



**Florida Department of Health in Indian River County
Quality Improvement Plan
Version 1.0
2015-2016**

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**Florida Department of Health in Indian River County
Quality Improvement Plan
Fiscal Year 2015-2016**

I. Purpose

The Quality Improvement (QI) Plan describes the integration of quality improvement processes into (1) staff training, (2) leadership structure, (3) planning and review processes, (4) administrative and programmatic services, (5) sharing practices and (6) evaluation of measurable impacts on departmental priorities and public health objectives at the Florida Department of Health in Indian River County (DOH-Indian River).

II. Outcomes

DOH-Indian River is part of an integrated agency under the direction of the Florida Department of Health State Office with local, county and state commitments. The Department's focus on quality begins with its mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts, with a shared vision to be the healthiest state in the nation. The Department's values are Innovation, Collaboration, Accountability, Responsiveness, and Excellence. This Quality Improvement plan supports our value of Excellence, which is defined as promoting quality outcomes through learning and continuous performance improvement.

DOH-Indian River, through an organized and dedicated focus on continued quality improvement, will create a culture of quality wherein the health of Indian River county citizens will be improved, the operations of DOH-Indian River will be more effective and efficient, employees will use a common set of tools, skills and terminology to improve performance, and leadership will ensure implementation of practices that will create a workforce culture of action, continuous improvement, and performance excellence.

III. Goals and Projects

- Goal 1: Establish QI Plan
- Goal 2: Provide QI training
- Goal 3: Complete five QI projects
- Goal 4: Monitor implementation of Plans and QI projects
- Goal 5: Communicate results and share practices resulting in improved results
- Goal 6: Review and update the QI Plan annually

IV. Quality Terms

Please see Appendix 1, Quality Improvement Plan Key Terms, for a summary of common terminology and definitions used throughout this document.

Goal 1: Establish QI Program

DOH-Indian River's infrastructure for supporting a culture of quality and implementation of improvement initiatives throughout the Department includes:

- A. DOH-Indian River's leadership team is accountable for building and sustaining a culture of quality in the department through the following roles:
 - 1) Develop, approve, and monitor completion of CHIP, Strategic Plan, QI Plan (within this document all three plans are referred to as *Plans*), and QI projects, with the community as appropriate.
 - 2) Remove barriers to plan completion and performance improvement.
 - 3) Ensuring financial and administrative support for the QI structure and activities.

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- B. The Quality Improvement Liaison is appointed by leadership and possesses the core competencies identified by the state health office. The liaison is responsible for the following.
 - 1) Serve as the point of contact between the Strategy and Performance Improvement Leadership Team (SPIL) and Office of Performance and Quality Improvement (OPQI).
 - 2) Lead the development of the annual QI plan.
 - 3) Coordinate training identified in QI Plan.
 - 4) Serve as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned and practices that result in improved performance.

- C. The Strategy and Performance Improvement Leadership Team is comprised of DOH-Indian River's leadership team, QI Liaison, and Plan owners. It will operate in accordance with the team charter (see appendix 5), and is responsible for the following:
 - 1) Select priority strategies for QI projects.
 - 2) Assess progress towards a sustainable culture of quality within DOH-Indian River.
 - 3) Develop and implement an annual Quality Improvement Plan.
 - 4) Conduct a monthly review of progress toward completion of Plans and QI projects.

- D. A monthly meeting is held by the SPIL Team, chaired by the DOH-Indian River Administrator, which will be documented using an agenda and meeting minutes. A quorum of two-thirds of members is required for the meeting. The following will be reviewed during the meetings.
 - 1) Progress towards completion of Plans.
 - 2) Status of QI projects.
 - 3) Practices that result in improved performance.
 - 4) Quality of community engagement.

- E. Quality Improvement Infrastructure
 - 1) SPIL team governs QI actions for DOH-Indian River.
 - 2) Expanded Management Team (18 members who are supervisors at different levels) reviews and advises on QI activities.
 - 3) QI team is comprised of front line employees and a few supervisors to represent everyday operations in which QI is operationalized.

Goal 2: Provide QI Training

Training in QI methodology and tools is critical for creating a sustainable QI program. QI training opportunities will be offered through providers which may include Department personnel, TRAIN FL, and the Michigan Public Health Institute. The following are minimum training requirements, which will be verified with printed certificates of completion.

