Florida Department of Health in Bradford/Union Counties
Quality Improvement Plan
Version 1.0
2015-2016

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Florida Department of Health in Bradford/Union Counties
Quality Improvement Plan
Fiscal Year 2015-2016

Section 1 Introduction

I. Purpose

The Florida Department of Health (FDOH) in Bradford/Union Counties Quality Improvement Plan provides a framework for selecting, implementing and measuring the impact of quality improvement projects that link to strategic priorities of the department defined in the Community Health Improvement Plan and Strategic Plan. The plan describes the integration of quality improvement processes into (1) staff training, (2) leadership structure, (3) Planning and review processes, (4) administrative and programmatic services, (5) Sharing practices and (6) evaluation of measurable impacts on the departmental priorities and public health objectives outlined in the FDOH-Bradford/Union strategic plans.

II. Overview: Mission, Vision, and Values

The FDOH Bradford/Union Counties are integrated agencies under the direction of the Florida Department of Health State Office with local, county and state commitments. The Department's focus on quality begins with its mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Its mission is underpinned by a shared vision to be the healthiest state in the nation.

The Department's values exemplify a learning organization:

***I**nnovation:* We search for creative solutions and manage resources wisely.

***C**ollaboration:* We use teamwork to achieve common goals & solve problems.

***A**ccountability:* We perform with integrity & respect.

***R**esponsiveness:* We achieve our mission by serving our customers & engaging our partners.

***E**xcellence:* We promote quality outcomes through learning & continuous performance improvement.

The Department's organizational activities align with the single mission, vision and shared values.

III. Policy Statement and Outcomes

The Florida Department of Health in Bradford/Union Counties are committed to providing the highest quality of care to the public through the protection, promotion and improvement of health. The following *Quality Improvement Plan* serves as the foundational commitment of FDOH Bradford/Union to continuously improve the quality of services provided. An intentional focus on quality enables the department to achieve high levels of efficiency, effectiveness and customer satisfaction. FDOH Bradford/Union is committed to utilizing a formalized,

structured and repeatable approach to Quality Improvement. The Plan-Do-Check-Act (PDCA) cycle will act as the basic approach to the overall QI process.

Based on implementation of the Quality Improvement program described in this plan, the health of Bradford/Union Counties citizens will be improved, the operations of FDOH Bradford/Union 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.

IV. Quality Terms

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

Section 2 Leadership and Organization

I. Leadership: The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the FDOH-Bradford/Union support quality improvement activities.

A. Executive Management Team (EMT): Maintains accountability for building and sustaining a culture of quality in the department through the following responsibilities:

- Develops, approve, and monitor completion of CHIP, Strategic Plan, QI Plan (within this document all three plans are referred to as *Plans*), and QI projects, with the community as appropriate.
- Removes barriers to plan completion and performance improvement.

B. Bradford/Union Strategy and Performance Improvement Leadership Team (SPIL): Comprised of the County Health Officer, Executive Management Team (EMT), QI Plan Lead, Accreditation Liaison, Strategic Plan Lead, CHIP Lead and Plan owners. It will operate in accordance with the team charter (please see Appendix 2) and is responsible for the following.

- Select priority strategies for QI projects.
- Assess progress towards a sustainable culture of quality within the CHD.
- Develop and implement an annual Quality Improvement Plan.
- Conduct a monthly review of progress toward completion of Plans and QI projects.
- Conduct monthly meetings, chaired by the Health Officer, which will be documented using an agenda and meeting minutes. A quorum of two-thirds of members is required for the meeting.
- At a minimum the team will review at their monthly meeting the progress towards completion of Plans, status of QI projects, practices that result in

improved performance and the quality of community engagement.

C. Quality Improvement Liaison: Will be appointed by the EMT and possesses the core competencies identified by the State Health Office. The liaison is responsible for the following:

- Serve as the point of contact between the Strategy and Performance Improvement Leadership Team and Office of Performance and Quality Improvement (OPQI).
- Lead the development of the annual QI plan.
- Coordinate training identified in QI Plan.
- Serve as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned and practices that result in improved performance.

