On this form, you will report on the health department's activities related to improvement; continuing processes; and emerging public health issues and innovations. Please provide brief responses to these questions. Each question should have a response of no more than 500 words. When you have completed this form, please log on to e-PHAB and upload this document. Upload the document as a Word file; do NOT convert it to a PDF.

Health Department Name
Spokane Regional Health District

Performance Management and Quality Improvement
1. How has the health department implemented and/or changed its performance management system over the past year? *Please provide an example of how the health department has tracked its performance.* **(Word limit: 500)**
Spokane Regional Health District uses logic models to identify areas for improvement, measure outcomes, and uses the data to develop strategies to improve agency performance. Annual employee performance reviews are part of this process. It was previously identified in a roll up of division reports that the use and review of logic models had decreased. Some staff had indicated that logic models were difficult and they were unsure what model to use. So, for 2015, the Quality Council Learning Co-Op presented training on a method for identifying the best measures to use to help programs track and report what/how their programs do and the tools to do so. At the end of the training, staff had identified a key set of measures for their program, a data collection plan, and a tool to help roll the data into the beginning of a QI project. Looking forward, the Quality Council is developing an electronic tool to track program performance and make it transparent throughout the agency.
2. How has the health department implemented and/or changed its quality improvement (QI) plan over the past year? (Word limit: 500)
Spokane Regional Health District has a long standing Quality Council (2007) that is active and meets monthly. The Council annually reviews the quality management efforts all programs and processes that have a direct or indirect influence on the quality of public health services provided by SRHD. The following quality management are reported to the quality council annually: customer service, division and program evaluations, HIPAA compliance, after action review improvement plans, strategic plan review, and public health standards and accreditation evaluations. In 2015, the QC determined that the Learning Co-Op will become an annual part of the Quality Council training to agency staff with the topic changing each year. The Quality Council also worked on strategies to increase recruitment and sustainability in quality improvement efforts throughout the agency. In 2016, the Quality Council will increase its membership. Previous the Quality Council consisted of two members from each division, an Executive Leadership Team member, and 3 of 4 rotational members. The membership will grow to include two Executive Leadership Team members and a rotational

member from each division, including 1 from the Treatment Services program.

3. Which of the following most accurately characterizes the QI culture in the health department?
(See http://qiroadmap.org/assess/ for a description of these phases. Place an X in the column to the left of the phase that best applies.)

	Phase 1: No knowledge of QI		Phase 4: Formal QI implemented in specific areas
	Phase 2: Not involved with QI activities	x	**Phase 5: Formal agency-wide QI**
	Phase 3: Informal or ad hoc QI		**Phase 6: QI Culture**

4. Has there been a change in the health department's phase of QI culture in the past year? If so, what has changed and why? (Word limit: 500)

Aside from an increase in participation by staff on QI projects (up by 28), there has been no change in the QI culture at Spokane Regional Health District. The health district continues to foster the QI culture through a variety of methods, tools, and communication in an effort to build a complete and comprehensive QI culture in the agency.

5. The table below lists several characteristics of a QI culture. Please complete the table below to indicate one concrete step the health department has taken over the past year to improve each characteristic listed and one step it plans to take next year. If the health department has not worked on a characteristic or has no plans to work on it in the coming year, leave that part of the table blank. *(See http://qiroadmap.org/assess/ for a description of these characteristics. Two characteristics – QI model/plan and performance management system - have been omitted from the table because they were previously described in questions 1 and 2.)* **(Word limit: 100 words per row)**

