



Davis County Health Department

Quality Improvement Plan

This plan has been approved and adopted by:

Jan R. Smith Director
Name, Title

9/26/2014
Date

Table of Contents

Purpose & Introduction	2
Executive Summary.....	2
Mission, Vision, Guiding Principles	2
QI Methodology	2
Performance Management.....	3
Quality Council Organization	4
Organizational Structure.....	5
Quality Council Meetings.....	5
Roles and Responsibilities.....	5
Dedicated Resources.....	7
Quality Council Goals & Objectives	7
Strategic Plan	7
Building a Culture Quality	8
Training	9
QI Project Selection	10
QI Plan Monitoring	10
Communication and Celebrating Success	11
Appendix	12
A: Definitions and Acronyms.....	12
B: Quality Council Charter.....	15
C: Quality Council Roles and Responsibilities	18
D: Quality Council Roster	19
E: QI Project Roles and Responsibilities Flowchart.....	20
F: QI Project Proposal Form	21
G: QI Trainings and Resources	22

Purpose & Introduction

The mission of the Davis County Health Department (DCHD) is to *promote and protect the health and well-being of Davis County residents and their environment*. In order to meet this mission, we need to be the most effective and efficient organization as possible. DCHD is committed to the ongoing improvement of the quality of its work and the services it provides. This Quality Improvement Plan serves as the foundation and a roadmap for this commitment.

Quality Council Mission

The mission of the DCHD Quality Council is to promote continuous quality improvement by systematically evaluating and improving the delivery of department services and programs in order to improve health outcomes in Davis County.

Quality Vision

Create and Sustain a Quality Culture

Quality Improvement Guiding Principles

1. Department decisions will be data-driven and evidence-based whenever possible.
2. Internal and external customer perspective and experience will be measured, monitored, and utilized in improvement efforts.
3. Processes will be transparent, collaborative and inclusive.
4. Engagement and accountability will be expected from all DCHD staff.
5. DCHD staff will focus on continual learning and improvement, not judgment and blame.

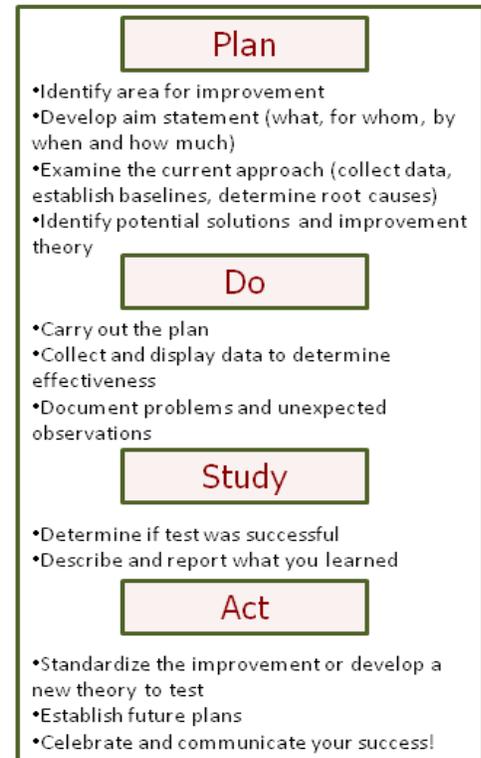
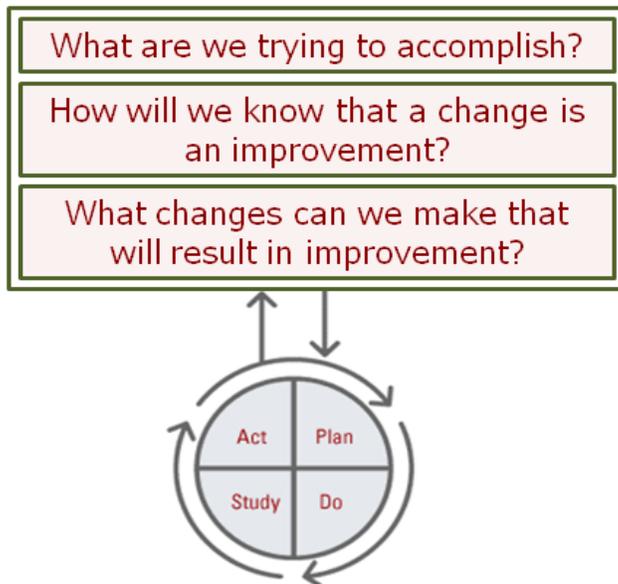
Methodology

The primary methodology used in the department's quality improvement (QI) efforts is the Model for Improvement. This model consists of three key questions: 1.) What are we trying to accomplish; 2.) How will we know that a change is an improvement; and 3.) What changes can we make that will result in improvement. The Model for Improvement employs the Plan, Do, Study, Act (PDSA) cycle to engage in tests of change in order to move towards improvement.

All QI projects will begin with defining an aim statement to clearly identify what they are trying to accomplish and how they will know that any implemented solutions are an improvement. An aim statement includes setting measureable targets derived from baseline data for desired, realistic improvements. The PDSA cycle is conducted and repeated as necessary until desired changes are achieved.

