**Florida Department of Health in Okaloosa County
Quality Improvement Plan
Version 1.0
Fiscal Year 2017-2020**

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SECTION 1

INTRODUCTION

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 Okaloosa County (DOH-Okaloosa).

The DOH-Okaloosa 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-Okaloosa Strategic Plan, and the Okaloosa Community Health Improvement Plan (CHIP). The goal of the DOH-Okaloosa 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 to a Culture of Quality.

In addition, the CHD has a critical fiduciary duty to ensure excellence in public health services and to manage health department operations in a manner that is safe, effective and efficient and of the highest possible quality. To carry out these responsibilities, the staff is actively committed to assess and continuously improve quality in everything the health department undertakes.

For the purposes of this plan quality in public health is defined as:

Degree to which public health policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy

Quality Improvement in Public Health is further defined as a:

Continuous effort to achieve measurable improvements in process performance to improve the health of the community

Quality improvement is not performance evaluation, quality assurance (meeting standards) or quality control (meeting specifications). Rather QI is client-focused, driven both from the top and the bottom and can be both processed focus (small qi) and system or organization-wide focus (Big QI). QI efforts can spring from performance evaluation which assesses "how are we doing?". Failing to meet performance expectations or wanting to attain better performance, i.e. "how can we make it better?" is QI.

We believe that based on implementation of the QI program described in this plan, the operations of CHD 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.

II. Outcomes

Based on implementation of the QI program described in this plan, the health of Okaloosa County's citizens will be improved, operations of DOH-Okaloosa 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.

We believe the health status of the community is positively impacted by the quality of services delivered by the CHD. We believe that quality includes all facets of our organization—programmatic, clinical, managerial, and administrative. As such the practice of quality improvement is integrated into staff training, leadership structure, planning and review processes, administrative and programmatic services, and through sharing practices and evaluation. All organizational improvement activities center on improving quality and safety, and all quality-related activities ultimately have the potential to impact the health of our clients and our community.

III. Quality Terms

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

SECTION 2

CULTURE OF QUALITY

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."

This CHD has a long history of developing a culture of quality improvement and a commitment to quality improvement. In 2008, this CHD began its QI journey with support provided by a National Association of County and City Health Officials (NACCHO) grant. The entire historical QI journey can be found in the QI Plan for FY2015-2016 for the Florida Department of Health in Okaloosa County (DOH-Okaloosa).

The CHD identifies QI projects on an annual cycle. In general, each QI cycle will follow the state fiscal year time frame but the process is flexible to allow QI projects to start at any time. Projects can be identified through a number of routes. Projects can come from but are not limited to client or employee suggestions about the need for process improvements, through formal brainstorming sessions with staff, supervisors, and managers, or through community partnership input. All QI projects will be approved by the Performance Management Council and an annual implementation timeline will be developed and monitored by this same body.

Quality improvement projects conducted in this health department will generally follow the Institute for Healthcare Improvement's Model for Improvement. This model has four components:

- Writing an Aim Statement – What are we trying to accomplish?
    - o Identifies a target for improvement with numerical goal(s)
    - o Establishes a timeframe to achieve the goal(s)
- Establishing Measures – How will we know that a change is an improvement? What type of measure will be used:
    - o Outcome measures: measures that tell you whether the change being made is leading to improvement
    - o Process measures: measures that tell you whether a specific process change has been accomplished
- Developing Changes – What changes can we make that will result in an improvement?
    - o Proposed changes should in most cases be best practices or evidence-based
- Implementing the Plan-Do-Check-Act (PDCA) cycle

Other forms of QI that are used in Public Health include:
- Lean – it's context is to advance quality with a focus on the customer and determine what the customer considers valuable and the eliminate all processes that do not bring value. The core of Lean is to eliminate unnecessary steps in a process.
- Six Sigma – grew out of quality control and its context is to identify sources of variation and to work to reduce variation in processes with a goal to perform nearly error free. The core of Six Sigma is to eliminate variation.

These two forms of QI, as well as other models and tools can be used when the problem being addressed is appropriate for the form.

In May of 2017, the DOH-Okaloosa Performance Management (PM) Council engaged in the conduction of a formal department-wide culture of quality self-assessment utilizing the NACCHO Organizational Culture of Quality Self-Assessment Tool for Local Health Departments. Council members agreed on statement scores to achieve the overall self-assessment outcome. Results of the self-assessment reflected the current QI culture at Phase 4: 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.