Characteristics	Steps Taken Last Year	Steps Planned for Next Year
Leadership	QC met with the Executive Leadership Team to discuss agency expectations and accountability for management team and ways QC can assist.	Quality Council (QC) will increase the number of Executive Leadership Team (ELT) members who sit on Quality Council. ELT and QC will continue to work together to discuss expectation, accountability, and how to continue growing the QI culture in the agency.
QI champions	Quality Council expanded the number of Quality Council members participating in trainings to increase depth of agency expertise. There was also an increased number of staff that participated in QI projects who have gone on to be champions in their divisions.	Quality Council members will continue to act as coaches/facilitators on projects and presenters, as well as, continue training new members to give training presentations and serve as coaches/facilitators on projects.
QI Training	The Learning Co-Op approach was repeated in 2015 with the focus being measuring program performance/logic models. Trainings were provide on Project Management 101 and Meeting Management 101.	The Learning Co-Op approach will be repeated in 2016; per request of staff the focus will be a repeat of the 2014 Learning Co-Op: Phases of the Quality Improvement method. The training team is looking at ways to expand capacity, such as short tool-based trainings, as well as, exploring as certification program within the agency.
Staff engagement	The Quality Council steering committee took on the responsibility of increasing membership recruitment and retention practices/tools; Communications increased agency-wide Quality Council communication. There is a continued desire of staff to be a rotational members on the Quality Council.	The QC, ELT, and managers will continue to engage additional staff on QI projects. QC will continue to add rotational members. Training sub-committee will engage staff in additional training opportunities, Tools and Evaluations sub-committee will continue to enhance tools and aid staff with the use of them, and Communications sub-committee is working toward a recognition program for staff that have participated in a QI Program.
Resources	Additional resources were added to the Quality Council intranet site in conjunction with 2015 trainings.	Additional resources will be added to the QC intranet site. The Communication sub-committee is working on a content strategy and education plan for the QC intranet site to make it easier for staff to find and understand what they are looking for. Tools and evaluations sub-committee is working on enhancing current tools

		and developing others.
Data	Data routinely collected and reviewed from logic models/program performance measures to identify Quality Improvement/Quality Planning opportunities. Annual agency surveys (agency Quality Improvement, internal Quality Council, customer service, presentations, etc.) and division reports are also conducted and provide the opportunity to look at trends and identify improvements. Program performance and tracking (e.g., logic models, data review, etc.) was taught at the 2015 Learning Co-Op approach.	Data will continue to be tracked internally and externally. The agency, led by the Quality Council, is working on an electronic tracking system for program performance measures that will be transparent throughout the agency. At this time there is no set completion date.

6. Please provide a brief overview of QI projects conducted in the past year. Include the number of projects, their type (administrative or programmatic), and the proportion of health department program areas/offices that engaged in one or more of them. Please indicate whether this is an expansion over the past year (e.g., the number and/or type, extent of participation, etc). (Word limit: 500)

Division	Programmatic	Administrative	# of Projects
Administration		X	5
Community and Family Services	X		4
Disease Prevention and Response	X		6
Environmental Public Health	X		5
Health Promotions	X		6
Health Promotions		X	1
Opioid Treatment Program	X		2
Agency-Wide	X		1
Totals	**24**	**6**	**30**

There may be additional projects that were not captured. The number of projects is a slight increase from the previous years. There was a large increase in staff participation in projects as well, from 80 participants in 2014 to 108 in 2015.

Select one QI project to describe in greater detail below

7. What issue did this QI project address? How was that need determined (e.g., Accreditation Committee, Site Visit Report, customer survey, audit, etc.)? What was the QI initiative aim (including the specific measurable goals set for the activity)? (Word limit: 500)

The QI project selected was "Shorten Client Wait Time/ Needle Exchange".

The issue addressed was client wait time for services at the Needle Exchange (NEX). The demand on needle exchange services had doubled in the past five years from 500,000 to 1,000,000 needles exchanged per year. Although revenue remained steady, supply costs increased. These cost increases precluded the ability to expand hours/ staff time. Thus, the increased demand and lack of ability to expand hours resulted in longer wait times for clients.
The need for this QI project was determined by program staff who noted an increase in the number of clients who had to wait in line for services.
The project aim was to impact the number of minutes spent by clients per needle exchange, which would result in shorter wait times for clients in the queue.   The objective of the QI project was to decrease the amount of time it took per exchange by 25% before December 31, 2015.

