Florida Department of Health in Indian River County
Quality Improvement Plan
Version 1.3
Fiscal Year 2017-2020

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SECTION 1

INTRODUCTION

PHAB guidance on required documentation:
The Health Department must address key quality terms to create a common vocabulary and a clear, consistent message.

I. Purpose

The Quality Improvement (QI) Plan serves as a key component of the performance management system that describes the integration of quality improvement processes into (1) leadership structure, (2) staff training, (3) planning and review processes, (4) administrative and programmatic services, (5) sharing of 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).

The DOH-Indian River QI Plan presents a summary of the Department's QI Program and describes the department-wide approach to improvement, in alignment with the Florida Department of Health (Department) Agency Strategic Plan, Agency QI Plan, DOH-Indian River Strategic Plan, and the Indian River Community Health Improvement Plan (CHIP). The goal of the DOH-Indian River QI Plan is to ensure the ongoing improvement of the Department and to implement the appropriate processes to attain/sustain a culture of quality following the key indicators identified in the National Association of County and City Health Officials (NACCHO) Roadmap.

II. Outcomes

Based on implementation of the QI program described in this plan, the health of Indian River County's citizens will be improved, operations of DOH-Indian River will become more effective and efficient, employees will attain and maintain the competencies required to actively engage in quality improvement activities, and the Department will utilize a common set of tools, skills, and terminology to assess, monitor, and evaluate their culture of quality and performance. Leadership will ensure implementation of practices that will create a workforce culture of action, continuous improvement, and performance excellence.

III. Quality Terms

Please see Appendix 1, Quality Improvement Plan Key Terms, for a summary of common terminology and definitions used throughout this document. In addition to being addressed within this document, key terms will also be incorporated into educational tools, including QI newsletter, which will be provided to all staff to familiarize staff with common terms.

SECTION 2

CULTURE OF QUALITY

PHAB guidance on required documentation:
The Health Department must address the current culture of quality and the desired future state of quality in the organization.

I. Mission, Vision, and Values

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." Its mission is underpinned by a shared vision "To be the healthiest state in the nation."

The Department's values exemplify a learning organization: Innovation: We search for creative solutions and manage resources wisely. Collaboration: We use teamwork to achieve common goals & solve problems. Accountability: We perform with integrity & respect. Responsiveness: We achieve our mission by serving our customers and engaging our partners. Excellence: We promote quality outcomes through learning and continuous performance improvement. The Department's organizational activities align with the single mission, vision, and shared values.

II. Current and Future State of Quality

The NACCHO Roadmap to a Culture of Quality Improvement defines organizational culture as:

"The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished, it matures over several years, during which norms are passed on from one "generation" of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time."

In April of 2017, the DOH-Indian River Performance Management (PM) Council engaged in the conduction of a formal department-wide culture of quality self-assessment utilizing the NACCHO Roadmap Self-Assessment Tool. Council members agreed on statement scores to achieve the overall self-assessment outcome. Results of the self-assessment reflected the current QI culture as a 4.7, Formal QI in Specific Areas of the Organization. These results were shared with the State Health Office and used to develop the Agency QI Plan.

Council members then prioritized statement scores to identify and select greatest opportunities for improvement. An action plan was developed for the selected improvement opportunity and goals associated with the action plan were incorporated into the current QI Plan. To support continued process improvement and development, a formal department-wide culture of quality self-assessment will be conducted every three years. Current action plans will be monitored and evaluated routinely during the established PM Council meetings. If/when the Council determines that action plan goals have been met and the desired improvement obtained, additional opportunities may be incorporated into the QI Plan.

