



Quality Improvement Plan

Canton City Public Health

SUBJECT: Quality Improvement Plan for years 2021 - 2023

Applicability: All staff

REVIEW FREQUENCY: Every 3 years (Due 12/31/2023)

ORIGINAL DATE ADOPTED: 06/09/2016

LAST EFFECTIVE DATE: 03/11/2021

CONTACT PERSON & DIVISION: Rob Knight, Performance Improvement and Accreditation Coordinator

OPHII Division

FINAL



A. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving Policies, Procedures, Standard Operating Guidelines, and Forms” procedure as of the effective date listed above.

B. REVISION & REVIEW HISTORY

Revision Date	Review Date	Person	Notes on what changed
09/19/2018		T. Dzienis	Made general updates to reflect new agency name, frequencies, simplified structure, and that this is no longer the initial QI plan; Updated section H to reflect new plan culture of quality; added clarification of the different project types and teams; complete update to QI goals in section L; updated section J to reflect current training program; made other updates to reflect the QI program changes identified in the 2016-2017 QI Plan effectiveness assessment.
01/20/2021		Rob Knight	Updated plan for new period and to allow for a smaller QIC



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D. PURPOSE

Canton City Public Health (CCPH) is committed to the protection and improvement of the health of the residents of the City of Canton. The CCPH Quality Improvement Plan (QI Plan) serves as a key component of the overall performance improvement. The plan, along with the CCPH Strategic Plan (SP) and Workforce Development (WFD) Plan, serve together to provide a framework to direct CCPH as it moves forward in the fulfillment of its mission.

E. POLICY

This QI Plan articulates the commitment to move CCPH forward in development of a culture of quality improvement. Leadership of CCPH commits the necessary resources of staff time and fiscal resources so that the workforce is prepared to execute basic quality improvement projects. CCPH commits to a continued assessment of the current status of CCPH's workforce in terms of level of knowledge with QI principles. Our plan is to measure this at the end of the plan period, assessing progress on the "Roadmap to a Culture of Quality Improvement." Our goal is to develop a workforce with increasing skill and comfort with the implementation of QI projects and tools. We have established the Quality Improvement Committee (QIC) to accomplish the varying components of the work, which consists of staff committing to serve in a role as leader and mentor with peers and QI project teams. The QI Project Teams are expected to encourage enthusiasm and assist in creating a growth towards establishing a culture of quality improvement in the organization.

When possible, projects should align with CCPH's plans and performance management system (PMS), which link CCPH's mission to its vision that, in turn, links to the Community Health Improvement Plan (CHIP) and State Health Improvement Plan (SHIP). All documentation of the work of teams will be placed on CCPH's SharePoint site, easily accessible to staff. We aim to create an atmosphere of teamwork and transparency in the work, critical to a shift in the culture.

F. BACKGROUND

National public health department accreditation is available through the Public Health Accreditation Board (PHAB). CCPH was accredited by PHAB on November 25, 2019. Per PHAB standard and measure 9.2.1, CCPH has established quality improvement based on organizational policies and direction, including a written QI Plan. This document fulfills that standard and measure.

G. GLOSSARY OF TERMS AND ACRONYMS

This section defines the key quality terms used by CCPH and other terms used within this document. Other quality related terms are located at the LeanOhio reference listed in Section P. of this document.

Administrative area project: A large or mini-QI project that involves non-program functions, which are typically administrative in nature. Examples from PHAB measure 9.1.3: human services functions, workforce development, financial management system, contract management, and vital records.

BOH: Board of Health

Community Health Improvement Plan (CHIP): Defined in PHAB measure 5.2.1L.

Customer satisfaction: Customer satisfaction is a measure of how products and services supplied by an organization meet or surpass customer expectations. Customer satisfaction is the number of customers,



or percentage of total customers, whose reported experience with an entity, its products, or its services (ratings) meets or exceeds specified satisfaction goals. [Ref: Farris, Paul W.; Neil T. Bendle; Phillip E. Pfeiffer; David J. Reibstein (2010)].

Division: Defined in section I.1.c. of this document.

Division Leader: Division leader staff are in the leadership job position over the respective division or agency unit of CCPH and is responsible for all activities and direction of the respective division or agency unit. Division Leader staff include the following job positions: APC Director, EH Director, Fiscal Manager, Laboratory Director, OPHII Director, Nursing Director, THRIVE Project Manager, and WIC Director. **Division**

Leadership Team (DLT): The Division Leader positions make up the Division Leadership Team along with the Health Commissioner, Performance Improvement and Accreditation Coordinator, and Vital Statistics Administrative Supervisor. The Division Leadership Team meets regularly to make decisions that affect CCPH and to review/approve new/revised policies.

Division-specific: Involves only a single division's activities or programs. Therefore, any changes made will only impact the single division.

Just-do-it solutions: Identified problems with division-specific processes that already have an identified solution. These problems don't require a team to determine the solution, so they should just be completed in accordance with section K.1.c. of this document.

Kaizen event: An event in which QIPT members meet for five straight days or less (one business week) to overhaul a CCPH work process identified as the topic of the QI project. The event timeframe is designed to complete the Plan-Do-Check-Act (PDCA) planning phase nonstop to ensure continuity and efficiency. The event begins with training on the QI tools to be used. Then completing a process map of the current state of the process, analyzing every step of the way to find all forms of waste (TIM U WOOD tool). Then use the findings to develop a new process map that is simpler, faster, better and more cost-effective. At the end, action plans are developed to address all aspects of the implementation, including training and communication. Implementation of the action plan begins as soon as the event has concluded. [Ref: *LeanOhio Bootcamp manual, 2015*]

Large QI projects: Quality improvement projects are for improvement of CCPH processes that involve a team of members from more than one division and that follows the procedures included in section K. of this document.

Lean: Lean refers to a collection of principles and methods that focus on the identification and elimination of non-value-added activity (waste) involved in producing a product or delivering a service to customers.

Mini-QI projects: Quality improvement projects for the improvement of division-specific processes and only division staff are included on the team. These projects follow the procedures included in section K.1.b. of this document.

Performance management system (PMS): The process of actively using performance data to improve the public's health. It includes the strategic use of performance standards, performance measures, progress reports and ongoing quality improvement efforts to ensure an agency achieves desired results. [Ref: *Turning Point, 2003*]. CCPH's PMS is further detailed in 800-034-P policy.



Plan-Do-Check-Act (PDCA) or Plan-Do-Study-Act (PDSA): An iterative, four-stage problem-solving model for improving a process or carrying out change. PDCA (or PDSA) stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA (or PDSA) is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [Ref: *Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008*].

Process: A particular method of doing something, generally involving a number of steps or operations. [Ref: *LeanOhio Bootcamp manual, 2015*] Also known as practices.

Program: Term used to describe functions or services or activities carried out through the daily work of public health departments. [Ref: *PHAB Acronyms and Glossary of Terms Version 1.5, 2013*]. Examples include air permitting program, water testing program, and STI clinic program.

Program area project: A large or mini QI project that involves a single program's functions.

