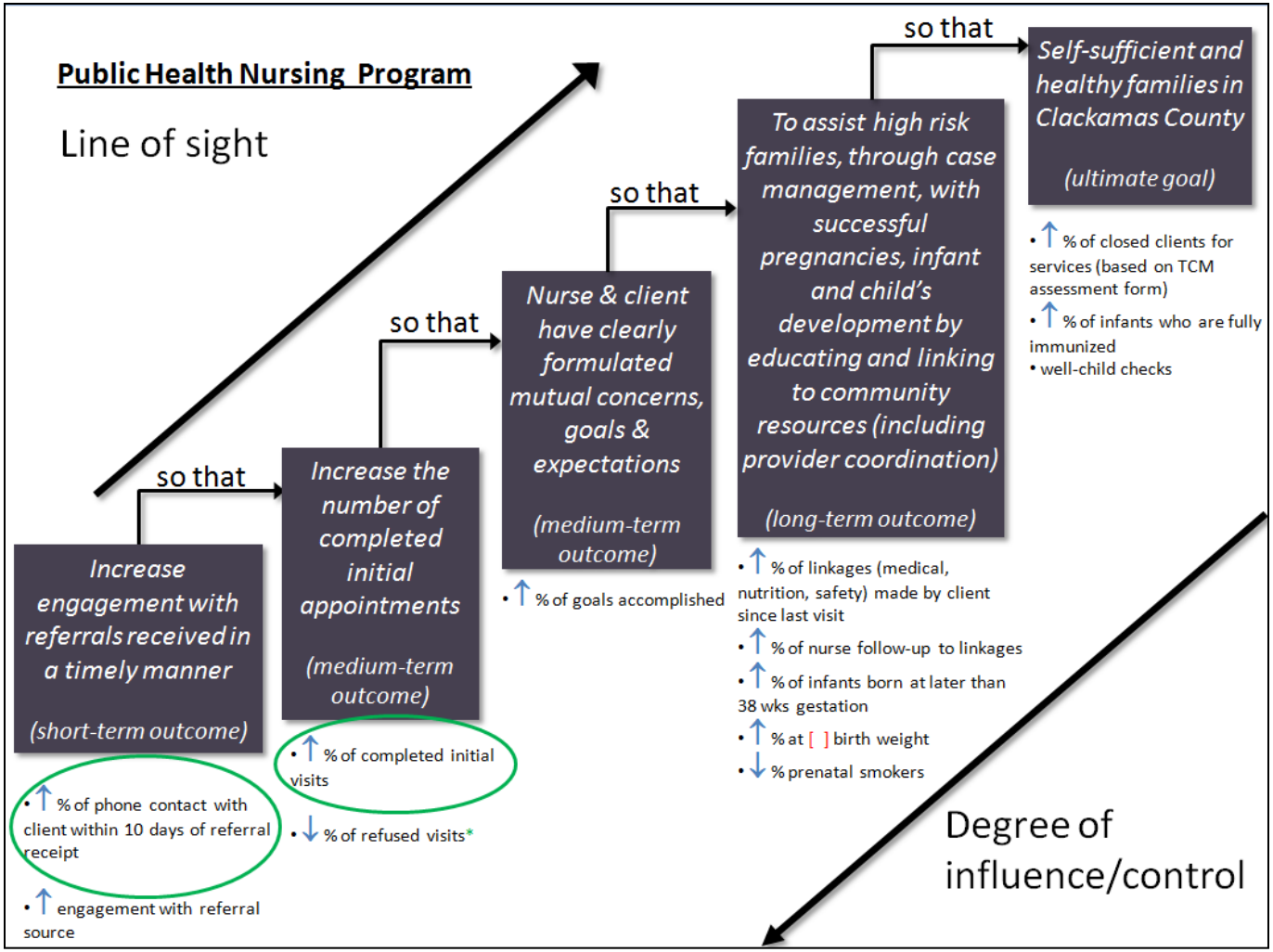
QI Committee Review Timelines												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jan	*Feb*	*Mar*	*April*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*
Performance Measures: Fiscal/Program Support, CD, PHN, WIC	X			X			X			X		
Performance Measures: Division-wide, Health Promotion, Emerg. Prep, EH		X			X			X			X	
Client Feedback/ Incident Reporting Review		X			X			X			X	
QI Committee Progress Report/Lean Action Plan			X			X			X			X

