



**Minutes of the BOH Quality Committee Meeting  
Thursday, March 23, 2023 at 5:30 p.m.  
WCHD, Room 115**

**Members Present:** Dr. Patricia Lewis, James Powers,

**Members Absent:** Dr. Allen Williams, Robert McCreath (Ex-Officio)

**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 March 23, 2023 Quality Committee meeting to order at 5:32 pm.

**1. Approval of Agenda**

Patricia entertained a motion to approve the March 23, 2023 Quality Meeting agenda which was provided by James Powers, Seconded by Patricia Lewis. All were in favor, motion carries.

**2. Approval of Minutes – January 17, 2023:** Patricia entertained a motion to approve the January 17, 2023 meeting minutes which was provided by James Powers, seconded by Patricia Lewis. All were in favor, motion carries.

**3. Consideration and Adoptions of:** Patricia indicated that it is her understanding that tonight the committee would be asking the board to approve the Quality Improvement Plan in which Dr. Martell indicated that it was. Jim Made a motion to approve the quality improvement plan 2023 in which Pat seconded and requested discussion.

- a. **Quality Improvement Plan & Toolkit:** Patrick indicated that the Quality Improvement plan was pulled together for the health department and included revisions from the previous QI plan. Patrick indicated that they changed the table and updated the QI projects and made sure they align with the initiatives of the centers. Dr. Martell indicated that based on previous discussion and the committee’s recommendation from the last meeting they have it coming right from the charter. Dr. Martell indicated that it includes the AIM statement. It also includes the strategic alignment commenting that it is not included in the charter however it is required to show how the QI plan aligns with the strategic plan. It also includes baseline data and the measure of success which comes directly from the charters adding that they wanted to make it easier to interpret based on the committee’s recommendation. Dr. Martell informed the committee that over the next several months they will be provided with updates providing their charters and what tools they are using. Pat indicated that it flows nicely in which Jim agreed. Dr. Martell indicated that they put it together by center and environmental health has two health improvement projects that they are working on. Dr. Martell referenced appendix F for the Charter which matches up the AIM statement with the success measure adding that for accreditation they have to show how the charters align. Dr. Martell referenced the baseline data is their problem/opportunity statement. Jim commented that he didn’t recall the AIM statement, strategic alignment, baseline and measure of success flowing as well as it does this year in which Dr. Martell responded that they may not have flowed as well. Dr. Martell indicated as part of the strategic plan they meet twice a month and work through strategic initiatives which align with other workgroups.

Patrick informed the committee that since the last meeting that they have added projects to the plan. He indicated that personal health services has added a QI project to reduce the rates of “failed” home visits commenting that they have a high percentage rate of failed visits. Patrick indicated as the plan progresses they have projects at different stages adding that they have 3 projects in the “study” stage, 6 in the “do” stage and 5 in the planning stage. Pat indicated that it would be an interesting report for



the committee throughout the year. Dr. Martell indicated that Patrick will be providing an ongoing report to the committee as to the status of the projects. Dr. Martell indicated that the QI plan is based on the calendar year and provided the example that 100% of all refugees are being screened and they wanted to add another tool. Dr. Martell indicated that would be another project which would require research to determine what works. Dr. Martell indicated that they now meet once a month on the quality improvement of the health department. She indicated that she and Patrick met with personal health services about home visiting commenting that they had shown improvement however needed to decrease the number of failed visits. Dr. Martell indicated that she had inquired if the failed visits were with established clients or clients that they had a relationship with or new clients adding that it was a mix. She inquired as to what tool they used in which they indicated reminder calls which worked however some were doing the reminders the night before and some were doing them the morning of. Dr. Martell indicated that they needed to do the “plan”, “do”, “study”, “act” because although they had improvement there was variability. Pat agreed commenting that changing the tool would be a solution without defining the issue in which Dr. Martell agreed. Patrick indicated that in regards to the “failed” visits they have four programs which are better birth outcomes, high risk infants, lead and trauma informed care adding that they are different programs that they are trying to bring together for failed visits.

