

**ZANESVILLE-MUSKINGUM COUNTY HEALTH DEPARTMENT**

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**Public Health**  
Prevent. Promote. Protect.  
Zanesville-Muskingum County

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**2017**  
**QUALITY**  
**IMPROVEMENT PLAN**

ADOPTED: 3/7/2017

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The Zanesville-Muskingum County Health Department is committed to integrating the principles of quality improvement (QI) into all ZMCHD programs, services and processes. This Quality Improvement Plan (QIP) serves as the foundation of this commitment.

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## **Purpose & Introduction**

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### **Executive summary**

The Zanesville-Muskingum County Health Department (ZMCHD) is committed to the concept of continuous quality improvement. Continuous quality improvement is one of the focus areas in the Strategic Plan and is included in individual work plans. This QIP is intended to provide a framework and guidance within the agency to ensure that resources and processes are available for continuous quality improvement. This plan specifically addresses the current and future state of quality within the agency, workforce training, structure of a Quality Improvement Council (QIC), and linkages to other key documents, including the Strategic Plan, the Community Health Improvement Plan, and the Workforce Development Plan. A process for determining QI projects is also included. This plan will serve as a foundation for enhancing quality in current agency processes and will instill a culture of quality improvement throughout the agency. Implementation of this plan will also be a foundation for ZMCHD's efforts to become nationally accredited.

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### **Mission, vision & values**

The mission of the Zanesville-Muskingum County Health Department is to promote, protect, and improve public health in Muskingum County.

The vision is:

- We continuously improve and use our knowledge, skills, and abilities to help our community grow to be a healthier place to live, learn, work, and play.
- We identify changing public health priorities; mobilize resources and partners to respond to our community's health challenges.
- Our services are driven by community need and fiscal responsibility.

The core values are:

- Continuous quality improvement-We continually look for ways to improve our work environment, processes, efficiency, and effectiveness.
  - Integrity-We are fair, honest, ethical and accountable to our customers and co-workers.
  - Respect-We behave respectfully and accept the diversity of our customers and co-workers.
  - Service-We are helpful, responsive, and take pride in providing excellent customer service to our community.
  - Teamwork-We work together to establish common goals and achieve desired results.
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## Definitions & Acronyms

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

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**Definitions** **Bamboo HR:** Online Human Resource software

**Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

**Plan, Do, Study, Act (PDSA, also known as Plan-Do-Check-Act):** A systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. (*The W. Edwards Deming Institute, 2016*)

**Lean process improvement:** A process which is faster, more efficient and economical, and delivers satisfactory quality. A methodical approach to streamlining a process by eliminating waste while continuing to deliver value to customers.

**Quality Improvement (QI):** In public health, QI is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. (PHAB Acronyms and Glossary of Terms, 2013)

**Quality Improvement Council (QIC):** An 8 member team representing the overall agency whose main responsibility is to oversee the Quality Improvement Plan and resulting activities.

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

**Storyboard:** Graphic representation of a QI team's QI journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012)

**Additional**

**CHIP:** Community Health Improvement Plan

**Acronyms**

**EOP:** Emergency Operations Plan

**NACCHO:** National Association of County and City Health Officials

**PHAB:** Public Health Accreditation Board

**PIO:** Public Information Officer

**QIP:** Quality Improvement Plan

**WDP:** Workforce Development Plan

**ZMCHD:** Zanesville-Muskingum County Health Department

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## Description of Quality at ZMCHD

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**Introduction** This section provides a description of quality efforts in ZMCHD, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents.

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**Current State**

**Current State**

A QIC was established in 2011 to oversee the selection of quality improvement projects and to build QI throughout the agency. Over the last 5 years, several projects were initiated and completed. As teams worked to complete projects, a basic concept seemed to emerge. Many teams realized that the project could not be completed in a short period of time because useful data was not readily available and/or the process was not well-defined and documented.

The QIC and QIP provide a framework for submitting ideas and developing teams to address ideas/concerns using a QI approach. Most current staff members have completed an introductory course on QI through the Ohio State University's (OSU) Center for Public Health Practice. In addition, employees currently have an opportunity to complete QI training through Lean Ohio. One current staff member has completed this training. In addition, new staff members are required to complete the introductory QI modules through the OSU's Center for Public Health Practice.