Selected opportunities selected from the NACCHO Organizational Culture of Quality Self Assessment Tool are:

Priority 1 (2017 - Completed):	Foundational Element 1: Employee Empowerment Sub-Element 1.2: Knowledge, Skills and Abilities Assessment Statement for Improvement: The organization has identified a core set of QI related knowledge, skills and abilities (KSAs) in which each employee will become competent.
Priority 2 (2018):	Foundational Element 2: Teamwork and Collaboration Sub-Element 2.2: Learning Communties Assessment Statement for Improvement: A variety of methods for sharing and collaboration (e.g. QI project storyboards, visual displays of work processes, topical "lunch and learn" sessions) are used among employees.
Priority 3 (anticipated 2019):	Foundational Element 6: Continual Process Improvement Sub-Element 6.5: Sharing of Best Practices Assessment Statement for Improvement: Best practices are documented effectively, including where they are applicable and under what conditions, the expected results, and how they are accomplished.

SECTION 3

QUALITY IMPROVEMENT STRUCTURE

PHAB guidance on required documentation:
The Health Department must address key elements of the quality improvement effort's structure.

I. Structure

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

A. DOH-Indian River management team is accountable for building and sustaining a culture of quality in the Department through the following roles:

1) Remove barriers associated with completing strategic goals as outlined in either the Strategic Plan, QI Plan, or Community Health Improvement Plan (within this document all three plans are referred to as Plans) and continuous performance improvement.

2) Engage various stakeholder groups to promote involvement and obtain support for department strategic goals.

B. The Quality Improvement (QI) Liaison/Coordinator is appointed by leadership and possesses the core competencies identified by the State Health Office. The QI Liaison/Coordinator is responsible for the following:

1) Serving as the point of contact between the Performance Management Council and Bureau of Performance Assessment and Improvement (BPAI).

2) Leading the development of the annual QI plan and triannual self-assessment.

3) Coordinating training identified in QI Plan.

4) Serving as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned, and practices that result in improved performance.

5) Serving as Chair to the DOH-Indian River Quality Improvement Committee.

C. The Performance Management (PM) Council is chaired by the health officer and comprised of the DOH-Indian River management team, QI Liaison/Coordinator, and Plan owners. It will operate in accordance with the PM Council Charter (see Appendix 4) and is responsible for the following:

1) Selecting priority strategies for QI projects.

2) Assessing progress towards a sustainable culture of quality within the County Health Department (CHD) using the NACCHO Organizational Culture of Quality Self-Assessment Tool.

3) Developing and implementing a three-year QI Plan.

4) Developing, approving, monitoring, and evaluating Plans and QI projects.

5) Conducting at least quarterly reviews of progress toward completion of Plans as well as QI projects.

D. DOH-Indian River Quality Improvement Committee (QIC) is comprised mostly of front line staff, including some supervisory staff, and is responsible for assisting in the provision of DOH-Indian River quality improvement initiatives, projects and programs. The PM Council has oversight of the QIC. QIC members shall be appointed for no less than a one (1) year term with rotated memberhip annually per department represented, as needed.

E. DOH-Indian River Expanded Management Team is comprised of all management and supervisors, as well as the Accreditation Liaison, Safety Officer/PIO/Preparedness Coordinator and Personnel Liaison, and is responsible for reviewing and advising on QI activities.

F. DOH-Indian River staff is comprised of all Department staff and is responsible for the following:

1) Participating in QI projects as appropriate.

2) Developing an understanding of basic QI processes and tools.

3) Applying QI knowledge into daily work as appropriate.

SECTION 4

QUALITY IMPROVEMENT TRAINING

PHAB guidance on required documentation:
The Health Department must address types of quality improvement training available and conducted within the organization.

I. Training Plan

Training in QI methodology and tools is critical for creating a sustainable QI program. QI training opportunities will be available and conducted through various providers, to include Department personnel, TRAIN Florida, Public Health Learning Network, and the American Society for Quality (ASQ). The following are minimum DOH-Indian River training requirements, which will be verified in TRAIN, with printed or electronic certificates of completion/attendance, or by signed training sign-in sheet if a certificate in not available. Tracking of completed training with be maintained by QI Liaison/Coordinator, with assistance of the Personnel Liaison. Training includes:

A. All new hire DOH-Indian River staff will complete ***Introduction to QI in Public Health***, TRAIN Course ID #1059243, within 30 days of hire start date effective as of the implementation date of this Plan.

