



**Minutes of the BOH Quality Committee Meeting
Tuesday, January 17, 2023 at 5:30 p.m.
WCHD, Room 115**

Members Present: Dr. Patricia Lewis, James Powers, Robert McCreath (Ex-Officio)

Members Absent: Dr. Allen Williams

WCHD Staff Present: Dr. Sandra Martell-Public Health Administrator, Patrick Ngum Quality and Data Director; Stephanie Bahling, Executive Assistant (Recorder).

Patricia Lewis indicated that there is a quorum and called the January 17, 2023 Quality Committee meeting to order at 5:32 pm.

1. Approval of Agenda

Patricia entertained a motion to approve the January 17, 2023 Quality Meeting agenda which was provided by James Powers, Seconded by Bob McCreath. All were in favor, motion carries.

2. Approval of Minutes – November 15, 2023: Patricia entertained a motion to approve the November 15, 2022 meeting minutes which was provided by James Powers, seconded by Bob McCreath. All were in favor, motion carries.

3. Update on Quality Improvement: Patricia indicated that the quality improvement plan is next on the agenda and asked Patrick to provide the update.

- a. **Quality Improvement Plan & Toolkit:** Patrick explained as discussed at the last meeting that they wanted each person in the centers to work toward the centers direction which involves using the IPLAN which will be a reference document for the QI projects. Patrick indicated that they worked together as a team led by Dr. Martell. Patrick referenced the QI PLAN from the packet commenting that every person can use the tools from the QI PLAN. Patrick reported that in reviewing the QI Plan in detail they changed some aspects of the QI Plan and are aligning the strategic objectives and also realign with the new PHAB reaccreditation. Dr. Martell indicated that they had to update the quality improvement plan which is included in the packet. Dr. Martell indicated that most of the principles have not changed and the vision has not changed. Dr. Martell referenced page 5 of the QI Plan indicating that there are the internal work teams, there is a leadership quality committee that meets then it goes to the Board of Health Quality Committee and then to the Winnebago County Board of Health. The governance structure on whoever is involved with quality improvement which has not changed. Dr. Martell indicated that the graphics have improved and in regards to performance management she is working with the team to get them reenergize them commenting that the performance management has not changed. Jim Powers inquired if Macro & Messo were used previously in which Dr. Martell responded that they did and was based off of the University of Michigan. Dr. Martell indicated that most of the time the work is on the project level or at the map level. Dr. Martell referenced page 6 of the QI Plan commenting that they cleaned up the pieces and indicated that most of the updates were made to the QI toolkit. She indicated that they are still using the Plan-Do-Study-Act or the Plan-Do-Check-Act. Dr. Martell said they went through and checked every link and updated new links in the toolkit which is appendix G commenting that it has all been updated. Dr. Martell indicated that they did a training with supervisors and assistant supervisors on quality improvement. She reported they have to align the QI plan with the strategic plan with the health improvement plan. Appendix C on page 17 of the packet shows the initiatives by department/centers and includes a column on strategic alignment. Jim indicated that last time there was discussion about the importance with distinguishing between the individual and the population base but doesn't recall where it is located in which Dr. Martell responded that it is in the alignment piece. She provided the example create detailed clerical procedures would be a work force development plan, advance a culture of quality would be at the individual level and



