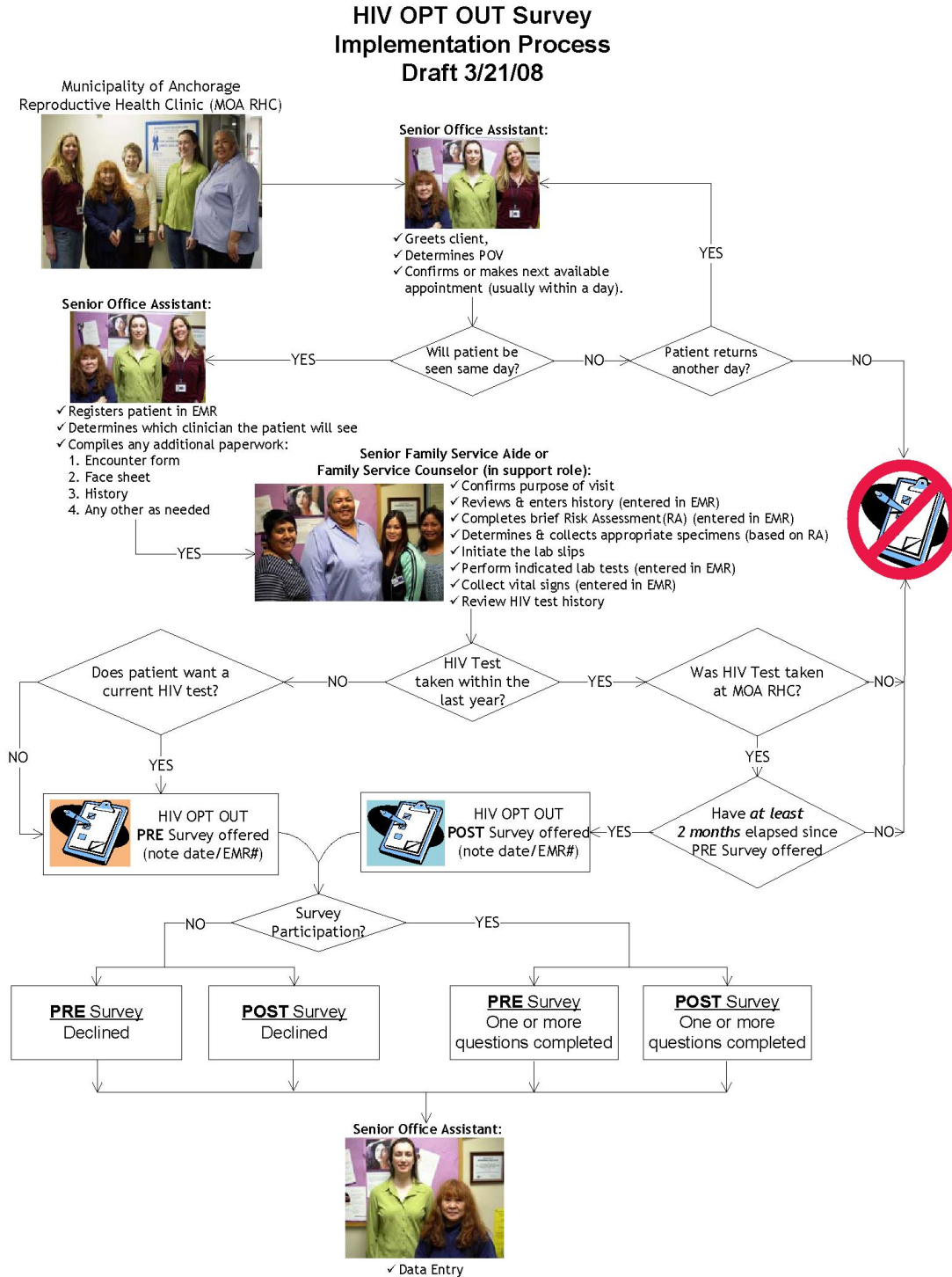


**Appendix B:
HIV Opt-Out Testing Project
Process Flow Chart:**



**Appendix C:
DHHS Staff Survey on QI Implementation
Summary of Responses**

**Municipality of Anchorage Department of Health and Human Services
Continuous Quality Improvement - Staff Survey**

Q1. Did you attend the Continuous Quality Improvement (CQI) presentation at our July 16th Employee of the Month meeting?

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	84.0%	68
NO	16.0%	13

Q2. If you attended the July 16th CQI presentation, please indicate how strongly you agree or disagree with the following statements.