B. All DOH-Indian River staff will complete ***Quality Improvement 101***, TRAIN Course ID #1067632, due by April 19, 2019 (note: this does not include existing QI Committee, Expanded Management Team and PM Council members who were members prior to May 2018, as this training was previously assigned these groups)

C. All members of QI Committee and Expanded Management Team will complete ***Quality Improvement 102***, TRAIN Course #1073517 due by December 31, 2018.

D. All members of PM Council will complete ***Quality Improvement 102***, TRAIN Course #1073517 due by October 15, 2018.

E. All PM COUNCIL members will complete ***University of Minnesota's Operationalizing Quality Improvement in Public Health***, TRAIN Course ID #1029921, due by December 31, 2018

F. All new DOH-Indian River PM Council members will view *Fundamentals of Quality Improvement – Managing Change (Part 3)* video, accessible via the following link: https://www.youtube.com/watch?v=ibe-nYcmt9A , within 30 days of membership.

G. All new DOH-Indian River PM Council members and new DOH-Indian River QI Committee members will complete the *FDOH Problem Solving Methodology Training Series,* TRAIN Course ID #1058483, within 90 days of their membership or within 90 days of the implementation date of this Plan if membership began before Plan implementation.

H. The QI Liaison/Coordinator and Accreditation Liaison will complete advanced level training annually.

I. Supervisors will be responsible for ensuring their staff complete annual departmental/position specific QI training.

J. Continual QI training will be provided periodically through internal QI newsletters and staff meetings.

II. Budget and Resource Allocation

Funding and additional resource allocation will be supported by DOH-Indian River management team to promote QI training and the development of a culture of quality as funding permits. The role of the QI Liaision/Coordinator is held by the Administrative Assistant II position which is fully funded by DOH-Indian River. DOH-Indian River promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding.

DOH-Indian River QI Training Plan 2018-2019			
Training	**Staff**	**Time**	**Avg Cost p/Employee**
Introduction to QI in Public Health, TRAIN Course ID #1059243, due within 30 days of hire start date effective as of the implementation date of this Plan.	All new employees	30 min	$0
Quality Improvement 101, TRAIN Course ID #1067632, due by April 13, 2019	All current employees (not including existing QI Committee, Expanded Management Team and PM Council members who were members prior to May 2018 as this training was previously assigned to these groups)	1 hr	$0
Quality Improvement 102, TRAIN Course #1073517, due by December 31, 2018	All members of QI Committee and Expanded Management Team	1 hr	$0
Quality Improvement 102, TRAIN Course #1073517, due by October 15, 2018	All members of PM Council	1 hr	$0
University of Minnesota's Operationalizing Quality Improvement in Public Health, TRAIN Course #1029921, due by December 31, 2018	All PM Council members	1.5 hrs	$0
FDOH Problem Solving Methodology Training Series, TRAIN Course ID #1058483, due within 90 days of their membership or within 90 days of the implementation date of this Plan if membership began before Plan implementation.	All new members of QI Committee, Expanded Management Team and PM Council members added after April 2018	3 hrs	$0
Fundamentals of Quality Improvement – Managing Change video https://www.youtube.com/watch?v=ibe-nYcmt9A, due within 30 days of membership	All new PM Council members added after April 2018	40 min	$0

SECTION 5

QUALITY IMPROVEMENT PROJECTS

PHAB guidance on required documentation:
The Health Department must address QI project identification, alignment with strategic plan and initiation process.

Note - For re-accreditation PHAB requires the Health Department to provide 1 Administrative and 2 Programmatic completed QI projects. One of the program examples must be a program area that focuses on population based health promotion, protection or improvement efforts to address a community health issue.

I. Project Identification, Alignment, and Initiation Processes

DOH-Indian River identifies opportunities for improvement utilizing key performance indicator data. Opportunities for improvement are prioritized based on alignment that supports priorities and goals identified within either the Strategic Plan, CHIP, or other local emerging/priority areas. Project leads are established by the PM Council and team charters may be developed to determine the QI tools and methodology that will be utilized to structure the project. Action plans are developed by project teams to establish accountability for project monitoring and evaluation expectations. Selected projects are:

Administrative Project 1: NACCHO Foundational Element 2: Teamwork and Collaboration, Sub-Element 2.2: Learning Communities / Assessment Statement for Improvement: A variety of methods for sharing and collaboration are used among employees.