Patrick indicated that the environmental QI project for clerical procedures was to put a process flow in place to digitize documents. Patrick indicated that last month they digitized approximately 700 documents adding that they developed charts to monitor the number of files being digitized. Dr. Martell indicated that the project is more than just digitizing the records it includes documenting the well depth, the year the well was installed, special manufacturing on the well and they were trying to get water samples as well. Dr. Martell indicated that the information is not all in one place on the records so they have to be indexed as well so they needed to do a process map.

Patrick indicated that for the clerical procedures they used the fishbone diagram to understand the challenges around the project and they prioritized them. Patrick indicated that one of the challenges was complications which they discussed commenting that they are collecting data weekly and there was an increase in the number of errors. He indicated that they will monitor progress to see if the supervisor is intervening more than before or if they are making progress. Dr. Martell indicated that their measure of success started out was to have a SOP manual. Dr. Martell indicated that the supervisor informed Todd that it’s not about having a manual it’s about her having to stop what she is doing to intervene and ends up doing clerical support which results in her not being able to do her work. Dr. Martell indicated that the time measures and the measures for success were different than what they thought they would be.

Dr. Martell indicated that each center has projects that they will be working on and the goal will be to provide updated presentations. She indicated that Patrick has an overall chart on “plan”, “do”, “study”, “act” which provides the stage that each QI project is in. Pat indicated that they will advise the board that they the quality committee activities will include updating on progress of the plan as well as indicating what stages the projects are in as well as monitor it to ensure projects keep moving. Patrick suggested reporting on the key achievements in which Dr. Martell agreed to celebrate success. Jim inquired if Patrick was going to provide a report each month or only when it is strategic? Dr. Martell indicated that they meet monthly and a half hour of the meeting will cover strategic initiatives & updates and the other half hour will be on quality improvement providing each other updates. Dr. Martell indicated that as part of their charters they are encouraged to get someone outside their center to participate and serve as a disrupter or an individual with a new set of eyes. Dr. Martell indicated that



Patrick will provide a monthly update to the BOH on the overall projects and 2 or 3 projects will be presented by the directors who will share the project and provide a status update on the project. Jim inquired if it would be in addition to the administrative report in which Dr. Martell indicated it would commenting that these presentations only relate to the quality improvement plan and would be provided to the quality committee for an update on where they are in regards to their projects and it was clarified that it would only be 2 or 3 updates at a time. Jim commented that they need to be judicious about the reporting commenting that it takes a great deal of time for the director reports in which Dr. Martell clarified that the updates would only be reported to the 5:30 quality committee meeting, not the entire BOH. Jim inquired as to when the board would be updated in which Dr. Martell indicated through the minutes, the charts that will be included as well as the quality committee report. Pat indicated that it would be reported that the quality committee was provided updates from the groups. Jim clarified that Patrick will provide updates to the quality committee and Pat indicated that they will provide summary reports to the BOH on an ongoing basis. Dr. Martell indicated if they wanted any of them presented at the BOH they can be presented at the next meeting. Pat indicated that presenting is reaffirming the work that they had to go through and Jim recalled the story boards from last time. Dr. Martell agreed adding that at the end of the year they are going to produce storyboards which become their posters/decorative artwork adding that the other commitment is to have them posted on the website for the public to see the initiatives and what WCHD is working on. Pat inquired in regards to previous discussion on the PHAB reaccreditation process if the initiatives have to serve a population in which Dr. Martell indicated yes which is why they align them with the strategic plan. Jim complimented Patrick on the work he has put into the QI plan commenting that it's come a long way since the beginning. Pat inquired if the QI plan should be recommended to the board in which Jim indicated that they the motion and called the question. Pat indicated that the motion on the table is to recommend to the board of health the approval of the quality improvement plan. All were in favor, motion carries.