Training Plan

- A. County Health Department Strategy and Performance Improvement Leadership Team will complete the Michigan Public Health Institute's Embracing Quality in Public Health online training by March 30, 2016.
- B. All CHD managers will complete the Michigan Public Health Institute's Embracing Quality in Public Health online training by June 30, 2016.
- C. The Business Manager will participate in Rapid Process Improvement to complete a QI project on budget allocation by June 30, 2016.

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- D. The QI project team members will complete the Department’s problem solving methodology training series in TRAIN Florida by June 30, 2016 and complete the QI projects identified in this plan.

Training Budget and Resource Allocation

Training	Staff	Time	Average Cost per Participant
Embracing Quality in Public Health, via Michigan Public Health Institute	9 SPIL team members 18 expanded management team members	1 hour	\$33 (est. avg. hourly salary – supervisory) \$14 (est. avg. hourly salary - non-supervisory staff)
Rapid Process Improvement Event	Business manager	4 days	\$1694 (travel costs/no registration fee) \$1300 (est. staff time)
Department’s PDCA Problem Solving Methodology Training Series	12 QI project team members 9 SPIL team members	4 hours	\$33 (est. avg. hourly salary – supervisory) \$14 (est. avg. hourly salary - non-supervisory staff)

Goal 3: Complete QI projects

DOH-Indian River will complete two QI projects that are aligned with the Agency Strategic Plan, CHIP, and Agency QI Plan. One project is administrative and will improve the budget allocation process. By June 30, 2016 the Administrative Services Director will document that the DOH-Indian River budgeting process in the local playbook is in accordance with the State Budget Allocation Rapid Process Improvement Project. The other project is population-based and addresses healthy weight. For the healthiest weight QI project, the community was involved in the selection of this project and will be active participants in carrying the project forward to completion. The project will target youth populations of child care age as the subject instead of the individual, and will address interventions aimed at disease prevention and health promotion that effect an entire population. DOH-Indian River will utilize the 5-2-1-0 Let’s Go initiative as the structure to perform the youth health intervention. An opportunity exists to improve healthy eating and physical activity standards in local Early Child Education settings. Success will be achieved when 80% of Indian River County ECEs are taking steps to improve healthy eating and physical activity standards by promoting the 5210 message.

DOH-Indian River will also complete three QI projects that are specific to local community and health department needs. One project is aligned to the CHIP and CHD Strategic Plan and will address community and environmental health conditions in Fellsmere, FL. The other two administrative QI projects will address employee satisfaction and EARS documentation. An opportunity exists to improve employee recognition and rewards at DOH-Indian River by collecting survey data directly from employees and implementing at least one action by June 30, 2016. For the employee satisfaction QI project, the goal is to improve employee activity report rates of the DOH-Indian River. Success will be measured by achieving an 95% EAR completion rate of all DOH employees and 90% or more for supervisor certification with 7 days of the pay period ending. Appendix 2 contains a table displaying the alignment between the QI Plan activities and the CHD Strategic Plan, the CHIP, and the Agency Strategic Plan.

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In addition to the aforementioned, each DOH-Indian River division office has adopted their own quality improvement goals. See Appendix 4 for a description of each division's quality improvement goals. Division level quality improvement action plans will be reviewed by the department's QI team, which meets every other month. For each QI plan, the respective program manager is the responsible party to ensure completed implementation of the plan.

Goal 4: Monitor implementation of Plans and QI projects

Measuring, monitoring and reporting of progress on the goals and objectives of plans and QI projects are the responsibility of the Strategy and Performance Improvement Leadership (SPIL) Team. Data to support evidence of progress will be gathered by the QI Liaison and included in the meeting minutes. The meeting minutes and scorecard will be submitted to OPQI within 10 days after the meeting. OPQI will forward the information to the Executive Management Team as part of a statewide report. DOH-Indian River and statewide reports will include the following measures:

- A. Percent SPIL meetings held
- B. Percent staff completing identified QI training
- C. Percent action items or objectives complete in CHIP
- D. Percent Engagement Survey Opportunities completed.
- E. Percent action items or objectives complete in CHD Strategic Plan
- F. Percent steps complete for QI Projects
- G. Percent action items complete in QI Project Action Plan

Appendix 3 contains definitions for the above measures.