Project completion: Projects are considered complete when the improvement strategies have been implemented (Do phase of PDCA complete), data has been collected and analyzed of the improved process state (Check phase of PDCA complete), and next steps have been determined (Act phase of the PDCA complete).

QI projects: Includes either large QI projects of mini-QI projects.

Quality culture: QI is fully embedded into the way the agency does business, across all levels and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. [Ref: *Roadmap to a Culture of Quality Improvement, NACCHO, 2012*].

Quality improvement (QI) (also known as continuous quality improvement): 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. [Ref: *Roadmap to a Culture of Quality Improvement, NACCHO, 2012*].

Quality Improvement Committee (QIC): Committee to oversee the implementation of the QI program at CCPH. This document discusses extensively the roles and responsibilities of this committee.

Quality Improvement Plan (QI Plan): A document (i.e. this document) which outlines how CCPH will conduct continuous quality improvement activities for the plan period. The plan will highlight goals, key activities, roles and responsibilities and forms used for quality improvement-related activities.

Quality Improvement Project Team (QIPT): Team assigned to complete QI project improvement planning, analysis, determination and implementing. This document discusses extensively the roles and responsibilities of the QIPT.

Quality tools (QI tools): Tools designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing.



Tools used by CCPH are outlined in the appendix 800-015-12-A (Quality Improvement Toolbox) of this document. [Ref: *Public Health QI Handbook, Public Health Foundation, 2012*].

Roadmap: A guide that describes six key phases on a path to a QI culture, outlining common characteristics for each phase and strategies an agency can implement to move to the next phase. Incorporating principles of change management, the roadmap identifies these characteristics on both the human and process aspect of change within an agency. [Ref: *Roadmap to a Culture of Quality Improvement, NACCHO, 2012*].

Six Sigma: A method that provides an organization with tools to improve the capability of their business processes. This increase in performance and decrease in process variation lead to defect reduction and improvement in profits, employee morale and quality of products or services.

Strategic Plan (SP): Defined in PHAB measure 5.3.1A. CCPH's Strategic Plan is available on the agency's public website.

Workforce Development Plan (WFD Plan): Defined in PHAB measure 8.2.1A. CCPH's WFD Plan is defined in 800-050-P available on the agency's public website.

H. CULTURE OF QUALITY

1. CURRENT STATE

- a) Until 2016, quality improvement efforts were limited; they have been focused on meeting program specific measures in the divisions of CCPH. The efforts have largely been conducted in an isolated manner within divisions and programs and lacking integration in the manner of reporting to the Division Leadership Team (DLT) and the Board of Health (BOH) and lacking a framework to connect these activities to overall CCPH performance outcomes. Examples include, post-clinic chart audits, monitoring of immunization rates for children, the collection of limited customer satisfaction survey data, adjustment of clinic schedules based on customer satisfaction survey results and adjustment of processes based on staff feedback.
- b) In 2016, the Health Commissioner, as leader of the organization, committed CCPH to develop and implement a Quality Improvement Plan for the purposes of:
 - i) Formalizing a structure for reporting all QI activities currently being conducted within CCPH to assess the quality of services.
 - ii) Creating a Quality Improvement Committee (QIC) and Quality Improvement Project Teams (QIPT) within CCPH to implement QI initiatives.
 - iii) To outline the methodology for selection of QI projects within CCPH, programs or divisions.
 - iv) To assure staff at all levels receive training in QI principles. This is also reflected in the CCPH Workforce Development Plan (WFD Plan).
 - v) To shift CCPH towards a culture of quality improvement.

- c) The 2018-2020 QI Plan expired on 12/31/2020. Data was collected to evaluate the effectiveness of the 2018-2020 QI plan and activities. Those results are summarized as the previous results data in section M.2.b. of this document.
- d) The Quality Improvement Committee conducted a survey of all CCPH staff using the QI Maturity Tool contained in appendix 800-015-09- of this document to quantitatively assess the current culture of quality at CCPH. The committee shall select at least 10 questions from 800-015-09 for the survey to measure the categories in the table below. This survey was initially conducted in August 2016 to establish baseline data of the initial culture of quality at CCPH and then again in December 2017 as well as January 2021 to assess the current culture of quality at CCPH. The following table contains a summary of the January 2021 survey results:

	Points received / total points possible
Organizational Culture	14 / 20 = 70%
Capacity & Competency	11 / 15 = 73%
Alignment & Spread	10 / 15 = 67%
Total	35 / 50 = 70%

The above results show that CCPH has progressed from the beginning of the development of a culture of quality to an emerging culture of quality since the overall score is between 69% and 73%. This reflects CCPH needs to increase its efforts to incorporate QI as a routine part of its practices and increase QI opportunities throughout the agency.

- e) The Quality Improvement Committee (QIC) compared the above January 2021 survey results to the National Association of County and City Health Officials (NACCHO) “Roadmap to a Culture of Quality Improvement” (“Roadmap”), which provides guidance for qualitative assessment and placement in development and institutionalization of continuous quality improvement. Per the Roadmap and the QIC’s evaluation, CCPH is likely on Phase 4 on the continuum. Using the Roadmap as guidance, CCPH’s current culture of quality can be further summarized as the following qualitative “Human” and “Process” characteristics:

Human Characteristics	Process Characteristics
<ul style="list-style-type: none"> • Employees in certain areas of the agency have knowledge, skills, and abilities (KSAs) to complete formal QI projects • Employees understand the value of QI but may still view it as an added responsibility • Some areas of the agency have a formal process for assessing customer needs and satisfaction, reporting progress, and making improvements. • Some leaders consider customer needs in decision making processes. 	<ul style="list-style-type: none"> • An agency QI plan has been adopted and is being implemented • Informal groups are commonly formed throughout the agency for problem solving and innovation through the use of QI techniques • A strategic plan informed by key stakeholders and data from an environmental scanning process is being monitored and implemented • Some parts of the agency have clearly defined process and outcome performance measures that are linked to program,



<ul style="list-style-type: none"> • Basic and advanced level QI training/resources are available based on employee needs 	<p>department, and/or agency level strategic goals</p> <ul style="list-style-type: none"> • Some parts of the agency have formal processes for data collection, analysis, and reporting against pre-defined objectives and standards • Data driven decision making is more common
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2. DESIRED FUTURE STATE

- a) CCPH desires to improve its culture of quality by progressing to the next phase on the Roadmap, which would be Phase 5. The following summarizes the “human” and “process” characteristics of this desired future state:

Human Characteristics	Process Characteristics
<ul style="list-style-type: none"> • Leaders and managers incorporate QI competencies in position descriptions • Employees are incentivized to engage in QI initiatives • Most employees fully embrace QI and view it as a valuable tool to improve their work • Employees use performance measures and data to identify and implement improvements to their own work • Employees understand how they contribute to the agency’s overall mission, vision, and strategy 	<ul style="list-style-type: none"> • An inventory of internal and external QI trainings and resources (basic and advanced) are available to all staff • PM/QI Council continues to sponsor multiple QI teams across divisions and programs to implement QI efforts • Executive leaders dedicate sufficient staff time and resources to reaching agency QI goals • Customer satisfaction performance standards and measures are standard throughout the agency, as appropriate • Evidence exists that the agency consistently meets internal and external customer needs • Involve both internal and external customers in improvement activities

