**Agency Logo**

**Quality Improvement Plan**

***Name of Agency***

Please Note: Those items highlighted red and Blue are meant to be replaced with LPHA specific responses.

|  |  |  |
| --- | --- | --- |
|  | Your agency identifier here | |
|  | Adopted on | xx/xx/xxxx |
|  | Revised on | xx/xx/xxxx |



|  |  |
| --- | --- |
|  | *Development of this template was made possible, in part, by the Ohio Public Health Training Center located in the College of Public Health at The Ohio State University; grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.*  *Additional changes were made by the Missouri Institute for Community Health to reflect accreditation standards based on the Foundational Public Health Services.* |
| *Use of this template does not guarantee compliance with MICH Accreditation Standards October 2018. Nor PHAB Accreditation Standards. V 1.5* | |

**Quality Improvement Plan**

***Name of Agency***

**Signature Page**

This plan has been approved and adopted by the following individuals: Duplicate or delete spaces as needed. You may wish to create space for tracking revisions here. If your organization has an established standard process or template for updating, obtaining authority signatures, and/or adopting documents, follow that format here.

|  |  |  |
| --- | --- | --- |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
| Signature |  | xx/xx/xxxx |
| Name and title |  | Date |
|  |  |  |

For questions about this plan, contact:

Name and/or Department

Email

Phone

**Quality Improvement Plan**

***Name of Agency***

**Table of Contents**

*Name of Agency* is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This plan includes the following topics:   |  |  | | --- | --- | | **Topic** | **See Page** | | Purpose & Introduction | x | | Definitions & Acronyms | x | | Description of Quality in Agency | x | | Quality Goals, Objectives & Implementation based on the Foundational Public Health Service areas | x | | Projects | x | | Training | x | | Communication | x | | Monitoring and Evaluation | x | | References & Resources | x | | List of Appendices | x | | Appendix X: | x | | Appendix X: | x | | Appendix X: | x | | Add or delete as needed |  | |

**Purpose & Introduction**

|  |  |
| --- | --- |
| **Executive summary** | Introduce this plan as part of your agency’s commitment to protecting and improving the health, safety, and well-being of the residents of your jurisdiction. Be certain to state the connection of your QI Plan to the following: your agency’s mission, community health assessment and improvement plan, strategic plan, performance management system, and workforce development plan. Briefly summarize the contents of your plan, the desired future state of quality in the organization and desired QI culture, and what you have committed to doing to accomplish that goal. Write this summary after the rest of the plan is complete. |
| **Mission, vision & values** | Briefly state the vision, mission, and values of your organization. This should be consistent with what appears in your agency wide-documents, including your strategic plan. |

**Definitions & Acronyms**

|  |  |
| --- | --- |
| **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. Inclusion of key terms is a required component of the QI Plan. There are many terms from which to choose, some common ones are included here as examples only. Refer to the [PHAB glossary](http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf) or other resources for additional terms and definitions that may be relevant to your agency. You may wish to include definitions here, or as part of the Appendix. If included as an appendix, refer to it here. |
| **Definitions** | **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):** An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. (Embracing Quality in Local Public Health: Michigan’s QI Guidebook, 2008)  **Quality Improvement (QI):** Raising the quality of a product/service to a higher standard.  **Quality Improvement Plan:** A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan. (PHAB Acronyms and Glossary of Terms, 2009)  **Quality Culture:** QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)  **Storyboard:** Graphic representation of a QI team’s quality improvement journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012) |
| **Additional Acronyms** | List additional acronyms used throughout this plan in alphabetical order. Examples are: Agency’s acronyms, CHA, CHIP, NACCHO, OPPD, PHAB, SMART. |