Goal 5: Communicate results and practices resulting in improved results

Progress toward a culture of quality in Florida's public health system and in DOH-Indian River is advanced by systematic sharing of information, networking and reusing knowledge gained. The Strategy and Performance Improvement Leadership Team will leverage the advantage of Florida's centralized and integrated system of public health by sharing resources and information with peers. The QI Liaison will serve as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance using the following avenues.

- A. Strategy and Performance Improvement Leadership Team meetings, Consortia meetings, Program Councils, State office monthly performance review meeting (standing agenda items on each meeting agenda)
- B. Submit to County Health Systems, OPQI, and appropriate state office program
- C. Use storyboards to communicate about QI projects at community meetings or events
- D. Appropriate internal and external award nominations
- E. Website

Goal 6: Review and update the QI program

The Strategy and Performance Improvement Leadership Team will conduct an annual evaluation of the QI program by May 30, 2016, including the CHIP and strategic planning processes, and annual QI plan. This evaluation will help inform planning for each subsequent year and support a culture of continuous improvement and excellence. As part of the agency-wide QI Program evaluation, Indian River CHD will report the following metrics to OPQI.

- A. Percent CHIP objectives/projects that resulted in improved results
- B. Percent CHD Strategic Plan objectives/projects that resulted in improved results

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- C. Percent Plans and QI Project initiatives sustainable in terms of structures, processes, and policies
- D. Percent initiatives with favorable results that are adopted by peers

Appendix 3 contains definitions for the above measures

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Appendix 1: Quality Improvement Plan Key Terms

TERM	DEFINITION
Accountability	Establishing a systematic method to assure stakeholders (policy-makers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements that are applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals, and consequences and sanctions. (Source: American Society for Quality)
Analyze	To study or determine the nature and relationship of the parts of by analysis. (Source: Merriam-Webster Online Dictionary)
Barriers	Existing or potential challenges that hinder the achievement of one or more objectives. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.)
Benchmarking	Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which is used as a reference for future comparisons (similar to a baseline). Also referred to as “best practices” in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (Source: Norris T, Atkinson A, et al. <i>The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities</i> . San Francisco, CA: Redefining Progress; 1997).
Best Practice(s)	The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence. (Source: <i>National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms</i> , CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).
Cause and Effect Diagram (Fishbone Diagram)	The fishbone diagram identifies many possible causes for an effect or problem. It can be used to structure a brainstorming session. It immediately sorts ideas into useful categories. (Source: Excerpted from Nancy R. Tague’s <i>The Quality Toolbox</i> , Second Edition, ASQ Quality Press, 2004.)
Continuous Improvement	Includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the customer and organization. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Core Competencies	Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set. (Source: Nash, Reifsnnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i> . Jones and Bartlett. MA, 2011).
County Health Department’s Leadership Team	Members of the SPIL are the County Health Department’s Leadership team for the purposes of this plan. Please refer to the SPIL definition for more detail.
Culture of Quality Improvement	Culture of quality improvement exists when 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. Staff do not assume that an intervention will be

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	effective, but rather they establish and quantify progress toward measureable objectives. (<i>Roadmap to a Culture of Quality Improvement</i> , Phase 6, NACCHO)
Data	Quantitative or qualitative facts presented in descriptive, numeric or graphic form. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Department's PDCA Problem Solving Methodology	Plan-Do-Check-Act problem solving methodology is used when there is a need to identify and eliminate the cause of the problem. This is a simplified version with fewer steps than the <i>ABCs of PDCA</i> by Grace Gorenflo and John Moran.
Evaluate	To systematically investigate the merit, worth or significance of an object, hence assigning "value" to a program's efforts means addressing those three inter-related domains: Merit (or quality); Worth (or value, i.e., cost-effectiveness); and Significance (or importance). (Source: CDC – <i>A Framework for Program Evaluation</i>)
Evidence-based Practice	Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Source: Brownson, Fielding and Maylahn. <i>Evidence-based Public Health: A Fundamental Concept for Public Health Practice</i> . Annual Review of Public Health).
Goal	A statement of general intent, aim, or desire; it is the point toward which management directs its efforts and resources in fulfillment of the mission; goals are usually nonquantitative. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Implement	To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures (Source: Adapted from Merriam-Webster.com)
Indicators	Predetermined measures used to measure how well an organization is meeting its customers' needs and its operational and financial performance objectives. Such indicators can be either leading or lagging indicators. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Key Functions	Critical responsibilities which are performed routinely to carry out the mission of the department. (Source: Adapted from BusinessDictionary.com)
Key Processes	Processes that focus on what the organization does as a business and how it goes about doing it. A business has functional processes (generating output within a single department) and cross-functional processes (generating output across several functions or departments.) (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Key Customer	Any individual or group that receives and must be satisfied with the service, work product, or output of a process. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.)
Key Customer Requirements	Performance standards associated with specific and measurable customer needs; the "it" in "do it right the first time." (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors.)
Objective	Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a