- Aim Statement: An opportunity exists to develop learning communities and increase use of various methods for staff to learn QI. Success will be measured by having five learning community methods implemented, by June 30, 2019.
- QI Approach: Plan, Do, Check, Act will be utilized to initiate and complete this project.

Program Project 1 (programmatic): Ensure opportunities to achieve healthier outcomes

- Aim Statement: Establish new and enhance existing partnerships to address the social determinants of health, by June 30, 2019.
- QI Approach: Plan, Do, Check, Act will be utilized to initiate and complete this project.

Program Project 2 (population based): PACE-EH: Florida Healthy Babies: Initiative to reduce racial disparity in infant mortality

- Aim Statement: An opportunity exists to address social determinants of health to reduce black-white infant mortality gap from 2.6 (2015) to less than two times higher by December 31, 2018.
- QI Approach: Plan, Do, Check, Act will be utilized to initiate and complete for this project.

Appendix 2 contains a table displaying alignment between the QI Plan projects and activities and the CHD Strategic Plan, the CHIP, Agency Strategic Plan, and the Agency QI Plan.

In addition to the aforementioned, other local QI projects have been identified by CHD departmental supervisors/program managers, who are responsible to ensure completion of the project. See Appendix 3 for a description of these project's improvement goals.

SECTION 6

QUALITY IMPROVEMENT GOALS

PHAB guidance on required documentation:
The Health Department must address quality improvement goals, objectives, and measures with time-framed targets.

QI Plan Area of Focus	Goal	Measureable Objective	Timeframe	Owner
Structure	Develop and implement a three-year QI Plan based on organizational strategic priorities and QI cultural opportunities for improvement.	Approved and implemented 2017-2020 DOH-Indian River QI Plan.	Annually	PM Council
Training	Develop QI knowledge for all staff through training.	100% completion of required QI training annually.	Annually by June 30th through to 2020	QI Liaison / Coordinator
Projects	Completion of one administrative QI project and two programmatic QI projects as indicated by this plan.	Annually, completion of one administrative QI project and two programmatic projects that align with FDOH and CHD Plans. Required deliverables posted to BPAI SharePoint site within 30 days of project completion.	Annually by June 30th through to 2020	QI Liaison / Coordinator, PM Council, Project Leads
Monitoring	Measure, monitor, and report progress on the goals and objectives of QI, Strategic, and CHIP Plans, and QI projects.	Documented in 10 monthly PM Council meetings held between July and June annually. Meeting minutes and scorecard submitted to BPAI SharePoint site within 10 business days after approved by PM Council.	Annually by June 30th through to 2020	QI Liaison / Coordinator, PM Council
Communication	Communicate and share progress of Plans and QI projects, as well as results of improvement initiatives, lessons learned, and practices that result in improved performance.	Documented in 10 monthly PM Council meetings held between July and June annually. Meeting minutes and scorecard submitted to BPAI SharePoint site within 10 business days after approved by PM Council.	Annually by June 30th through to 2020	QI Liaison / Coordinator, PM Council
Evaluation	Review and evaluate annually QI Plan to identify strengths, improvement opportunities and lessons learned.	Completion of QI Annual Evaluation report submitted to the BPAI.	Anually by September 30th through to 2020	QI Liaison / Coordinator, PM Council
Culture	Develop culture of quality by increasing learning communities for staff to improve opportunities to share information and collaborate	Implementation of 5 learning community methods	By June 30, 2019	QI Liaison / Coordinator, PM Council

SECTION 7

QUALITY IMPROVEMENT MONITORING

PHAB guidance on required documentation:
The Health Department must address approach to how the QI Plan is monitored; data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis.

