



DRAFT

# Quality Improvement Plan

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## Record of Changes

DATE	WHAT IS CHANGED	NAME
6/8/2015	Initial Document	T Factor
10/30/15	Updates to training components	T Factor

## Definitions & Acronyms

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A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.

### Definitions

**Community Health Assessment (CHA)** – The CHA is a collaborative process conducted in partnership with other organizations and describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement (Public Health Accreditation Board, 2011).

**Community Health Improvement Plan (CHIP)** – The purpose of the CHIP is to describe how a health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves (Public Health Accreditation Board, 2011).

**Continuous Quality Improvement (CQI)** – An integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes (Scamarcia-Tews, Heany, Jones, VanDerMoere, & Madamala, 2012). A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

**Evidence-based practice (EBP)** – Entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected.

**Goal** – A statement of a desired future state, condition, or purpose. (*Agency for Healthcare Research & Quality, 1999*).

**PHAB (Public Health Accreditation Board)** – A nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments (Public Health Accreditation Board, 2012).

**Performance Management (PM)** – The practice of actively using performance data to improve the public’s health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. (*Turning Point, 2003*).

**Plan, Do, Check, Act (PDCA)** – An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned (*Embracing Quality in Local Public Health: Michigan’s QI Guidebook, 2008*) \*PDCA is often used interchangeably with Plan Do Study Act (PDSA)

**Project Team Leader** – Active member of a Project Team, provides direction and support; not responsible for all decision making or for the Team’s success or failure; responsible to prepare for and conduct meetings, assign activities to Team members, assess progress, represent the Team to management, manage paperwork, and facilitate communication with the Team.

**Objective** – A measurable condition or level of achievement at each stage of progression toward a goal; objectives carry with them a relevant time frame within which the objectives should be met (*Agency for Healthcare Research & Quality, 1999*).

**Qualitative Data** – Data composed of words, providing in-depth, contextualized, and meaning-driven descriptions of anything from an individual’s experience to a community’s history (Scamarcia-Tews, Heany, Jones, VanDerMoere, & Madamala, 2012).

**Quality Assurance** – Guaranteeing that the quality of a product/service meets some predetermined standard.

**Quality Culture** –QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)

**Quality Improvement (QI)** – Raising the quality of a product/service to a higher standard.

**Quality Improvement Plan** – A plan that identifies specific areas of current operational performance for improvement within the agency. This plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan (PHAB Acronyms and Glossary of Terms, 2009)

**Quantitative Data** – Data that is measured or identified numerically and can be analyzed using statistical methods.

**S.M.A.R.T.** – Acronym used to ensure evaluation and research objectives are S=Specific, M=Measurable, A=Attainable, R=Realistic, T=Timely (Scamarcia-Tews, Heany, Jones, VanDerMoere, & Madamala, 2012).

**Strategic Plan (SP)** – A plan that sets forth what an organization plans to achieve, how well it will achieve it, and how it will know if it has achieved it. The SP provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities (Public Health Accreditation Board, 2011).

**Storyboard** – Graphic representation of a QI team’s quality improvement journey (Scamarcia-Tews, Heany, Jones, VanDerMoere, & Madamala, 2012). A technique to display the thoughts and ideas of a group in some logical grouping or sequence. It may also be used to communicate the activities in a more visual format.

#### Acronyms

**CHA-** Community Health Assessment

**CHIP-** Community Health Improvement Plan

**CQI-** Continuous Quality Improvement

**EBP-** Evidence-based Practice

**GCHD-** Galion City Health Department

**NACCHO-** National Association of County & City Health Officials

**PDCA-** Plan, Do Check, Act

**PHAB-** Public Health Accreditation Board

**PM-** Performance Management

**SMART** (Objectives) - Specific, Measurable, Achievable, Realistic, Timely

**SP-** Strategic Plan

**QIC-** Quality Improvement Council

**QIP-** Quality Improvement Plan

**WFD-** Workforce Development

## Purpose and Introduction

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Galion City Health Department is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment.

### Executive Summary

The Galion City Health Department (GCHD) has embraced the concept of continuous quality improvement (CQI), and the development of this plan will insure that the principles of CQI will be implemented throughout the organization. GCHD has adopted the Plan, Do, Check, Act (PDCA) CQI methodology, and this methodology will be used throughout the department on an ongoing basis in order to develop a culture of quality. Taking this approach will not only allow GCHD to better serve its customers, but its employees as well. This plan will provide a framework for the selection of quality improvement (QI) projects, the formation of QI teams, and ultimately instilling a culture of CQI throughout the agency. The implementation of this plan will assist GCHD in its efforts to become nationally accredited, as well as to achieve the strategic priorities set forth in its strategic plan.