In June 2017, the DOH-Okaloosa Performance Management Council met to prioritize opportunities for improvement. Ranking showed two clear priority areas, 2.2 Learning Communities and 6.7 Process Management, Results and Continual Improvement. Using the Organizational Culture of Quality Self-Assessment Tool Transition Strategies to further discuss these sub-elements. Discussion around 2.2 led to the council's realization that some diagnostic statements may have been underscored and it was determined Learning Communities is not the best opportunity for improvement. Further inspection of Sub-Element 6.7 revealed only one diagnostic statement with a low score. Despite the high impact and feasibility, it will have a minimum impact on the organization compared to other elements and sub-elements with multiple low scoring diagnostic statements.

Selected opportunities for improvement are:

Priority 1 (current 2017): Knowledge, Skills and Abilities – Assessment and Identification of Gaps, Phase 2 to Phase 3

Priority 2 (anticipated 2018): Knowledge, Skills and Abilities – Assessment and Identification of Gaps, Phase 3 to Phase 4

Priority 3 (anticipated 2019): Knowledge, Skills, and Abilities – Deployment and Execution of Plans to Close Gaps: Phase 3 to 4

Action plans will be developed for selected improvement opportunities and goals associated with the action plans incorporated into the current QI Plan. To support continued process improvement and development, a formal department-wide culture of quality assessment will be conducted every three years. Action plans will be monitored and evaluated routinely during the established Performance Management 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.

SECTION 3

QUALITY IMPROVEMENT STRUCTURE

I. Structure

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

A. DOH-Okaloosa leadership 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 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 Performance Management Council and Bureau of Performance Assessment and Improvement (BPAI).
2) Lead the development of the annual QI plan and triennial self-assessment.
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 Performance Management Council (PMC) is chaired by the health officer and comprised of the DOH-Okaloosa leadership team, QI Coordinator, and Plan owners. It will operate in accordance with the team charter.

Membership is by position title in the organization and the incumbent serves on the PMC until they retire or resign. The PMC is comprised of a minimum of the following positions:

- CHD Director
- Assistant CHD Director
- Community Health Improvement Section Chief
- Public Health Preparedness Section Chief
- WIC Branch Director
- Business Manager
- Finance and Accounting Branch Director
- Medical Services Section Chief
- Medical Director
- Environmental Health Section Chief
- Epidemiology Section Chief
- Public Information Officer
- Community Health Improvement Coordinator
- School Health and Tobacco Branch Director
- Dental Branch Director
- Clinical Branch Director
- HIV/AIDS Branch Director

The PMC is responsible for the following:

1) Select priority strategies for QI projects.
2) Assess progress towards a sustainable culture of quality within the 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 the Plans and QI projects.
5) Conduct at least quarterly reviews of progress toward completion of the Plans as well as QI projects.

D. The CHD Director and Assistant CHD Director are the leaders of the agency and responsible for the quality of services provided at the CHD. The roles and responsibilities are:

1) Promoting, building, managing and sustaining a workplace culture of quality.
2) Assuring the development, implementation, and monitoring of the QI Plan in conjunction with the CHD Strategic Plan and the CHIP teams.

3) Removing barriers to quality and performance improvement.
4) Allocating resources for QI programs and activities. QI activities are the way work is done, therefore it is an expectation that QI activities are done within the resources of the existing budget.
5) Modeling the application of QI principles and tools in daily work.

The Community Health Improvement Section Chief is also the Quality Improvement Liaison:

1) Coordinating, supporting, and guiding QI in the CHD.
2) Leading the annual review of the QI plan.
3) Leading the agency selection of QI activities.
4) Coordinating training identified in the QI Plan.
5) Providing QI expertise and supporting QI Project Teams as needed and requested.
6) Advocating for QI.
7) Coordinating progress reports and sharing results of QI initiatives, lessons learned and practices that result in improved performance.
8) Serving as the point of contact between the Performance Management Council and DOH Bureau of Performance Assessment and Improvement (BPAI).
9) Modeling the application of QI principals and tools in daily work.