**Description of Quality in Agency**

|  |  |
| --- | --- |
| **Introduction** | This section provides a description of quality efforts in *Name of Agency*, including culture, roles and responsibilities, processes, and linkages of quality efforts to other agency documents. Note that the plan must address your organization’s present and desired states relative to quality, as well as the structure of QI efforts within your organization. The specific headings in this section of your plan may differ. |
| **Description quality efforts** | Briefly describe the current “culture of quality” within your organization - state your agency’s “as is” condition. Mention any assessments of quality efforts that you have completed. You may wish to reference your agency’s position on the spectrum of quality culture within the [*Roadmap to a Culture of Quality Improvement*](http://qiroadmap.org/), (NACCHO, 2012). Then, describe generally where your agency would like to be relative to QI – this is your agency’s “desired” state. Culture of quality and desired future state are **required** components of the QI Plan. |
| **Links to other agency plans** | Describe how this QI Plan ties in to other agency plans, such as the Strategic Plan or Workforce Development Plan. If performance management is not a component of your QI Plan, describe how this plan relates to your overall performance management plan/system. For example, data collected as part of your performance management system and your goals and objectives in your strategic plan should inform selection of QI projects. Answer the question: How are your quality goals linked to individual, program, division and agency performance? Linkage to your strategic plan, mission, and vision are **required** components of the QI Plan; you may choose to include it here or elsewhere. |
| **Quality improvement management, roles & responsibilities** | Describe how the quality program will be structured and managed; structure is a **required** component of the plan. Consider whether you will have a formalized group to manage and prioritize the quality activities, or whether you will use an existing management structure, group, or committee. Describe things such as:   * the organization, membership and structure of the group * the responsibilities of this oversight entity as a whole, and for each person/role, * membership rotation, * what types of support quality efforts receive (clerical functions, training, information technology, and/or technical assistance), * outside resources and how they are used (specialists, consultants or trainers), * frequency of meetings, * budget and resource allocation, and * the role of leadership, as well as front line staff in QI activities outside of this formalized group   **EXAMPLE:**  **Quality Improvement Council**  The Quality Improvement Council (Quality Council or Council) provides ongoing leadership and oversight of continuous quality improvement activities. The Council convenes every other month, and more frequently if needed.  Responsibilities:   * Champion QI efforts throughout agency * Evaluate agency-wide QI efforts (annually) * Review, revise and approve QI Plan (annually) * Make recommendations for improvement based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data * Monitor QI projects, act to solve problems, and support implementation of quality improvements system-wide * Assure adequate resources are devoted to QI initiatives   The Quality Council consists of the agency director (1) and cross-departmental representation including: division management (2), administration (1), QI Coordinator (1), line staff (3 representing different divisions), and human resources (HR), information technology (IT) or epidemiology (Epi) (1 on a rotating basis) The agency’s director serves as Council chair; members serve a two year term, with no more than half of the team rotating off each year. Consecutive terms are allowable. Individual responsibilities are described below.   |  |  | | --- | --- | | **Council Member** | **Responsibility** | | QI Coordinator  (Council chair) | Serve as chair and convene Quality Council  Convene Quality Council  Work jointly with agency director to provide vision & direction  Request resources for activities | | Agency Administrator | Provide vision & direction for QI program  Allocate resources for activities  Report to Board twice a year | | Managers (2) | Identify appropriate staff for QI teams  Oversee QI efforts within division  Facilitate QI teams as needed  Provide administrative support to Council on rotating basis  Assure QI-related performance and/or professional development goal for all division staff  Encourage staff to incorporate QI efforts into daily work | | Etc. | Etc. | | Etc. | Etc. | | Etc. | Etc. |   The Council strives for consensus on all decisions and agrees to abide by vote in absence of consensus. Administrative support (distribution of meeting agendas, summaries, and arrangements for meeting needs) is provided by Council members on a rotating basis. QI Teams are accountable to the Council.  **All Health Department Staff**  All staff within *Name of Agency* will: participate in QI projects as requested, identify/nominate QI projects to his/her supervisor or to the Council, participate in QI training, and incorporate QI concepts into daily work. |
| **Quality improvement process** | Name and briefly describe the quality improvement process (i.e. PDSA) used within your agency. Note that training efforts described later in this document and other references to quality improvement models within the plan should align with this identified process. Refer to a list/description of common QI tools used, if desired. See examples in User & Resource Guide. |