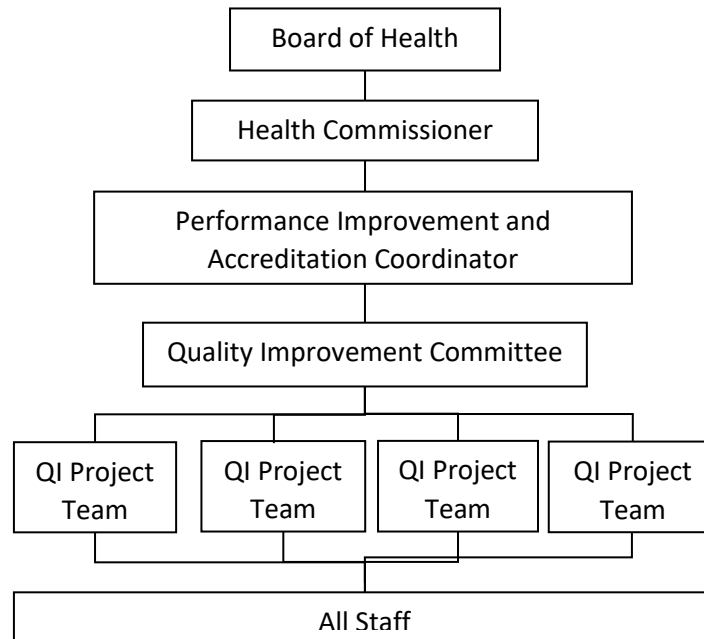
- b) Using the Roadmap as guidance, the goals and activities specified in section L. of this document and in attachment 800-015-14-A are being implemented to progress toward the desired future state.



I. KEY ELEMENTS OF THE QUALITY IMPROVEMENT EFFORTS STRUCTURE

1. ORGANIZATIONAL STRUCTURE

- a) In July 2016, the Quality Improvement Committee (QIC) was created to oversee the quality improvement program at CCPH. The QIC is responsible for overseeing and giving support in creating, maintaining and evaluating the quality improvement efforts at CCPH with the intent to improve the level of performance and foster a culture of QI and excellence.
- b) In December 2019, the position of Performance Improvement and Accreditation Coordinator in the OPHII division was developed and filled. This position has the primary responsibility of the CCPH quality improvement program.
- c) QI Project Teams (QIPT) will be created for each QI project selected for completion.
- d) CCPH is comprised of the following divisions/agency units:
 - Air Pollution Control (APC)
 - Environmental Health (EH)
 - Laboratory (Lab)
 - Nursing
 - Office of Public Health Information and Innovation (OPHII)
 - THRIVE
 - Vital Statistics and Administration (VS)
 - Women, Infants, and Children (WIC)
- e) Below is a graphic which summarizes the organizational structure of QI efforts at CCPH:



2. MEMBERSHIP AND ROTATION

a) The QI Committee (QIC) membership shall consist of the following:

- i) The Performance Improvement and Accreditation Coordinator (OPHII division), as well as, at least, two additional staff members.
 1. The two additional staff members will rotate through the department's divisions and be from separate divisions and not the OPHII division. As a member's term expires, the newest incoming member will come from the division that has been without a member for the longest.
- ii) All levels of the organization must be represented. In order to achieve this, incoming members must be from a different level than the division's previous member.
- iii) All staff are qualified for membership and must meet a minimum of one of the following qualifications:
 - Have an interest in and aptitude for performance improvement planning, QI and/or program evaluation.
 - Commit to develop and promote continuous quality improvement throughout CCPH.
 - Have advanced QI skill level or will have advanced QI skill level by completing training.
- iv) Staff become members of the QIC by recommendation and appointment by division leaders.



- v) The Performance Improvement and Accreditation Coordinator shall serve as the QIC Chairperson.
- b) The QIC members shall serve a one-year term. After one year, members may be re-appointed by division, in agreement with the committee chairperson. Division leaders should always consider new, interested people for appointment. If a member is unable to fulfill a one-year term, the division leader shall appoint a replacement.
 - i) Note: If a QIC member that is part of an existing QIPT does not get re-appointed they will still remain a member of the QIPT until the completion of the project.
- c) The QIC shall have a team charter that summarizes the committee's goals, activities, responsibilities, membership, and meetings. The current Quality Improvement Committee Team Charter is attached as 800-015-10-A. This will be updated occasionally in accordance with section M.2.a. of this document.
- d) QIC membership will be recorded in 800-015-15-A QIC Membership form.
- e) The QI Project Team (QIPT) membership shall consist of the following:
 - i) There shall be one QIPT formed per large QI project.
 - ii) For large QI projects for processes that are CCPH-wide applicable, there should be at least two of the eight divisions represented.
 - iii) For large QI projects for program area processes, the majority of the members should be from the division(s) that implement the program, with at least one additional member representing divisions that don't implement the program.
 - iv) QIPT membership totals will vary depending on the needs of the project
 - v) Members are selected to fill the following needs for the QIPT:
 - QIPT Consultant: This person is selected by the QIC, usually a QIC member. This person is competent in using QI tools and has the necessary QI skills. This person is responsible for scoping, preparing, and running the project. They will train team members in the elements of QI Tools and facilitates and captures the results of the project. This person fulfills the role of facilitator.
 - Fresh Perspective: Team members that have no prior knowledge of the process. This person can give new eyes and ask insightful questions. This is a full team member and expected to participate fully in the project. For program area projects, this person is normally a member of another division that doesn't implement the program.
 - Subject Matter Expert: Team members that have in-depth knowledge of the process to be improved as part of the project.
- vi) Staff become members of the QIPT by recommendation by division leaders, or the project consultant, and are approved by the QIC as part of the QI project approval and selection process.



- vii) QIPT members do not change for the entire duration of the project until the project is completed. In the event a member cannot fulfill this term, they will not be replaced.
- f) Mini-QI project teams are formed by each division with division only members at the discretion of the division leader. Mini-QI project team members should include staff from all levels and be a total of between two to five members. The Mini-QI project team should also include at least one advanced QI skilled division staff, which could be represented as the division’s QIC member (if applicable). It is encouraged to have only one mini-QI project occurring at a time per division.
- g) Just-do-it solutions are completed by each division with typically only a couple division staff involved, at the discretion of the division leaders. Official teams are normally not formed since these solutions are normally initiated and solved in the same day.