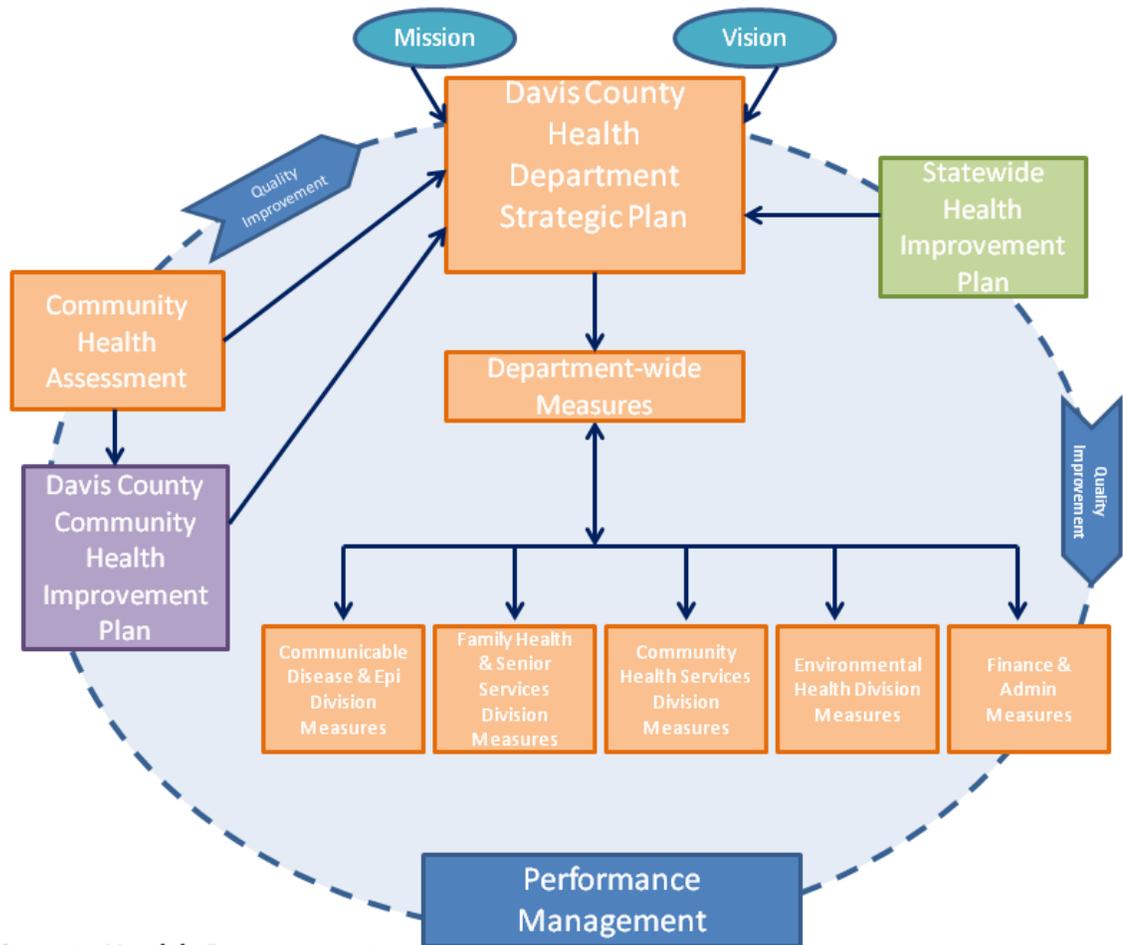
See Appendix A for a list of key QI terms and definitions commonly used in DCHD's quality improvement efforts.

The Model for Improvement (PDSA cycles)



Performance Management & Quality Improvement

QI is an important part of the overall performance management system (PMS). It is through the ongoing monitoring and reporting of program/division/department measures that many QI efforts will be identified. As DCHD continues to grow and develop its PMS, more QI projects will be identified through close monitoring of key performance measures related to the department strategic plan, the Statewide Health Improvement Plan (SHIP), and the Davis County Community Health Improvement Plan (CHIP). The visual below illustrates how various DCHD improvements efforts relate to each other.



Davis County Health Department Performance/Quality Management System

Quality Council Organization

The Quality Council (QC) is a driving force behind the department's QI and performance management (PM) efforts. It is charged with providing the infrastructure for QI/PM, identifying areas for improvement based on regular monitoring of performance data, and supporting and participating in QI efforts throughout the department. For more information about the purpose and structure of the QC see Appendix B for its charter.

Key duties of the QC include:

- Provide guidance and support in developing performance measures, and regularly monitor performance data to ensure progress on strategic department goals and objectives.
- Identify areas of improvement for department-wide priorities.
- Provide a process for QI project review, monitoring, and support for department, division, and program quality improvement projects.

- Evaluate on an ongoing basis the department's progress towards building a performance management system and culture of quality, and engage in improvement activities.
- Review recommendations for improvement from the Public Health Accreditation Board and support improvement efforts to address gaps.
- Facilitate the successful implementation of the Strategic Plan through ongoing monitoring and improvement efforts around strategic priorities.
- Regularly monitor and analyze customer/stakeholder feedback and use results to inform and guide the department.

See Appendix C for a more detailed list of the roles and responsibilities of the QC.

Quality Council Structure:

The health department director and deputy director serve as QC Champions and provide general counsel and direction, as well as remove barriers to the success of the QC. The PM/QI coordinator serves as the QC Chair and manages the work of the QC. The remainder of the QC is made up of members who are nominated by their division directors. Staff members interested in sitting on the QC are encouraged to talk with their division directors.