when they support strategic initiatives that is at the population level. Dr. Martell indicated under administration they had the strategic scholars develop a financial reporting tool. Under Health Promotion and Wellness is the Tobacco Free Coalition. Jim inquired if it important to make it more obvious about the individual verses the population in which Dr. Martell indicated it is more important with the alignment with the strategic plan. Dr. Martell commented that a clinic improvement or quality assurance would not need the indicators. She said that QI to create a detailed clerical procedure was to increase the availability of supervisory time for development of food code changes which they didn't have because they were involved in the day-to-day reduction of clerical errors. Dr. Martell indicated that is the end goal and they needed to determine how to state what they need to state. She indicated that she worked with Todd Marshall and went through the exercise with him on this one and mapped it out. Patrick indicated that he is meeting with the team and at the next meeting he will share things they have done such as the food chart and digitizing documents. Dr. Martell indicated the revision is on the charter. Pat inquired if the QI Plan was still a draft in which Dr. Martell responded that it was a work in progress. Dr. Martell indicated that the other one they worked with the team on was IGROW which is on page 18 under health promotion and wellness. This QI was coordinating services as a single point of entry. She indicated that they wanted 10% of IGROW to come from other sources commenting that 46% come from the WIC program. Dr. Martell indicated that under administration the strategic scholars were tasked to increase the competency on grants. They worked with tools from the toolkit to better understand how grants work. Dr. Martell indicated that under health protection is Rabies and Patrick indicated that they worked together with the collaborators and created a fishbone diagram to identify the causes and determine the solutions. Dr. Martell indicated that the 2023 goal is to reduce the inappropriate treatment of rabies to zero. Dr. Martell indicated that she is working with them on a process flow to work with animal services, the hospital ED's and the pharmacists on the goal to reduce inappropriate treatment. Dr. Martell indicated that she has been working with Patrick on improving mental health screenings in refugees and reduce the unreported depression amongst refugees. Patrick indicated that the created a screening tool to evaluate refugees. Patricia inquired as to the terminology used specifically the idea of what the performance indicator needs commenting that to her it is a term that should be the overall place to arrive. She used the example of Rabies indicating that it should be "appropriate" prophylactic treatment for rabies commenting that the performance Indicators don't sound like that. Dr. Martell indicated that they are the quantitative measures of capacities, processes, or outcomes commenting that it is reversed. Dr. Martell indicated that the performance measured would be the number of policies updated in compliance. In reviewing the mental health quality improvement project Dr. Martell indicated that the performance indicators are the quantitative measure which and the target is to increase detection of depression among refugees by 100% adding that they have not detected any. Dr. Martell indicated that the performance measure would be the number of clients screened for depression and the performance measures would be the processes relative to the performance indicator. Dr. Martell indicated that the charts used follow how it has been done in the past. She suggested changing the table to an "aim statement" and referenced page 31 of the packet which was a quality improvement charter. She indicated that they should use the aim statement, strategic alignment and the success measure from the charters. She indicated that instead of using the column 2022 on the chart and changing it to "baseline". Patricia indicated it would be easier to have shared terminology. Dr. Martell agreed and felt it would help the teams as well indicating that they will work to revise the table to include the aim statement, strategic alignment, baseline which relates to their problem statement and CY2023 measure of success. Patricia inquired if the charters are what the teams work most closely with in which Dr. Martell indicated it is. Patrick indicated that he worked with health protection on rabies and feels that he will need to "chunk down" the process for rabies reporting. Patrick indicated that he worked with Todd and they did a fishbone diagram to help them understand the barriers and understanding the problem. Patrick indicated that they have to work



together as a group as Todd is only an influencer. Patrick indicated that he also met with Cynthia on the strategic initiatives in regards to the members of the violence reduction group. Patrick indicated that they are going to track the numbers of people who attend the meetings and Cynthia is going to create a survey to determine ways to make the meeting better. Patrick indicated that they used the data collection plan for quality and data to see who attends the meeting. Patrick indicated that he is working with Todd on the data flow so if they have a new person scanning documents they will know the flow on what they need to do to scan the documents. Patrick indicated that for screening for rabies they met and he shared a tool which is what they are using and now they are working on a process of what to do when they get a positive case. Dr. Martell indicated that they worked through the tool-kit going through fish bone diagrams, affinity diagrams and logic models. She indicated that a rabies exposure is a rare event however there is a high risk if exposed and not treated or treated inappropriately. Dr. Martell indicated that they have worked through identifying the strengths of the approach the weaknesses, the opportunities and the threats and how to move through them. Dr. Martell provided the example of the home visitors commenting that the team indicated that they would educate the housing authority to give more referrals. Dr. Martell indicated to the team that the housing authority may be more involved in the application and less involved with families with children. She indicated that the team needs to focus on what they have authority to change adding that the end result is to increase the number of women and children in Winnebago County receiving home visiting services adding that the sub-goal would be to increase referrals from external sources. The team needs to determine who the potential referral sources are, determine which would have the most impact and which ones have the most kids. Dr. Martell indicated that the projects are all valued projects however questioning if they are taking the time to analyze the issue to have an impact.

Bob inquired as to how many refugees are there on a monthly basis in which Dr. Martell responded that there it varies but there are not a lot. She indicated that the government issues the I9 VISA's commenting that one month they may get twenty and another month they may get two. Dr. Martell indicated that the problem statement is that the refugees may have depression that is undetected and that they are not receiving proper care. Dr. Martell reported that the teams are coming along with their projects commenting that it is a methodical process determining what is the root causes, how to analyze it which is all part of the charters.

Patricia inquired as to what Dr. Martell would want the Quality Committee to present to the board in which Dr. Martell responded "adopt a quality improvement plan with modifications." Dr. Martell added that they will update the plan and update appendix C and bring it back to the committee next month with it fully revised. Dr. Martell indicated that the committee can report to the board that the QI plan has been discussed and revisions were suggested.

- 4. **Executive Session: None**
- 5. **Additions – None**
- 6. **Adjournment**

There being no additional business, Patricia Lewis asked for a motion to adjourn the January 17, 2023 Quality Committee meeting which Dr. Williams provided and Jim Powers seconded, all were in favor and the meeting adjourned at 6:25 pm.

Approved by the Board of Health

Winnebago County Board of Health

Date