Public Health Managers Review Timelines												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jan	*Feb*	*Mar*	*April*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*
Strategic Plan Review	X			X			X			X		
Performance Measures Review		X			X			X			X	
Legislative Review (BCC + Oregon Legislature) & CLHO Subcommittee Updates			X			X			X			X
Client Feedback/ Incident Reporting Review		X			X			X			X	
QI Committee Progress Report/Lean Action Plan			X			X			X			X

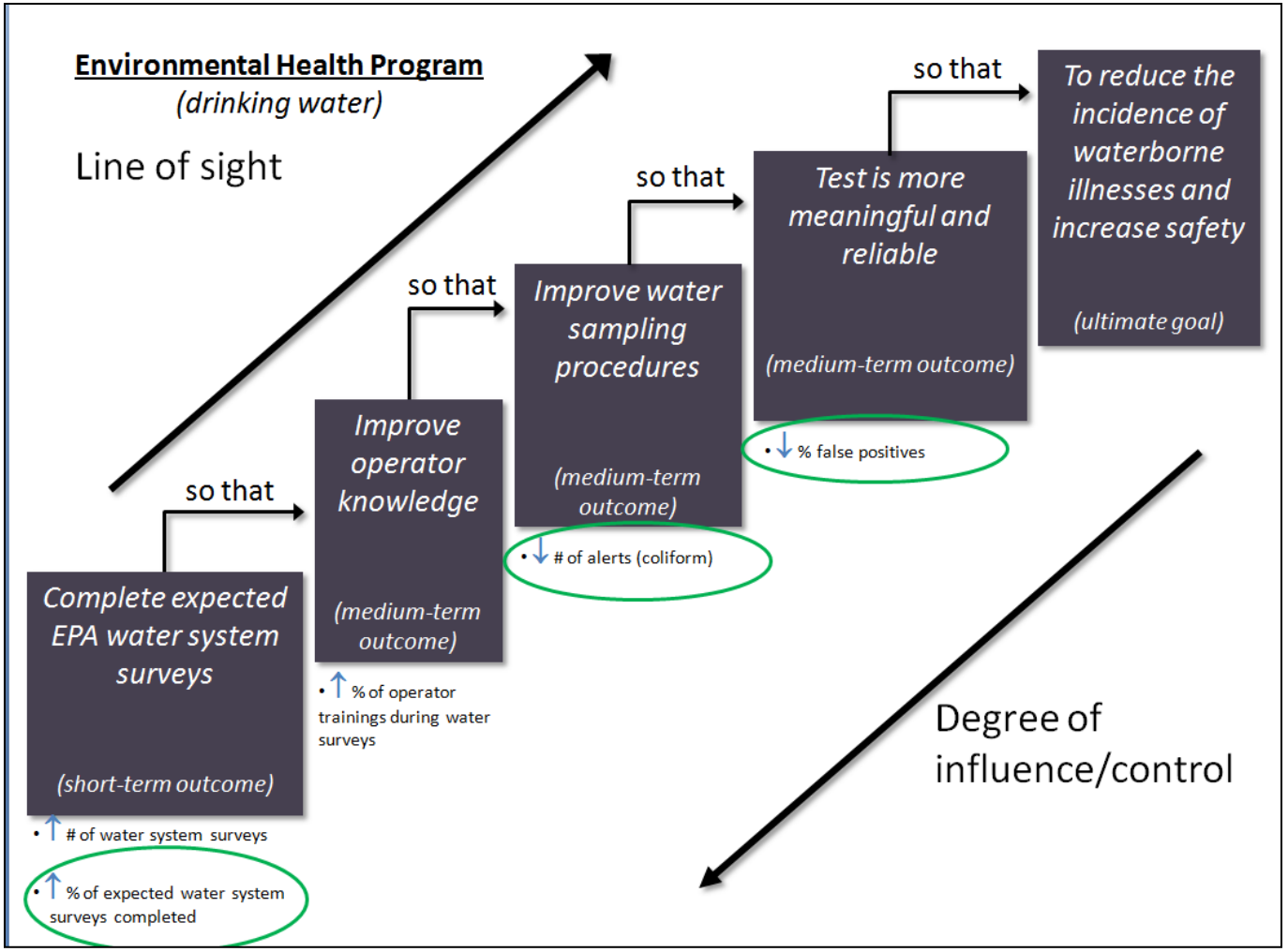
Lines-of-Sight

- Early Spring 2013: Meetings held with each team to discuss development of performance measures & their benefits:
  - Facilitates staff engagement in making improvements in their teams
  - Provides opportunity to focus on addressing priority areas
  - Helps guide decision-making processes
  - Help to align with the mission, vision, and strategic directions
- Prep for meetings:
  - What is the ultimate goal your program is trying to achieve?
  - What are ways that your team makes progress in achieving the goal described above?
  - Are there any current challenges that get in the way of achieving your program's goals?

Line-of-Sight Example: Public Health Nursing



Line of Sight Example: Drinking Water



Dashboard: Population Based Measures

Outcome Measures						
Performance Measure	**Benchmark**	**2009**	**2010**	**2011**	**2012**	**2013**
**Rate of low birth weight babies per 1,000	Healthy People 2020: 78	57.0	64.6	56.0	54.1	
**Adult obesity	Healthy People 2020: 30.5%	23.6% (06-09)		23.9% (08-11)		
**High school four-year cohort graduation rate	State of Oregon: 68.4% (11-12)	69.0%	72.2%	73.3%		
^^Rate of Chlamydia cases per 100,000	State of Oregon: 369.68 (2011)	238.4	287.4	294.4		
^^Rate of suicide deaths per 100,000	Healthy People 2020: 10.2	14.6	15.8	14.0		
^^Population-Based Immunization Rate (4:3:1:3:3:1)	State of Oregon: 72.6% (2011)	66.4%	73.4%	71.6%		