QC members are drawn from a cross-section of the department, representing different divisions and levels of management. Team members are selected based on their ability to contribute to the mission of the QC. Team members share responsibility for the work of the team, both in meetings and outside of meetings. All team members are responsible for encouraging each other to participate and for reinforcing each group members' rights to discuss, explore and give opinions.

Members serve for two year terms, and can be re-appointed at the end of their term. New member rotate on in the summer on a biannual basis. See Appendix D for a roster of current QC members.

Quality Council Meetings

The QC meets on a monthly basis. Standing agenda items include:

- Review of division & department QI projects
- Review of performance management data, including strategic plan goals and objectives
- Quality Council QI projects
- QI/PM training
- Development and implementation of QI communication strategies and messaging

Roles & Responsibilities:

Health Director and Deputy Director will:

- Provide vision and direction for the department's performance improvement efforts.
- Provide counsel and direction for the QC.

- Remove barriers within the department to the progress of QI/PM initiatives, and ensure adequate training and resources for staff.

Executive Staff/Division Directors will:

- Remove barriers within their respective division to the progress of QI/PM initiatives, and ensure adequate training and resources for staff.
- Monitor division and program-level performance data, identify areas of improvement within their respective divisions, and support QI projects to address these areas.
- Regularly report on performance measures, and progress on strategic plan goals and objectives.

Performance Management/Quality Improvement Coordinator will:

- Manage all activities of the QC.
- Receive and compile performance measures reports and maintain data tracking systems.
- Facilitate department-wide training on PM/QI.
- Provide technical assistance to staff in developing standards/measures/targets, and in QI projects.
- Convene monthly QC meetings, develop agendas, and ensure follow up between meetings.
- Regularly report to the health director, deputy director and other senior leaders as necessary, and facilitate communication between senior staff and QC members.
- Maintain QC records (e.g. meeting minutes, charter, policies, etc.)
- Research QI/PM best practices and bring to the QC for consideration.

Quality Council members will:

- Actively participate in QC meetings on a regular basis.
- Review and revise as necessary the DCHD Quality Improvement Plan, at the minimum on an annual basis.
- Participate in department-wide and cross-division QI projects.
- Assist in development of department-wide measures based on the department's strategic plan, monitor department and program measures, analyze progress, identify areas for improvement, and document results and next steps.
- Evaluate and make improvements for the overall PM process.
- Approve, monitor and serve as coaches for QI projects on an ongoing basis.
- Act as champions for PM/QI by supporting change, training and mentoring staff, and modeling behaviors.
- Communicate to DCHD staff about QI/PM activities, outcomes, and achievements, ensuring transparency in processes.
- Prepare reports for the health director and other senior leaders as necessary, summarizing the progress made in achieving goals and objectives, outlining any barriers impeding progress, and recommending changes, if necessary.
- Prepare reports for the DCHD Board of Health (BOH) at least annually.

All DCHD staff will:

- Participate in QI efforts, including training and sitting on QI projects as assigned.
- Collect and utilize performance data in their respective positions, and seek to continually learn and improve.
- Be open to new ideas and receptive to change.

Dedicated Resources

In 2014, DCHD created a Performance Improvement Team that works under the direction of the Deputy Director. Performance improvement staff is responsible for accreditation, community outreach, CHA and CHIP work, QI, PM, workforce development, employee wellness and other department-wide improvement initiatives. Performance Improvement staff is made up of one full-time employee, two part-time employees, and is supervised by the Deputy Director.

The Performance Management/QI Coordinator is charged with managing the ongoing work of the Quality Council, training of staff on PM and QI, and providing guidance and direction for DCHD's PM/QI efforts.

Decisions on budget and resources allocation for QI training and specific project needs will be made by the Health Director. The QC may make recommendations on resource allocation to submit to the Health Director.

Goals & Objectives

Strategic Plan

One of the seven priority areas in the Strategic Plan is Performance Management and Quality Improvement, and therefore several objectives have been set forth already. The goals and objectives below come directly from the Strategic Plan.

Goal: Build capacity for doing QI and implement QI to increase effectiveness and efficiency of DCHD programs.		
Objectives:	Person(s) Responsible	Time frame
<ul style="list-style-type: none"> • Develop a QI Plan that will closely align with performance management efforts. <ul style="list-style-type: none"> ○ Hold a QI retreat to gather input for the QI Plan ○ Get final input and approval from Health Director 	PM/QI Coordinator, Quality Council	July 31, 2014
<ul style="list-style-type: none"> • Develop and provide advanced QI training to QC members, executive staff and the Management Team. <ul style="list-style-type: none"> ○ Identify training needs for QC members, executive staff and Management Team ○ Provide training opportunities for QC members, 	PM/QI Coordinator	Ongoing

<ul style="list-style-type: none"> ○ Track trainings conducted and QC member, executive staff, and Management Team participation 		
<ul style="list-style-type: none"> ● Provide ongoing training opportunities for QI, at least one training every three years for each DCHD employee. <ul style="list-style-type: none"> ○ Identify basic training needs for all DCHD employees ○ Providing basic QI training opportunities for all DCHD employees ○ Track trainings conducted and DCHD staff participation 	PM/QI Coordinator, Quality Council	Ongoing
<ul style="list-style-type: none"> ● Each DCHD division will identify an area of improvement on an annual basis, and will complete and document at least one QI project in this area. 	Division Directors	Annually
<ul style="list-style-type: none"> ● Complete at least one department-wide QI project. 	PM/QI Coordinator	June 31, 2015
<ul style="list-style-type: none"> ● Conduct a self-assessment of organizational capacity and culture for QI (e.g. NACCHO's self-assessment tool) and identify targets for continued improvement. <ul style="list-style-type: none"> ○ Research and select QI assessment tool ○ Conduct assessment ○ Select improvement strategies based on assessment findings 	Quality Council	June 30, 2015

