



PHAB Annual Report
Section II

Approval Date: November 2014 Effective Date: January 2015

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)
<p>In the past, Spokane Regional Health District used logic models to identify areas for improvement, measure outcomes, and uses the data to develop strategies to improve agency performance. Through a roll up of division reports, it was identified that the use and review of logic models had decreased, so the Quality Council (QC) Learning Co-Op present 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. Although we have yet to roll up the data, the feedback and use of this method has been positive.</p> <p>As we move forward, we are looking at using Results Based Accountability (RBA) to improve the performance in our agency. Several QC members attended RBA training in 2016 and will be training staff on this method.</p> <p>Looking forward, the QC will continue to track program performance and is still in the process of exploring an electronic tool to provide transparency and track performance throughout the agency.</p> <p>Annual employee performance reviews are conducted as part of this overall process.</p>
2. How has the health department implemented and/or changed its quality improvement (QI) plan over the past year? (Word limit: 500)
<p>Spokane Regional Health District has a long-standing Quality Council (2007) that is active and meets monthly. The QC annually reviews the quality management efforts of 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.</p> <p>In 2016, the QC increased its membership. Previous the QC consisted of two members from each division, an Executive Leadership Team member, and 3 of 4 rotational members. Membership grew to include two Executive Leadership Team members and a rotational member from each division.</p> <p>In 2017, the QC will continue to evolve its membership. The QC will also work on increasing accountability for QI/QP projects. Furthermore, the QC will increase training efforts with its members</p>

and with agency staff, as well as, communicate more frequently with the Executive Leadership Team (ELT), Joint Management (JM), and staff.

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.)

<input type="checkbox"/>	Phase 1: No knowledge of QI	<input type="checkbox"/>	Phase 4: Formal QI implemented in specific areas
<input type="checkbox"/>	Phase 2: Not involved with QI activities	X	Phase 5: Formal agency-wide QI
<input type="checkbox"/>	Phase 3: Informal or ad hoc QI	<input type="checkbox"/>	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)

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 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	Quality Council (QC) increased the number of Executive Leadership Team (ELT) members who sit on Quality Council.	Executive Leadership will be updated more frequently and will be held accountable to ensure that QI/QP projects are moving forward in a timely manner. ELT and QC will continue to work together to discuss expectations, accountability, and how to further the QI culture within the agency.
QI champions	As we have had a turnover in staff, new staff have been introduced and added to the QC. QC members continued 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.	A new set of rotational members will participate on the QC. Additional trainings will be provided to QC members. QC 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 was officially adopted as one method of providing training to staff each year. Per the request of staff, the focus of the 2016 Learning Co-Op was a repeat of the 2014 Learning Co-Op: Phases of the Quality Improvement method. Additionally, at each QC meetings, a different tool was demonstrated by a different QC member. A few members of the QC attended Result Based Accountability training. The training sub-committee of the QC continued to explore a certification program within the agency.	QC members will go through Six Sigma yellow belt training and one member from each division will be trained as a green belt. RBA will be integrated into the training of QC members. The QC will continue to offer just in time trainings, as well as, short tool-based trainings to staff.
Staff engagement	The agency continued to engage additional staff on QI projects. Additional rotation members were added to the QC. Communications sub-committee developed a recognition program, Tools and Evaluation sub-committee redesigned tools to make them more useful, and the training sub-committee engaged staff in additional training opportunities.	The agency will continue to engage staff on QI/QP projects. A new intranet site and recognition program will be implemented and rolled out to staff, tools will be enhanced to make them more useful for staff and additional training opportunities will be provided.
Resources	Additional resources were added to the QC intranet site. The Communication sub-committee continues to work on	As new resources are developed, they will be added to the QC intranet site. Through the work done on content strategy, the

	content strategy for a new QC intranet site. Tools and evaluations sub-committee continues to work on enhancing tools, as well as, developing others.	Communication sub-committee develop and implement a new intranet site for staff. They will also provide and promote quality management by offering monthly communications to staff. Tools and evaluations sub-committee will continue to enhance 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.	Data will continue to be tracked internally and externally. The agency, led by the Quality Council, will continue to explore electronic tracking options for program performance measures that will be transparent throughout the agency.

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	3
Community and Family Services	X		5
Disease Prevention and Response	X		3
Environmental Public Health	X		1
Health Promotions	X		3
Opioid Treatment Program	X		2
Totals	14	3	17

There may be additional projects that were not captured. The number of projects is a decrease from the previous year. The decrease in project was due to several factors, such as staff turnover and other large projects happening throughout the agency. Although there was a decrease in projects, the number of staff participating in project was 71.

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, Temporary Food Establishment (TFE) Process Improvement was selected January 1, 2016.

