

County of Los Angeles
Department of Public Health
Third Annual Quality Improvement Summit



Quality Improvement Awards





A Look back to Anno 2014



- **Perfect attendance of PI specialists at 2014 monthly PI Team Meetings**
- **Program with the highest percent of staff who took the Introduction to QI Module**
- **Program with the highest percent of “Met the Target” and “Some Improvement” results**
- **The most collaborative PI Plan/Project**



PI Specialist Perfect Attendance at all 2014 monthly PI Team Meetings Award

In List.pdf - Adobe Acrobat Pro

1 / 3 173% Tools Comment Share

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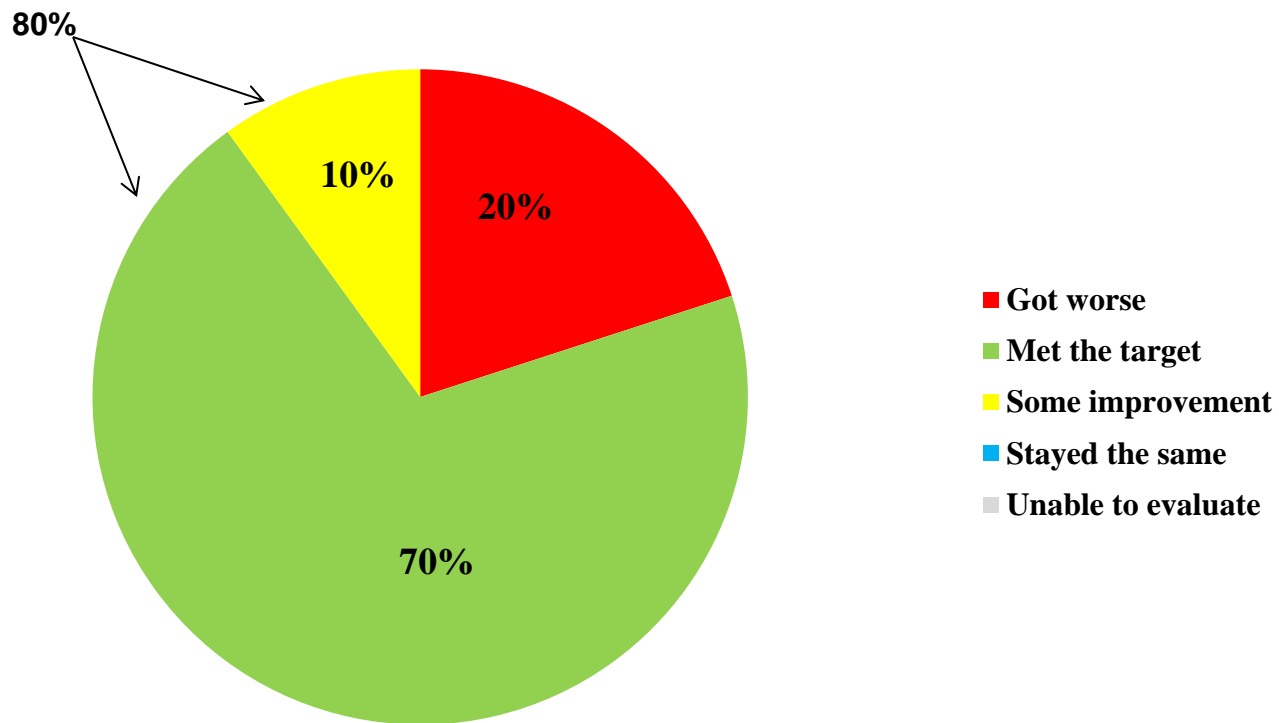
Award for Highest Percentage of Program Staff who have taken the Introduction to QI Module

Introduction to Quality Improvement in Public Health

Los Angeles County Department of Public Health
Division of Quality Improvement



Program with the highest percent of “Met the Target” and “Some Improvement” Performance Measure Results



Note: Programs eligible if have 10 or more performance measures.



Award for the Most Collaborative PI Plan/Project

Los Angeles
Program Level

Progress Report

Program Name:

Project Name:

Project Lead:



County of Los Angeles
Program Level

A. Performance Improvement Project Description

1. Project Selection

- a. Based on your program's performance data, what is the specific issue of performance that you would like to improve this year?

1. To accurately track the services are being provided

- b. With which DPH Strategic Priority Area/s does this performance issue align?