Building a Quality Culture

In July 2014 the Quality Council held an all-day retreat to do some visioning and planning for the department's QI Plan. During the retreat, QC members conducted a brief assessment of the status of DCHD's QI efforts using NACCHO's Roadmap to a Culture of Quality Improvement (see www.qiroadmap.org). After reviewing the six different phases in the roadmap, QC members determined that though DCHD displayed characteristics throughout the phases, we would place ourselves somewhere in between Phase Two and Three. QC members then carefully reviewed the transition strategies for these two phases and selected priorities for 2014-2015.

Although deemed highly important, QC members focused on strategies not directly related to PHAB accreditation standards and measures, believing those strategies were already well underway due to DCHD's accreditation efforts. Based on the votes of QC members, prioritized strategies focused around QI training and communication. As training objectives are covered in the strategic plan, one additional goal relating to communication was selected for the next year.

Goal: Effectively communicate DCHD performance improvement efforts to all DCHC employees.		
Objectives:	Person(s) Responsible	Time frame
<ul style="list-style-type: none"> ● Develop an internal performance improvement communication plan. <ul style="list-style-type: none"> ○ Assess current knowledge of DCHD's performance 	Quality Council	December 31, 2014

<p>improvement efforts (i.e. QI projects, QC's role, relationship between accreditation, QI, PM, CHIP, SHIP, SP, etc.)</p> <ul style="list-style-type: none"> ○ Assess sources of staff resistance to performance improvement efforts ○ Develop key communication strategies to overcome knowledge gaps and staff resistance 		
<ul style="list-style-type: none"> ● Regularly communicate key messages that illustrate the purpose of quality improvement efforts, successes, and lessons learned. <ul style="list-style-type: none"> ○ Include development of communication messaging as a standing agenda item for QC meetings ○ Consistently disseminate messages throughout department 	DCHC Leadership, Quality Council	Ongoing

As identified in the Strategic Plan objectives, the QC will conduct a more thorough assessment within the next year to further develop and refine strategies to help us transition more fully to Phase Three on the QI Roadmap.

Training

The Strategic Plan sets forth several training objectives for QI (see Goals & Objectives section). The table below shows priority training topics for the next couple of years.

All DCHD staff	Management Team	Executive Staff	Quality Council Members
Introduction to QI Concepts (Model for Improvement and PDSA cycle)	Introduction to QI Concepts (Model for Improvement and PDSA cycle)	Introduction to QI Concepts (Model for Improvement and PDSA cycle)	Introduction to QI Concepts (Model for Improvement and PDSA cycle)
Performance Management Basics (Turning Point Model)			
Creating Performance Measures	Creating Performance Measures	Creating Performance Measures	Creating Performance Measures
		Change Management	Change Management
			Basic and Advanced QI Tools
			Leading and Coaching QI Projects

Training will occur in a variety of ways. The PM/QI coordinator, assisted by QC members, will provide trainings at program and division level staff meetings, QI project meetings, brown bags, etc. The DCHD also plans to take advantage of workshops currently being planned by the Utah State Gaining Ground Coalition.

There are several training opportunities that are accessible online and are free or low-cost. A list of online QI training resources is included in Appendix E. Also included in this list are several books that are available for loan in the QI/PM coordinator's office.

The PM/QI coordinator will track DCHD employee participation in all QI and PM related trainings.

QI Project Selection

QI projects should be based on performance data monitoring and identified gaps. Priority will be given to QI projects that are aligned with goals of the CHIP, SHIP, and Strategic Plan. All DCHD employees are encouraged to discuss potential QI projects with their supervisors, and with their support submit proposed QI projects to the QC using the QI Project Proposal Form (see Appendix F). The PM/QI Coordinator and QC members are available to assist staff in completing the Proposal Form. The staff member submitting the QI project proposal will then be invited to attend the next scheduled QC meeting to discuss the project.

Upon approval, the QC along with the project lead will convene a QI team that includes a QC member to serve as a Coach. QI project teams will be asked to submit regular updates throughout the course of the project and the QC will provide feedback as needed. A flowchart of the various roles involved in a QI project can be found in Appendix G. At the conclusion of the QI project, the team will be asked to complete a final report and/or storyboard.

QI Plan Monitoring

The QI Plan will be evaluated on an annual basis by the QC and the Deputy Director. An annual progress report will be prepared by the PM/QI Coordinator, with input from QC members, and submitted to the Health Director. The annual progress report will include a summary of the progress made on the plan's goals and objectives for the past year, a status update on ongoing projects, a summary of the measurable progress made as a result of QI projects, a description of lessons learned and ongoing challenges, and outline of any revisions or additions to the plan with a justification for the changes.

Additionally the PM/QI Coordinator will track all ongoing QI project in the department in a master spreadsheet of QI projects. The QI project tracking tool will include information on participating team members, aim statements, project measures and status updates, and tools used in the improvement process.