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	<p>specified period of time. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i>. Michael Wilkinson. 1st Ed.)</p> <p>Objectives need to be Specific, Measureable, Achievable, Relevant and include a Timeframe (SMART).</p>
Operational (Action) Plan	<p>An action plan with specific steps to implement and achieve the objectives. Plans usually include the following: key activities for the corresponding objective; lead person for each activity; timeframes for completing activities; resources required; and evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy.</p> <p>(Source: Adapted from <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i>. Michael Wilkinson. 1st Ed.)</p>
Opportunity for Improvement	<p>Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect is chances of success or failure.</p> <p>(Source: Adapted from BusinessDictionary.com)</p>
Outcomes	<p>Long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.</p>
Performance Excellence	<p>An integrated approach to organizational performance management that results in 1) delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability; 2) improvement of overall organization effectiveness and capabilities; and 3) organizational and personal learning.</p> <p>(Source: <i>2013 Sterling Criteria for Organizational Performance Excellence</i>)</p>
Performance Gap	<p>The gap between an organization's existing state and its desired state (as expressed by its long-term plans).</p>
Performance Improvement	<p>An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.</p>
Performance Indicators	<p>Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) (Source: <i>2013 Sterling Criteria for Performance Excellence</i>)</p>
Performance Management System	<p>A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.</p> <p>(Source: Public Health Accreditation Board. <i>Standards and Measures</i> Version 1.0. Alexandria, VA, May 2011).</p>
Performance Measures or Metrics	<p>Tools or information used to measure results and ensure accountability; specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance.</p> <p>(Source: Lichiello, P. <i>Turning Point Guidebook for Performance Measurement</i>, Turning Point National Program Office, December 1999.)</p>
Performance Report	<p>Documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments, and recommendations</p> <p>(Source: <i>Turning Point Performance Management</i>, National Excellence Collaborative, 2004)</p>
Plan-Do-Check-Act	<p>Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle</p>

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(PDCA)	The Plan–Do–Check–Act cycle is a four–step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement. (Source: ASQ.org)
Plan Owners	Person designated by Health Officer to bear responsibility for managing the CHIP, strategic plan, or QI plan.
Policy	Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental entity. (Source: <i>Acronyms and Glossary of Terms</i> , Public Health Accreditation Board, version 1.0, September 2011)
Population-based Health	Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors. (Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Priorities	Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.
Public Health	The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a standard of living adequate for the maintenance of health. The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. (Sources: Winslow CEA. <i>Man and Epidemics</i> . Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. <i>The Future of Public Health</i> . Washington, DC: The National Academy Pres, 1988.)
Quality Improvement	Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". <i>Journal of Public Health Management and Practice</i> . January/February 2010).
Quality Improvement (QI) Plan	A QI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The QI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The QI plan provides written credibility to the entire QI process and is a visible sign of management support and commitment to quality throughout the health department. (Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." <i>American Journal of Public Health</i> . 2014. 104(1):e98-104.)