D. All FDOH Bradford/Union Staff: will demonstrate QI leadership by:

- Participation in QI projects.
- Identify areas for improvement and suggest actions for improvement (supported by the use of data), especially as they pertain to the agency mission, vision and values.
- Develop an understanding of basic QI principles and tools by participating in QI training.
- Report QI training needs to supervisor.
- Apply QI principles and tools into daily work.

II. Communication Strategies: 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. These methods will include, but are not limited to:

- Staff participation in on-line and face to face QI training to ensure a basic understanding of QI tools and principals.
- At minimum, quarterly e-mail communication from members of the SPIL Team to all staff on QI efforts, both within FDOH Bradford/Union and in the public health community.

- Utilize SharePoint to:
  - Post QI Plan and quarterly updates.
  - Post current QI tools, techniques.
  - Provide access to evidence-based strategies.
  - Post storyboards, sharing the results of implemented projects.

III. Staff Training: Quality Improvement training will be provided to all FDOH Bradford/Union staff in an effort to build the culture of QI and to build on existing QI learning.

A. Training Plan and Resource Allocation: QI training opportunities may be offered through providers which may include Department personnel, TRAIN FL, and American Society for Quality (ASQ). Training methods will include but are not limited to:

- New employee orientation to QI including introduction to PDCA processes. Training to be completed within the employee's first six months of employment. Confirmation of training will be documented utilizing sign-in sheets.
- QI activities integrated into staff meetings at a minimum semi-annually. Confirmation of activities will be documented utilizing sign-in sheet and agenda reflecting QI activity.
- QI workshops. All employees to participate in at least one QI workshop event yearly. Confirmation of participation will be documented utilizing sign-in sheet and workshop or agenda.
- Ensure advanced training opportunities to QI Liaison, Accreditation Coordinator, EMT, and SPIL Team. At least one team of three (3) or more to participate in other advanced QI training.
- All staff to utilize the DOH Learning Management System TRAIN to improve competencies in the areas of:
    - Team Development and Management
    - Data Analysis
    - Problem Solving
    - Process Management
    - Process Improvement
    - Quality Improvement Tools and Techniques
    - Program Evaluation
    - Client Satisfaction

B. Budget Allocation: Funding will be provided annually by FDOH Bradford/Union to support QI training and activities. FDOH Bradford/Union promotes utilization of internal resources, telecommunication and TRAIN to support financial responsibility and appropriate usage of limited funding.

Section 3 Goals

Goal 1: Establish a quality improvement plan based on the organizational strategic plan.

Objective:	Utilize identified strategic goals to develop the FDOH Bradford/Union Quality Improvement Plan. Ensure selection of quality improvement projects best support strategic goals, align with the Plan, Do, Check, Act model for quality improvement and take into consideration requirements set forth by the Public Health Accreditation Board.
Measure:	Approved and Implemented 2015-2016 FDOH Bradford/Union Quality Improvement Plan by September 30, 2015.

Key Strategies:
- Creation of draft Quality Improvement Plan by July 1, 2015.
- Review and editing of Quality Improvement Plan by SPIL Team by August 14, 2015.
- Submission of Quality Improvement Plan to OPQI by Quality Council Liaison by August 31, 2015.
- Communication of plan to all staff and posting of plan to SharePoint by QI Liaison by September 31, 2015.

Goal 2: Demonstrate staff participation in quality improvement methods and tools training.

Objective: Provide introduction to Quality Improvement training to all FDOH Bradford/Union staff.

Measure: Train 100% of FDOH Bradford/Union staff on basic Quality Improvement tools and methods by June 30, 2016. Training provided by QI Liaison or delegate. Completion of staff training will be monitored by the QI Liaison and available for SPIL Team review.

Key Strategies:
- Review and update presentation on basic tools and methods for Quality Improvement by July 31, 2015.
- Create and maintain a training log of staff that have completed or need to complete basic Quality Improvement training by August 31, 2015.
- Assign dates for training, notify supervisors and staff by September 30, 2015.
- Staff will participate in a quiz of the material pre and post training.
- Staff will complete an evaluation of the effectiveness of the Training related to their basic understanding of Quality Improvement tools and methods.
- New employees will receive Quality Improvement training within six months of date of hire.