Communication and Celebrating Success

The QC identified effective communication on DCHD's QI efforts as a critical piece of moving forward in implementing this plan. Clear and consistent communication will allow for greater diffusion of knowledge and support among all divisions and staff levels. The following communication channels have been identified for distribution of key messages:

- Health department newsletter: the QI/PM Coordinator will submit regular QI-related items for the newly developed newsletter.
- Leadership Updates: The QC will provide an annual update to the BOH on QI efforts, and completed QI project storyboards will be displayed during BOH quarterly meetings. Additionally, the QC will provide regular updates to executive staff.
- QC Documentation: QC meeting minutes, and all related documentation, are available on the department's shared drive at: X:\Health Public\Quality Council.
- QC Messaging: At each QC meeting, members will identify messages that can be taken back to their respective staff meetings. Deciding on these messages together will allow for a unified and consistent message.
- Storyboards: QI project teams will be expected to complete a storyboard for all QI projects. Storyboard will be distributed in a variety of ways: through the newsletter, posted on the 2nd floor QI hallway, at BOH meetings, etc.

Individual QI Project teams are also encouraged to communicate the successes and lessons learned from their respective projects. In addition to a final report and/or storyboard, other ways to communicate and celebrate their work include:

- Submitting an abstract to local, state, and national professional meeting
- Creating a poster for display in the health department
- Sharing with partners in other local health departments and other community partners
- Submitting to the Public Health Quality Improvement Exchange website at www.phqix.org.

Appendix A: Definitions and Acronyms

Definitions

Aim Statement: A specific and concise written statement that defines what the team hopes to accomplish with its QI efforts. It includes numerical measures for the future target, it is time specific and measurable, and it defines the specific population that will be affected.

Customer: External—a person or organization that receives a product, service, or information but is not part of the organization supplying it. Internal—the recipient (a person or department) of another person's or division's output (product, service, or information) within the same organization.

Baseline Measurement: The beginning point, based on an evaluation of output over a period of time, used to determine the current, historical, or projected compliance of an organization to a standard.

Change Management: A structured approach to transitioning an organization from a current state to a future desired state. Change Management may involve activities involved in (1) defining and instilling new values, attitudes, norms, and behaviors within an organization that support new ways of doing work and overcome resistance to change; (2) building consensus among customers and stakeholders on specific changes designed to better meet their needs; and (3) planning, testing, and implementing all aspects of the transition from one organizational structure or business process to another.

Measure: Quantitative indicators of performance and can be used to show progress toward a goal or objective. It is the specific numerical representation of a capacity, process, or outcome that is relevant to the assessment of performance.

Model for Improvement: A tool for accelerating improvement developed by Associates in Process Improvement. It is made up of two equally important parts, 1.) Answers to three fundamental questions (what are we trying to accomplish, how will we know whether a change is an improvement, what changes can we make that will result in improvement); and 2.) Cycles of Plan, Do, Study, Act to test and implement changes in actual work settings.

Performance Management: Using performance information on a regular basis as part of a continually repeated cycle of performance monitoring, analysis, and improvement, in which measured results are fed back into decision making to improve future performance. A commonly used model for performance management in public health is the Turning Point Model, which is comprised of five major components—Performance Standards, Performance Measurement, Quality Improvement, Reporting Progress, and Leadership & Culture—each working together as an integrated process to improve performance.

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. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated executing the cycle again will build upon what one has learned.

Qualitative Data: Data composed of words, providing in-depth, contextualized, and meaning-driven descriptions of anything from an individual's experience.

Quality Improvement (QI): QI in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act (PDSA), 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 improve the health of the community.

Quality Improvement Plan: A basic guidance document about how a health department will manage, implement, and review quality throughout the organization.

Quality Culture: An organizational culture where QI is fully embedded into the way the agency does business, across all levels, departments, and programs; even if leadership changes, QI best practices are sustained. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. 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)

Quantitative Data: Data that is measured or identified numerically and can be analyzed using statistical methods.

Rapid Cycle Improvement: An improvement process based on the PDSA model. The Rapid Cycle Improvement model entails four steps: set the aim (goal), define the measures (expected outcome), make changes (action plan), and test changes (solution). The concept behind RCI is to first try a change idea on a small scale to see how it works; then modify it and try it again until it works well for staff and customers and becomes a permanent improvement.

Storyboard: A visual depiction of the team's story, beginning at the "plan" phase" and ending at the "act" phase. It can be updated continually throughout the PDSA cycle. Graphics are key when creating a storyboard with minimal complementary text. The QI storyboard should include key elements of all the stages of the PDSA cycle.

Targets: The quantifiable amount of improvement to be achieved.

Acronyms

CHIP.....	Community Health Improvement Plan
DCHD.....	Davis County Health Department
PM.....	Performance Management
PMS.....	Performance Management System
PDSA.....	Plan, Do, Study, Act
QC.....	Quality Council
QI.....	Quality Improvement
SHIP.....	State-wide Health Improvement Plan

Appendix B: Quality Council Charter



Davis County Health Department Quality Council Charter April 25, 2014

Purpose:

The purpose of the DCHD Quality Council (QC) is to be a driving force in department-wide performance management (PM) and quality improvement (QI) efforts. Performance management is a dynamic process that is designed to better understand department operations, monitor outcomes, and help our agency improve performance and produce results in established goals and objectives. It involves all employees, and includes regular, ongoing performance measurement, reporting and analysis of performance data, and improvement efforts based on the data.