**^^Rate of deaths due to falls per 100,000	Healthy People 2020: 7.0	14.1	13.5	10.9		
**^^Rate of tobacco-related deaths per 100,000	State of Oregon: 162.85 (2011)	139.5	143.8	137.2		
**^^Rate of drug-induced deaths per 100,000	Healthy People 2020: 11.3	14.4	13.3	14.6		
**^^Adults with permanent teeth removed	State of Oregon		41.5%			
**^^Untreated decay among children 6-9 years of age	State of Oregon: 20% (2012)				17%	

Behavioral/Environmental Measures						
Performance Measure	**Benchmark**	**2009**	**2010**	**2011**	**2012**	**2013**
**Percentage of all restaurants that are fast-food establishments	State of Oregon: 43% (2010)	46.7%	45.8%	45.7%		
**^^Current adult smokers (100 cigarettes in lifetime and smoke every or some days)	Healthy People 2020: 12.0%	15.4% (06-09)		14.3% (08-11)		
**^^Current smokers among 11th graders (at least one cigarette in the last 30 days)	State of Oregon: 15.4% (2008)	17.6% (07-08)				

Key:
**Priority identified within the Community Health Improvement Plan
^^Priority identified within the Healthy Columbia Willamette Collaborative (regional health needs assessment)

Dashboard: Programs Performance Measures

							2013			
Objective	**Performance Measure**	**Frequency**	**Target**	**2010**	**2011**	**2012**	**Q1**	**Q2**	**Q3**	**Q4**
COMMUNICABLE DISEASE										
To protect public health by responding to reported communicable diseases in a timely manner	number of reported communicable diseases investigated within established timelines	Quarterly	State			76.7%	89.4%	94.2%		
EMERGENCY PREPAREDNESS										
To track the response rate of emergency responders within the Health Alert Network.	percent of health care professionals who respond to exercise communications from Health Alert Network	Quarterly	90%			89%	90%	92%	100%	
WIC										
New applicant appointment wait time	decrease the average number of days a newly pre-screened WIC applicant waits for an appointment	Quarterly	10 days		N/A		23 days	21 days	9 days	
Participant and applicant access to WIC Program via telephone	decrease incoming telephone calls	Quarterly	TBD		N/A		Baseline data being collected			
	decrease calls that go to voicemail	Quarterly	TBD		N/A		Baseline data being collected			
	decrease calls where caller hangs up before serviced	Quarterly	TBD		N/A		Baseline data being collected			

