



**Minutes of the BOH Quality Committee Meeting
Tuesday, May 21, 2024 at 5:30 p.m.
WCHD, Room 115**

Members Present: Bob McCreath (Ex-Officio), Patricia Lewis (chair), Dr. Halversen

Members Absent: Jim Powers, Dr. Williams, Dr. Minore

WCHD Staff: Dr. Sandra Martell-Public Health Administrator, **Patrick Ngum Quality and Data Director**; Katherine O'Toole, Director of Communications; Cheryl Floyd Director of Health Promotions; Todd Marshall, Director Environmental Health; Rebecca Lyons, Director of Emergency Preparedness; Todd Kisner, Director of Health Protection; Tiffany Levine, Director of Personal Health Services, James, Keeler, Director of Finance; Michael Jarvis, Director of Policy; Cynthia Hall, Director of Strategic Initiatives; **Stephanie Bahling, Executive Assistant (Recorder)**.

Patricia Lewis determined that a Quorum was not present at 5:41.

1. **Approval of Agenda – May 21, 2024** - no quorum
2. **Approval of Minutes – April 16, 2024** – no quorum
3. **Quality Improvement Plan & Charter Revisions:** Although a quorum had not been established, Dr. Martell reported that the items highlighted in the plan were revised from the previously approved plan.
 - On page five of the plan, the “Mission” was updated to reflect, “The Quality Committee of the Board of Health through its charter provides oversight and direction to the QIP and QII and routinely updates the Board of Health on Initiatives and outcomes. The Quality Committee recommends adoption of the QIP and annual IQQ to the Board of Health as the governing entity of the WCHD;
 - On page eight of the plan, the “purpose” of the Leadership Quality Committee was updated to include “ Review, develop, implement, and evaluate the quality improvement plan and quality improvement initiatives; solicit and identify potential areas for quality improvement initiatives through Centers including but not limited to external programmatic reviews, audit findings, customer/stakeholder satisfaction surveys and feedback, Board of Health and/or staff suggestions, and community partners engaged in working on the health priorities of the Community Health Improvement Plan (CHIP); Prioritize quality improvement initiatives based on equity considerations, alignment with the Strategic Plan and/or CHIP health priorities using Nominal Group Technique (NGT) to reach consensus;
 - On page eleven of the plan Doctor Martell reflected that the QI model included the Plan-Do-Study-Act (PDSA) cycle to test and adapt changes to ensure they result in the desired improvements;
 - On page twelve the terms were updated to include “quality improvement tools” and also added “The Leadership Team member, Supervisors, and staff will engage in discussions to identify areas of concern and opportunities for improvement. The Leadership Quality Committee will make formal recommendations for Quality Improvement Initiatives on an annual basis for inclusion in the Quality Improvement Plan. Recommended initiatives will be prioritized based on alignment with the Strategic Plan, health priorities, or a core function of the health department. The prioritized Quality Improvement Initiatives will be presented to the Board of Health Quality Committee for recommendation and adoption to the Board of Health. The Board of Health Quality Committee may also identify priorities and/or request modifications. Once adopted by the Board of Health, the priority Quality Improvement Initiatives will be included in the QI Plan as Appendix C” and also added, “Centers and programs are encouraged to consider and adopt additional QI activities/initiatives throughout the year to address operational issues, program audit/review findings, and/or emerging issues. The Board of Health Quality Committee will review any plans associated with program audit/reviews submitted to funding entities as part of a Corrective Action Plan (CAP)”;



- On page thirteen language was added to the Communication of QI Activities “To standardize and facilitate communication in relation to the PDSA cycle, each Quality Improvement Team will provide a monthly update using the Quality Improvement Initiative Monitoring Tool. All WCHD quality activities and reports will be presented in public open meetings of the WCHD Board of Health Quality Committee and will be included in the routine Board of Health Report available on-line to the public All documents and minutes of the Board of Health Quality Committee are maintained on the WCHD website, with the exception of those quality issues that are discussed in executive session of the Board of Health Quality Committee meetings.” Language was also added to the Training QI concepts, “Overview of the Quality Improvement Plan, Plan-Do-Study-Act Cycle, Data Collection Plan, Review of Quality Improvement Tools, Health Department Quality Improvement Initiatives, Winnebago County Health Department has adopted and implemented the NACCHO Roots of Health Inequity framework to address equity considerations and apply an equity lens when considering Quality Improvement. Board of Health Quality Committee members receive an orientation to Quality Improvement at a Board of Health Quality Committee conducted by the Director of Data and Quality.

Changes were also made to Appendix C: Quality Improvement Plan Goals and Objectives; Appendix E: Board of Health Quality Committee Charter; Appendix F: Quality Improvement Charter Template and Appendix I: Quality Initiative Monitoring Tool. After discussing the revisions, the consensus of the committee was to recommend that the board approve the changes.

4. Quality Improvement Initiatives Update

- a. **Routine Records Destruction** – Michael indicated that the QI project included regularly reviewing records for destruction in accordance with the local records commission as well as storing records for future destruction. Michael reported that they are in the “plan” phase of the project and are using a fishbone tool.
- b. **IBCCP** – Tiffany reported that the Illinois Breast & Cervical Cancer Prevention (IBCCP) program had a caseload of 427 participants in fiscal year 2023 representing 80% of the goal. The goal for fiscal year 2024 is to increase the caseload to 468 representing 85% with a caseload goal. Tiffany indicated that the goal is to increase enrollment through outreach initiatives such as during clinic visits, mailings, community outreach as well as participating in community events.

5. Executive Session - none

6. Additions - none

7. Adjournment – Patricia indicated that no adjournment was necessary as a quorum had not been established.