<i>Answer Options</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Response Count</i>
In general, the July 16th presentation helped me to understand what Continuous Quality Improvement is.	3	9	17	37	6	72
The July 16th presentation helped me understand why Continuous Quality Improvement will be implemented in our department.	5	8	15	37	7	72
The July 16th presentation helped me to understand how Continuous Quality Improvement will be implemented in our department.	9	9	25	29	1	73

Q3. Before the July 16th meeting, had you ever heard of the term, "Continuous Quality Improvement" or "CQI"?

<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
YES	51.3%	41
NO	48.8%	39
Comments		40

Q4. Please indicate how strongly you agree or disagree with the following statements about potential CQI activities at DHHS.

<i>Answer Options</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neither Agree nor Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Response Count</i>
I think my program would benefit from implementing CQI.	4	3	36	27	8	78
I think my program's staff would need more training in order to implement CQI in our area.	5	5	30	23	15	78

Appendix D:
MOA DHHS QI “Implementation” Workplan

Sequenced Activities Needed to Accomplish Objective	Responsible Party	Timeline	NACCHO Related	Resources Needed
4.10.1 Provide information for all staff levels (and internal stakeholders) on the continuous improvement management system concept.				
a. Engage a consultant to establish a QI system and concept for the department.	SPARC Committee	April 15 th – contract consultant May 15 th – conduct self assessment	X Step 2	
b. Plan for a overview of the QI process for employees at a EOM meeting or similar venue.	Committee	July EOM July 16 th		Present with ASR and United Way at EOM
c. Collect feedback from employees on QI concept rollout i. Develop survey with committee (mid-june)	committee	July 16 – July 23 rd		SurveyMonkey Survey
d. Establish Intranet/Website for QI project	Committee	July 15th		IT staff/ PIO
e. Post findings from survey on QI Intranet / web site	committee	September		
f. Present findings of employee survey and QI concept to DHHS Boards and Commissions	Committee	October – November, 2008		Survey Results PowerPoint/ Fact Sheet
g. Establish QI Committee with overall department representation (following the SPARC implementation plan development)	SPARC committee / DHHS Director	November, 2008		
4.10.2 Identifying priority areas for DHHS to monitor.				
a. Complete intial self-assessment process	Committee	May 15 th	X Step 2	
b. Share results of self-assessment with United Way to determine community-level measures for the community-wide assessment		July 16 th	X Step 1	ASR / United Way

c. Compare recent evaluations and studies done at department (Natl PH Perf. Standards) with self-assessment		Mid-April		Previous assessment summary from Kate
d. Share results of self-assessment and priority area identified by committee (at EOM)	Committee	July 16 th	X	Self-Assessment results
4.10.3 Develop outcome measures based on the identified priorities. (PDCA Model)				
a. Using a QI planning model, determine how each program is identified with the Essential Services and Standards defined in the Operational Definition of a Functional Health Department (ODFHD)	QI Committee	January, 2009	X Step 3	
i. Provide tools/ training model to programs to initiate this process 1. Identify QI consultant to work at Department level to initiate process	QI Committee	November, 2008		Process flow chart developed by committee for use by programs
2. Design and implement training for all department staff to participate	Consultant and QI Committee	January, 2009		
3. Request programs to review the "Essential Service": <u>Evaluate and Improve Programs</u> and determine how each respective program collects and uses data for evaluation and improvement	Consultant and QI Committee	February, 2009		
ii. Involve all staff in assessment process		January – March, 2009		Develop program specific priorities, based upon the program level self-evaluation.

iii. Programs would provide "draft" QI priorities and performance measures	Program Managers	March, 2009	X Step 3	
b. Ensure measures are appropriate and comparable to peer organizations / standards	QI Committee and consultant	April, 2009	X	Using National Level Standards (ODFHD)
c. Monitor implementation process for outcome measures	QI Committee, Management	Ongoing, beginning April, 2009	X	
d. Adjust program objectives as needed to meet established standards	QI Committee	Ongoing	X	
4.10.4 Designing processes to collect information relevant to these outcome measures and reduce it to numerical form for storage, display, analysis, and dissemination.				
a. Programs conduct a technical assessment to determine what resources are required to meet the identified needs and gaps, including training and system security	QI Committee / Programs	April - June, 2009		Assessment Tool to be developed by QI Committee
b. Prioritize resources to address gaps	QI Committee / DHHS Director	June, 2009		
4.10.5 Using the outcomes of various measured processes and strategies to evaluate the progress and to guide DHHS toward achieving National Accreditation Standards.				
a. Using PDCA model, report progress on meeting program outcome measures periodically	Program Managers	Quarterly, starting Fall, 2009		
b. Conduct updated self-assessment as necessary to provide current data on QI progress	QI Committee and Management Team	June, 2009 (if needed)		
c. Include information and status on meeting QI goals department-wide in Annual report		Annually / January, 2010		