**Quality Goals, Objectives & Implementation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Introduction**  **EXAMPLE:** | This section presents the overall goals and implementation plan for QI.  This section contains **required** components of the QI Plan. State the frequency with which overall goals & objectives are determined and/or reviewed. Consider addressing overall agency-wide quality goals including culture, training (link to your Workforce Development Plan; see Training section that follows), QI project support, and resources within your goals. Show connections to your agency strategic plan. Objectives should be SMART: ***S****pecific*, ***M****easurable*, ***A****chievable*, ***R****ealistic*, and ***T****ime-bound*. They may be capacity (Ex: By xx/xx/xxxx, *Agency* will have a LEAN-certified QI Coordinator.), process (Ex: By xx/xx/xxxx, *Agency* will establish a QI learner community for all county agencies participating in the County Shared Service Consortium.), or outcome (Ex: By xx/xx/xxxx, *Agency’s* QI projects will result in cost savings of at least $60,000 annually.). Note that this template uses the terminology goal, objective, measure, timeframe and person responsible. If your organization uses different nomenclature – for instance within your strategic plan – use that language here. | | | | |
| **Goal** | | **Objectives & Activities** | **Measure** | **Timeframe** | **Responsible** |
| **Goal:** Human resources infrastructure and processes reflect quality expectations | | **EXAMPLE:** By MONTH, YEAR, all position descriptions will include QI competencies and expectations for involvement in QI, including training and team participation.  Select competencies; identify expectations for each level/position; revise descriptions; communicate with staff | Position descriptions with expectations (see also training section) | xx/xx/xxxx – xx/xx/xxxx | HR manager |
| **EXAMPLE:** By MONTH, YEAR, 50% of employees will have one performance goal directly related to QI.  Create examples; educate supervisors & staff; “pilot” in EH division; revise; roll out | Performance goals are listed in Performance Plan documents | xx/xx/xxxx – xx/xx/xxxx | HR manager; all supervisors |
| **Etc.** |  |  |  |
| **Goal:** All staff actively participate in QI activities | | **EXAMPLE:** Support 2 quality improvement projects (at least 1 program and 1 communication) for each of the 7 Foundational Public Health Service Areas.  Review documentation for project ideas, select project, leader & teams | Team charters & documentation; storyboards  (see current project list at [*hyperlink*]) | xx/xx/xxxx – xx/xx/xxxx | QI Council; respective team members |
|  | | **Etc.** |  |  |  |
| **Etc.** | |  |  |  |  |