**Future State**

Moving forward, the QIC will oversee the quality process throughout the agency and develop a quality planning process that can be used to develop new initiatives and enhance current programs, plans, and initiatives. The quality planning process will be developed and standardized across the agency. The process will include goals, objectives, data collection, customer need, budget considerations, program evaluation and summary reports. The overall goals of the QIC are:

- To improve processes that can enhance customer service
- To address internal processes that affect staff efficiency and effectiveness
- To ensure that new programs, initiatives and activities begin with a framework to address customer needs, program goals, measures, and data collection
- To use QI tools to improve public health outcomes

**Links to other agency plans**

This plan is directly aligned with the values and priorities of the ZMCHD as outlined in the Strategic Plan. As a high performing agency, ZMCHD focuses on QI to increase efficiency by looking for ways to enhance processes and achieve measureable improvements. One of ZMCHD's core values is CQI. ZMCHD looks for ways to continually improve the work environment, processes, efficiency and effectiveness. Guidelines for ongoing QI training are outlined in the QI training schedule and tracked through the WDP.

Projects may be identified as a result of the CHIP and the EOP. Projects will be prioritized based on their alignment with the strategic plan (see "project" section of

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**Quality improvement management, roles & responsibilities**

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this plan).

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The QIC is a key element of the QIP and will oversee the QIP and resulting activities.

The QIC will be representative of the overall agency, with no more than 50% of the members representing the leadership team. Members of the leadership team can also represent their units, as necessary. The QIC will be comprised of 8 members representing the following areas within the agency: Administration (1), Environmental Health (1), Nursing (3), and Community Health Promotion and Planning (1). In addition, the Council will have two standing members: the QI Coordinator and the Health Commissioner (or designee).

Directors/Supervisors from the various divisions will be responsible for selecting representatives based upon qualifications and interest. Members should be able to commit to a three year rotation. Membership will be evaluated annually to ensure appropriate representation. At least half of the members should have experience or training in QI.

The QIC convenes at least quarterly and more frequently if needed.

Responsibilities:

- Lead QI efforts throughout agency
- Review, revise and approve QIP
- Research, identify, and provide appropriate training for staff
- Cultivate QI projects by assisting staff with project nomination
- Review potential QI projects and make recommendations based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data
- Identify team members for QI projects
- Monitor, support and facilitate QI projects as needed
- Survey project team members and evaluate completed projects

Council Member	Responsibility
<b>QI Coordinator</b>	<ul style="list-style-type: none"> <li>• Develop agendas and facilitate QIC meetings</li> <li>• Seek and share QI resources</li> <li>• Provide QI orientation to new staff</li> <li>• Share training opportunities with QIC members and staff</li> <li>• Provide support for QI projects and teams</li> <li>• Seek funding and other resources for various projects as necessary</li> <li>• Monitor any funding designated for QI</li> <li>• Forward tier 3 QI projects to the administrative assistant for the leadership team</li> </ul>
<b>Health Commissioner (or designee)</b>	<ul style="list-style-type: none"> <li>• Support the work of the QIC</li> <li>• Provide updates to Leadership Team and Board of Health</li> </ul>
<p><b>Resource allocation</b></p> <p><b>Human Resources</b></p>	<p><b>Division Representatives</b></p> <ul style="list-style-type: none"> <li>• Attend meetings regularly</li> <li>• Provide QI updates at division meetings</li> <li>• Encourage staff to incorporate QI efforts into daily work</li> <li>• Complete required trainings during first 6 months of appointment</li> <li>• Provide feedback from division meetings</li> <li>• Communicate any concerns or ideas for improvement to the QI Coordinator or council as appropriate to improve quality within the agency.</li> <li>• Facilitate QI teams as needed</li> <li>• Provide administrative support to QIC on rotating basis</li> </ul>

**All Health Department Staff will:**

- Participate in QI projects as requested
- Identify/nominate QI projects to his/her supervisor or to the QIC
- Participate in QI training
- Incorporate QI concepts into daily work.

**Financial**

ZMCHD is committed to providing human resources and training to sustain quality and quality improvement within the agency. The QI Coordinator will oversee the QIC, provide training to all staff on QI processes and tools, and assist with projects as necessary. In addition, each division will provide staff representation to the QIC to ensure communication flows to all staff and to provide an interdisciplinary approach to the QI work in the agency.