Using sound PM principles, the QC will facilitate progress made on organizational strategic priorities, promote transparency in the PM process, encourage accountability for established goals and objectives, and ensure decisions are grounded in data throughout the department. The QC functions to improve the effectiveness and efficiency in the work of the department, and to ultimately improve health outcomes for Davis County residents.

Scope:

The primary focus of the QC is to support the development of department/program performance measures, monitor progress on these measures, and incorporate QI efforts when gaps are identified. Key duties of the QC include:

- Provide guidance and support in developing performance measures, and regularly monitor performance data to ensure progress on strategic department goals and objectives.
- Identify areas of improvement for department-wide priorities.
- Provide a process for QI project review, monitoring, and support for department, division, and program quality improvement projects.
- Evaluate on an ongoing basis the department's progress towards building a performance management system and culture of quality, and engage in improvement activities.
- Review recommendations for improvement from the Public Health Accreditation Board and support improvement efforts to address gaps.
- Support ongoing strategic planning process and plans.

- Regularly collect and analyze customer/stakeholder feedback and use results to inform and guide the department.

Organizational Structure:

The health department director and deputy serve as QC Champions and provide general counsel and direction, as well as remove barriers to the success of the QC. The PM/QI coordinator serves as the QC Chair and manages the work of the QC. The remainder of the QC is made up of members who are nominated or apply to sit on the Council.

QC members are drawn from a cross-section of the health department, representing different divisions and levels of management. Team members are selected based on their ability to contribute to the mission of the QC. Team members share responsibility for the work of the team, both in meetings and outside of meetings. All team members are responsible for encouraging others to participate and for reinforcing each group members' rights to discuss, explore and give opinions.

Members serve for two year terms, and can be re-appointed or re-apply at the end of their term. See the QC roster for a full list of current members.

Roles & Responsibilities:

Quality Council Champions:

- Provide counsel and direction for the QC.
- Remove barriers within the department to the progress of the QC.

Quality Council Chair:

- Manages all activities of the QC.
- Receives and compiles performance measures reports and maintains data tracking systems.
- Facilitates department-wide training on PM/QI.
- Provides technical assistance to staff in developing standards/measures/targets, and in quality improvement projects.
- Convenes monthly QC meetings, develops agendas, and ensures follow up between meetings.
- Regularly reports to the health director, deputy director and other senior leaders as necessary, and facilitates communication between senior staff and QC members.
- Maintains QC records (e.g. meeting minutes, charter, policies, etc.)

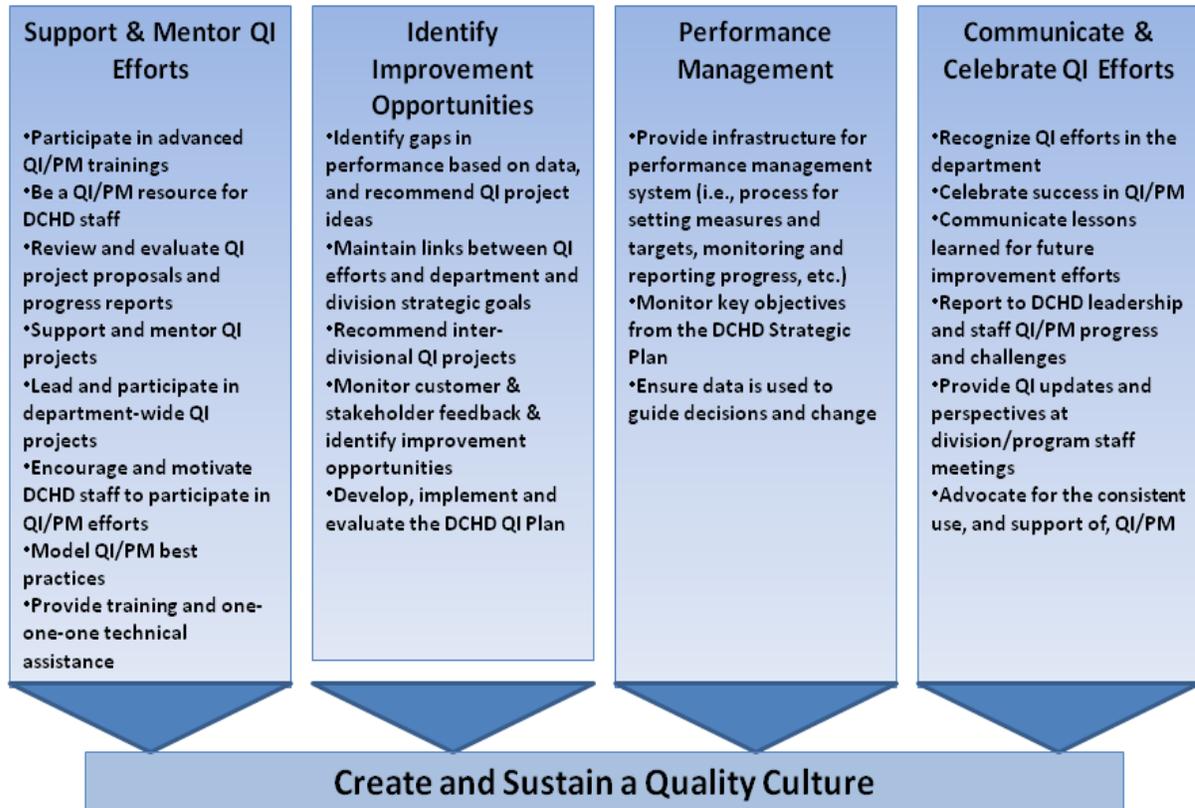
Quality Council Members:

- Actively participate in Quality Council meetings.
- Oversee the implementation of the performance management system and quality improvement efforts.
- Assist in development of department-wide measures based on the department strategic plan, monitor department and program measures, analyze progress, identify areas for improvement, and document results and next steps.
- Evaluate and make improvements for the overall performance management process.