**Projects**

|  |  |
| --- | --- |
| **Introduction** | This section describes the process for QI project identification, prioritization, and selection of team members. Information about current and past projects may be obtained refer to where information about QI projects may be found, for instance, on the agency shared drive, in the human resources office, from a QI Council member, etc. “Project identification, alignment with strategic plan and initiation process” are **required** components of the QI Plan. |
| **Project selection** | Describe how QI projects will be selected. Consider: Who will identify projects and how you will prioritize projects, identify team members, and address other specialized staffing that might be needed (such as support or data). Note that documentation required for MICH standards must be from two quality improvement activities, one from a program area, and another from a communication area. Clinical examples are *not* accepted. You must be able to demonstrate alignment with your organization’s mission/vision and strategic plan.  To **identify** potential projects, consider:   * Performance based on the MICH accreditation standards and measures and/or within your own performance management system, * Alignment with your agency’s strategic plan and mission, * After-action reports, * Customer satisfaction surveys, * Staff survey results/suggestions (see project nomination form in User & Resource Guide), * Program evaluations, * Needs related to accreditation preparation, * Community health assessment or systems performance assessment findings, * Community health improvement plans, and/or * Audit or compliance issues.   When **selecting or prioritizing** from among several identified project ideas, you may consider additional criteria:   * Alignment with agency’s mission or strategic plan, * Number of people affected, * Financial consequence, * Timeliness, * Capacity, * Availability of baseline data or present data collection efforts, and/or * Alignment with MICH standards or prior review feedback.   **EXAMPLE:**  Any staff member may recommend a project to the Council for consideration at any time. Projects are selected by the Council first and foremost based on alignment with our mission and strategic plan priorities. Ideas are based on data obtained from internal and external customer feedback, program evaluations or after-action reviews, performance as reflected in reports from the Missouri Department of Health and Senior Services and/or from *Name of Agency*’s performance management system. When multiple project ideas are presented, they will be prioritized using a criteria rating process.  Project team members will be selected so that the scope of the problem/project is represented; teams will consist of five to seven members and represent affected departments, disciplines, and clients as needed. |
| **Current**  **projects** | Reference where information about current and past projects may be accessed. If desired, include a brief list/description of projects for the current year, or refer to a project list in an appendix, a separate document, or in shared electronic space if desired, refer or link to templates for QI team charters and storyboards (see *User & Resource Guide* for examples). Note that if information about current projects is included here, it may have implications for how frequently the plan document is updated in order to remain current.  **EXAMPLE:**  An archive of past projects and inventory of all current projects are maintained on the agency’s shared drive [*hyperlink*]. Templates used for project meetings may be found in the same location [*hyperlink*]. |

**Training**

|  |  |
| --- | --- |
| **Introduction** | Introduce the reader to the contents of this section. If your agency’s Workforce Development Plan addresses QI training, refer the reader to that plan and only summarize training efforts here. Note: Training is a **required** component of the QI Plan. You must be able to point specifically to training that addresses QI; you must demonstrate where this information may be found, regardless of whether you include it in the Workforce Development Plan *or* in the QI Plan.  **EXAMPLE**  *Name of Agency* has incorporated QI training goals and objectives within the agency Workforce Development Plan (*hyperlink*). The WFD Plan includes training topics and descriptions, competencies, target audience (who will receive training), and resources/sources of training. |
| **Training and support (if you choose to maintain section in QI Plan)** | Describe what your organization has done and/or will do to train employees on QI. Different types of training may be expected of team members, facilitators, and/or QI Council members. Consider who will be trained, what content they will receive, when the training will occur, how you will maintain QI knowledge among employees over time, etc. Requirements may not be the same for all employees. Examples include:   * Orientation to agency QI initiatives, policies, and projects; mandatory completion of online QI learning modules for all new employees * Mandatory completion of online introductory QI learning modules for all current staff * Achievement of quality certification for QI Coordinator * Review of QI concepts at all-staff meetings * Just-in-time training by Quality Council member for active QI teams * Intermediate or advanced QI training for all Quality Council members * Other QI training events as they arise and are determined to be applicable, for example: National Network of Public Health Institutes (Open Forum for Quality Improvement in Public Health), National Association of County and City Health Officials (QI training), American Society for Quality, International Society for Performance Improvement, etc.   See template *User & Resource Guide* for a suggested template for a training plan and potential sources of training. It is suggested that you include your plans for QI training either in your QI Plan *OR* in your Workforce Development Plan. |