Spokane Regional Health District's Board of Health (BOH) received complaints from the smaller communities within Spokane County that TFE fees were cost prohibitive when pursuing a TFE permit for community events. An Ad-Hoc committee was formed that included Board of Health representatives, SRHD Food Safety Program staff, Food Advisory Committee members and stakeholders from Spokane County. The end result was implementation of a new fee schedule on January 1, 2016 that would reduce the Food Safety Program's revenue by a projected 17% (Board of Health resolution #15-09). In order to offset this decrease, the Food Safety Program needed to increase its efficiency by an equivalent amount.

The overall objective of the QI project was to reduce the average amount of time spent per TFE by 17% by January 2017. Project measures included total time spent on TFEs, average time per TFE, and average number of violations per TFE.

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

The QI project was implemented using the define, measure, analyze, improve, control (DMAIC) method.

The SRHD project definition form was completed, a high-level flow chart was developed and customers were identified during the define phase. SRHD's industry-based Food Advisory Committee was notified of the QI project on February 3, 2016.

After initial review of time-accounting data and development of process flow charts, it was identified that most of the time spent on TFEs was during the application process, rather than during the site inspection. The focus of the QI project was narrowed to address just the TFE application process (submission, review, applicant interview, permit issuance). The same project measures were kept.

The voice of the customer was achieved by holding three focus groups on February 17, February 25 and March 15, 2016. Participants of the focus group were interviewed by SRHD Data Center staff to identify ways to improve the efficiency of the TFE process that reduced internal costs and improved customer service. Focus group members requested an improvement of information technology to enable online

application and fee submittal and online application processing. Another request was to improve proactive communication to the TFE operators from the Food Safety Program staff (fees, permitting requirements, etc.). The focus group participants were emailed on May 31, 2016 thanking them and informing them of the process improvements to be implemented on June 1, 2016.

Additional tools used to guide us through the DMAIC process included:

- Flow charts: high-level, mid-level swim lane and detailed flow charts (define, improve, control phases)
- Data collection plans, time-accounting data, histograms, Pareto charts (measure phase)
- Fishbone diagram using the 5 whys, affinity diagram (analyze phase)
- Pugh Matrix (improve phase)
- A run chart will be conducted throughout 2017 (control phase)

A pilot was not conducted due to time constraints; all process improvements were implemented on June 1, 2016. Improvements included a streamlined application submittal and review process, revised TFE application, development of a TFE instructional guide, a revised commissary agreement and a revised phone interview process and in-house checklist. Informational handouts were developed and added to the SRHD TFE webpage. Those handouts included TFE FAQs, TFE Permitting Process, and two permit category-specific handouts: Exempt from Rule and Exempt with Approval.

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)

During the analyze phase of the DMAIC a fishbone diagram was developed. Issues identified were:

1.) Upfront information to the TFE operators was needed 2.) We were having trouble contacting the coordinator/operator 3.) It was taking a lot of time to research permits 4.) There was internal resistance to change because "It has always been done that way" 5.) There was both operator and staff confusion between the types of permits.

The Food Safety Program identified a need to get information to the TFE operators upfront through email and website changes. This improved communication and decreased confusion among those applying for TFE permits. This was particularly helpful to those who do not routinely apply for TFE permits.

The TFE application was revised from an open-ended question format to a checkbox format. The application was designed to include all regulatory requirements within the application to reduce time spent during the required phone interview. To further reduce process steps and time, the TFE permit applicant scheduled the phone interview as part of the application submittal.

A TFE pre-season email was developed and emailed to all of the 2016 TFE operators on March 6, 2017. The pre-season email directed TFE operators to applications and fees, informational handouts, the TFE webpage and the updated Food Safety Program contact information.

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 total number of hours spent on TFEs was reduced from 944.5 hours in 2015 to 663.25 hours in 2016. This represents a 29.8% total decrease in time. The average amount of time spent per TFE in 2015 was 3.23 hours (292 TFEs). The average amount of time spent per TFE in 2016 was reduced to 2.50 hours (265 TFEs). This is an average reduction of 0.73 hour spent per TFE (22.6% reduction in time per TFE).

As the time spent on TFEs was reduced, the quality of the inspections was not compromised. In 2015, there were 115 total violations cited during 148 TFE inspections (average of 0.78 violations per inspection). In 2016, there were 85 violations cited during 117 TFE inspections (average of 0.73 violations per inspection).

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)

The SRHD Food Safety Program has implemented an online TFE customer service survey to run from March 23, 2017 – November 1, 2017. The TFE customer service survey will be delivered via email to the TFE operator at the end of each TFE phone interview. A run chart showing average time per TFE will be utilized throughout the 2017 TFE season to monitor progress or regress in the implemented TFE process.

Additional work will be determined based on the outcomes.