Program Big Page Example: Vital Stats

Health, Housing & Human Services — Clackamas County

Public Health Division: Vital Records Performance Management Big Page

Contact: Marco Enciso, QI Committee Rep.
Last Updated: August 5th, 2013

Program Description

Clackamas County Vital Records issues certified death certificates for those who have died in Clackamas County. Currently all front office staff members are appointed as Deputy Registrars of Clackamas County. Clackamas County "files" original death certificates received and prepared by Funeral Homes. We ensure the original death certificates are completed properly, file them, issue any need certified copies and then send the original to the State.

Current Priorities

- Standardize and document current processes for training and backup purposes
- Work towards being able to accept electronic submissions and payments
- Automate Funeral Home billing process
- Create electronic death certificate order form and Report of Death card for easier submission

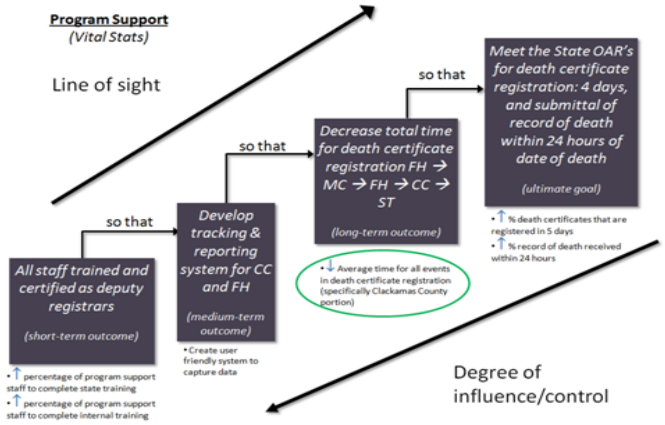
Key Challenges

- Web payments and submissions will take around 6 months
- Determine standardized template for documenting best methods
- Most of the death certificate registration process is completed by external entities

Quality Improvement Projects

Short-Term (<6 months)	Long-Term (>6 months)
• Create electronic death certificate order form and Report of Death card for easier submission • Simplify process for sending bills to funeral homes • Allow web payments and submissions	• Standardize and document current processes for training and backup purposes • Create a report card for each funeral home giving them basic stats • Create cheat sheet for funeral homes to use in completing death certificates

Line of Sight



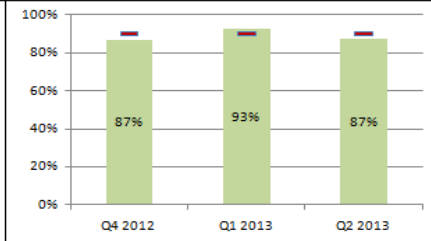
Performance Measures

% of death certificates that leave the County with 1 day or receiving them

The death certificate registration process consists of 5 parts. It goes from funeral home to medical certifier to funeral home to County and then to State.

We are measuring what percentage of death certificates that leave the County within 1 day of receiving them. Once we receive the death certificate we need to file it, if completed properly, issue any needed certified copies and then send the original to the State.

Target based on baseline data collected since October 2012



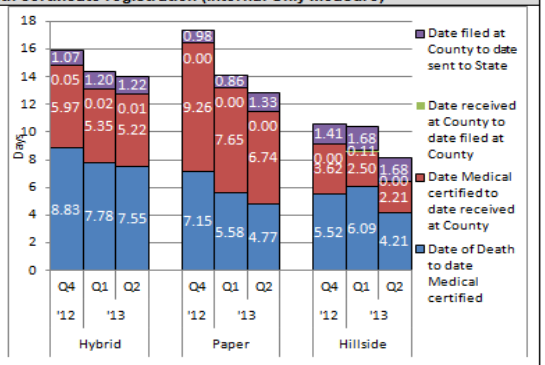
Average time for death certificate registration (Internal Only Measure)

This is internal data we are keeping track of. It measures the average days per event for a death certificate to be registered. We compare every quarter and by type of death certificate.