### Purpose

The purpose of the Galion City Health Department (GCHD) Quality Improvement Plan (QIP) is to provide context and framework for quality improvement (QI) activities at the Galion City Health Department.

This QIP aligns with the GCHD Strategic Plan and the Crawford County Health Partners Community Health Improvement Plan. The mission and vision of the GCHD guide the design and implementation of the QI plan. The intent is to improve the level of performance of key processes and health outcomes in a systematic manner, utilizing the input and strengths of staff, leadership and the community. All actions and decisions by the QI Council will be with the purpose of improving GCHD's ability to execute our mission.

### Mission and Vision

All actions and decisions by the QI Council will be with the purpose of improving GCHD's ability to execute our mission as guided by our vision:

#### **Mission Statement**

To promote and protect the health and well-being of the communities we serve.

#### **Vision Statement**

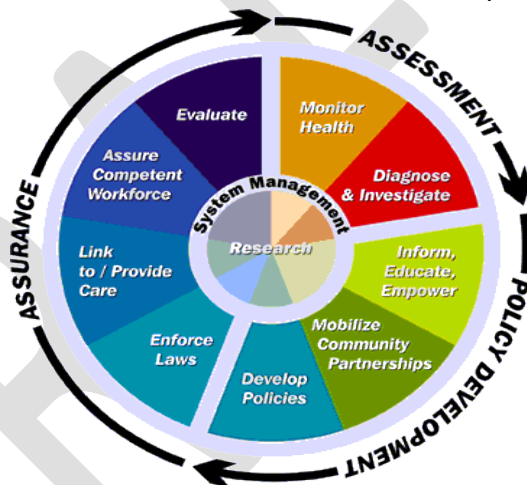
Inspire and engage our citizens and community to be optimally healthy.

### Ten Essential Services

CQI activities at GCHD are conducted to strive for the highest quality of services while meeting the needs and expectations of our customers. The goal is to continuously improve the

execution and design processes across the Ten Essential Public Health Services (Center for Disease Control and Prevention, 2010):

1. **Monitor** health status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.



### Strategic Priorities

Continuous Quality Improvement activities at GCHD strive to systematically assess and improve care and service to meet the priorities set forth in the GCHD Strategic Plan.

The GCHD's strategic priorities do not cover all the work done at the Galion City Health Department (GCHD). GCHD engages in a broad range of activities that help it achieve its overall mission of promoting and protecting the health and well-being of the communities we serve. With all its work, GCHD is committed to addressing all health disparities. The strategic priorities were selected based on information gathered from the CHA, CHIP, SWOT Analysis, and a variety of focus groups and/or staff input. In order to achieve the mission of the Galion City Health Department, the following four strategic priorities and associated goals were identified.

#### A. Strengthen Program and Service Impact

1. Drive coordination of Public Health efforts to accomplish mission



2. Define measures, coordinate data collection and analysis, evaluate impact (PMS)
  3. Inventory personnel resources and priorities to align with program and agency needs
- B. Expand Community Awareness and Engagement**
1. Increase visibility of all divisions, programs, and services to Galion City residents
  2. Increase health education in community from all appropriate programs/ divisions
  3. Become Social Media Accessible to constituents
- C. Address Current and Emerging Public Health Issues**
1. Increase awareness of Public Health preparedness
  2. Increase nutritional education through outreach efforts
  3. Increase community education regarding physical activity
- D. Increase Organizational Collaboration through Workforce Development and Continuous Quality Improvement**
1. Foster a culture of trust and engagement
  2. Update technology and ensure staff is educated and aware of technology available
  3. Develop and foster workforce development for all employees
  4. Achieve PHAB Accreditation
  5. Create a culture of Continuous Quality Improvement

#### Description of Quality Efforts

In December, 2015, or January 2016 an Organizational Culture of Quality Self-Assessment will be done at GCHD. Members of all levels of staff will be included in conducting this baseline assessment of organizational maturity within critical aspects of a culture of quality, revealing opportunities for improvement, and transforming a trajectory for next steps to reaching a culture of quality at GCHD.

Results of this assessment will be incorporated into this plan upon completion.