3. ROLES AND RESPONSIBILITIES

In order to achieve CCPH-wide QI, all staff must be actively engaged and committed to applying QI principles and tools to daily work. Specific roles and responsibilities are listed below:

Role	Responsibility
Board of Health (BOH)	<ul style="list-style-type: none"> • Support QI efforts within CCPH by authorizing resources for QI activities • Provide oversight and adopt high level policies for CCPH • Receive reports of QI efforts from QIC Chairperson as a regular BOH meeting agenda item
Health Commissioner	<ul style="list-style-type: none"> • Provide leadership for QI efforts within CCPH • Promote a culture of QI within CCPH • Allocate resources for QI efforts within CCPH
Division Leaders	<ul style="list-style-type: none"> • Appoint QIC member to represent division • Recommend members for QIPT • Identify staff QI training needs, as needed, and report to the QIC • Encourage staff to utilize QI concepts, tools and processes • Communicate with division staff to identify proposed QI projects • Conduct and document mini-QI projects and just-do-it solutions • Report results of mini-QI projects and just-do-it solutions to QIC member to report to QIC • Provide opportunity during regular division staff meetings for the QIC division representative to report results of QI efforts to division staff • Facilitate the implementation of QI activities at the program level
Division Leadership Team (DLT)	<ul style="list-style-type: none"> • Review and provide feedback of draft QI Plan received from the QIC • Approve the QI Plan • Integrate QI principles in CCPH plans, policies and procedures • Decide which QI Projects will be posted on the social media and/or PHQIX
QIC Chairperson	<ul style="list-style-type: none"> • Act as liaison and report activities of the QIC to the DLT and the BOH • Develop and maintain the QI Plan; ensure plan meets PHAB requirements



Role	Responsibility
	<ul style="list-style-type: none"> • Evaluate, revise and update QI plan periodically • Provide guidance and leadership to the QIC • Schedule and facilitate QIC meetings • Develop and distribute QIC meeting agendas • Approve and distribute QIC meeting minutes • Coordinate all QIC activities, including periodic QI Plan/QIC evaluations • Post information to the QI section of the CCPH's website • Assign team member to record meeting minutes
QIC	<ul style="list-style-type: none"> • Advocate for and foster a QI culture within CCPH • Attend and participate in scheduled QIC meetings • Assist in the identification, development and implementation of QI projects • Prioritize and select QI projects • Monitor and evaluate QI projects • Report completed division mini-QI projects or just-do-it solutions • Compile documentation for large-QI projects, mini-QI projects, and just-do-it solutions • Track and report on customer satisfaction activity • Monitor and evaluate customer satisfaction activities • Communicate progress on QI projects to staff at periodic all-staff meetings • Communicate progress on QI projects to staff during regular division staff meetings • Provide technical assistance to develop project proposals • Serve as QIPT consultants for QI projects, as assigned, including providing technical assistance • Recognize individuals and teams and celebrate milestones and successes • Plan and evaluate QIC reporting and communication activities • Evaluate and update QIC operations periodically • Identify and apply for scholarship/grants for supplemental funding sources to use for QI activities and training • Select, coordinate and evaluate staff quality improvement training • Develop QI training plan based on training needs
Large or Mini QI Project Teams (QIPT)	<ul style="list-style-type: none"> • Attend and participate in scheduled QIPT meetings and/or Kaizen events • Complete project documentation on required forms • Complete project improvement planning, analysis, determination and implementing • Complete all necessary documentation of project improvement efforts • Report results to the QIC • Present findings/QI Project summary and lessons learned during periodic all-staff meetings • Use QI tools to determine root cause of issues and areas that can/should be improved to make the process more efficient



Role	Responsibility
	<ul style="list-style-type: none"> • Conduct Plan-Do-Check-Act (PDCA) cycle(s), including: establishing measurable aim, collecting and analyzing data, identifying root cause, selecting and implementing intervention and studying results to determine action and achieve QI project goals • Attempt to reach consensus on significant issues. If consensus cannot be reached, majority vote prevails.
QIPT Consultant	<ul style="list-style-type: none"> • Provide refresher training on QI tools prior to their use during QIPT meetings and/or Kaizen events • Provide guidance as to which QI tools to implement during the QIPT meetings and/or events to ensure appropriate root cause determinations are made • Provide or source needed technical assistance for QIPT • Assure that projects follow the PDCA process, that data is used to measure improvement and that QI Project Worksheets, displays and other documentation/reports are completed for assigned projects • Facilitate QIPT meetings • Report progress of the project during QIC meetings periodically
All Staff	<ul style="list-style-type: none"> • Participate in QI training when offered • Develop an understanding of basic QI principles and tools through QI training • Identify areas for improvement to develop project ideas and/or project proposals, paying particular interest to projects that align with strategic priorities and program performance measures • Suggest improvement actions to address identified areas for improvement in your division to the division leader • Apply QI principles and tools to daily work • Participate as member of the QIC and/or a QIPT as requested or required • Participate in QI projects and efforts as requested, including but not limited to data collection, process changes and identifying areas of improvement

4. STAFFING AND ADMINISTRATIVE SUPPORT

- a) Staffing support is in the form of staff participation in the QIC and QI Project Teams, training and other QI efforts. This is detailed in section I.3. of this document.
- b) Administrative support staff utilized for Performance Management System (PMS) data handling will also support QI Plan data handling for the QIC and QI Project Teams as needed.

5. BUDGET AND RESOURCE ALLOCATION

- a) As detailed in section I.3. of this document, the resource of staff participation time in the QIC and QI Project Teams, training and other QI efforts, as well as the resource of a full-time Performance Improvement and Accreditation Coordinator, is supported by the Health Commissioner and BOH.



- b) Funding necessary for providing QI training, including materials and travel expenses, is budgeted. To keep these costs at a minimum, available scholarship/grant funding will be pursued to use for advanced QI training and free online training tools will be used to eliminate travel and registration expenses.
- c) Funding necessary to supply project materials is provided. To keep these costs at a minimum, standard City office supplies and/or electronic recording will be utilized as much as possible.

J. TRAINING

As part of CCPH’s efforts to build a culture of quality and to continuously integrate QI, CCPH recognizes the need to train all employees on the principals of quality improvement. CCPH uses an incremental approach to training. The overall goal is to develop basic skills and knowledge of QI process and to move CCPH forward along the Roadmap during the year, as mentioned in section H. of this document.

1. QI TRAINING REQUIREMENTS

Training shall strive to provide staff with a certain level of QI knowledge and skill dependent on the person’s role in QI at CCPH, as detailed in the table below:

Role \ Level of Skill	Understanding of the CCPH QI Plan	Introduction	Intermediate	Advanced
New Employees	X	X		
All existing staff	X	X		
QIC members (that are not QIPT Consultants)	X	X		
QIPT Consultants (who are also QIC members)	X	X	X	X
QIPT Members (non-Consultant)	X	X	X	

Level of QI knowledge and skills are defined in the table below:

Understanding of the CCPH QI Plan	<ul style="list-style-type: none"> • Has read the CCPH QI Plan.
Introduction	<ul style="list-style-type: none"> • Introduction to the concept and principles of continuous QI
Intermediate	<ul style="list-style-type: none"> • Hands-on training via work on QI project • Exposure to QI Tools: PDCA Cycle, DMAIC, SIPOC, 5 Whys, Affinity Diagram, Impact/Control Matrix, Waste identification (TIMUWOOD), Process Mapping, Team Charter, Action Register/Plan.
Advanced	<ul style="list-style-type: none"> • Hands-on use of several QI tools, including but not limited to: DMAIC, SIPOC, 5 Whys, Affinity Diagram, Impact/Control Matrix, Waste identification (TIMUWOOD), Process Mapping, Five S, Team



	<p>Charter, Action Register/Plan, Control Chart, PDCA Cycle, Data Collection & Analysis, AIM Statements, SMART goals.</p> <ul style="list-style-type: none">• Classroom training on Lean and/or Six Sigma subjects
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2. PRIOR TRAINING

Staff training is recorded in accordance with 800-009-P Employee Training policy.