8. How was the QI project implemented? What methods and tools were used? Was a pilot conducted? (Word limit: 500)

The QI project was initially assessed using a flow chart to track the steps of each client interaction and then piloting a change in one of the steps to see if it would impact the amount of time per exchange.   A baseline was taken to determine the average amount of time per exchange and then a one-day pilot was initiated.   The pilot change initiated was to replace the process of counting new needles back to client by one by one to providing clients with the number of needles exchanged rounded up to the nearest 10. This was intended to eliminate the time needed to open pre- packaged syringes and separating out by hand single syringes to give to the client if they have an odd amount such as 196 or 104.

9. Did the health department gain information and/or understanding in the course of implementing the QI project that led the health department to make changes in this project or in other QI work? (Word limit: 500)

The health department learned that there were parts of the process that it couldn't impact; in particular the speed with which clients counted/dropped their needles to exchange into the sharps container (Step 1).   However, it was determined that NEX staff could impact how quickly the client's new needles were given to them by the staff person (Step 2).   This learning allowed the NEX staff to focus improvements

on the step that NEX staff could impact.

10. What are the outcomes of the QI project (including progress towards the measurable goals that were set)? Please provide specific data. (Word limit: 500)

The time per needle exchange interaction decreased from 7.5 to 6.4 minutes in the pilot. This reflected a 15% decrease in the average time it took per exchange.

11. Does the health department plan to do additional work related to this QI project next year? This could include standardizing the initiative or replicating it to other units, service lines, or organizations. *(If yes, please describe below. If no, please leave the next box blank.)* **(Word limit: 500)**

Because the change resulted in a reduction in the amount of time needed per exchange, it was adopted as part of the daily process.

Although rounding up to the nearest 10 reduced the amount of time needed per exchange, the full 25% time reduction per exchange wasn't achieved.

To achieve the full 25% reduction in the future, some additional suggestions for investigation were discussed. One suggestion was to prepackage items (antiseptic, alcohol pads, and mixer/cooker) for clients vs. packing items individually while the client is present. A second suggestion was identifying alternate ways to determine the number of syringes being exchanged, such as weighing or visual assessment.

12. To which PHAB measure(s) does this QI project apply?

Standard 9.2: Develop and implement Quality Improvement Processes Integrated into Organizational Practice, Programs, Processes, and Interventions.
 3.1.2 A Implement health promotion strategies to protect the population from preventable health conditions

Continuing Processes
13. Describe how the health department has updated and/or expanded the community health assessment over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

In 2013-14, the local community health assessment process resulted in the selection of **mental health issues**. In further analysis and discussions with city and county government officials, including the use of their funds, we determined that there are limited initiatives in Spokane County currently focusing on K-8th grade students and their families that are imminently at-risk of being homeless or are doubled up (unstably housed) with another family/friends; these families do not qualify for HUD funding or housing assistance; by stabilizing these families, we are preventing the trauma students would experience by being homeless. We define mental health in its broadest sense, not referring solely to diagnosis and treatment of mental illness.

Additional assessment work was conducted to understand the homeless population and health outcomes. This information has been published in a report called, Missing the Foundation, and on a flyer that has been distributed widely.

Additionally, the SRHD has launched the Community Health Assessment Board (CHAB) which is a 6-county regional collaborative focused on improving the use and sharing of data in our region. The CHAB's primary focus is on aligning assessment processes in the region, working closely with our local accountable community of health. In 2015 we conducted an inventory of assessment needs and practices in the region and identified the following regional priorities:
- Mental health
- Access to Care
- Diabetes

Current plans of the CHAB are to conduct a coordinated, regional periodic assessment process starting in 2018. The intention is that we'll be able to leverage and share resources in the region that will ultimately decrease costs associated with assessments and increase the impact of the assessment work due to aligned participation. Moving forward, we are intentionally integrating regional assessment priorities into our overall strategic management system to ensure our agencies alignment. Regional priorities will be a source of strategic priority options that will be considered for subsequent strategic planning cycles.