#### Roles & Responsibilities

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(See Culture of Responsibility Pyramid below – Figure 1)

Galion City Health Department (GCHD) is committed to improving quality in all of its services, processes and programs, and is seeking accreditation through the national Public Health Accreditation Board (PHAB). In order to accomplish both of these things, a formal structure is necessary to lead and guide these efforts.

The key to the success of the Continuous Quality Improvement (CQI) process is leadership. The leaders support QI activities through planned coordination and

communication of the results of QI initiatives. Leaders ensure that the Board of Health, staff and various stakeholders have knowledge of and input into ongoing QI initiatives as a means of continually improving performance. See Organizational Chart *Appendix A*.

The following describes the roles of GCHD leadership and staff to provide support to quality improvement activities.

- A. The **Board of Health (BOH)** provides leadership, support and resources for Quality Improvement (QI) initiatives as follows:
  - 1. Establish QI as a Priority
  - 2. Approve the QI Plan
  - 3. Recognize Improvements
  
- B. The **Health Commissioner and Division Directors** provide leadership, support and resources for QI initiatives as follows:
  - 1. Establish QI as Priority
  - 2. Approve the QI Plan
  - 3. Support QI Initiatives
  - 4. Reflect QI in the Strategic Plan
  - 5. Provide Oversight and Guidance for Operational Performance Management
  - 6. Provide/ Allocate Resources
  - 7. Maintain Departmental Quality
  - 8. Identify Areas Needing Improvement
  - 9. Recognize Improvements
  - 10. Participate in QI activities
  - 11. Report on QI activities to the BOH
  - 12. Incorporate QI concepts into daily work
  - 13. Budget for QI activities
  
- C. The **Quality Improvement Council (QIC)** creates, implements, monitors and evaluates the quality improvement efforts at GCHD and to support the management team in building a culture of continuous quality improvement throughout the Department.
  - 1. The QIC's function is to support leadership and staff by providing training, resources and structures for quality improvement efforts. This includes:

- a. Develop and implement the QI Plan
    - 1 Monitor plan performance; analyze performance gaps, and make recommendations for closing gaps
    - 2 Review the QI plan annually, or as needed, and adjust as required to reflect current and emerging priorities
    - 3 Set the goals and objectives for the QI Plan
  - b. Coordinate the selection of QI projects
  - c. Support QI Teams by:
    - 1 Providing guidance and technical assistance to staff engaged in QI projects
    - 2 Recognizing QI efforts and celebrating successes
    - 3 Providing staff access to QI training materials and tools
    - 4 Identifying and seeking resources needed to provide additional QI training
  - d. Maintain the QI Activity reporting system
  - e. Under the direction/advisement of the Health Commissioner, Division Directors, and/or the Accreditation Coordinator, the Quality Team will assess gaps in meeting PHAB standards and will help facilitate a plan to improve compliance
  - f. Provide guidance to Health Commissioner, Division Directors, and Program Managers regarding best practices in operational performance management, monitoring, and accountability
  - g. Assist Program Managers with development of meaningful indicators and measures to monitor their operational performance and progress toward goals
  - h. Update Health Commissioner, Division Directors, and Board of Health on QI activities
  - i. Communicate to all staff about QI efforts
  - j. Membership of the QIC rotates based on staff volunteers
    - 1 Participation in the QIC is solely a volunteer activity
- D. **Program Managers** provide leadership, support and resources for QI initiatives as follows:
- 1. Identify and develop meaningful indicators and measures to monitor operational performance of their program/programs
  - 2. Facilitate a plan to implement improvements for program measures that are not meeting their stated goal