3. QI SKILLS ASSESSMENT OF NEW AND EXISTING STAFF

a) All new staff receive a QI skills assessment using 800-015-13-F (QI Skills Assessment Form) to determine what level of QI skills they have and what their training needs are. Any new staff that doesn't already have an introductory skill level will complete the QI introductory training (identified in 800-009-01-A Required Training Matrix). Management of the new staff are responsible to ensure this assessment and training are completed in accordance with the 800-009-P Employee Training policy.

4. ALL EXISTING STAFF AS OF JULY 2017 COMPLETED THE QI SKILLS ASSESSMENT IN JULY 2017. ANY EXISTING STAFF THAT REQUIRED QI TRAINING COMPLETED IT AS RECORDED IN ACCORDANCE WITH 800-009-P EMPLOYEE TRAINING POLICY.

- a) Division leaders are required to report staff training needs to the QIC in order to assess CCPH-wide needs and create a training plan to address those needs.
- b) Periodic QI skills assessment and workforce development gap analysis in accordance with the 800-050-P WFD Plan will also be utilized to identify training needs. These will be given to the Workforce Development Team to be incorporated into the training plan, as appropriate.
- c) Staff attendance at division staff meetings and/or annual all-staff meetings receive QI updates (lessons learned, outcomes, etc.) as ongoing training.
- d) Staff review the written CCPH QI plan to understand CCPH QI Infrastructure and the PDCA model upon issuance of a new CCPH QI Plan in accordance with 800-001-P Standards for Writing Policies and 800-009-P Employee Training policy and/or during a review of the plan at annual all-staff meetings.
- e) Staff receives hands-on QI training when they participate as members of the QIC and a QIPT. Rotating staff that are QIC and QIPT members provides more staff with that training opportunity.
- f) During QIPT meetings/events, the QIPT Consultant will provide training on the specific QI Tools to be used by the team, prior to using the tool. This will provide knowledge to the QIPT members so the effort using the QI tool is effective. This training increases those members to an intermediate skill level.



5. QI TRAINING PLAN AND GOALS

The established QI Training plan has been incorporated into the 800-050-P Workforce Development Plan (WFD Plan) and the 800-009-P Employee Training policy. Documentation of completed training shall be kept in accordance with 800-009-P Employee Training policy. The QI Chairperson is responsible to find appropriate training offerings to provide to staff.

Additional goals to continue to develop a comprehensive training program have been added to the Quality Improvement Goals listed in section L. of this document and in attachment 800-015-14-A.

K. QUALITY IMPROVEMENT PROJECTS

1. QI PROJECT TYPES

- a) **Large QI Projects:** QI projects for improvement of CPH processes (agency-wide or program specific) that involve a team of members from more than one division in accordance with section I.2.e. of this document. These projects include QIC oversight in relation to project selection, team membership including a QIPT Consultant, regular reporting of project progress, and evaluation of project documentation as detailed in this document.
- b) **Mini-QI Projects:** QI projects for improvement of division-specific processes and only division staff are included on the team. Divisions may choose to conduct these types of projects outside of the large QI project system. These projects are called Mini-QI projects.
 - i) If it is desired to have outside division staff participate on the team, a large QI project will need to be completed.
 - ii) Mini-QI projects require the formation of a team in accordance with section I.2.e. of this document.
 - iii) Mini-QI projects require the use of at least one QI tool for the planning phase of the project. [800-015-12-A Quality Improvement (QI) Toolbox includes commonly used QI tools]
 - iv) Mini-QI projects require data measurement to show improvement gained.
 - v) Mini-QI projects require similar documentation than large QI projects (see section K.5. of this document).
 - vi) Division leaders are responsible to ensure mini-QI projects are aligned with the SP, CHIP, and/or Mission, Vision, and Values. Mini-QI projects not aligned with those shall not be conducted.
 - vii) If Mini-QI project teams develop a solution that impacts other divisions, then that project needs to be escalated and redefined as a large QI project.
- c) **Just-do-it Solutions:** Divisions may have identified problems with division-specific processes that they know the solution to fix already, without having to implement QI tools (for example: A form in use has an error that needs fixed to resolve processing issues). These are not projects since the solution is already known. These are called just-do-it solutions.



- i) These solutions are completed at the discretion of the division leaders. Any division staff can propose the idea and solution, but since it is a process solution, should have division leader approval before implemented.
 - 1. Just-do-it solution ideas do not require formal submission on form 800-015-03-F (QI Project Idea Form). These ideas are normally communicated verbally or via email.
- ii) These solutions don't require a team but only a couple of division staff to develop the solution in accordance with section I.1.g of this document.
- iii) Completed just-do-it solutions should be documented on the simple one-page form 800-015-06-F (Just Do It Solution Form).
 - 1. Note: Divisions are encouraged to make regular process improvements as needed, which may occur on a daily basis. In order to minimize the paperwork burden, not all completed just-do-it solutions are required to be documented. Divisions are encouraged to document the most successful/improved just-do-it solutions completed so about 10% of their completed solutions are documented.
- iv) Caution: QI tools are always encouraged to be used. Someone may think they know the solution, but after implementation of QI tools, realize another solution is more effective. Therefore, just-do-it solutions should be limited to simple problems with simple solutions.

2. IDENTIFICATION OF POTENTIAL PROJECTS

- a) Potential QI projects will be proposed based on the need to improve program processes, objectives and/or performance measures that align with CCPH's mission, vision, and values, plans and performance management system (PMS). Potential projects may be identified in a number of ways, including, but not limited to: identification by Division Leadership Team (DLT) and/or the QIC during review of performance data; staff suggestions; after-action reports (AAR); customer satisfaction data; program evaluations; audit or compliance issues; needs related to preparation for the accreditation process; etc.
- b) Other potential projects are targeted problem areas in CCPH's operations, or those overarching priorities identified in the Strategic Plan (SP) or Community Health Improvement Plan (CHIP). Consideration of national, state and local sources of benchmarks and measures, such as the National Public Health Performance Standards, the State of Ohio Improvement Standards and Health People 2020 goals may be used to assist in determination of priority areas for potential QI projects.
- c) All staff can submit Ideas for potential QI projects for consideration by the QIC (based on the above information or other information). Ideas shall be submitted using either the simplified form 800-015-03-F (QI Project Idea Form) of this document, or by sending an email to the QIC that contains the same information as the form. These forms/emails can be submitted to either the QIC group email or to the division's QIC member.
 - i) Any programs receiving a program audit/evaluation or an after-action report that shows non-compliance, findings, or improvement needed should submit a QI project idea for that



program based on those results. Division leaders responsible for the program are responsible to ensure these QI project ideas are submitted.