Goal 3: Complete QI Projects

Objective: The completion of two QI projects that are aligned with the Agency Strategic Plan and Agency QI plan. One will be administrative. The other will be population-based and address healthiest weight with required community involvement. The project will target a population and not the individual, addressing interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risk factors.

Measure: Completion of two QI projects in accordance with PHAB and State requirements, all documentation submitted to the State Office by May 30 2016. State deliverables provided within timeframe provided by State by the QI Liaison.

Key Strategies:
- Select two QI projects utilizing selection matrix for documentation,

submission of projects to State Office by August 28, 2015.
- Creation of QI project teams, charters, community engagement plan and deliverable timeline by September 1, 2015.
- Review of QI project standing, timeline and deliverable on all SPIL Team agenda's.
- Project deliverables and support documentation submitted to State within State established timeline.
- Presentation at all-staff town hall meeting regarding projects and outcomes provided by June 30, 2016.

Goal 4: Monitor Implementation of Plans and QI Projects

Objective: Measure, monitor, and report progress on the goals and objectives of Plans and QI projects.

Measure: Data to support evidence of progress will be gathered by the QI Liaison and documented in meeting minutes of all SPIL Team meetings. The meeting minutes and project scorecard will be submitted to OPQI within 10 days after meetings. Information will be submitted by the QI Liaison.

Key Strategies: - FDOH Bradford/Union reports will include the following measures and will be provided to the State office within the State established timeline.

- Percent SPIL meetings held
- Percent staff completing identified QI training
- Percent action items or objectives complete in CHIP
- Percent Engagement Survey Opportunities completed
- Percent action items or objectives complete in CHD Strategic Plan
- Percent steps completed for QI projects
- Percent action items complete in QI Project Action Plan

Goal 5: Communicate results and practices resulting in improved results

Objective: Progress toward a culture of quality in Florida's public health system and FDOH Bradford/Union is advanced by systematic sharing of information, networking and reusing knowledge gained. The SPILTeam will leverage the advantage of Florida's centralized and integrated system of public health by sharing resources and information with peers.

Measure: The QI Liaison will serve as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance. The QI liaison will develop a results and practices share site by May 30, 2016.

Key Strategies: - Provides links to local, state and national QI project best practices by May 30, 2016.
- QI project participants will present on project overview, results and lessons learned at all-staff town hall meetings with six months of

project completion. Team to develop project storyboard for public display within the Health Department and Community events within one month of project completion.
- Provide links to State and National QI organizations by May 30, 2016.

Goal 6: Review and Update the QI program

Objective: Planning for each subsequent year supports a culture of continuous improvement and excellence.

Measure: The SPIL Team will conduct an annual evaluation of the QI program by July 31st each year including the CHIP and strategic planning processes, and annual QI plan. FDOH Bradford/Union will report key strategies to the OPQI.

Key Strategies:
- Percent CHIP Objectives/projects that resulted in improved results by within 90 of project completion.
- Percent FDOH Bradford/Union Strategic Plan objectives/projects that resulted in improved results within 90 of project completion.
- Percent Plans and QI Project initiatives sustainable in terms of structures, processes and policies by May 30th of each year.
- Percent initiatives with favorable results that are adopted by peers by May 30th of each year.

Appendix 4 contains definitions for the above measures

Section 4 Selected Projects 2015-2016

Due to the overall impact on the customer, our ability to change the current situation and a clear need for improvement, the Florida Department of Health in Bradford/Union Counties have selected the below listed opportunities for formal quality improvement projects in fiscal year 2015-2016. The Florida Department of Health in Bradford/Union Counties strives for continuous improvement within all programs, processes and products we provide. Additional projects that support the organization's mission, vision and values may be added.

State Project: Population Health

Project 1: Early Childhood Education

The Florida Department of Health in Bradford/Union Counties has selected increasing participation rates in the Early Childhood Education Project as our Healthiest Weight QI project for 2015-2016. As an identified food desert a clear linkage exists between this community and a need for nutrition improvement. Nutrition has been identified as a key strategic priority within the Governor's Healthiest Weight Initiative. The Healthiest Weight initiative has been identified within the State Health Office as a key priority within its strategic plan.