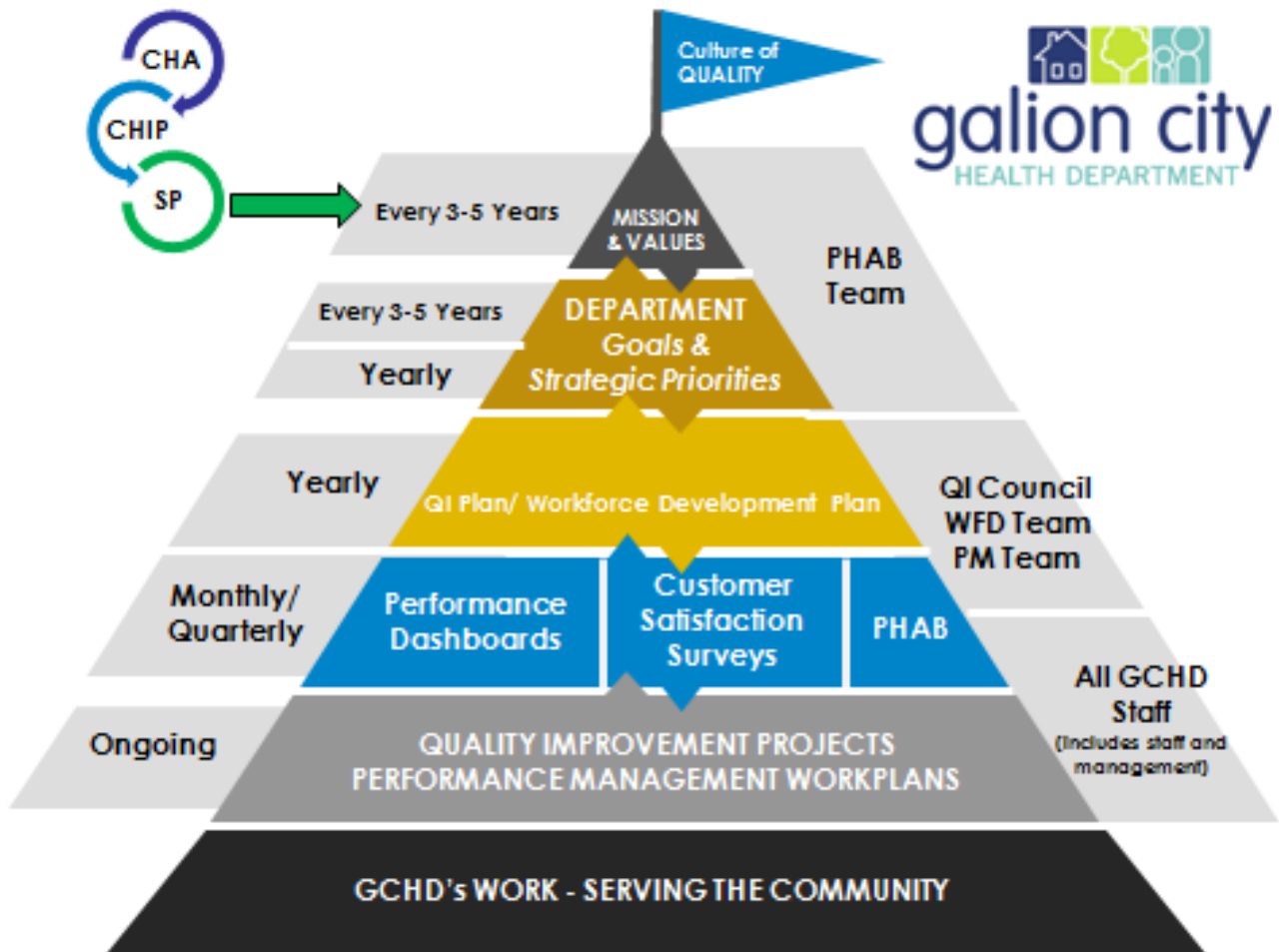
3. Facilitate the implementation of QI activities and an environment of CQI at the program level
4. Identify and initiate problem solving processes and/or QI projects.
5. Oversee QI projects in their area
6. Participate in QI projects
7. Schedule staff time for QI projects
8. Update Health Commissioner and Division Directors on all QI activities
9. Report progress of QI projects to the Quality Team
10. Incorporate QI concepts into daily work.

- E. **All GCHD Staff** are responsible for working with their supervisors and Quality Improvement Council members to identify areas for improvement and suggest improvement projects to address these areas.

Other responsibilities include:

1. Participating in QI projects, as requested by Division Directors or Program Managers
2. Collecting and reporting data for QI projects
3. Developing an understanding of basic QI principles and tools by participating in QI training
4. Incorporating QI concepts into daily work