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

3.2.5 A Information available to the public through a variety of methods

6.2.2 A Laws and permit/license application requirements are accessible to the public

6.2.3 A Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws

9.1.4 A Implemented systematic process for assessing customer satisfaction with health department services

9.2.2 A Implemented quality improvement activities

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)

The community selected mental health as the top priority during 2013-14's community health assessment process, deciding to work on homeless students and preventing the trauma that those children experience. We did a deeper dive into the data in 2015, publishing a report called, Missing the Foundation, that describes the mental and physical impact on youth and adults who have ever experienced homelessness. Our pilot project is working with three elementary schools who have high rates of student homelessness. The assessment staff are evaluating these projects and data is being collected on a variety of measures, including mental health. We will have our first year of data at the end of the 2016-17 school year. Priority Spokane, the community collaborative that facilitates this work, remains interested in educational attainment, realizing that only about 50% of homeless students will graduate.

In 2016, the City of Spokane homeless point-in-time count was held and the Washington State Healthy Youth Survey was conducted in the county schools. Staff will be able to update the indicators used for this project in 2017.

The Community Health Assessment Board, a 6-county regional collaborative, continues to move forward on aligning and coordinating multiple assessment processes in the area. The goal is to have the indicators updated and ready for review and prioritization in first quarter 2018. SRHD plans to use this work to launch our next strategic planning process.

Other assessments conducted this last year include a full violence report, 7 chapters from a Quality of Life community survey, and a broad injury data document.

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)

From the Spokane County community health assessment in 2013-14, mental health was the priority issue identified for our community. In our analysis, Priority Spokane, a community collaboration of cross sector agencies, 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 (unstable housed) with another family/friends. By stabilizing these families, we are preventing the trauma students would experience by being homeless and the resulting physical and mental health issues.

In 2016, Priority Spokane implemented a pilot project based on model practice research (conducted in 2015) to stabilize housing for K-6th grade students and their families in three elementary schools. The schools were selected through a letter of interest application process; screening for need, lack of resources, and willingness to participate in the pilot. The selected schools out of ten applications were two elementary schools in a rural area of Spokane County who applied together and one urban, low-income elementary in the city core. In May, through a Request for Qualifications process, a committee selected Catholic Charities to hire two community health workers (CHWs) and implement the project in the schools. The unique aspect of this project is placing the CHWs in the schools to connect these families to resources. Catholic Charities is a family coordinated intake center for low-income housing and has connections to a multitude of resources. Priority Spokane members have wrapped their own services around these families to include mentors for students, legal services for tenants, Section 8 vouchers for rental assistance, diversion funds, GED support, and more. Our funding will carry the pilot project for three school years. The health district is providing evaluation support and will be analyzing the first school year of data in June 2017. A subcommittee meets bi-monthly to problem-solve with the CHWs. From their reports, the rural area gaps in services include limited affordable housing, no addiction treatment services, and minimal public transportation. Overall, families from the rural and urban schools face addictions, domestic violence, unemployment, disability, gang affiliation, Child Protection Service involvement, lack of childcare, low credit scores, past negative rental history, transportation issues, no money for application fees, need a co-signer on lease, and sometimes a lack of follow through needed to connect to referral resources.

Since the community forum in November 2015, staff and Priority Spokane members have presented to

numerous local, state, and national groups, conducted media interviews, joined boards (Homeless Coalition, Spokane Neighborhood Action Partnership, City of Spokane Continuum of Care, and more), and have launched several homeless initiatives, such as to increase the stock of affordable housing. The community momentum around homelessness has grown with Priority Spokane getting recognition for creating this awareness of the issue to the broader community. The Robert Wood Johnson Foundation Culture of Health prize award has continued to connect us with other homelessness efforts in the nation.

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 2016 Healthy Youth Survey data has just been released, a survey that is conducted every other year in the 6, 8, 10, and 12th grades. We will update the youth measures on our indicator website in 2017.

Our school homeless data using the federal McKinney Vento definition, which includes students doubled up with other families and friends, is not improving. In 2014, 3.8% of students or 3,078 were identified as homeless by the school liaisons. In 2016, homeless students increased to 4.8% and 3,549 students. This project will not improve overall homelessness. Lack of affordable housing and vacancy rates are huge factors in this issue.

The current statistics for our homeless pilot project includes 77 total homeless student referrals with 36 or 47% of the families engaging with the CHWs. Of the 36, 75% (27) are either stable (39% or 14) or housed (36% or 13) with the remaining 25% or 9 still homeless. Initially for the first year, this engagement and housing results meet our expectations and more. As the CHWs continue to have a presence in the school and build relationships with the families, the percentage of engaged families should increase. Other measures to be analyzed include depression, attendance, behaviors, grades, family stability and financial security, and more. This will be published in June 2017.

Our overall graduation rates since 2009 when Priority Spokane began to focus on educational attainment and student health have continued to climb. The 2015-16 4-year graduation rate for the city and county is 86.4% and 82.4% respectively. The 5-year extended graduation rate is 87.4% and 82.5%.