State Project: Budgetary

Project 2: Budget Allocation Rapid Process Improvement Project
The Florida Department of Health in Bradford/Union Counties will participate in the State budget allocation rapid process improvement project.

Local: Administrative

Project 2: Increasing percentage of EARS reported within seven days

The Florida Department of Health in Bradford/Union Counties has selected increasing employee reporting of EARS within seven days (7) as a QI project. An opportunity exists to improve our EAR percentage recorded in a timely fashion and maintain a consistent ranking of 95% or higher completion rate. As an indicator on the Business Scorecard, FDOH Bradford/Union ranking directly impacts our Health Officer's performance evaluation.

Local: Programmatic

Project 3: CSR's Timeliness Improvement Project

The Florida Department of Health in Bradford/Union Counties has selected increasing the percentage of CSR's (Client Service Records) entered within seven (7) days into the Health Management System. Bradford County ranked 36th out of 36 small size health departments and Union ranked 34th out of 36 small size health departments on the State Administrative Snapshot, therefore a clear need for improvement exists. As an indicator on the Business Scorecard, FDOH Bradford/Union ranking directly impacts our Health Officer's performance evaluation.

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

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

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	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**easureable, **A**chievable, **R**elevant and include a **T**imeframe (SMART).
Operational (Action) Plan	An action plan with specific steps to implement and achieve the objectives. Plans usually include the following: key activities for the corresponding objective; lead person for each activity; timeframes for completing activities; resources required; and evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy. (Source: Adapted from *The Executive Guide to Facilitating Strategy: Featuring the Drivers Model*. Michael Wilkinson. 1st Ed.)
Opportunity for Improvement	Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect is chances of success or failure. (Source: Adapted from BusinessDictionary.com)
Outcomes	Long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.
Performance Excellence	An integrated approach to organizational performance management that results in 1) delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability; 2) improvement of overall organization effectiveness and capabilities; and 3) organizational and personal learning. (Source: *2013 Sterling Criteria for Organizational Performance Excellence*)
Performance Gap	The gap between an organization's existing state and its desired state (as expressed by its long-term plans).
Performance Improvement	An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes.
Performance Indicators	Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) (Source: 2013 Sterling Criteria for Performance Excellence)
Performance Management System	A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Source: Public Health Accreditation Board. *Standards and Measures* Version 1.0. Alexandria, VA, May 2011).
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.

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	(Source: Lichiello, P. *Turning Point Guidebook for Performance Measurement*, Turning Point National Program Office, December 1999.)
Performance Report	Documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments, and recommendations (Source: *Turning Point Performance Management*, National Excellence Collaborative, 2004)
Plan-Do-Check-Act (PDCA)	Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle The Plan–Do–Check–Act cycle is a four–step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement. (Source: ASQ.org)
Plan Owners	Person designated by Health Officer to bear responsibility for managing the CHIP, strategic plan, or QI plan.
Policy	Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental entity. (Source: *Acronyms and Glossary of Terms*, Public Health Accreditation Board, version 1.0, September 2011)
Population-based Health	Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors. (Source: Turnock BJH. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.; 1997)
Priorities	Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.
Public Health	The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a standard of living adequate for the maintenance of health. The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. (Sources: Winslow CEA. Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. *The Future of Public Health*. Washington, DC: The National Academy Pres, 1988.)
Quality Improvement	Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". *Journal of Public Health Management and Practice.* January/February 2010).