## Culture of Responsibility Pyramid



- A. Membership Includes:
  - 1. Quality Improvement Council Team Lead
  - 2. Any and all staff members with an interest in CQI
  - 3. Health Commissioner, Division Directors, and Program Managers are also invited to participate in all QIC meetings
- B. Communication
  - 1. The QIC meets monthly, or as needed
  - 2. The QIC Team Lead reports significant issues, findings, and actions to Health Commissioner
    - a. Significant issues, findings and actions are reported, as necessary, to appropriate leaders/individuals and/or other committees, particularly those that support aspects of the QI program
    - b. At a minimum, quarterly updates are provided to the QIC by the Project Team Leader or his/her designee and this information is reported using the QI Project Tracking Form found in *Appendix E*. The QIC Team Lead /designee is responsible to share the updates with the Health Commissioner and/or Division Directors on a quarterly basis
    - c. An evaluation of the QI initiatives is completed annually.
      - 1) The evaluation summarizes the goals and objectives of the GCHD Quality Improvement Plan, the QI activities conducted during the past year, including the targeted process, systems and outcomes; the performance indicators utilized; the findings of the measurement, data aggregation, assessment and analysis processes; and the QI initiatives taken in response to the findings
      - 2) The QIC Team Lead is responsible to complete the evaluation with the input and approval of the members of the QIC
      - 3) Once the evaluation is approved by the QIC, it is submitted to the Health Commissioner for review
  - 3. Review of Performance Management Measures
    - a. At least one QIC meeting each quarter a review of the Performance Management Measures will be completed.
      - 1) QIC will receive a report from the Performance Management Team regarding any goals not indicated as

- completed (green) that they feel they need assistance with
- 2) Indicated measures will be discussed to determine any possible QI projects to assist
  - i. Attention must be paid to the quarterly notes provided in the dashboard and/or PM Report
- 3) Identified areas of improvement and/or potential QI projects will be shared with the appropriate Division Director, the Health Commissioner, and/or the Performance Management Team
  - i. It will be left to management's discretion whether an intervention or QI project will be started
- C. Quality Improvement Council Guiding Principles
  - 1. The QIC will operate using the following principles:
    - a. All work is grounded in CQI methodology including the use of CQI tools to increase understanding and facilitate the improvement of outcomes. (For an example of tools, see QI Tools *Appendix D*)
    - b. Decisions are data-driven and evidence-based in addition to using and respecting peoples' knowledge and experience
    - c. The customer perspective (both internal and external) is central to decision-making striving to consistently meet or exceed customer expectations
    - d. Processes are transparent, collaborative and inclusive
    - e. Engagement and accountability are fostered with all persons involved in CQI efforts
    - f. The focus is on learning and improvement over judgment and blame, and values prevention over correction

### Quality Improvement within GCHD

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A QI philosophy recognizes that there are costs to everything one does or does not do. Until complete satisfaction is reached with public health funding levels and accomplishments, staff should continually seek quality improvements that reduce costs and improve outcomes. QI methods can help document evidence based costs, identify outcomes of activities, and provide ways to make improvements that ultimately improve the health of all and meet the expectations of customers.

Three questions one should focus on when conducting QI activities are:

1. What are we trying to accomplish?

2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

*(Scamarcia-Tews, Heany, Jones, VanDerMoere, & Madamala, 2012)*

Meaningful measures and indicators are used to monitor both operational performance and progress on special initiatives such as strategic efforts or quality process improvements. Operational performance management and evaluation have been integral components of measuring program efficiency and effectiveness. GCHD uses a “dashboard” set of measures to tie all operational performance measures into a more cohesive appraisal of department performance and progress. The Performance Management System is a living document/ dashboard.

Quality improvement activities emerge from a systematic and organized framework. This framework, utilized by Galion City Health Department leadership, is understood, accepted and utilized throughout the organization, as a result of education and involvement of staff at all levels.

Quality Improvement involves two primary activities:

- Measuring and assessing performance objectives through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated, including the design of new services and/or improvement of existing services.

### Quality Improvement Projects

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- A. **Project Selection:** The suggestion for a QI project may originate from various sources.
  1. Anyone in the health department can suggest a potential QI project by submitting the Quality Improvement Form found in *Appendix B* to the QIC.
  2. Projects may come from the managers based on data from their program and information from their staff. The decision to undertake an initiative is based upon agency priorities and project limitations.
  3. QIC may look at data from four major sources to identify new projects and evaluate the necessity of organizing a QI project. These sources of information are:
    - a. PHAB Accreditation Domains
    - b. Customer Satisfaction Surveys



- c. Performance (Program) Management/Dashboards
- d. GCHD Strategic Plan
  - i. This includes projects to aid in aligning with Strategic Priorities and/or Associated Goals
- 4. Additional sources to identify new projects and evaluate the necessity of organizing a QI project include, but are not limited to:
  - a. After- Action Reports
  - b. Staff Survey Results/ Suggestions
  - c. Program Evaluations
  - d. Community Health Assessment or Systems Performance Assessment Findings
  - e. Community Health Improvement Plans
  - f. Audit or Compliance Issues

B. **Prioritization of Projects:** In order to ensure a comprehensive approach, the QIC examines QI opportunities for implementation based on the information from the following sources:

- Public Health Accreditation Board (PHAB) Standards & Measures
  - Customer Satisfaction Surveys
  - GCHD Strategic Plan
    - Strategic Priorities and/or Associated Goals
  - Performance Measure Dashboards
  - Leadership (Health Commissioner and Division Directors)
  - GCHD staff
  - Audit/ Grant Compliance
1. When selecting from among several identified project ideas, you may consider things such as:
- Alignment with agency's Mission or Strategic Plan
  - Number of people affected
  - Financial consequence
  - Timeliness
  - Capacity
  - Availability of baseline data or present data collection efforts
  - Alignment with PHAB Domains/ Standards/ Measures or prior review feedback

C. **Project Formation:**

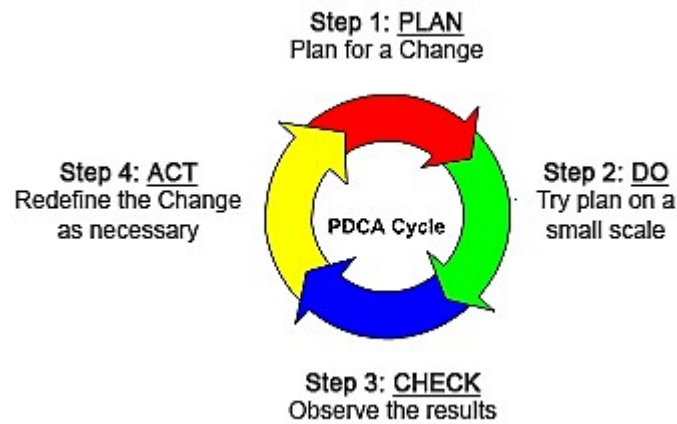
1. Once the QIC receives information on the formation of a new QI team, the Project Team Leader will assemble team members and develop the QI project plan of action.
2. The QIC will then enter the information from the Quality Improvement Form found in *Appendix B* into the QI Project Tracking Form found in *Appendix E*.
3. Tracking of prioritized QI opportunities is in the form of a log (see QI Project Tracking Form *Appendix E*).
  - a. QI opportunities may be specific and limited measures, entire projects, or program evaluations.
  - b. QI opportunities may be identified by the QIC or recommended to the QIC by management/leadership or other staff.
  - c. All opportunities listed in the log have SMART objectives and specifically assigned accountabilities.

D. **Project Implementation:** The purpose of a QI project is to improve the performance of an existing process. The model utilized at the Galion City Health Department is called Plan-Do-Check-Act (PDCA) Cycle (Gorenflo, 2010). Not all process improvement is a PDCA QI project.

- **Plan** – The purpose of this phase is to investigate the current situation, fully understand the nature of any problem to be solved, and to develop potential solutions to the problem that will be tested.
- **Do** - This step involves implementing the action plan.
- **Check** - At this stage, data is again collected to compare the results of the new process with those of the previous one.
- **Act** - This stage involves two actions. The first is to decide, based upon the data collected in the Check phase whether to adopt the change theory, make slight changes to the theory, or to abandon the improvement theory and start over. The second action in this phase is to decide future plans. So if the team decided to adopt or adapt the improvement theory, it must indicate how it will monitor the gains going forward. If the improvement theory was abandoned, the team must decide on how it will continue.

At a minimum, quarterly updates are provided to the QIC by the Project Team Leader or his/her designee and this information is reported using the QI Project Tracking Form found in *Appendix E*.

#### Plan, Do, Check, Act Cycle



**Figure 2:** Diagram to illustrate the continuous process of quality improvement  
(Davenport, 2013)

- E. **Project Summation:** Once the project is complete, each team needs to complete a Storyboard, which is a one page snapshot of the project in each step of the PDCA cycle. *Appendix C* contains a QI Storyboard (template). This Storyboard can be shared with staff, leadership and the Board of Health to demonstrate the projects completed in the health department.
- F. **QI Education:** The Quality Improvement Council identifies and defines general goals and specific objectives to be accomplished each year. These goals include training of clinical, environmental and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiative(s). QI training courses are addressed within the Galion City Health Department Workforce Development Plan as well as within this QIP. Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities. Quality Improvement Performance Measures are tracked and monitored

through the Galion City Health Department Performance Management System.

### Budget & Resource Allocation

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Decisions on budget and resource allocation for QI training and activity needs will be made by the Health Commissioner and Division Directors. Recommendations regarding budget and resource allocation may come from the Quality Improvement Council. The amount of resources available may be a determining factor in selecting QI activities during the QI project review process. The Quality Improvement Council and individual QI Teams will seek to address sustainability beyond the initial project period.