- d) The QIC will review all project ideas and determine if their scope and alignment is eligible for a large QI project, a mini-QI project (division-only), or a just-do-it solution. For project ideas eligible for a large QI project, the QIC will assign a QIC member who will help the idea submitter with the development of the project proposal. Documentation for the proposed project will be completed on appendix 800-015-01-F (QI Project Proposal Form) of this document, which will be discussed with the Division Leader, then submitted to the QIC for consideration for selection.
 - i) Project ideas eligible for mini-QI project (division-only) or a just-do-it solution will be put on a list maintained by the QIC and forwarded to the division leader for consideration of implementation.

3. PRIORITIZATION AND SELECTION PROCESS

- a) QIC members will discuss and decide to accept a large QI project proposal, request more information or modifications or reject the project proposal based on the appendix 800-015-02-F (QI Project Selection Criteria Form). Project proposals will have priority if they are data driven and if they are aligned with the CCPH SP, the CHIP, program strategic plans, program audits/evaluations, accreditation, after action reports or customer satisfaction goals.
- b) In order to not over use the limited resources at CCPH, the accepted proposals receiving high priority scores will be initiated until the number of large QI projects committed to in the QI Goals (listed in section L. of this document and in attachment 800-015-14-A) have been satisfied. Remaining accepted proposals will be placed on a wait list until the initiated projects are completed and resources are made available again.

4. PROJECT INITIATION AND COMPLETION PROCESS

- a) For each accepted large QI project, a large QI Project Team (QIPT) shall be formed.
 - i) Selection of QIPT members
 - 1. The QIC, with the assistance of division leader recommendations, will select QI project team (QIPT) members to ensure the criteria established in section I.2.e. of this document is met. The QIC should consider staff to be QIPT members that have not been members previously, so all staff can eventually have experience with QIPs.
 - 2. A QIC member will be assigned by the QIC to each QIPT to serve as the QIPT Consultant.
 - ii) The QIPT Consultant is responsible to notify the members of the QIPT and initiate the QI project process with the QIPT.
- b) CCPH is committed to the use of the Plan-Do-Check-Act (PDCA) model for quality improvement. All CCPH staff will receive training on this model and its use. The four stages of this model include *planning* an improvement, *doing* (implementing) the plan, *checking* (or *studying*), which includes



measurement and evaluation of data associated with the implementation of the plan and then finally *acting* to adopt the change and incorporate into standard operations, or modifying the plan and repeating the cycle until the desired outcome is met or optimal benefit is realized. 800-015-11-A *The ABCs of PDCA* (Gorenflo and Moran, 2010) is provided as a supplement in which the details of this process are explained.

- c) The large QI and mini-QI project teams are responsible to implement PDCA for their QI project either in the form of meetings, Kaizen events or a combination of both. A QIPT Implementation Guide and other resources are available on the shared drive to guide the QIPT Consultant or project leader through this process during the QIPT meetings. 800-015-12-A Quality Improvement (QI) Toolbox, includes commonly used QI tools which may be used to assist the project teams in conducting the quality improvement project planning and evaluation portion of PDCA.
- d) After the large QI and mini-QI project teams have implemented the improvement strategies (completed the Do phase of PDCA), collected and analyzed data of the improved process state (completed the Check phase of PDCA), and determined next steps of no further action is necessary at that time (completed Act phase of the PDCA), then the QI project is considered complete.
 - i) Each completed QI project shall include only one complete cycle of PDCA. If the Act phase of the PDCA determines more action is necessary, this is considered a new QI project and shall be submitted as a new project idea/proposal in accordance with section K.2. of this document. This is so the same process/problem does not exhaust all CCPH resources in order for other proposed projects can be completed that address higher priority topics.

4. PROJECT LIMITATIONS

- a) QI projects will usually be limited in scope to include only CCPH processes. Once CCPH's QI Maturity and experience has increased, larger QI projects can be tackled involving outside agencies and/or other City Departments.
- b) Improvement strategies selected for projects should be those which CCPH has control over (i.e. is not dependent on another City Department or outside CCPH to implement).
- c) Improvement strategies selected for projects should be focused on those that incur zero additional cost for CCPH. It is easy to think an IT solution will solve all problems, but those typically cost money and time. There are measurable improvements that can be realized by eliminating the waste in CCPH processes to make them more efficient. These are the types of improvements CCPH will be focused on.

5. PROJECT DOCUMENTATION

- a) Each large QIPT and mini-QI project team is expected to document the project via 800-015-04-F (QI Project Worksheet Form) and a one-page illustrative/graphic summary display to be shared with all staff and posted to the QI section of the CCPH website, in accordance with section M.3.b. of this document. At the discretion of the DLT, the project documentation may also be posted on CCPH's social media and/or submitted to the Public Health Quality Improvement Exchange (PHQIX).



- ii) The one-page illustrative/graphic summary display shall be a collage of pictures taken, data charts/graphs and the like that will visually show the before and after state of the process that was improved.
 - iii) Note: Even though several meetings may be held by the project team to complete the project, these are not meetings that are required to comply with policy 800-003-P (Documentation Requirements for Meetings (non-Board)), which requires meeting minutes. All documentation of the meetings are included in the 800-015-04-F (QI Project Worksheet Form) which serves to replace the need for meeting minutes.
- b) Just-do-it solutions shall be documented on short form 800-015-06-F (QI Just-Do-It Solution Form) in accordance with section K.1.c.iii. of this document. Divisions are responsible to collect these forms and submit them to the QIC.
 - c) Each large QI or mini-QI project should have pictures taken of the initial process map with the waste marked and the picture of the chosen improvement strategy process map, if processing mapping was used, to show the before and after state of the process and visually show the improvement. Pictures shall also be taken of any other QI tools implemented. Pictures should also be taken of the project team members. These pictures shall be included, as applicable, in the 800-015-04-F (QI Project Worksheet Form) and the graphic display summary.

L. QUALITY IMPROVEMENT GOALS, OBJECTIVES AND MEASURES WITH TIME-FRAMED TARGETS

Goals will be selected due to their direct correlation to advancing QI maturity of staff and establishing culture of QI in CPH. Selected goals will be specified in the table included in the 800-015-14-A QI Goals and Objectives attachment.

M. MONITORING AND EFFECTIVENESS OF THE QI PLAN AND QI ACTIVITIES

1. DATA COLLECTION, MONITORING AND ANALYSIS

- a) The QIC will assess staff QI maturity once every three years. 800-015-09-A (QI Maturity 10-Question Survey) consists of ten questions that represent the key domains of QI Maturity: Organizational Culture, Capacity/Competency and Alignment and Spread.
 - i) The assessment is sent to all staff via free electronic survey method within a couple weeks of the QI Plan expiration date, every three years.
 - ii) The initial baseline survey was conducted in August 2016. The last survey was conducted in January 2021.
- b) The QIC will assess the QIC progress on QI Plan goals quarterly and annually. Final assessment will be conducted every three years starting the month following the QI plan expiration date as part of the QI plan cycle.
- c) On an annual basis in the quarter following the end of the calendar year, the QIC will review and assess all QI projects that are in progress or were completed during the previously completed calendar year per the criteria in 800-015-08-F (QI Project Review Criteria Checklist) of this



document. This assessment includes the review of 800-015-04-F (QI Project Worksheet Form) and 800-015-05-F (QI Project Action Plan Form) along with other documentation for the project.