I. 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 PM Council. To ensure routine monitoring, the DOH-Indian River PM Council will meet at least quarterly. Review of Plans and QI Projects will be added as a standing item on the PM Council Agenda. Data to support evidence of progress will be gathered by the QI Liaison/Coordinator and included in the meeting minutes. The meeting minutes and information below will be submitted to BPAI within ten business days after meeting minutes are approved. The CHD and statewide reports will include the following information:

A. Is DOH-Indian River PM Council meeting at least quarterly? Yes/No
B. Are implementation plans for QI projects on track? Yes/No
C. Brief description summarizing progress of QI projects.

SECTION 8

QUALITY IMPROVEMENT COMMUNICATION

PHAB guidance on required documentation:
The Health Department must address regular communication of quality improvement activities conducted in the health department.

I. Communication

Success of the Department's QI program and progress towards a learning organization is ensured by systematic sharing of information, networking, and reusing knowledge gained. The PM Council, chaired by the Health Officer, will meet ten times annually. Meetings will be documented using an agenda, sign-in, and meeting minutes. A quorum of two-thirds of members is required for the meeting. The following indicators will be reviewed during the meeting and indicator progress will be communicated to CHD staff and governing entities and community partners as appropriate. The BPAI will receive documentation of the CHD PM Council meeting within ten business days after meeting completion. This will include:

Progress towards Strategic Plan, CHIP, and QI objectives:

1) Status of QI projects
2) Practices that result in improved performance
3) Quality of community engagement
4) Activities undertaken to communicate QI activities with staff

QI project leads will be responsible for sharing project results on a regular basis to keep staff apprised of QI project progress. It is the project lead's responsibility to ensure that QI projects are aligned with the CHD's strategic vision and mission. The PM Council will leverage the advantage of Florida's centralized and integrated local public health system by sharing resources and information with peers. The QI Liaison/Coordinator will serve as the point of contact for sharing results of improvement initiatives, lessons learned, ensuring project leads complete a story board to be posted publicly to communicate the efforts of their projects from beginning to end, and noting practices that result in improved performance using the following avenues:

1) PM Council meetings
2) Sharing/submitting information with BPAI, County Health Systems, and other appropriate state office programs
3) Statewide/community meetings or events
4) Appropriate internal and external award nominations
5) SharePoint
6) DOH-Indian River QI newsletter
7) CHD staff meetings

SECTION 9

QUALITY IMPROVEMENT EVALUATION

PHAB guidance on required documentation:
The Health Department must address process to assess the effectiveness of the quality improvement plan and activities.

I. Review and Update the QI Plan

Quartlery, the PM Council will review the DOH-Indian River QI Plan for updates and revisions as needed. Annually, the PM Council will perform and in-depth review of the DOH-Indian River QI Plan to identify strengths, opportunities for improvement, and lessons learned, with additional review by the Expanded Management Team comprised of all supervisors, as well as the Quality Improvement Council, comprised of front line and supervisory staff, and revisions will be made to the Plan as necessary. This information will be reported through the QI Annual Evaluation report and provided to the BPAI by September 30 of each year. This evaluation process will inform planning for each subsequent year and will support a culture of continuous improvement and excellence.

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: *The Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st 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. *The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities*. 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: *National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms*, 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 *The Quality Toolbox*, 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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd Ed.)
Core Competencies	Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set. (Source: Nash, Reifsnyder, Fabius, and Pracilio. *Population Health: Creating a Culture of Wellness*. Jones and Bartlett. MA, 2011)
County Health Department's Leadership Team	Consists of executive management team

Term	Definition
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 effective, but rather they establish and quantify progress toward measureable objectives. (*Roadmap to a Culture of Quality Improvement*, Phase 6, NACCHO)
Data	Quantitative or qualitative facts presented in descriptive, numeric or graphic form. (Source: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd 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 *ABCs of PDCA* 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 – *A Framework for Program Evaluation*)
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. *Evidence-based Public Health: A Fundamental Concept for Public Health Practice*. 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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd 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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd 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: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd Ed.)
Key Customer	Any individual or group that receives and must be satisfied with the service, work product, or output of a process. (Source: *Certified Manager of Quality/Organizational Excellence Handbook*. Russell T Westcott, editor. 3rd Ed.)