### Communication

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In order to support quality as a usual-way-of-business, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health members, the general public, and others. This section describes how quality initiatives are shared.

- A. Quality Sharing- Also identifying who the communication is targeted toward, such as Board of Health, community members, District Advisory Council, staff, etc.
  - 1. Health District Employees
    - a. A Quality Report during monthly staff meetings will provide regular updates on quality initiatives, including Quality Improvement Council membership, project outcomes, policy changes, training opportunities, etc.
      - Trainings can also be found within the Workforce Development Plan.
    - b. In staff meeting (retreat), at least once each year:
      - QI projects completed within the past 12 months can report experiences and results with all staff.
      - Team members will be recognized.
      - The Quality Improvement Council Lead/ or designee will report plan progress and evaluation results.
    - c. Project storyboards will be posted in designated areas.
    - d. All Quality Improvement Council meeting documents (minutes, summaries) and QI Team documents (QI Form, Storyboards, data tools, etc.) will be maintained on the

shared network drive for review by all staff members at any time.

2. Board of Health
  - a. BOH members will receive an update of QI projects at least annually.
3. Public
  - a. Project descriptions and results may be featured on the agency's website.
4. Other
  - a. In addition to these regularly occurring communications, the Quality Improvement Council may seek avenues to share quality initiatives with community partners and other state and national audiences, as appropriate.

#### Quality Goals, Implementation, & Performance Measurement

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The goals and objectives for the GCHD Quality Improvement Plan focus on developing the capacity and culture of Continuous Quality Improvement (CQI).

## 2016-2017 Quality Improvement Goals

<b>Goal:</b> Establish and maintain organizational capacity and resources to support continuous quality improvement.		
<b>OBJECTIVES</b>	<b>TIMEFRAME</b>	<b>RESPONSIBILITY</b>
1. By January 15, 2016, the 2016-17 Quality Improvement Plan will be vetted through the Quality Improvement Council, the Health Commissioner, and Division Directors for final approval by the Board of Health.	By January 15, 2014	Quality Improvement Council
2. At least quarterly, or at the conclusion of a project, the QI Project Team Leaders/designee of all active QI teams will present a progress update to the Quality Improvement Council.	Quarterly	QI Project Team Leaders
3. At least quarterly, the QIC Team Lead/designee will provide QI activity updates to Health Commissioner and/or Division Directors.	Quarterly	Quality Improvement Council Team Lead/Designee
4. By December 31, 2016, QI Training will be conducted, per the Workforce Development Plan.	By December 31, 2016	Quality Improvement Council Leader/Designee Workforce Development Leader/Designee
5. By March 31, 2017 the annual evaluation of QI initiatives will be submitted to the Health Commissioner and Division Directors by the QIC Team Lead.	By March 31, 2017	Quality Improvement Council Quality Improvement Council Team Lead
6. By December 1, 2017, the 2018-19 Quality Improvement Plan will be approved by the Quality Improvement Council and submitted to the Health Commissioner and Division Directors for final approval by the Board of Health.	By December 1, 2017	Quality Improvement Council

## Quality Performance Measurement

The selection and measurement of performance measures enables the QI Council to understand: a) if the Public Health System is improving the health of Galion City residents; b) if agency performance goals are improving the health of Galion City residents; and c) if service areas are implementing efficient and effective processes and programs. Continuous quality improvement involves taking action as needed based on the results of the data analyses and the opportunities for performance they identify.

- A. Measurement and assessment is for the purpose of:
  - 1. Assessing the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
  - 2. Identifying problems and opportunities to improve the performance of processes.
  - 3. Assessing the outcome of the service and/or care provided.
  - 4. Assessing whether a new or improved process meets performance expectations.
- B. Performance Indicators
  - 1. As stated earlier, the Quality Improvement Council may determine indicators of quality on a priority bases. Key performance indicators (KPIs), in practical terms and for strategic development, are *objectives* to be targeted that will add the most *value* to the organization and to the community. They are ways to periodically assess the performances of organizations and their departments and employees. Accordingly, KPIs are most commonly defined in a way that is understandable, meaningful, and measurable.
- C. Assessment of Performance Indicators
  - 1. Assessment is accomplished by comparing actual performance on an indicator with:
    - a. Self over time.
    - b. Pre-established standards, goals or expected levels of performance.
    - c. Information concerning evidence based practices.
    - d. Other local health departments or similar service providers.
  - 2. GCHD will use federal, state, and local resource documents as objective sources of measures in determining priorities for performance improvement.
- D. Health Indicators

1. Health indicators aid internal Department staff, as well as external key public health stakeholders, in program planning and evaluation by monitoring key outcomes that are affected by public health programs and policy. Many indicators are used as intermediate or long-term outcome measures as part of program evaluation.