14. Describe how the health department has implemented and/or revised the community health improvement plan over the past year. Include information about the process as well as the resultant changes. (Word limit: 500)

Through Priority Spokane's (PS) collaborative model, a new improvement plan was written and finalized in December 2015 that focuses on our priority area: Mental Health and Homelessness. Our strategic initiative is to stabilize housing for K-8th grade students and their families. The steps we use after prioritizing an issue is to: **analyze further and define a target population; compile the community assets working on issue; identify gaps in services; identify model practice strategies; identify funds to implement strategies; implementation and evaluation.**

In 2015, Data Center staff published the report, Missing the Foundation, that includes data from the Housing Management Information System, Point-in-Time Homelessness Study, and the Office of Superintendent of Public Instruction. A housing and support services inventory and model practice research by Eastern Washington University (EWU) was completed. Over the year, we have been detailing out the pilot project using the model practice outlined in the study, including networking with other national projects like the Seimer's Institute. A graduate class at EWU developed a program evaluation plan for the pilot project. The Data Center will now develop data collection forms and

training for the evaluation.

In November 2015, we held a community forum with 240 participants and shared the homeless data as well as the family stabilization model practice. Ongoing efforts to increase the community's awareness around homelessness continues. The Executive Director of PS presents on the initiative and distributes information through Facebook and the media.

Schools were solicited to show interest in participating with us on the pilot project, which we received 9 letters of interest that demonstrated need and limited resources. A PS subcommittee scored the letters selected 2 schools for September 2016 implementation. We have raised $150,000 each year for three years from three funders, including Inland Northwest Community Foundation, Providence Community Benefits, and Spokane Regional Health District. If additional funds are raised, more schools will be brought on. A request for qualifications is currently out seeking organizations to hire, train, and house two community health workers (CHWs). These staff will work with the two selected schools, taking on a caseload of up to 50 at-risk of homelessness or homeless students each. PS members are committing their own resources to the pilot schools, such as mentors, tutors, GED support for parents, and counselors. We will apply for Section 8 vouchers this summer for use by the CHWs with these families. Over the summer, the CHWs will obtain training and prepare to begin working with the students and their families at the start of the school year.

15. If the health department has observed improvements in any of the health status measures in the community health improvement plan, please provide examples here. (Word limit: 500)

The indicators that were selected are updated annually on the Community Indicators website, but most measures use the Healthy Youth Survey, administered every other year, so won't be updated until 2016 data is available. The measures we are monitoring for the pilot will include:

- Process measures, such as successful referrals
- Families successful in retaining or securing housing for 2 school years
- Families obtaining financial security (budget plan and financial goals)
- Parental educational goals
- Homeless student attendance, behaviors, grades (ABCs)
- Homeless student health and social needs met, including depression measure
- Cost effectiveness, such as reduced school transportation costs

Resulting outcomes are to reduce K-8th grade homelessness and continue to improve high school graduation rates.

Since the selection of student homelessness as an issue, the data has improved from 44.4/1,000 in 2013 to 39.3/1,000 homeless students in 2015. High school on-time graduation rates declined slightly to 79.6% in the county in 2015, but the five-year graduation rates improved up to 84.7%.

16. Describe how the health department has implemented the strategic plan over the past year. (Word limit: 500)

At the core of the strategic planning process was a 15-member Work Group comprised of staff representing all divisions and all positions in the agency, as well as three board members.

The result is a staff driven plan with several elements specifically designed to enhance our internal work environment and communications, and goals that advance some of the work begun as part of our previous strategic plan.

1. Foster a positive work environment that develops, values and supports employees.
2. Strengthen proactive and effective communication, within the agency and in the community.
3. Enhance agency efforts to reduce inequities that contribute to health disparities.