We also include one of the best performing funeral homes to see what is potentially possible.

While the efforts we make are currently focused on the last 2 events on the graph, the only ones we fully control, the majority of time where it seems an improvement can be made is on the front end with our funeral homes.

The State OAR states that we should register death certificates in 5 days. In the future we can hopefully work with funeral homes to reach this goal.



Next Steps

- Analyze why we did not reach our 90% target in Q2 2013 of our performance measure
- Continue working with TS to be able to accept payments and submission electronically
- Develop ways to make funeral homes aware of their current status and find ways to help them.

Program Big Page Example: Immunization

Health, Housing & Human Services — Clackamas County

Public Health Division: Immunization Program Management Big Page

Contact: Apryl Herron & Erica Gillespie, Immunization Coordinators
Last Updated: September 4th, 2013

Program Description

Increase immunization rates for vaccine-preventable diseases in Clackamas County. Increase access to vaccines through provision of VFC vaccine in satellite/delegate agencies.

Current Priorities

- Vaccine outreach clinics
- School Exclusion
- Oversight/technical assistance to primary care and satellite clinics
- Triennial Review preparation

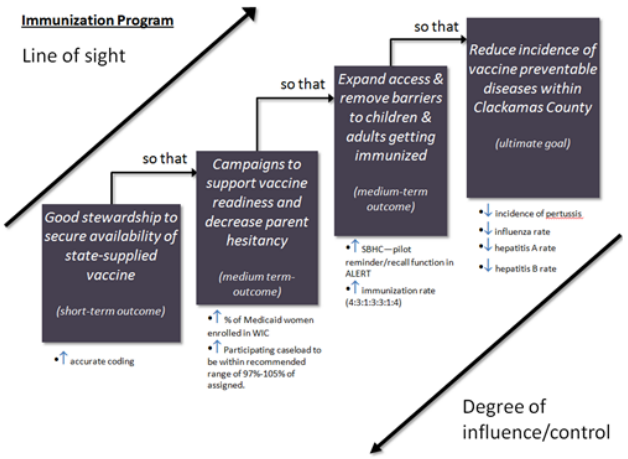
Key Challenges

- Program complexities (billing, coding, technical changes)
- Ongoing training with clinic staff
- Staffing time limitations vs. program needs

Quality Improvement Projects (Lean)

Short-Term (<6 months)	Long-Term (>6 months)
• Coding in EPIC vs. ALERT IIS • Tdap Special Project • School Exclusion transition to new software and use of electronic letters	• Reminder/Recall- SBHC Project • Ongoing clinic staff training/communication

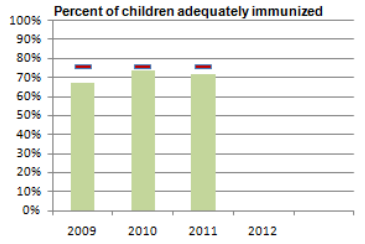
Line of Sight



Performance Measures

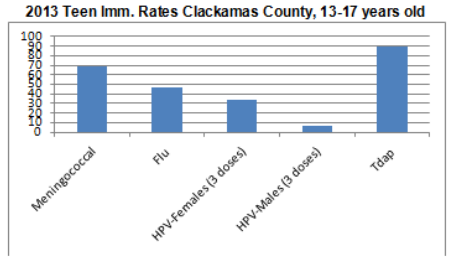
Percent of children under 3 years of age who received adequate immunization

To assure Clackamas County children are protected from preventable disease.



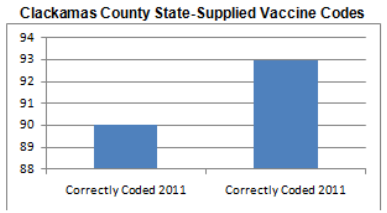
Percent of adolescents who received recommended immunization

Increase adolescent immunization rates through targeted School-Based Health Center reminder/recall.