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	The Public Health Accreditation Board requires a QI plan as documentation for measure 9.2.1 A of the <u>Standards and Measures Version 1.5</u> .
Quality Improvement (QI) Program	A quality improvement program consists of the enduring infrastructure and processes put in place to support the implementation of quality improvement plans and projects
Quality Tools	Seven Basic Tools: <u>Seven Basic Tools - Quality Management Tools ASQ</u> Seven New Planning & Management Tools: <u>Seven Management & Planning - New Management Tools ASQ</u>
Rapid Process Improvement (RPI)	Typically a five day event intended to take waste out of work processes by reducing defects, rework, and non-value added steps in the process structure. It is intended to provide a productive forum to address high-volume, low-complexity process problems.
Reporting (performance)	A process which provides timely performance data for selected performance measures/indicators which can then be transformed into information and knowledge.
Resources	Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.
Strategy and Performance Improvement Leadership Team (SPIL)	The SPIL Team is made up of the Health Officer, the executive management team, the Accreditation Liaison, and the staff responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Quality Improvement (QI) Plan. The SPIL Team conducts monthly meetings featuring standing agenda items with reports from: CHIP, Strategic Plan, and Quality Improvement Plan. These reports are comprised of progress updates and meeting minutes documenting the input and collaboration with community partners.
Sustainability	Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated, how outputs and outcomes of the process are measured and monitored, whether ongoing training of those process and standards for implementation is provided, and whether the standards for the process are reviewed periodically as a part of continuous quality improvement.
System	A network of connecting processes and people that together perform a common mission. (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)
Targets	Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance, or define aspirations for improvement over a specified time frame.
Trend Analysis	Trend analysis is a study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather associations can be drawn. (Source: Nash, Reifsnnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i> . Jones and Bartlett. MA, 2011).
Validate	To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. (Source: Florida Sterling <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.)

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Appendix 2: QI Plan and Project Alignment to CHIP, CHD Strategic Plan, and Agency Strategic Plan

CHD QI Plan Activities	Community Health Improvement Plan	CHD Strategic Plan Objective	Agency Strategic Plan Strategy
Budget Allocation Rapid Process Improvement Project		Pg. 11 Organizational Excellence	2.1.5 2.3.3
Healthy Weight Problem Solving Project	Pg. 42-44 Obesity	Pg. 9 Community Health Planning	1.2.1 2.3.3
Local CHD Population-Based QI Project	Pg. 31-33 Built Environment	Pg. 10 Environmental Stewardship	1.1.2
CHD Administrative QI Project for Employee Satisfaction		Pg. 11 Organizational Excellence	4.1
Training QI Tools and Methods		Pg. 11 Organizational Excellence	2.3.3 4.2.1
SPIL Review Meetings		Pg. 11 Organizational Excellence	2.3.3 3.1.1
Communications Plan		Pg.11 Organizational Excellence	2.3.3 2.4.1

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Appendix 3: Metric Definitions**

Percent SPIL meetings held

$$\frac{\text{\# mtgs held}}{\text{\# months}}$$

Percent staff completing identified QI training

$$\frac{\text{\# staff completing training}}{\text{\# staff in resource table to complete trng}}$$

Percent action items or objectives complete in CHIP

$$\frac{\text{\# actions / objectives complete}}{\text{\# actions / objectives in CHIP}}$$

Percent action items or objectives complete in CHD Strategic Plan

$$\frac{\text{\# actions / objectives complete}}{\text{\# actions / objectives in strat. plan}}$$

Percent steps complete for QI Projects

$$\frac{\text{sum \# steps complete for all QI projects}}{\text{sum \# steps required for all QI projects}}$$

Percent action items complete in QI Project Action Plan

$$\frac{\text{sum \# actions complete for all QI project action plans}}{\text{sum \# actions identified for all QI project action plans}}$$

Percent CHIP objectives/projects that resulted in improved results

$$\frac{\text{\# resulting in improved results}}{\text{Total \# actions}}$$

Percent Engagement Survey Opportunities completed

$$\frac{\text{\# survey opportunities completed}}{\text{Total \# community partner meetings}}$$

Percent CHD Strategic Plan objectives/projects that resulted in improved results

$$\frac{\text{\# resulting in improved results}}{\text{Total \# actions}}$$

Percent Plans and QI Project initiatives sustainable in terms of structures, processes, and policies

$$\frac{\text{\# sustainable*}}{\text{Total \# initiatives}}$$

Percent initiatives with favorable results that are adopted by peers

$$\frac{\text{\# resulting in improved results adopted by at least 1 peer}}{\text{\# resulting in improved results}}$$

*To be considered sustainable a project must feature:

- A. Use of data to monitor progress
- B. Use of monitoring and reporting system
- C. Process is documented or mapped
- D. Provision for staff training

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Appendix 4: Division Level Quality Improvement Measures

Objective: Each division shall identify and address opportunities for improvement (OFI) related to 2015 DOH-Indian River Customer Satisfaction Survey results/feedback and ensure quality improvement (QI) processes/procedures addressing these OFIs are implemented by year end 2015.