Term	Definition
Key Customer Requirements	Performance standards associated with specific and measurable customer needs; the "it" in "do it right the first time." (Source: *The Quality Improvement Handbook*, John Bauer, Grace Duffy, and Russell Westcott, editors)
Objective	Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period of time. (Source: The *Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st Ed.) Objectives need to be **S**pecific, **M**easureable, **A**chievable, **R**elevant and include a **T**imeframe (SMART).
Operational (Action) Plan	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. (Source: Adapted from *The Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st Ed.)
Opportunity for Improvement	Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect is chances of success or failure. (Source: Adapted from BusinessDictionary.com)
Outcomes	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.
Performance Excellence	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. (Source: *2013 Sterling Criteria for Organizational Performance Excellence*)
Performance Gap	The gap between an organization's existing state and its desired state (as expressed by its long-term plans).
Performance Improvement	An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.
Performance Indicators	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: 2013 Sterling Criteria for Performance Excellence)
Performance Management Council (PM Council)	The PM Council is made up of the Health Officer, the executive management team, the Accreditation Liaison/Coordinator, and the staff responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Quality Improvement (QI) Plan. The PM Council conducts quarterly meetings at a minimum, 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.
Performance Management System	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. (Source: Public Health Accreditation Board. *Standards and Measures* Version 1.0. Alexandria, VA, May 2011)

Term	Definition
Performance Measures or Metrics	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. (Source: Lichiello, P. *Turning Point Guidebook for Performance Measurement*, Turning Point National Program Office, December 1999)
Performance Report	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. (Source: *Turning Point Performance Management*, National Excellence Collaborative, 2004)
Plan-Do-Check-Act (PDCA)	Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle. 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: *Acronyms and Glossary of Terms*, 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. *Public Health: What It Is and How It Works*. 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. Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. *The Future of Public Health*. 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". *Journal of Public Health Management and Practice.* January/February 2010)

Term	Definition
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." *American Journal of Public Health*. 2014. 104(1):e98-104) The Public Health Accreditation Board requires a QI plan as documentation for measure 9.2.1 A of the Standards and Measures Version 1.5.
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: Seven Basic Tools - Quality Management Tools | ASQ Seven New Planning & Management Tools: Seven Management & Planning - New Management Tools | ASQ
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.
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: *The Quality Improvement Handbook*, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd 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, Reifsnyder, Fabius, and Pracilio. *Population Health: Creating a Culture of Wellness*. 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 *The Quality Improvement Handbook*, John Bauer, Grace Duffy, and Russell Westcott, editors. 2nd Ed.)

APPENDIX 2

QI PLAN, PROJECTS AND ACTIVITIES ALIGNMENT TO CHD CHIP AND STRATEGIC PLANS, AND AGENCY QI AND STRATEGIC PLANS

CHD QI Plan Projects and Activities	CHD Community Health Improvement Plan Priority	CHD Strategic Plan Stategic Priority	Agency QI Plan	Agency Strategic Plan Strategic Priority Area
Develop, monitor, evaluate CHD QI Plan	N/A	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)	TBD	Priority 4: Effective Agency Processes (pg. 8) Goal 4.1 Establish a sustainable infrastructure, which includes a competent workforce, sustainable processes and effective us of technology, which supports all of the Department's core business functions
Ensure opportunities to achieve healthier outcomes by establishing new and enhancing existing partnerships collaborating with health departments to address the social determinants of health	Priority 4: Infant Mortality (pg. 32)	Community Health Planning (pg. 10)	TBD	Priority 1: Health Equity (pg. 4) Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes
PACE-EH: Florida Healthy Babies Initiative project to reduce racial disparity in infant mortality.	Priority 4: Infant Mortality (pg. 32)	Access to Public Health Services (pg. 8)	TBD	Priority 1: Health Equity (pg. 4)
NACCHO: Develop learning communities by utilizing a variety of methods for sharing and collaboration are used among employees.	N/A	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)	TBD	Priority 4: Effective Agency Processes (pg. 8) *See Goal 4.1 information above*
Develop QI Training Plan	N/A	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)	TBD	Priority 4: Effective Agency Processes (pg. 8) *See Goal 4.1 information above*
Improve Customer Satisfaction Response Rates	N/A	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)	TBD	Priority 4: Effective Agency Processes (pg. 8) *See Goal 4.1 information above*
Develop Communications Plan	N/A	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)	TBD	Priority 4: Effective Agency Processes (pg. 8) *See Goal 4.1 information above*