Percent of state –supplied vaccine that is coded correctly

95% of state-supplied vaccine coded correctly per age and eligibility guidelines



Performance Management System Visual

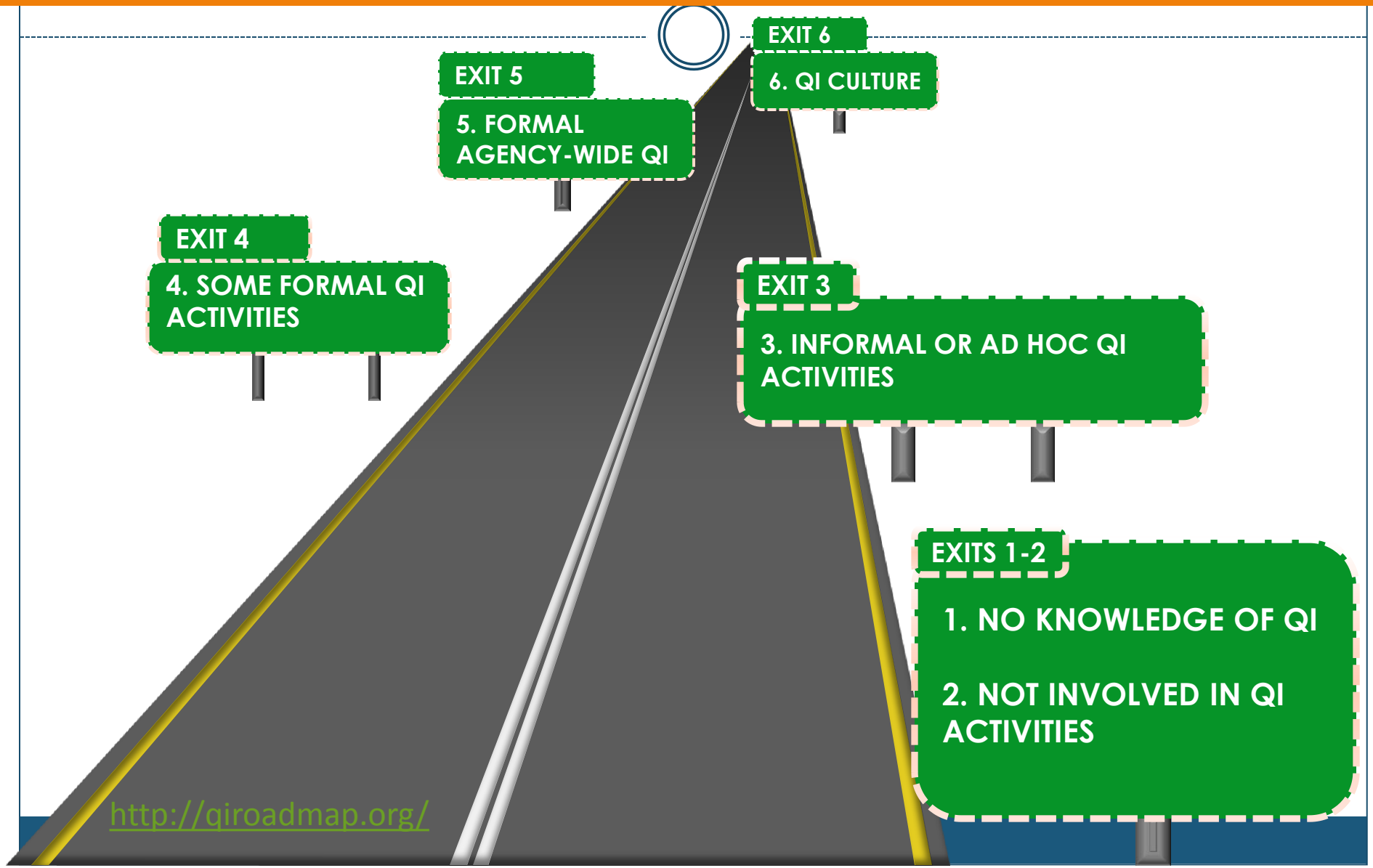
Health, Housing & Human Services
CLACKAMAS COUNTY

Multnomah County

Washington County
Health and Human Services

Questions?

Where do you think your agency is on the QI roadmap?



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Multnomah County

Washington County Health and Human Services

Discussion Questions

- Share examples of why you believe your agency is at this phase.
- What are your agency challenges?
- Share 1-2 ideas that you will use based on today's session.

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Thank You