Division	Lead Assignee(s)	Goal
Environmental Health	Cheryl Dunn	By 12/31/15, Increase the number and variety of Environmental Health (EH) Customer Satisfaction Surveys received to better understand customer needs.
Vital Statistics	Deanna Parker	By 12/31/15, provide training to local County Tax Collector Office staff in effort to provide them with the necessary knowledge to accurately administer simple birth certificates to clients.
Adult Health	Liz Clark	By 12/31/15, reduce waiting time for clients calling the adult nursing line for inquiries.
Pediatric Clinic	Lisa Fleming/ Joann Fenty	By 12/31/15, increase Customer Satisfaction Survey scores in the area of Pediatric Clinic wait times by developing new processes to cut back on total client visit time.
WIC	Rebeca Padilla	By 12/31/15, clerical staff will return client calls within 24 hours or 1 business day of receipt.

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Appendix 5: SPIL Team Charter**



*Florida Department of Health in Indian River County
County Health Department Quality Improvement Plan
Strategy and Performance Improvement Leadership (SPIL) Team Charter*

Adopted: 08/2015

Purpose: Florida Department of Health in Indian River County (DOH-Indian River) will assemble the Strategy and Performance Improvement Leadership (SPIL) Team as described in the Agency Quality Improvement Program and the County Health Department Quality Improvement Plan. This charter delineates the mission, functions, organization and procedures of the SPIL Team whose overall objective is to support a culture of quality and the implementation of improvement initiatives throughout the Department.

Primary Functions:

- 1) Selects priority strategies for QI projects.
- 2) Assesses progress towards a sustainable culture of quality within DOH-Indian River.
- 3) Develops and implements an annual Quality Improvement plan.
- 4) Conducts a monthly review of progress toward completion of the Community Health Improvement Plan (CHIP), Strategic Plan, QI Plan and QI projects.

Scope of Work: A monthly meeting is held by the Strategy and Performance Improvement Leadership Team, chaired by the Health Officer, which will be documented using an agenda, meeting minutes, and progress reports. A quorum of two-thirds of members is required for meeting, and the following will be reviewed during the meetings:

- 1) Progress toward completion of plans
- 2) Status of QI projects
- 3) Practices that result in improved performance
- 4) Quality of community engagement

Interdependencies:

- 1) Agency Quality Improvement Program
- 2) County Health Department Quality Improvement Plan
- 3) Community Health Improvement Plan (CHIP), and Strategic Plan

Membership/Roles:

- 1) SPIL Team is comprised of the Health Officer, management, accreditation liaison, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation. The SPIL Team is accountable for building and sustaining a culture of quality in the department, and functions to:
 - a) Set strategic direction and infrastructure for quality improvement.
 - b) Authorize strategic plan and QI projects.
 - c) Monitor completion of strategic plan, CHIP, and QI projects.
 - d) Remove barriers to performance improvement.
- 2) Quality Improvement Liaison:
 - a) Appointed by leadership and possesses the core competencies identified by the state health office.
 - b) Serves as the point of contact between the Strategy and Performance Improvement Leadership Team and Office of Performance and Quality Improvement (OPQI).
 - c) Leads the development of the annual QI plan.
 - d) Coordinates training identified in QI Plan.
 - e) Serves as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance.

Meeting Schedule and Process:

- 1) Monthly meetings will be held to monitor implementation of CHIP, Strategic Plan, and QI Plan/Projects.
- 2) Perform annual evaluation to inform planning for subsequent year.
- 3) Activities outside monthly SPIL meetings will include ongoing email and/or phone communication to review and monitor plan/project status.

Measures of Success:

- 1) % objectives met (Includes CHIP, strategic plan, & QI Projects)
- 2) % objectives/projects that resulted in improved results
- 3) % objectives/projects sustainable in terms of structures, processes, and policies
- 4) %objectives/projects with favorable results that are adopted by peers

Deliverables:

SPIL Team will develop documents including monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be posted via the dedicated SharePoint site at the following location:
<http://cor.sharepoint.doh.ad.state.fl.us/HPI/2015AccreditationActionPlan/default.aspx?RootFolder=%2fHPI%2f2015AccreditationActionPlan%2fTemplates%2fQuality%5fImprovement%5f9%2e2%2e1%5fand%5f9%2e2%2e2&View=%7bD9CEf496%2d6990%2d450E%2dBD98%2dC943DC177281%7d>