Financial resources will be available to ensure that recommendations from project teams can be implemented. Funds will be allocated through the various divisions based on project and training needs. ZMCHD may also seek or utilize external funding sources (grants, contracts, donations) in order to provide additional training, tools, or expertise to improve quality within ZMCHD.

**Quality improvement process** ZMCHD will apply the CQI process by following the PDSA approach. Trainings and resources have been provided by The Ohio State University College of Public Health. ZMCHD has also taken advantage of additional training and resources through LeanOhio.

ZMCHD will incorporate both PDSA and Lean process improvement tools and strategies into QI projects. An example of such tools are: flowchart diagrams, fishbone diagrams, root cause analysis, Kaizen events, and Gantt charts.

## Quality Goals, Objectives & Implementation

**Introduction** This section presents the overall goals, objectives and implementation plan for QI.

Goal	Objectives & Activities	Measure	Timeframe	Responsible
<b>Goal:</b> All staff are trained in quality improvement	By December 30, 2017, all staff will have completed CQI learning modules “The Fundamentals” of the OSU College of Public Health	Bamboo HR reports indicates all staff have completed the training	December 31, 2017	QI Coordinator
<b>Goal:</b> Agency actively participates in QI	At least 10 potential QI project ideas will be submitted	Project submission forms	Each year	All Staff
<b>Goal:</b> Complete 4 QI projects	ZMCHD will complete 1 administrative QI project and 3 program areas QI projects	Final report or Storyboard for each project completed	Each year	All staff
<b>Goal:</b> Communicate QI projects and outcomes to the public	Create a QI tab on the agency website to share QI projects and outcomes	QI tab on website	By December 2017	QI Coordinator and PIO
<b>Goal:</b> Survey QI project teams	Develop a survey that will be used to determine lessons learned, understanding of QI tools, value of the project experience and outcome and suggestions for overall agency QI efforts	Survey results for QI team participants	By June 2017	QIC

## Projects

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**Introduction** This section describes the process for QI project identification, selection, prioritization, and selection of team members. Information about current and past projects may be obtained from a QIC member or the QI Coordinator.

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**Project selection** QI projects will be selected by the QIC based on need and alignment to ZMCHD's strategic plan. All staff members have an opportunity to submit projects. Potential projects may be identified through the following sources:

- Annual Employee Survey
- Customer Feedback or Customer Surveys
- Formal or Informal discussion with QIC members
- Division meetings
- Quality Improvement Project Submission Form submitted through link found in Bamboo HR
- Community Health Improvement Plan
- After Action Reports
- Collaborative

Project ideas will then be reviewed and rated using the following steps.

- A. Submission to QIC
  1. QIC member and individual complete Project Submission Form (Appendix A) to be reviewed by QIC.
  2. Individual will present idea at next available QIC meeting
- B. Review
  1. Potential projects will be reviewed by the QIC within 60 days of submission
  2. Projects will be tiered and prioritized using the Project Selection Rubric (Appendix B)
  3. QIC will then provide feedback to the individual or committee that submitted the request.

C. Selection/Tier assignment/Prioritization

<b>Tier 1</b>	The project has all the information necessary to begin, has met the criteria to be assigned a QI team, and is awaiting assignment to a team. Tier one projects will be prioritized based on the rubric and maintained on a list of potential projects until ZMCHD has the resources to begin a new project.
<b>Tier 2</b>	The project meets most of the criteria to be a QI project but needs more information/data before it is assigned to a team. The QIC will commit to help gather the information/data necessary. Tier two projects will be re-tiered once more information is gathered.
<b>Tier 3</b>	This idea has does not meet the requirements of a QI project. Tier three projects will be submitted to the leadership team for further review.

Project team members will be selected so that the scope of the problem/project is represented. Teams will consist of five to seven members. Administrative projects will have cross division representation while program area projects may only involve employees who are directly involved in the process.

Some projects may bypass the process above. These projects may be time sensitive and will be managed by the Health Commissioner.

**Current projects**

An archive of past projects and inventory of all current projects are maintained on the agency's shared drive P:\CHPP\Quality Improvement\QI Projects. Templates used for project meetings may also be found on the agency's shared drive P:\CHPP\Quality Improvement\QI Project Facilitator Toolkit\ZMCHD Templates.