The Medical Director, Business Manager, Section Chiefs, Branch Directors and plan owner roles and responsibilities are:

1) Facilitating the implementation of QI activities at the Section and Branch level.
2) Supporting supervisors and front-line staff in QI activity work.
3) Participating on QI project teams as requested or required.
4) Identifying staff for QI project teams.
5) Providing staff with opportunities to share QI efforts and results.
6) Communicating regularly with Section and Branch staff to share QI successes and lessons learned.
7) Assuring documentation of QI efforts.
8) Providing feedback in the development of the triannual QI Plan.
9) Modeling and applying QI principles and tools in daily work.

The Public Information Officer's roles and responsibilities are:

1) Promoting and sharing of QI activities with all staff to include but not limited to:
   a. Posting of approved PMC minutes to the DOH-Okaloosa "O" drive Performance Management Council folder/PMC Minutes
   b. Creating a QI section on the DOH-Okaloosa SharePoint and posting of QI projects executive summaries to share with all staff.
2) Coordinating with the Director's Administrative Assistant to assure at least one QI project is highlighted annually at one of the quarterly All Staff meetings.
3) Modeling and applying QI principles and tools in daily work.

DOH-Okaloosa staff is comprised of all Department staff and is responsible for the following:

1) Participating in QI projects as appropriate.
2) Identifying areas needing improvement and suggesting improvement actions.
3) Developing understanding of basic QI principles, processes and tools by participating in QI training.
4) Applying QI into daily work.

SECTION 4

QUALITY IMPROVEMENT TRAINING

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 providers which may include Department personnel, TRAIN Florida, Public Health Learning Network, and the American Society for Quality (ASQ). The following are minimum DOH-Okaloosa training requirements, which will be verified with printed certificates of completion maintained by the DOH-Okaloosa Training Coordinator:

A. DOH-Okaloosa PMC will complete TRAIN Course ID 1029921 within 6 months of assuming a PMC member position.
B. DOH-Okaloosa QI Coordinator will be trained on how to utilize and conduct the Organizational Culture of Quality Self-Assessment tool with the CHD PMC within 6 months of assuming position.
C. DOH-Okaloosa QI project team members will complete the Department's Problem-Solving Methodology Training Series in TRAIN Florida by October 31 (if not already completed) and complete the QI projects identified in this plan.
D. All DOH-Okaloosa managers will complete TRAIN Course ID 1029921 within 6 months of filling a supervisory position.
E. All current staff will complete TRAIN Course ID 1067632 by December 31 (if not already completed.)
F. All new hire DOH-Okaloosa staff will complete TRAIN Course ID 1067632 within 30 days of hire.

II. Budget and Resource Allocation

Funding and additional resource allocation will be supported by the DOH-Okaloosa leadership team to promote QI training and the development of a culture of quality. DOH-Okaloosa promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding.

Training	Staff	Time	Average Cost per Participant
TRAIN Course ID 1029921 Operationalizing QI in Public Health University of Minnesota School of Public Health	PMC members and non-PMC CHD supervisors	1.5 hours	Work time
TRAIN Course ID 1058483 DOH PDCA Problem Solving Methodology Training Series	QI project team members and the QI Coordinator	4 hours	Work time

Training	Staff	Time	Average Cost per Participant
TRAIN Course ID 1067632 Quality Improvement 101	All CHD staff	1 hour	Work time

SECTION 5

QUALITY IMPROVEMENT PROJECTS

I. Project Identification, Alignment, and Initiation Processes

DOH-Okaloosa identifies opportunities for improvement utilizing key performance indicator data. Opportunities for improvement are prioritized based on alignment that supports objectives identified within either the Strategic Plan, CHIP, or other local emerging/priority areas. Project teams are established by the PMC and team charters developed to determine the QI tools and the Plan-Do-Check-Act (PDCA) 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.

FY18 Selected projects:

Administrative Project 1: An opportunity exists within DOH-Okaloosa to increase purchase requisition accuracy benefiting requestors, approvers, vendors and clients. By June 30, 2018 the purchase requisition error rate will be reduced from an average of 28.59% to less than 20% per quarter.

Administrative Project 2: An opportunity exists to proactively support the DOH-Okaloosa vision to become the healthiest county in the state by improving the effectiveness of current marketing strategies and creating evidence based models and algorithms for designing a marketing plan that addresses possible disparities within the intended audiences. Success will be measured by completion of research and a marketing designed for each program by June 30, 2018.