- b. **2023 Quality Improvement Initiatives:** Jim indicated under the consideration and adoption is the 2023 quality initiatives and inquired if they would be voting on that. Dr. Martell indicated they did as they are separate commenting that every year they change adding that it is appendix C in the packet and suggested showing an adoption of the 2023 projects. Pat indicated that they need another motion to approve the individual quality improvement initiatives. Jim moved to approve the individual quality improvement initiatives in which Pat seconded. All were in favor, motion carries.

4. **Update on IPLAN 2025:** Patrick indicated that with IPLAN they started with NACCHOS map 1.0 and they are working with community partners such as the UIC team and the internal & external steering committees. Patrick indicated that the Rockford Regional Health Council launched a healthy community survey which aligned with the timeline for WCHD's survey therefore it was decided that they would switch to 2.0 which is a 5 year cycle. Patrick indicated that the change in the timeframe will give them time to update the database. Patrick indicated that they have 3 phases which are building an infrastructure working with the teams to determine a starting point assessment determining what resources are available. Pat inquired if the starting point assessment is in sync with analyzing the issues with the quality improvement plan in which Patrick commented that there is not a perfect alignment. Dr. Martell indicated that Map 2.0 does not have all the tools available until July & August. She indicated that instead of the four assessments there will be a community themes & strength survey and the community status assessment which is the data & indicators commenting that the census data has not been finalized. Patrick indicated that they have the community context and the community partner's assessment as well as the data community status assessment. Dr. Martell indicated that Map 2.0 has a greater focus on equity which is the center of core public health adding that they are doing more assessments in those areas. Pat commented that the tools adapt in which Dr. Martell agreed adding that they will tell you what data source should align with the community context at the start of the survey. Dr. Martell indicated that going to a 5 year plan they are not due until 2025 adding



that WCHD will have an opportunity to do a better job using the newer tools available. Patrick indicated that NACCHO produced a survey that they will be using as a springboard to develop their own questions commenting that they have approximately 60 questions on health equity and other key questions. Pat inquired that the tools would be available mid-summer in which Dr. Martell agreed. Pat inquired that they are moving more vigorously on the PHAB work and waiting on the IPLAN in which Dr. Martell that they are slowing the pace. Patrick added that the meetings they were having twice a month for the internal and external committees are being held once a month instead adding that the meetings with UIC which were weekly are now twice a month. Pat suggested that in the fall when they are ready to move forward with the IPLAN it would be a good time to have a presentation for the board contrasting the difference in the process in which Dr. Martell agreed. Dr. Martell indicated that there will be some challenges however she is excited about the 2.0. Jim inquired in regards to Map 2.0 and IPLAN if there were equity aspects in both in which Dr. Martell indicated that they did adding that there are specific questions and data sets adding that Map 2.0 has a greater and intentional focus on equity.

**5. Update on PHAB Reaccreditation:** Jim inquired if the work that is being done on equity in map 2.0 will help with the equity being done for PHAB in which Dr. Martell indicated that she believed some of it would however PHAB is a “look back” and the IPLAN is for the future. Dr. Martell reported that a health improvement plan is required as part of PHAB using either APEX public health or Map. Dr. Martell reminded the committee that when they went through the initial accreditation they had to redo an IPLAN because the one they had did not meet the criteria. Pat indicated that they will report to the board that they are working on PHAB reaccreditation and IPLAN 2025. Dr. Martell agreed and suggested for the next meeting spending 45 minutes providing a quality improvement update and 15 minutes reviewing the documents and domains.

**6. Executive Session - None**

**7. Additions – None**

**8. Adjournment**

There being no additional business, Jim made a motion to adjourn the March 23, 2023 Quality Committee meeting and Pat seconded, all were in favor and the meeting adjourned at 6:27 pm.

Approved by the Board of Health

\_\_\_\_\_  
Winnebago County Board of Health

\_\_\_\_\_  
Date