- Implement, evaluate and revise the department's performance management and quality improvement plans on at least a bi-annual basis.
- Monitor quality improvement projects on an ongoing basis.
- Act as champions for PM/QI by supporting change, training and mentoring staff, and modeling behaviors.
- Communicate to the DCHD staff about QI/PM activities, outcomes, and achievements, ensuring transparency in PM processes.
- Prepare reports for the health director and other senior leaders as necessary.
- Prepare reports for the DCHD Board of Health at least annually.

Appendix C: Quality Council Roles and Responsibilities

Quality Council Roles and Responsibilities



Appendix D: Quality Council Roster

Quality Council Roster

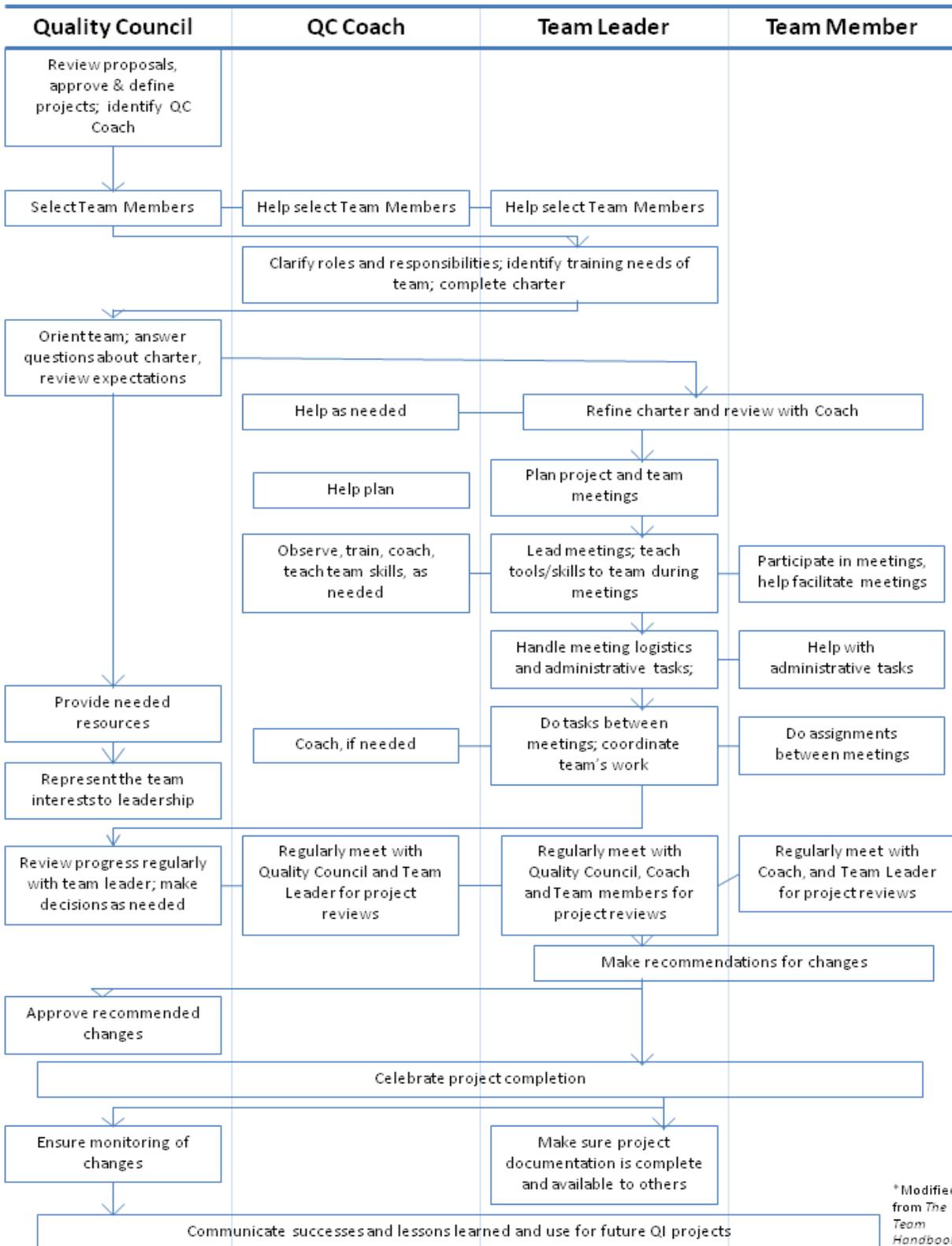
Davis County Health Department

Updated April 1, 2014

Name	Division	Role	Email
Lewis Garrett	Administration	Champion	lewisg@co.davis.ut.us
Brian Hatch	Administration	Champion	brianl@co.davis.ut.us
Anna Dillingham	Administration	Chair	adillingham@co.davis.ut.us
Rachelle Blackham	Environmental Health Services	Member	rblackham@co.davis.ut.us
Liz Carlisle	Administration	Member	ecarlisle@co.davis.ut.us
Jay Clark	Environmental Health Services	Member	jsclark@co.davis.ut.us
Jake Isaacson	Community Health Services	Member	jisaacson@co.davis.ut.us
Andrea Judd	Community Health Services	Member	ajudd@co.davis.ut.us
Tiffany Leishman	Administration	Member	tleishma@co.davis.ut.us
Shawna Mahan	Family Health & Senior Services	Member	shawnan@co.davis.ut.us
Isa Perry	Administration	Member	isa@co.davis.ut.us
Sarah Willardson	Communicable Disease & Epi	Member	swillardson@co.davis.ut.us