4. Develop a strategic health agenda to address emerging and ongoing public health issues.

Within the four goal areas specific task groups were formed and have been carrying out those identified tasks sequentially. There are three tiers of action covering work in each goal area to assure coordination of interventions. A gantt chart is open to all of those working on task groups to demonstrate progress and proper sequencing of the tasks. As of the end of June 2016 all tasks are on target and timeline.

17. Sharing Your Work - Please indicate how the health department has provided support to other health departments or shared its experiences with others outside of the department, related to quality improvement, performance management, or accreditation.
(Select all that apply. Place an X in the column to the left of the activity.)

	Submitted an example to PHQIX	x	Gave a presentation at a meeting
x	Provided one-time consultation to staff at another health department	x	Provided ongoing assistance to staff at another health department
	Published an article in a journal		None
	Submitted an example to NACCHO's Toolbox		

18. If the health department provided support or shared its experience with other health departments in a way not listed in question 17 above, please list it below.

19. Please describe one of the activities above (questions 17-18) of which the health department is most proud. (Word limit: 500)

Spokane Regional Health District's (SRHD) Disease Prevention and Response (DPR) director gave a webinar for the Northwest Center for Public Health Practice on Priority Spokane and the agency's effort with Patrick Jones. It was well attended with about 100 listeners from LHJs and other agencies from the region. The agency administrator and director of DPR also gave a webinar for them on the quality management program at SRHD. About 150 attended it. They posted the materials on their website.

Emerging Public Health Issues and Innovations			
20. Has the health department conducted work in any of the following areas?			
(Select all that apply. Place an X in the column to the left of the issue.)			
x	**Informatics**	x	**Emergency preparedness**
x	**Health equity**	x	**Workforce**
x	**Communication science**	x	**Public health/health care integration**
x	**Costing Services/ Chart of Accounts**	x	**Public health ethics**
x	**Climate change**		

21. If the health department is engaged in addressing another emerging area or developing another innovation (not included in question 20), please describe it below.
We are engaged with other public health partners in refining and evaluating how the Foundational Capabilities and Services definitions and structure apply within our agency. As part of the statewide effort we were selected to be a provider of information related to evaluating the Costing of Services and proposing redefining a Chart of Accounts which currently is part of our state's BARS (budget accounting and reporting system) system.
22. If the health department is engaged in work in an emerging area, please tell the story of the health department's work in one area. (Word limit: 500)
The ongoing work related to the costing of foundational services and revisions to the chart of accounts impacts several aspects of service delivery within SRHD. This work is helping us rethink agency structure as we look at the evolving Foundational Capabilities and Services to which the Chart of Accounts will align. Ongoing work is been done on contract with Berk and Associates on a statewide basis. Throughout the evolution of Foundational Capabilities and Services we are working to remain in alignment with national efforts in other states as we build a definitional structure for our health departments across Washington. The alterations in definition have downstream impacts in defining chart of accounts coding to be used going forward. Much work remains in this area. Progress continues and we are engaging with our legislature which is adding a new dimension to the process.
23. Please describe the health department's approach to pursuing innovation. (Word limit: 500)
Innovation is challenging when funds are lean. We have continued to dedicate a portion of our general funds through the funding of "Local Capacity Development Funds" (LCDF) which are intended to provide limited funding to be innovative without fear of no financial support. These funds can be allocated for up to three years and require quality improvement strategies and sustainable funding plans as outcomes. Criteria have been set for this year's funding cycle which assure that we are using the funds as we define appropriate. These funds are specifically to make us think outside of the proverbial box, to encourage innovation and to find better ways to deliver the services we provide. Innovation may be demonstrated in many ways from program redesign to process improvements to technological utilization where it did not exist prior. The 2016 application process is coordinate with budget preparations allowing divisions to incorporate any award with existing funding that may apply in a given program area.

Overall Improvements
24. Aside from what has previously been reported in this report, has the health department made any improvements that have had a significant impact on the health department or the community it serves in the past year? (OPTIONAL, Word limit: 500)
What has been the impact on the health department and/or the community? How was that impact measured? Please provide specific data, if available, to demonstrate measurable impact.