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

The action plans which were developed for each of the 27 actions in the strategic plan have guided how SRHD is proceeding with implementation of each action in the Strategic Plan. Teams are in place to address each action and are responsible to complete each task. Having identified the major steps, resources and participants required the teams are working or have worked to move their responsibilities forward. The process also has accountability and monitoring of progress being done from a master list and timeline.

Our fourth goal “Develop a strategic health agenda to address emerging and ongoing public health issues” is laying the groundwork for activities that will shape the next strategic plan. That goal is designed to align with our next community health assessment and community health improvement plan which is broad based in community representation. We are positioning public health to act as the chief health strategist and aid in the building of strategic initiatives across the community which are aligned and responsive to the CHA and CHIP in 2018.

The remaining goals are progressing in enhancing the work environment, improving internal and external communications and addressing efforts to reduce health inequities. For 2016 and 2017 the strategic plan is in implementation, monitoring and reporting phases.

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)

- (1) The Public Health Centers for Excellence (Centers) is a partnership between the Spokane Regional Health District and the Tacoma-Pierce County Health Department. The Centers provides tailored technical assistance and practical, peer-to-peer training in quality improvement, performance management, community health assessment, community health and strategic planning, and program evaluation. In 2016, the WA State Department of Health asked the CFE to plan and facilitate a statewide, cross-jurisdictional quality improvement project to create efficiencies in the current administration of the Centers for Disease Control and Prevention (CDC)'s federal Immunization Program Grant in Washington State. There are 7 service lines (called Tasks) in the state immunization program. The current processes for each of the seven Tasks are highly variable, unstable across LHJ sites, and are unable to meet the current business needs of DOH and achieve desired health outcomes of DOH/LHJs due to insufficient funding, rapidly changing technologies, LHJ staffing transitions, etc. The CFE staff are facilitating a redesign of the program and improvements in each of the 7 Tasks in a phased approach using the principles, tools and techniques of LEAN Six Sigma. The project is midway through completion. Early phases led to the decision to transition 3 of the 7 Tasks to a cross-jurisdictional sharing (CJS) model. Current efforts are focusing on developing the CJS model as well as developing future-state processes to support efficiencies and standardization in each of the 7 Tasks. The project is anticipated to be completed by December 2017 with full implementation in 2018.
- (2) The Data Center is also working with the Grant County Health Department, facilitating their strategic planning process.
- (3) The Data Center has and continues to provide technical assistance and training to local nonprofits on performance measurement (using the Results-Based Accountability Model) and program evaluation. Data Center staff have provided training to staff in more than 16 different social service agencies in Spokane through funding support provided by Providence, our local charitable hospital system.

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
	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.

Public Health 3.0 and Foundational Public Health Services – As public health evolves there are models gaining attention. We are working to link past practice with FPHS and PH3.0 as chief health strategists for our community. There is a growing reliance on public health as a source of unbiased data from which the community can base decisions on how we choose to move forward together.

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)

We continue to be engaged in refining and evaluating how the Foundational Capabilities and Services definitions and structure apply within our agency and as one agency in a statewide system. A portion of this is Costing Services/Chart of Accounts, however, it is broader in looking at sustainable funding strategies. Exploration of shared services models to assist smaller agencies is a growing part of the discussion.

It allows for rethinking of agency role as we look at the Foundational Capabilities and Services to which the Chart of Accounts will align. Work continues to done through a contract with Berk and Associates on a statewide basis as well as with Betty Bekemeier at the University of Washington.

Making changes on a statewide basis requires engagement of the state legislators which can be difficult but is happening during the long legislative session.

Throughout the establishment of Foundational Capabilities and Services we are working to remain in alignment with national efforts in other states as we build a foundational capabilities and services structure for our health departments and seek to align with evolving PH3.0 transitions. This work is evolving into understanding how public health practice best integrates with a transforming health care system.

23. Please describe the health department’s approach to pursuing innovation. (Word limit: 500)

Innovation is demonstrated by constantly seeking to understand how we can do things better and more efficiently using quality improvement cycles. Having had several years of experience in quality management and a talented staff able to assist program staff with their projects, we explore ways to do more with less – it becomes innovation. The culture that the agency is building is one in which exploration is welcomed if based on data and sound logic. Working in such an environment allows individuals and programs to learn from outcomes that are less than sought to improve subsequent efforts. We see these efforts not as failures but opportunities to learn and improve on our future cycles. As an example, we have set aside Local Capacity Development Funds (LCDF) which are a dedicated reserve account to fund up to three years of demonstration of new or emerging ideas. These projects need to demonstrate the concept and address sustainability following the LCDF allocation. We are finding new and successful transitions due to the change in culture and seed funding to realize success.

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.