APPENDIX 3

OTHER DEPARTMENTAL CHD QI PROJECTS

Department	Project/Goal	CHD Strategic Plan Strategic Priority Alignment
Administration	Improve Clinical Customer Satisfaction Survey Tool and Methods of Distribution for Increased Survey Response Rate	Organizational Excellence: Effective, Efficient and Sustainable (pg. 12)
Public Health Preparedness	Improve Discharge Process at Special Needs Shelter	Protect Health and Prevent Disease (pg. 9)

APPENDIX 4

PERFORMANCE MANAGEMENT COUNCIL CHARTER

Florida Department of Health in Indian River County
County Health Department Quality Improvement Plan
Performance Management Council (PM Council) Charter

Adopted: 08/2017

Purpose: Florida Department of Health in Indian River County (DOH-Indian River) will assemble the Performance Management Council (PM Council) charter 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 PM Council whose overall objective is to support a culture of quality and the implementation of improvement initiatives throughout the Department.

Primary Functions:

1) Select priority strategies for QI projects.
2) Assess progress towards a sustainable culture of quality within the County Health Department (CHD) using the NACCHO Organizational Culture of Quality Self-Assessment Tool.
3) Develop and implement a three-year Quality Improvement Plan.
4) Develop, approve, monitor, and evaluate Plans (Community Health Improvement Plan, Strategic Plan, QI Plan) and QI projects.
5) Conduct at least quarterly reviews of progress toward completion of Plans, as well as QI projects.

Scope of Work: The PM Council, chaired by the Health Officer, will meet at least 10 times annually, 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) PM Council is comprised of the Health Officer, management, accreditation liaison, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation. The PM Council 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 PM Council and Bureau of Performance Assessment and Improvement (BPAI).
   c) Leads the development of the annual QI plan and triannaul self-assessment.
   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 PM Council 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 Plan and 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:

PM Council will develop documents including 10 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: https://floridahealth.sharepoint.com/sites/PUBLICHEALTHSTATS/Accreditation/SitePages/Performance%20Management%20Council.aspx?RootFolder=%2Fsites%2FPUBLICHEALTHSTATS%2FAccreditation%2FSPIL%2FUpload%20%2D%20Performance%20Management%20Council%20Meeting%20Minutes%2FIndianRiver&FolderCTID=0x0120002D7EF11A2C101948A84ECAB19567B49F&View=%7B8ABE1FD1%2DB757%2D4B34%2DAB3D%2D676FF16223DD%7D

APPENDIX 5

PLAN REVISION NOTES

Plan Revision #	Revision Date	Revision Summary	Page(s)
Version 1.1	October 2017	• Revision to QI training plan training due dates	Pgs 6-8
Version 1.2	December 2017	• Inclusion of Appendix 5 – QI Plan Revision Notes • Revision to QI training plan required staff for FDOH Problem Solving Methodology to include Expanded Management Team	Pg 23
Version 1.3	August 2018	• Included various criteria to align with PHAB Standards & Measures 9.2.1 • Updated QI Training and Projects for 2018-19 • Added Appendix 6 to note Plan Review Dates • Revised various areas for the 2018-19 QI Year	Various

APPENDIX 6

PLAN REVIEW DATES

Review Date	Reviewed By
October 2017 (quarterly review)	• PM Council
January 2018 (quarterly review)	• PM Council
April 2018 (quarterly review)	• PM Council
August 2018 (in depth annual review)	• PM Council • Expanded Management Team • QI Committee