Strategic Priority 2: Improve the health of the community
2.4. "Ensure that vulnerable populations are protected throughout healthcare reform in California"

- c. How did you determine that this performance issue is a priority for your organization?

1. Through our internal quality improvement process; 2. Data analysis; 3. Method of reporting was not



County of Los Angeles
Program Level

A. Performance Improvement Project Description

1. Project Selection

- a. Based on your program's performance measures data, what is the specific issue of performance that you would like to improve this year?

Increase the health promotion

- b. With which DPH Strategic Priority Area/s does this performance issue align?

Strategic Priority 6: Improve DPH Infrastructure: strengthen DPH to remain a high-performing and innovative organization
6.1.f. Implement quality improvement expertise to

- c. How did you determine that this performance issue is a priority for your organization?

According to our employees' feedback and individual



County of Los Angeles - Department of Public Health
Program Level Performance Improvement Plan
(One project per form)



A. Performance Improvement Project Description

1. Project Selection

- a. Based on your program's performance measures data, what is the specific issue of performance that you would like to improve this year?

This year the Division of HIV and STD Programs (DHSP) wants to improve our performance management system. DHSP aspires to meet Public Health Accreditation Board (PHAB) Domain 9: Quality Improvement, evaluate and continuously improve processes, programs and interventions. DHSP quality management program was directed to be established under legacy OAPP through Ryan White CARE Act and Ryan White Program 2009 Legislation to:

- Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services

We intend to implement a coordinated and functional quality improvement committee that will serve our entire organization.

- b. With which DPH Strategic Priority Area/s does this performance issue align?

Strategic Priority 6: Improved DPH Infrastructure: strengthen DPH to remain a high-performing and innovative organization
Goal 6.6: Ensure readiness for national accreditation.
Objective 6.6.d Ensure that DPH programs systematically evaluate their work and apply continuous quality improvement to assure that interventions are maximally effective.



A Special Award

I'm so excited.



Number of Performance goals: 4

No.	Performance Goals*	Strategy to which the Performance Goal is linked*	DPH Strategic Plan*	DPH Goal/Objective*	Lead/ Assist*	PH Essential Service(s) PHAB Domains*
1	Increase effectiveness of epidemiology and information technology to support high quality infectious disease surveillance	Strategy not identified	Yes	5.2	Lead	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
2	Increase effectiveness of disease investigation and outbreak response by improving communication and partnerships	Strategy not identified	Yes	5.1	Lead	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
3	Increase effectiveness of communication, education, and outreach by recommending, supporting and implementing evidence-based public health practice in preventing and controlling infectious diseases	No strategy identified	Yes	6.5	Lead	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
4	Improve public health emergency preparedness, safety, and biosecurity related to infectious diseases and new or emerging pathogens	Strategy not identified	Yes	5.3	Lead	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12

Details

Performance Measures (PMs) Add

No.	Variable Name	Variable Label	Measure*	Cycle*	Target Value*	Standard*	Standard Reference*	Source File*	Note
1	vcmr_hosp	Hospital	Proportion of targeted acute care hospitals in LAC that are reporting diseases through the Visual Confidential Morbidity Report (VCMR)	CY	90	90	Visual Confidential Morbidity Report (VCMR), LAC DPH, ACDC	Internal, LAC DPH, ACDC	PM 1.1a
2	vcmr_lab	Laboratory	Proportion of targeted laboratories in LAC that are reporting diseases through the Visual Confidential Morbidity Report (VCMR)	CY	60	60	Visual Confidential Morbidity Report (VCMR), LAC DPH, ACDC	Internal, LAC DPH, ACDC	PM 1.1b
3	syndromic	Syndromic	Proportion of hospital emergency departments in LAC participating in syndromic surveillance	CY	80	80	Syndromic Surveillance Records, LAC DPH, ACDC	Internal, LAC DPH, ACDC	PM 1.2



The PIA Founding Father



Trying hard is not good enough! You have to focus on Results Accountability as well.

PIA

- Public Health Measures Update
- Population Goals
- Evidence & Strategy
- Population Indicators
- Performance Goals
- Performance Measures
- DPH Strategic Plan
- Public Health Essential Services
- Baseline Stories
- Evaluation Report





Thank you very much for your support and collaboration over the last 10 years.

We believe this endeavor will continue to strengthen our relationship and further propel us towards new quality improvement activities in 2015.