- d) On an annual basis in the quarter following the end of the calendar year, the QIC will review and compile the data, of lessons learned and efficiencies gained from the completion of QI Projects that are available on the completed 800-015-04-F (QI Project Worksheet Form), and 800-015-07-F (QI Project Team (QIPT) Post-Project Evaluation Form).
- e) The QIC will review CCPH's website views and social media post views related to QI communication (as detailed in section N. of this document) to assess the effectiveness of this mode of communication. Baseline data was collected in February 2017 with the last data collected in December 2017. This data will be collected again annually for year-end data (in December) to continue to assess this mode of communication.

2. EFFECTIVENESS OF THE QI PLAN AND QI ACTIVITIES

- a) Starting in the month following the QI plan expiration date (about every three years), as part of the QI plan cycle, the QIC will discuss the effectiveness of the QIC operations (meetings, progress reporting, tracking, etc). The QIC will determine if any changes are needed to make improvements to better achieve the QIC objectives. The QIC Team Charter will be updated accordingly.
- b) The assessment data and results discussed in section M.1. of this document will be summarized and compared to the targets in the table below in order to determine the effectiveness of the QI Plan and QI activities:

	Goal	Measure	Data Source	Previous Results	Target
Organizational Culture	Improve staff QI maturity	Show improvement of staff maturity compared to previous	Every three-year QI maturity assessment compared to previous assessment	35/50 = 70% 6% increase over previous	10% increase in maturity
	Measurable success with QI project efforts	% of performance metrics achieved in completed QI Projects	QIC 800-015-08-F (QI Project Review Criteria Checklist) assessment	n/a	50% of individual metrics achieved
Capacity & Competency	Complete all QI Plan goals listed in section L. of this document and in attachment 800-015-14-A	Completion of goals by final deadlines	QIC assessment	24/32 = 75%	90%
	Measurable completeness of QI project efforts	All completed projects receive an assessment score of 14/16.	QIC 800-015-08-F (QI Project Review Criteria Checklist) assessment	TBD	
	Completed all QI communications listed in section O. of this document	Completion of goals by final deadlines	QIC assessment	18/21 = 86%	90%



	Goal	Measure	Data Source	Previous Results	Target
Alignment & Spread	Effectiveness of website and social media communication strategies	Show improvement of views	Annual QIC assessment of website and social media views compared to previous years data	TBD	Any increase in views

3. PROGRESS REPORTS

a) QI projects progress

- i) The QIPT Consultants will report the progress on their assigned QI projects and if they remain on target to meet the date of completion during the regular QIC meetings. This will be done at least quarterly.

b) QI project completion, outcomes and lessons learned

- i) The QIPT are responsible to prepare the one-page illustrative/graphic summary display of their completed project outcomes as soon as possible but no later than within 30 days of QI Project completion. No later than 30 days after project completion the QIPT shall post the illustrative/graphic summary display on the bulletin board in CCPH's hallway.
 1. The QIPT are responsible to provide the illustrative/graphic summary display to the QIC Chairperson when completed (by saving in the proper share drive folder and notifying the QIC chairperson). The QIC Chairperson is responsible to post the documents to the website promptly after the receipt.
- ii) The QIPT are responsible to prepare the brief narrative written summary of their completed project outcomes. It is recommended for this narrative to be drafted by the QIPT Consultant within 30 days after project completion. When prompted to provide articles for CCPH's Annual Report, the QIC Chairperson shall promptly request the narrative from the QIPT Consultant. The QIPT Consultant shall promptly provide narrative. The QIC Chairperson shall provide the narrative to the requestor to include in the Quality Improvement section of the report.
- iii) Each calendar quarter, the QIC will review which QI Projects are completed. If a QI Project is completed, the QIPT Consultant will provide a written summary of their completed project outcomes and lessons learned and a list of staff that were part of the QIPT. It is recommended for this summary to be drafted by the QIPT Consultant within 30 days after project completion. The QIC Chairperson will provide the summary to the Administrative Executive Assistant for incorporation into the BOH Meeting packet (aka Board Report). A member of the QIC (preferably the QIPT Consultant for the completed project) will attend the BOH meeting to discuss the project with the BOH.
- iv) As soon as possible but no later than within 60 days of QI Project completion, the QIC Chairperson will notify the DLT during one of their regularly scheduled meetings that a QI project has been completed. The QIC Chairperson will present the project



illustrative/graphic summary display to the DLT and the DLT will decide whether to post it on PHQIX.

1. If the project will be posted to the PHQIX website, the QIC Chairperson is responsible to provide the Health Commissioner the documents and language that should be posted to the website promptly after the DLT meeting. The Health Commissioner is then responsible to upload the documents to the PHQIX website promptly after receipt.
2. If the QIC Chairperson decides the project will be posted to CCPH's social media, the QIC Chairperson is responsible to provide the HAN Coordinator the documents and language that should be posted to the social media website(s) promptly after the DLT meeting. The HAN Coordinator is then responsible to upload/post the information to the social media website(s) promptly after receipt.

c) QI Plan Goals progress during year

- i) In the month following each calendar quarter, the QIC will provide a written summary of the QI Plan goals progress and if they are on target. The QIC will provide the summary to the Administrative Executive Assistant for incorporation into the BOH Meeting packet (aka Board Report). A member of the QIC will attend the BOH meeting to discuss the progress of the QI Plan with the BOH.
- ii) In the month following each calendar quarter, the QIC Chairperson will present the same quarterly summary to the DLT during their regular meetings. This same summary will also be posted on the QI section of CCPH's website by the QIC Chairperson.
- iii) When prompted to provide articles for CCPH's Annual Report, the QIC Chairperson shall complete a narrative that summarizes the QI Plan goals progress for the year reported. The QIC Chairperson shall provide the narrative to the requestor to include in the Quality Improvement section of the report.

d) QI Plan goal completion and QI effectiveness

- i) In the month following the QI plan expiration date (about every three years), the QIC will provide a written summary of the QI Plan goals completion status and the QI effectiveness results to the Administrative Executive Assistant for incorporation into the BOH meeting packet (aka Board Report). A member of the QIC will attend the BOH meeting to discuss the goals with the BOH.
- ii) The QIC Chairperson will present the same summary to the DLT during one of their regular meetings. This same summary will also be posted on the QI section of CCPH's website by the QIC Chairperson.

e) All CCPH staff meeting

- i) Before the all CCPH staff meeting, which occurs about once per year, the QIC will prepare the items to present during the meeting listed in section O. of this document to be shared during the meeting. A member of the QIC will conduct the presentation during the meeting.



f) Social media

- i) At least once per year, the QIC will determine which quality improvement efforts at CCPH to highlight for the public to post on social media. The QIC Chairperson is responsible to provide the HAN Coordinator the language that should be posted to the social media website(s) promptly after the QIC meeting deciding what to highlight. The HAN Coordinator is then responsible to post the information to the social media website(s) promptly after receipt.