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TERM	DEFINITION
Quality Improvement (QI) Plan	A QI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The QI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The QI plan provides written credibility to the entire QI process and is a visible sign of management support and commitment to quality throughout the health department. (Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." *American Journal of Public Health*. 2014. 104(1):e98-104.) The Public Health Accreditation Board requires a QI plan as documentation for measure 9.2.1 A of the Standards and Measures Version 1.5.
Quality Improvement (QI) Program	A quality improvement program consists of the enduring infrastructure and processes put in place to support the implementation of quality improvement plans and projects
Quality Tools	Seven Basic Tools: Seven Basic Tools - Quality Management Tools | ASQ Seven New Planning & Management Tools: Seven Management & Planning - New Management Tools | ASQ
Rapid Process Improvement (RPI)	Typically a five day event intended to take waste out of work processes by reducing defects, rework, and non-value added steps in the process structure. It is intended to provide a productive forum to address high-volume, low-complexity process problems.
Reporting (performance)	A process which provides timely performance data for selected performance measures/indicators which can then be transformed into information and knowledge.
Resources	Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.
Strategy and Performance Improvement Leadership Team (SPIL)	The SPIL Team is made up of the Health Officer, the executive management team, the Accreditation Liaison, and the staff responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Quality Improvement (QI) Plan. The SPIL Team conducts monthly meetings featuring standing agenda items with reports from: CHIP, Strategic Plan, and Quality Improvement Plan. These reports are comprised of progress updates and meeting minutes documenting the input and collaboration with community partners.
Sustainability	Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated, how outputs and outcomes of the process are measured and monitored, whether ongoing training of those process and standards for implementation is provided, and whether the standards for the process are reviewed periodically as a part of continuous quality improvement.
System	A network of connecting processes and people that together perform a common mission. (Source: *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.

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	(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.)

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Appendix 2: Strategy and Performance Improvement Leadership (SPIL) Team Charter

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

Primary Functions:

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

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

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

Interdependencies:

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

Membership/Roles:

1) SPIL Team is comprised of the Health Officer, Executive Management Team, QI Liaison, Accreditation Coordinator, and staff responsible for QI projects, QI Plan, CHIP, and Strategic Plan implementation. The SPIL Team is accountable for building and sustaining a culture of quality in the department, and functions to:
   a) Set strategic direction and infrastructure for quality improvement.
   b) Authorize strategic plan and QI projects.
   c) Monitor completion of strategic plan, CHIP, and QI projects.
   d) Remove barriers to performance improvement.

2) Quality Improvement Liaison:
   a) Appointed by leadership and possesses the core competencies identified by the state health office.
   b) Serves as the point of contact between the Strategy and Performance Improvement Leadership Team and Office of Performance and Quality Improvement (OPQI).
   c) Leads the development of the annual QI plan.
   d) Coordinates training identified in QI Plan.
   e) Serves as the point of contact for sharing results of improvement initiatives, lessons learned and practices that result in improved performance.

Meeting Schedule and Process:

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

Measures of Success:

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

Appendix 2: Strategy and Performance Improvement Leadership (SPIL) Team Charter

Deliverables:
SPIL Team will develop documents including monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be posted via the dedicated SharePoint site at the following location:

http://cor.sharepoint.doh.ad.state.fl.us/HPI/2015AccreditationActionPlan/default.aspx

Florida Department of Health in Bradford/Union Counties
Quality Improvement Plan
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Appendix 3: QI Plan and Project Alignment to CHIP, CHD Strategic Plan, and Agency Strategic Plan

CHD QI Plan Activities	Community Health Improvement Plan	CHD Strategic Plan Objective	Agency Strategic Plan Strategy
Budget Allocation Rapid Process Improvement Project			2.1.5: 2.3.3:
Healthy Weight Problem Solving Project			1.2.1 2.3.3
Local CHD Population-Based QI Project			
CHD Administrative QI Project for Employee Satisfaction			4.1
Training QI Tools and Methods			2.3.3 4.2.1
SPIL Review Meetings			2.3.3 3.1.1
Communications Plan			2.3.3 2.4.1

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Appendix 4: Metric Definitions

Percent SPIL meetings held

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

Percent staff completing identified QI training

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

Percent action items or objectives complete in CHIP

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

Percent action items or objectives complete in CHD Strategic Plan

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

Percent steps complete for QI Projects

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

Percent action items complete in QI Project Action Plan

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

Percent CHIP objectives/projects that resulted in improved results

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

Percent Engagement Survey Opportunities completed

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

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

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

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

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

Percent initiatives with favorable results that are adopted by peers

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

*To be considered sustainable a project must feature:

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