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## Training

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**Introduction** Zanesville-Muskingum County Health Department has incorporated QI training goals and objectives within the agency Workforce Development Plan (WDP), Appendix A. All completed trainings will be document by Human Resources in Bamboo HR.

**Training and support** ZMCHD has begun introductory training related to QI with all staff, along with some intermediate training for leadership and council members. All staff have completed module 1 of “The Fundamentals” of the OSU College of Public Health. Leadership and past council members attended Lean Six Sigma Yellow Belt Training provided by SE Ohio Regional Shared Services Collaborative. The QI Coordinator has completed LeanOhio Bootcamp. It is the plan’s intent that QI training will be available to all staff and be progressive with more specialized training over time. All training will be provided by the QI Coordinator, the QIC or a qualified outside agency.

QI training steps will include:

- Orientation to agency QI initiatives, policies, and projects for all new employees will be completed by the QI Coordinator.
  - New Employees will complete mandatory online CQI learning modules “The Fundamentals” of the OSU College of Public Health.
  - QIC members and active QI team members will have the opportunity to complete the “Tool Time” module of the OSU College of Public Health
  - Annual QI training will be provided to all staff.
  - Annual Intermediate or advanced QI training or exercise for all QIC members
  - QI Coordinator will reinforce QI initiatives, policies and procedures to all staff through various media as needed.
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### QI Training Schedule 2017-2020

Schedule	Training	Staff Trained
2017-2020	QI Orientation: The Fundamentals, CQI for Public Health of The Ohio State	All new employees
2017	The Fundamentals, CQI for Public Health of The Ohio State	All current staff
As needed	Tool Time, CQI for Public Health of The Ohio State	QIC members and new QI team members
Annually	QI training	QIC members

<b>Annually</b>	<b>Refresher QI course</b>	<b>All current staff</b>
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## **Communication**

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**Introduction** In order to support culture of quality, quality-related news will be communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public. The QIC will communicate such items as project ideas submitted for review, upcoming projects, current project highlights and status, completed project outcomes and training opportunities.

**Quality sharing** **All Employees**

- “Talking points” during division meetings: The QIC will provide “talking points” following each QIC meeting. These “talking points” will be shared during monthly division meetings.
- All QIC meeting documents (agendas, minutes) and QI Team documents (team charters, agendas, minutes, etc.) will be maintained on the shared electronic drive for review by all staff members at any time.
- Agency-wide monthly staff meeting: Completed projects along with their outcomes will be shared at agency-wide staff meetings.

**Leadership and Board of Health**

- Monthly Leadership Report: QI initiatives and successes will be shared in the monthly leadership report. This report is made available to all staff and members of the Board of Health

**Public**

- Project descriptions and results will be featured on the agency’s website and included as a narrative in the annual report to the public.
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## Monitoring and Evaluation

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**Introduction** This section describes the evaluation and monitoring for the QIP and projects by the QIC

**QI plan** The QIC will review this QIP every three years during the second quarter of the calendar year, starting in April 2020. The review will address progress toward goals, assessment needs, additional training needs and curriculum. Initial evaluation will begin through facilitated discussions during QIC meetings. This evaluation could address:

- Effectiveness of the QIP in overseeing quality projects
- Clarity of the QIP and its associated documents
- Lessons learned from the previous year
- Progress towards and/or achievement of goals as outlined in the *Quality Goals, Objectives, and Implementation* section.
- Effectiveness of the training schedule
- Effectiveness of communication of QI projects and outcomes to internal and external partners
- Effectiveness of QIC meetings

Goals will be revised and corrective actions and revisions will be made after this review.

**QI teams** QI Teams will provide project progress reports to the QIC quarterly or as requested by the QIC. All teams will develop and submit a final report or project storyboard at the conclusion of the project. Within 30 days of a project's completion, all team members will be surveyed by the QI Coordinator to determine:

- QI process learning
  - Understanding of QI tools and their use in this project
  - perceived contribution to the project
  - value of the project experience and ultimate outcome
  - lessons learned, and
  - Suggestions for overall agency QI efforts.
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## **List of Appendices**

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**Appendix A:** Quality Improvement Project Submission Form

**Appendix B:** Quality Improvement Project Selection Rubric

**Appendix C:** Summary of QI Projects

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