**Communication**

|  |  |
| --- | --- |
| **Introduction** | In order to support quality as a usual-way-of-business, quality-related news is communicated on a regular basis using a variety of methods to staff, Board of Health, and the general public. This section describes how quality and quality initiatives are shared. This section includes **required** components of the QI Plan. While a timeline for communication activities is not a specific requirement, a template is included as part of the *User & Resource Guide*. |
| **Quality sharing** | Describe how you will communicate about quality initiatives. Consider communication about quality initiative leadership, training, projects, outcomes, policies, etc. Also identify who the communication is targeted toward, such as Board of Health, community, District Advisory Council, or staff.  **EXAMPLE:**  **All Employees**   * *Quality Report* feature within the electronic newsletter (every other month) will provide regular updates on quality initiatives, including Council membership, project outcomes, policy changes, and/or training opportunities * *Quality Report* will feature a QI team twice a year * In all-staff meeting in the spring of each year:   + QI projects completed within the past 12 months will report experiences and results; team members will be recognized   + A Quality Council representative will report QI Plan progress, evaluation results and subsequent changes * Project storyboards will be posted in the small conference room * All Quality Council meeting documents (agendas, summaries) and QI Team documents (agendas, summaries, data tools, storyboards, etc.) will be maintained on the shared electronic drive for review by all staff members at any time * A *Q-Blog* will chronicle the activities of current QI teams through the intranet   **Board of Health**   * Board of Health members will receive at least two updates on quality initiatives annually, one of which will focus on the evaluation report   **Public**   * Project descriptions and results will be featured on the agency’s website, and included in the annual report to the public   **Other**   * In addition to these regularly occurring communications, the Quality Council will seek avenues to share quality initiatives with other community partners and other state and national audiences as appropriate |

**Monitoring and Evaluation**

|  |  |
| --- | --- |
| **Introduction** | This section describes the monitoring and evaluation for the QI Plan and associated goals. This section includes **required** components of the QI Plan. Note that a timeline for monitoring and evaluation activities is not a requirement. A template is included in the *User & Resource Guide*. |
| **QI plan** | Indicate how the plan will be tracked, reviewed, evaluated, and revised. Include the frequency with which these activities will take place. Link to your performance management system as appropriate.  **EXAMPLE:**  In January of each year, the Council will conduct an evaluation of the QI Plan and activities. This will be conducted through a survey of Council members, and a subsequent facilitated discussion. Evaluation will address:   * progress toward and/achievement of goals as outlined in the Goals, Objectives and Implementation section, * effectiveness of meetings, * effectiveness of the QI Plan in overseeing quality projects and integration within the agency, * clarity of the QI Plan and its associated documents, * satisfaction surveys, * lessons learned, and * review of QI Team evaluations (see below).   A report of this evaluation and subsequent actions will be used in conjunction with a review of the QI Plan itself to revise the QI Plan. |
| **QI teams** | Indicate how QI projects will be tracked and evaluated, and at what frequency.  **EXAMPLE:**  QI Teams will provide project progress reports to the QI Council once per quarter. All teams will develop and submit project storyboards at the conclusion of the project. Within one month of a project’s finalization, all team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcome, lessons learned, and to seek suggestions for overall agency QI efforts. |

**References & Resources \_\_\_\_\_\_**

|  |
| --- |
| If desired, list resources relevant to your plan here. Some of these may found in the QI Plan User & Resource Guide. |

**List of Appendices**

|  |
| --- |
| Include list of appendices here. Some templates for the examples below are included in the *User & Resource Guide*.    **EXAMPLE:**  **Appendix X:** Commonly Used QI Tools  **Appendix X:** Summary of QI Projects  **Appendix X:** QI Team Charter Template  **Appendix X:** QI Project Storyboard Template  **Appendix X:** QI Training Plan  **Appendix X:** QI Activity Timeline |

**Some examples QI projects for the Foundational Public Health Service Areas:**

**Communicable disease**: increase number of high schoolers getting vaccines.

**Chronic disease:** increase number of blood pressure readings or diabetics education *(STUDY* in both could include increase fruits and veggies via partnerships for local grocery store or farmers, increase exercise,

**Environmental Public Health:** increase number of restaurant inspections in a timely manner.

**Maternal, Child and Family health:** decrease number of prenatal smokers

**Access to Healthcare:** increase referrals to primary care doctors.

**All Hazards Preparedness:** increase specialty equipment (HAMM communication radios)

**Leadership, Management & Planning:** increase education hours of the 7 foundational public health services to the board of directors.

**Communication Plan** QI: create a twitter account to get out info with their media committee. (this may work in smaller communities) : increase community knowledge about what LPHA's provide.

**Workforce Development Plan** QI: for smaller LPHA's increase number of cross trained employees by increasing number education credits.