Appendix E: QI Project Roles and Responsibilities Flowchart

Roles and Responsibilities for QI Projects



* Modified from The Team Handbook

Appendix F: QI Project Proposal Form



Quality Improvement Project Proposal

Instructions: Complete this form and email it to Anna Dillingham at adillingham@co.davis.ut.us. Fill out the form to the best of your ability, understanding that some items may change as you progress with your QI project. If you have any questions, or need help completing the form, please contact a member of the [Quality Council](#). After submitting the form you will be invited to attend the next Quality Council meeting to review your proposal.

- **Name of Project:**
- **Start Date:**
- **End Date:**
- **Project Champion:**
- **Team Lead(s):**
- **Team Members**

- **Problem Statement/Description of the Issue:**

- **How was the problem/need for improvement identified (include any links to Strategic Plan, CHIP, SHIP, Workforce Development Plan, QI Plan)?**

- **Draft Aim Statement (What are you trying to accomplish?)**

- **Measures of Success (How will you know change is an improvement?):**

- **Baseline Data/Data Source:**

To be completed by the Quality Council:

1. Date this QI project was approved:
2. Reporting schedule for this QI project:
3. The QC Coach assigned to this project is:
4. Other notes/comments from the Quality Council:

Appendix G: Quality Improvement Trainings and Resources

Online Resources

Public Health Quality Improvement Exchange (PHQIX): An online community designed to be a communication hub for public health professionals interested in learning and sharing information about QI in public health. The site includes an online database of QI efforts by public health departments across the country, a forum for dialogue among site users and QI experts, videos highlighting QI projects, and archived webinars on a variety of QI topics. The website can be accessed at www.phqix.org

Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook: QI guidebook specifically designed with and for local public health practitioners. The book contains information on quality fundamentals, step-by-step instructions for conducting a QI project using Plan-Do-Study-Act, an overview of basic QI tools, and case studies of QI projects in public health departments. The Guidebook can be downloaded for free at: <http://www.accreditation.localhealth.net/guidebook.htm>

Embracing Quality in Public Health: A Practitioner's Performance Management Primer: A one-hour, self-paced, online training on the basics of performance management and quality improvement. The training used the Turning Point Model to illustrate principal components of performance management (i.e. performance standards, performance measures, progress reporting and quality improvement). This online training is available at: <https://www.mphiaccredandqi.org/PMQITraining/>

Roadmap to a Culture of Quality: NACCHO developed this tool to help advance quality improvement in local health departments. It provides guidance on progressing through six phases or levels of QI integration until a culture of QI has been reached and can be sustained. For each phase, the Roadmap presents common organizational characteristics, strategies, and resources for transitioning to the next phase. The site contains a database of resources, and links to NACCHO's performance improvement webinar series. Access the QI Roadmap Tool at www.qiroadmap.org

Public Health Foundation: PHF offers a number of resources related to QI and PM on their website, including demonstrations and programs facilitated by PHF, free online training on applying QI tools and techniques, and other resources and tools such as case studies, publications, and toolkits. To access PHF tools and resources, go to www.phf.org/focusareas/PMQI.

Balanced Scorecard Institute: On their website are several learning modules for basic quality improvement tools, including Affinity Diagrams, Flowcharts, Brainstorming, Pareto Charts, Cause and Effect Diagrams, and Run Charts. QI tool modules can be found at: <https://balancedscorecard.org/Resources/Articles-White-Papers/Process-Improvement-Tools>

Utah Public Health Improvement Initiative: As part of UPHII's Performance Improvement Boot Camp series, training materials on a variety of performance improvement topics (e.g., quality improvement, implementing evidence-based intervention, performance management, data driven decision making) are available at: <https://sites.google.com/site/utperformanceimprovement/home>.

Books and Tools available for loan in the PM/QI Coordinator's office include:

Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook: A hard copy version of this Guidebook, as described above, is available.

Public Health Memory Jogger II: A Pocket Guide of Tools for Continuous Improvement and Effective Planning: A pocket-sized reference guide for QI project teams with information about how, and when, to use dozens of QI tools.

Public Health Quality Improvement Encyclopedia: A quick guide for using 75 tools and methods in public health work. Text includes descriptions for each of the tool's purpose, when it should be used, how to construct it, and what steps should follow, as well as examples of how the tool has been used in a public health context.

The Quality Toolbox, 2nd Edition: Includes a variety of QI methods and techniques: those most commonly used for quality improvement, many less commonly known, and some unique to this book. Beyond the basics, this book includes tools for generating and organizing ideas, evaluating ideas, analyzing processes, determining root causes, planning, and basic data-handling and statistics.

The Team Handbook, 3rd Edition: QI involves a large amount of teamwork. This comprehensive resource book provides techniques, tools, and best practices for creating highly effective teams.