Administrative Project 3: For the 6-month period from October 2015 - March 2016, the WIC participation in Okaloosa County was at 64%, below the state average of 73%. Success will be measured by a 4.5% increase in participation by December 31, 2017.

Program Project 1: An opportunity exists to develop a process to consistently complete Environmental Health inspections. Inspections are complete when the site is satisfactory. Success will be measured by identifying the decision points in the inspection process, evaluating inconsistencies, and creating guidance for EH inspectors by May 31, 2018.

Program Project 2 (population based): An opportunity exists to improve the health of youth in Okaloosa County by increasing the readability of all Healthy Okaloosa Schools and Dental documents and availability of Spanish translation documents distributed to elementary students and their parents. Success will be measured by achieving a decrease in the Flesch-Kincaid Grade Level from an average of 7.36 to 6.5 and an increase of materials translated to Spanish from five to 17 by April 27, 2018.

Program Project 3 (population based): An opportunity exists to improve practices for newly diagnosed HIV + adults to receive ART quickly to reduce HIV viral load and HIV

transmission. Access to medication currently requires a provider clinical visit with laboratory result with Genotype resistance testing which can take up to 21 days to complete. Success will be measured by increasing access to ART medication (Test & Treat) from 21 days to 3 days or less at least 25% of the time by December 31, 2017.

FY19 and FY20 projects being completed on the state fiscal year will be selected and presented to the PMC for approval in May of the respective year. Selected project information will be included in the QI Plan annual review and update.

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

SECTION 6

QUALITY IMPROVEMENT GOALS

QI PLAN AREA OF FOCUS	GOAL	MEASUREABLE OBJECTIVE	TIMEFRAME	OWNER
Structure	Establish a three-year QI Plan based on organizational strategic priorities and QI cultural opportunities for improvement.	Approved and Implemented 2017-2020 DOH-Okaloosa QI Plan by August 11, 2017.	May 1, 2017 to August 11, 2017	Quality Improvement Coordinator
Training	Implement QI training	Designated staff will complete training as outlined in the triannual CHD QI Plan.	By deadlines listed in Section 4 of the triannual CHD QI Plan	Training Coordinator
Project	Completion of one administrative QI project and two programmatic projects over the three-year span covered by this plan.	Completion of one administrative QI project and two programmatic projects that are aligned with the Agency Strategic and/or QI Plan. Required deliverables posted to BPAI SharePoint site within 30 days of project completion.	July 1, 2017 to June 30, 2020	Quality Improvement Coordinator
Monitoring	Measure, monitor, and report progress on the goals and objectives of QI, Strategic, and CHIP Plans, and QI Projects.	11 monthly PMC meetings will be held between July and June annually. Meeting minutes and scorecard will be submitted to BPAI SharePoint site within 10 business days of approval of the meeting minutes. Minutes are approved the month following the PMC meeting.	July 1, 2017 to June 30, 2020	Quality Improvement Coordinator
Culture	Gather and incorporate feedback from customers, suppliers, and interfacing work processes into improvement activities.	Monitor Community Engagement Surveys to ensure feedback forms are received and entered into SurveyMonkey, share results and identify opportunities for improvement quarterly.	July 1, 2017 to December 31, 2017	Quality Improvement Coordinator

SECTION 7

QUALITY IMPROVEMENT MONITORING

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 PMC. To ensure routine monitoring, the DOH-Okaloosa PMC will meet at least quarterly. Data to support evidence of progress will be gathered by the QI 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-Okaloosa PMC meeting at least quarterly? Yes/No
B. Are implementation plans for QI projects on track? Yes/No
C. Short description summarizing progress of QI projects. (no more than a paragraph)

DOH-Okaloosa QI projects aligned with the DOH Agency Strategic Plan and CHIP and on the fiscal year cycle are mapped to the following implementation and monitoring plan.