4. ACTIONS TAKEN TO MAKE IMPROVEMENTS

- a) During the QIC meetings, the QIPT progress and QI Plan goals progress will be discussed at least quarterly. If the progress is not on target to meet the goals on time, the QIC will decide what actions need to be taken, if any. These actions can include, but are not limited to, extending the deadline to a new completion date (not to exceed the QI plan expiration date), reassigning the goal responsibility, and/or updating the scope of the goal. These decisions will be documented in the QIC meeting minutes.
- b) As part of the QIPT completing 800-015-04-F (QI Project Worksheet Form) and 800-015-07-F (QI Project Team (QIPT) Post-Project Evaluation Form), data will be available of the efficiencies gained and lessons learned. This data will be used to make revisions to the QI Plan if necessary.

5. CUSTOMER / STAKEHOLDER SATISFACTION FROM SERVICES AND PROGRAMS

- a) CCPH previously had limited existing customer satisfaction data surveys, which were used in the Nursing and WIC divisions and offered to customers periodically. During the QI Plan 2016-2017 year, additional customer satisfaction surveys and focus groups were implemented for other programs (SWAP, THRIVE, etc). The divisions responsible for the programs currently review the survey/focus group results, when available, and initiates mini-QI projects or just-do-it solutions to implement improvements, as needed, based on the results.
- b) CCPH continues to develop a method and frequency for collecting customer satisfaction data as part of the 800-034-P Organizational Performance Management System. Collected customer satisfaction data will be utilized as part of an improvement tool for any applicable QI projects.
- c) Customers/stakeholders, both internal and external, are identified on 800-015-04-F (QI Project Worksheet Form) for QI Projects. QIPT are encouraged to consider collecting data related to customer satisfaction as part of the project process.

N. REVISION AND UPDATE OF THE QI PLAN

1. In the month following the QI plan expiration date (about every three years), the QIC Chairperson will review and revise the QI Plan, including attached forms, based on the data, evaluations and effectiveness information compiled per section M. of this document.
2. The (DLT) approves the QI Plan in accordance with policy 800-001-P.



3. Until the QI Plan is revised, approved, and effective, the expired QI Plan is in effect and all QI goals and objectives that are in progress from that expired QI Plan are continued.
4. The QIC will prepare a written summary of the plan changes to present to the BOH during the meeting following the QI Plan approval in order to keep the BOH informed of QI initiatives. This summary will also be provided to the Administrative Executive Assistant for incorporation into the BOH meeting packet.

O. COMMUNICATION OF QUALITY IMPROVEMENT ACTIVITIES

A number of methods will be used to assure regular and consistent communication of quality improvement activities. These methods include, but are not limited to the following:

Key Message	Mode of Communication	Target Audience	Frequency
Opportunities to apply QI tools and methods	Division staff meetings All staff meeting	All CCPH Staff	As requested
QI Project outcomes and lessons learned, including recognition of involved staff	All staff meeting	All CCPH Staff	As scheduled, about once per year
	Written report for BOH meeting packet for the Quality Improvement agenda line item under reports	BOH	Quarterly
QI Project outcomes – illustrative/graphic	Bulletin board in CCPH hallway	All CCPH Staff	Within 30 days of QI Project completion
	CCPH Website – QI section	All CCPH Staff and Public	Within 30 days of QI Project completion
	Social media	Public	At least once every three years if approved by the DLT
QI Project outcomes – brief narrative	QI section in written CCPH Annual Report to include brief narrative of QI project outcomes	Public	Annually
QI training opportunities	Email	All CCPH Staff	When available, at least two weeks in advance of training date
Progress of QI Plan goals and objectives	DLT meetings	DLT	Quarterly
	Written report for BOH meeting packet for the Quality Improvement agenda line item under reports	BOH	Quarterly



Key Message	Mode of Communication	Target Audience	Frequency
	QI section in written CCPH Annual Report to include QI Plan goals progress summary	Public	Annually
	CCPH Website – QI section	All CCPH Staff and Public	Quarterly
	All staff meeting	All CCPH staff	As scheduled, about once per year
QI Plan	Distribute plan per policy 800-001-P	All CCPH staff	Every three years
Expectation of all CCPH staff to contribute to QI per the QI plan	All staff meeting	All CCPH staff	As scheduled, about once per year
	QI plan distribution	All CCPH staff	Every three years
QI Plan effectiveness	DLT meetings	DLT	One month following the QI plan expiration date (about every three years)
	Written report for BOH meeting packet for the Quality Improvement agenda line item under reports	BOH	One month following the QI plan expiration date (about every three years)
	CCPH Website – QI section	All CCPH Staff and Public	One month following the QI plan expiration date (about every three years)
	All staff meeting	All CCPH staff	As scheduled following the QI plan expiration date (about every three years)
QIC progress	QIC meeting minutes stored on shared drive	All CCPH staff	Updated after regular meetings, reviewed as desired
	QIC meeting minutes stored on CCPH Website – QI section	All CCPH Staff and Public	Updated after regular meetings, reviewed as desired
QI at CCPH	Social media	Public	At least once per year

P. CITATIONS & REFERENCES

<http://lean.ohio.gov/> (accessed various areas on 08/28/2018)



QI Maturity Tool (29-question) from the Ohio State University (OSU) Center for Public Health Practice: <https://u.osu.edu/cphp/accreditation-support-services/> (accessed “QI maturity Tool” linked document on 08/28/2018)

National Association of County and City Health Officials (NACCHO): (2012), The Roadmap to a Culture of Quality Improvement. Available: <http://qiroadmap.org> (accessed 08/28/2018).

Public Health Quality Improvement Exchange (PHQIX): www.phqix.org (accessed 08/28/2018).

800-009-P Employee Training Policy: <http://www.cantonhealth.org/?pg=355>

800-050-P Workforce Development Plan: <http://www.cantonhealth.org/?pg=355>

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- Washington County, Department of Public Health and Environment, Minnesota
- Medina County Health Department, Ohio
- Knox County Health Department, Illinois

Q. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Terri Dzienis, APC Director
2. Robert Knight, Performance Improvement and Accreditation Coordinator

R. APPENDICES AND FORMS

800-015-01-F: QI Project Proposal Form

800-015-02-F: QI Project Selection Criteria Form

800-015-03-F: QI Project Idea Form

800-015-04-F: QI Project Worksheet Form

800-015-05-F: QI Project Action Plan Form

800-015-06-F: QI Just-Do-It Solution Form

800-015-07-F: QI Project Team (QIPT) Post-Project Evaluation Form

800-015-08-F: QI Project Review Criteria Checklist

800-015-09-F: QI Maturity Survey Version 5

800-015-10-A: Quality Improvement Committee Team Charter

800-015-11-A: The ABCs of PDCA

800-015-12-A: Quality Improvement Toolbox

800-015-13-F: QI Skills Assessment Form-



Canton City Public Health

800-015-14-A: QI Goals and Objectives

800-015-15-A: QIC Membership