## Training

Galion City Health Department has incorporated QI training goals and objectives within the agency's Workforce Development Plan (WFD Plan). The WFD Plan includes goals, objectives, target audience (who will receive training), resources/sources of training, and the individual(s) responsible for leading each objective. One goal within the GCHD Workforce Development Plan is "Establish a culture of quality within the agency"; objectives associated with this goal are:

- *All staff and managers will participate in quality improvement training annually.*
- *In 2016, all managers will lead an internal quality improvement team.*
- *Beginning 1/1/2016, all new employees will complete an introductory level QI training within the first 30 days of hire.*
- *All members of the QI Council will complete an advanced level QI training within 1 year of joining.*

Within the GCHD Curricula and Training Schedule Continuous Quality Improvement is addressed on an annual basis. See the table below.

Topic	Description	Target Audience	Competencies Addressed	Schedule
Continuous Quality Improvement	Quality Improvement in Public Health; see Quality Improvement Plan for detailed courses. Various levels of training will be provided (new employee introduction, introductory level, advanced level, continuation or refresher courses, as well as other position specific training as needed.	All Staff	Analytical/Assessment, Policy Development/ Program Planning, Communications, Community Dimensions of Practice, Public Health Sciences, Leadership and Systems Thinking	Annually-March

Additional quality improvement training will be made available based on position and/or project specific needs.



Quality Improvement Training Requirements		
Staff	Training Type	Frequency
New Employees	Orientation/ Introduction to QI QI Quick Guide Tutorial	Once, within 30 days of hire (Beginning 1/1/15)
All Staff	Orientation/ Introduction to QI Continuous Quality Improvement	At least Annually
Quality Improvement Council Members	Advanced QI training CQI in Public Health: The Fundamentals (Modules 1-8)	At least Annually (as needed), within one year of joining
Designated Positions/ Teams	Implementing and Sustaining CQI in an Organization The PDCA Cycle for Change Leaders and Handling Change Resistors Building a QI Culture QI Team Development	As needed
<p>* Specific courses may vary based on availability.</p> <p>* Courses may be added or removed based on lessons learned and best practices.</p>		

### Quality Improvement Plan Monitoring and Assessment

- A. The QI Plan will be reviewed annually, or as needed, by the Quality Improvement Council, Health Commissioner, and Division Directors. Revisions will be made by the Quality Improvement Council with the approval of the Health Commissioner and Division Directors.
- B. An annual progress report will be prepared by the Quality Improvement Council and will include:
  1. A summary of the process and progress towards the QI Plan goals and objectives
  2. Outline of revisions made to the QI Plan (including rationale where necessary)
  3. Any notable efficiencies and effectiveness obtained
  4. Any notable lessons learned or best practices

5. Results of any pertinent customer/ stakeholder satisfaction surveys as they relate to QI activities
  6. Goals and objectives for the upcoming year (to be incorporated into the QI Plan revision)
  7. Status update on QI projects (utilizing the QI Project Tracking Form *Appendix E*)
- C. The data collected for the annual progress report will be utilized when determining the need for QI Plan revisions.
  - D. Data on approved Program QI projects and activities specifically related to the QI Plan will be collected, compiled, analyzed, and reported through the GCHD's Performance Management System.

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## Appendices

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*Appendix A* Organizational Chart

*Appendix B* Quality Improvement Form

*Appendix C* QI Storyboard

*Appendix D* QI Tools

*Appendix E* QI Project Tracking Form

## Plan Review & Responsibility

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### Review of Plan

The Quality Improvement Plan will be reviewed annually by the Quality Improvement Council; and others with expertise in public health quality improvement, as needed. This is a dynamic plan that will be reviewed and updated as needed. The Quality Improvement Council and GCHD Management Staff will be responsible for maintaining the plan.

### Authorship

This plan was written by the Quality Improvement Council and GCHD Management Staff, with input from GCHD Staff.

### Approval

This plan has been approved and adopted by the following individuals:

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President, Galion City Board of Health

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Date

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Health Commissioner, Galion City Health Department

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Date