Steps	PMC NLT Target Approval Date	PMC Approve Date	Responsible Individual
Selection Matrix – identify opportunities for improvement Team Charter – develop AIM statement, reason project selected, current process, time frame	May 12, 2017	May 12, 2017	Chapman
Using appropriate QI tools: Identify why targeting this process for improvement in Okaloosa is important; What is the problem in Okaloosa regarding this process; Identify root causes, identify potential improvements, and determine feasibility	July 14, 2017	July 14, 2017	Each QI Team Leader
Action Plan – develop the intervention and implement for improvement	August 11, 2017		Each QI Team Leader
Progress Report – status of project implementation	December 8, 2017		Each QI Team Leader
Progress Report – status of project implementation	March 9, 2018		Each QI Team Leader
Lessons Learned / Executive Summary – (storyboard) Presentation	June 8, 2018		Each QI Team Leader

SECTION 8

QUALITY IMPROVEMENT COMMUNICATION

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 PMC, chaired by the Health Officer, will meet at least quarterly. 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, the Board of County Commissioners, other governing entities, and community partners as appropriate. The BPAI will receive documentation of the CHD PMC meeting within ten business days after meeting minutes are approved. This will include:

1) Progress towards Strategic Plan, CHIP, and QI objectives.
2) Status of QI projects.
3) Practices that result in improved performance.
4) Quality of community engagement.
5) Activities undertaken to communicate QI activities with staff.

QI project sponsors will be responsible for sharing project results on a regular basis to keep staff apprised of QI project progress. It is the project sponsor's responsibility to ensure that QI projects are aligned with the CHD's strategic vision and mission. The PMC will leverage the advantage of Florida's centralized and integrated local public health system by sharing resources and information with peers. The QI Coordinator 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:

1) Monthly PMC meetings (standing item on meeting agenda at least quarterly).
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.

SECTION 9

I. Review and Update the QI Plan

Annually, the Performance Management Council will review the DOH-Okaloosa QI Plan to identify strengths, opportunities for improvement, and lessons learned. 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 KEY PLAN 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)

TERM	DEFINITION
County Health Department's Leadership Team	Membership is by position title in the organization and the incumbent serves on the PMC until they retire or resign. The PMC is comprised of a minimum of the following positions: CHD Director, Assistant CHD Director, Community Health Improvement Section Chief, Public Health Preparedness Section Chief, WIC Branch Director, Business Manager, Finance and Accounting Branch Director, Medical Services Section Chief, Medical Director, Environmental Health Section Chief, Epidemiology Section Chief, Public Information Officer, Community Health Improvement Coordinator, School Health and Tobacco Branch Director, Dental Branch Director, Clinical Branch Director, HIV/AIDS Branch Director
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 measurable 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.)

TERM	DEFINITION
	(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.)
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**easurable, **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 (PMC)	The PMC 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 PMC 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.
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

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	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)
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,

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	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)
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 <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.
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 AND PROJECT ALIGNMENT TO CHIP, CHD STRATEGIC PLAN, AND AGENCY STRATEGIC PLAN

CHD QI Plan	CHD Strategic Plan	Community Health Improvement Plan	Agency Strategic Plan	Agency QI Plan
Increase purchase requisition accuracy benefiting requestors, approvers, vendors and clients.	N/A	N/A	Priority: Effective Agency Processes Goal: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	TBD
Improve the effectiveness of current marketing strategies in Okaloosa County by providing evidence based models and algorithms for designing a marketing plan.	N/A	N/A	Priority: Effective Agency Processes Goal: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	TBD
Increase in WIC participation	Goal: Reduce infant and child mortality Strategy: Increase local WIC agency enrollment among total eligible and increase participation or use of benefits by those enrolled Objective: By December 31, 2018, increase WIC enrollment by 5% and WIC participation by 4.5%.	N/A	Priority: Healthy Moms and Babies Goal: Eliminate infant mortality	TBD

CHD QI Plan	CHD Strategic Plan	Community Health Improvement Plan	Agency Strategic Plan	Agency QI Plan
Increase consistency of completed Environmental Health inspections.	N/A	N/A	Priority: Regulatory Efficiency Goal: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth. Strategy: Standardize department regulatory systems	TBD
Improve the health of youth in Okaloosa County by increasing the readability of all documents and availability of Spanish translation documents distributed to elementary students and their parents in Healthy Okaloosa Schools and Dental.	Goal: Increase healthy life expectancy Strategy: Increase the healthy weight of children and adults	N/A	Priority: Long, Healthy Life Goal: Increase healthy life expectancy	TBD
Improve practices for newly diagnosed HIV+ adults to receive ART quickly to reduce HIV viral load and HIV transmission.	Goal: Increase healthy life expectancy Strategy: Reduce HIV and syphilis	N/A	Priority: Long, Healthy Life Goal: Increase healthy life expectancy Strategy: Reduce HIV prevalence	TBD