

APPENDIX A. DPH QUALITY COUNCIL DEFINITIONS

Accreditation: According to the Public Health Accreditation Board (PHAB), Accreditation is defined as:

- The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
- The periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards.
- A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

(Continuous) Quality Improvement (CQI): Continuous Quality Improvement (CQI) is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. The primary goals are to improve the efficiency, effective-ness, quality, or performance of services, processes, capacities, and outcomes. ¹

Customer: A person or group that receives or consumes goods and services and has the ability to choose between different products or services. (www.merriam-webster.com/dictionary/customer). DPH serves both internal and external customers. Examples of DPH customers include patients, partners, other agencies, facilities, and employees.

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) exceeds specified satisfaction goals. ²

Data: Data are factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Data are information in numerical form that can be digitally transmitted or processed. ³

Goals: The term "goals" refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. Quantitative goals, frequently referred to as "targets," include a numerical point or range. ⁴

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. ⁵

Performance Management: Performance Management uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.⁶

Plan-Do-Study-Act (PDSA): PDSA refers to the process of continual improvement and learning proposed by Walter Shewhart and espoused by W. Edwards Deming. The letters stand for Plan, Do, Study, and Act. The four stages of the PDSA cycle: Plan – the change to be tested or implemented; Do – carry out the test or change; Study – data before and after the change and reflect on what was learned; Act – plan the next change cycle or full implementation. Also sometimes called Plan-Do-Check-Act (PDCA).

Quality Assurance: Quality Assurance consists of planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.
American Society for Quality.

Quality Improvement (QI): Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. 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.⁷

QI Champions: Staff that possess enthusiasm for and expertise in QI, serve as QI mentors to staff and regularly advocate for the use of QI in the agency.⁸

Quality Improvement Plan: The Quality Improvement Plan is a basic guidance document indicating how the department will manage, deploy, and review quality throughout the organization. The main focus is on how we deliver our products and services to our customers and how we ensure that we are aligned to their needs. The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently. Over time, the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document. Initially, however, the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization.⁸

Strategic Plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.⁹

1. Centers for Disease Control and Prevention, National Public Health Performance Standards Program and Public Health Foundation. (2007). *Acronyms, Glossary, and Reference Terms.*

2. Farris PW, Bendle NT, Pfeiffer PE, ReibsteinDJ. (2010). *Marketing Metrics: The Definitive Guide to Measuring Marketing Performance.* Upper Saddle River, NJ: Pearson Education, Inc.

3. Merriam-Webster Online. *Data – Definition and More*. Online: <http://www.merriam-webster.com/dictionary/data>.
4. Baldrige Performance Excellence Program. (2002). *Goals. Baldrige Business, Public Sector, and other Nonprofit Glossary*.
5. James Womack, Daniel Jones, and Daniel Roos coined the term “lean” in their 1990 book, *The Machine that Changed the World*, to describe the manufacturing paradigm (often referred to as the Toyota Production System)
6. Public Health Accreditation Board. (2011). *Standards and Measures Version 1.0. PHAB: Alexandria, VA*.
7. Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, and Cofsky A. (2010). *Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice* 16(1), 5-7.
8. *Roadmap to a Culture of Quality improvement*, (Fall 2012) NACCO, page 16
8. Kane T, Moran JW, and Armbruster S. (2010). *Developing a Health Department Quality Improvement Plan. Public Health Foundation*.
9. Swayne LE, Duncan WJ, and Ginter PM. (2008). *Strategic Management of Health Care Organizations. Jossey-Bass: New Jersey*.