



*Public Health*  
HEALTH AND HUMAN SERVICES

# Quality Improvement Plan

## North Carolina Division of Public Health

Revised: April 10, 2018



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## **1. Purpose, Mission and Vision**

### **a.) Purpose**

The North Carolina Division of Public Health (DPH) Quality Improvement (QI) Plan serves as a comprehensive document that describes how DPH will guide the development, implementation, monitoring and evaluation of cross-sectional efforts to build a culture of continuous quality improvement throughout the organization. The QI Plan provides a framework for the DPH QI Council to use to enhance the culture of quality throughout DPH and assist with Public Health Accreditation Board (PHAB) accreditation efforts. It focuses on the central themes of advancing a culture of quality: leadership; QI structure and infrastructure; continuous quality improvement (CQI) projects; capacity building; customer satisfaction; communication; accreditation; and recognition of QI efforts.

The QI Plan outlines DPH's broad QI goals, objectives, and provides a realistic annual work plan for achieving those goals and objectives. Because of the efforts outlined in this plan, DPH will be better able to protect, maintain and improve the health of all North Carolinians.

### **b.) DPH Mission and Vision**

*Working for a healthier and safer North Carolina – Everywhere, Every day, Everybody.*

*North Carolina Public Health (NCPH) works to promote and contribute to the highest possible level of health for the people of North Carolina.* Our entire statewide system of public health – local, state and private sector – has dedicated professionals who carry out our mission every day through a wide range of essential programs and activities touching the lives of everyone in our state.

## **2. Quality Improvement**

DPH is committed to a culture of quality improvement (QI) to enhance our organization's performance and achieve desired results. A high-performing, quality improvement organization actively changes the way business is done by:

- Focusing on the needs of the customer;
- Using data to analyze problems and performance concerns;
- Involving employees who understand and are impacted by the improvement opportunity;
- Developing solutions and improvements based on analysis;
- Engaging customers and stakeholders;
- Implementing improvements based on data;
- Monitoring and evaluation performance; and,
- Continually making improvements over time.

Quality Improvement is a continuing cycle of measurement, analysis, and improvement.  
(Refer to **Appendix A. DPH Quality Council Definitions**)

### **3. Current State of QI at NC DPH**

A mature culture of quality is exhibited by an organization when QI is fully embedded into the way business is done across all levels, sections/branches, and programs. Leadership and staff are fully committed to quality, and the results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that root causes of problems are always identified. (*Roadmap to a Culture of Quality Improvement*, National Association of County and City Health Officials, Fall 2012).

In the fall of 2011, DPH leadership assessed the division's CQI maturity status based on the "How CQI Oriented Are You" survey, which was sent to all staff. The survey results indicated that DPH's **culture of quality** at that point in time could be described as follows:

- Discrete QI efforts are practiced in isolated instances.
- Data is used but not consistently across branches/sections.
- Data is not used routinely for decision-making.
- Staff views QI as extra work.
- There is a general lack of knowledge across the board about QI.

Despite these observations, Council members have recognized several strengths related to CQI at DPH. There has been advancement in the areas of QI activity/projects and capacity building via the QI 101 and QI Advisor programs, as well as incorporating aspects of QI into programs in order meet grant standards and requirements.

In fall of 2015, the DPH QI Council again measured CQI maturity via an all-employee survey. Results from the 2015 survey failed to indicate an increase in the agency QI maturity score since 2011 (refer to **Appendix B. NC DPH CQI Culture Orientation Survey Results**). The QI maturity score corresponds to Phase 3 of the aforementioned *Roadmap to a Culture of Quality Improvement*.

In order to establish a **short-term vision for CQI at DPH**, Council members were asked what they would like the agency to look like a year from now in terms of QI. Responses included:

- We know who our customers are and we ask them how we are doing.
- There is an increase in employee QI aptitude.
- There is an increase in the number of QI champions in the sections/branches.
- Complaints are seen as opportunities for improvement.
- Leaders (at all levels) talk about QI.
- Survey respondents don't have to answer "I don't know" to the QI questions.
- Procedures are documented.
- Improvements are documented.

The **longer-term vision for QI at DPH** is achieving the definition of a culture of quality (as described above) and as characterized by the following "human" and "process" characteristics based on Phase 5 of the *Roadmap to a Culture of Quality Improvement*:

“Human Characteristics”	“Process Characteristics”
<ul style="list-style-type: none"> <li>• Several QI champions exist throughout the agency to mentor staff.</li> <li>• Sharing of best practices and lessons-learned is common throughout the agency.</li> <li>• Charts, graphs, newsletters, storyboards, or other visuals illustrating improvement may be displayed throughout the organization.</li> <li>• The majority of staff understands how and why QI should be used in daily work, and resistance is minimal.</li> <li>• Staff continuously uses QI tools and techniques to improve work.</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized processes are in place throughout the agency.</li> <li>• Progress and outcomes related to QI and strategic goals are reported widely and routinely.</li> <li>• Problem-solving and decision-making are data-driven and collaborative throughout organization.</li> <li>• Detailed operational plans are being used and linked to agency strategic plans and State Public Health QI plan.</li> <li>• QI plan is fully implemented, evaluated, and revised annually.</li> <li>• Customer satisfaction is assessed systematically.</li> <li>• A formal performance management system is fully in place.</li> <li>• Resources and staff time are consistently allocated for QI.</li> <li>• Redundancies and variations in processes are minimized throughout the agency.</li> </ul>

#### **4. Performance Management System**

Performance management at DPH is the practice of using data for decision-making by establishing results and standards; using data for measurement; monitoring and communicating progress toward those results; and engaging in quality improvement activities when desired progress is not being made. Quality improvement is an essential component of this broader system.

DPH will realize the following benefits of a performance management system as it matures:

- Organizational alignment and the ability to identify, examine and address issues with division-wide implications
- Increased ability to use data to communicate
- Targeted improvement efforts resulting in increased effectiveness and efficiency
- Increased customer satisfaction
- Ultimately, improved health outcomes for all North Carolinians

See **Appendix C DPH Strategic Plan**.

#### **5. Quality Improvement Structure at DPH**

Engaging in continuous quality improvement (QI) is expected at all levels across DPH. Key roles and responsibilities for QI include:

- The *Division Management Team* (DMT) will demonstrate leadership support for continuous quality improvement. The Public Health Division Director is the executive sponsor of the QI Council.
- The *DMT* is also responsible for annually approving the QI Plan. DMT will refer any cross-section quality improvement opportunities to the Council for consideration and/or required action.
- DPH's *Quality Improvement Council* will provide support to DPH leadership in building a culture of continuous quality improvement throughout the organization. The Council will be a source of leadership and direction for cross-section quality improvement efforts at DPH. The Council will also provide support and guidance for building capacity for QI on all levels, communicating and sharing QI activities and resources and recognizing QI efforts and successes (refer to **Appendix D. DPH Quality Improvement Council Charter**).
- DPH executive leadership is expected to have a basic understanding of quality improvement (definition, purpose, basic concepts), to lead by example, and to foster a culture of quality within their respective sections/offices. This may include; assessing and addressing QI training needs; referring potential cross-section QI opportunities to the QI Council; encouraging managers/supervisors to integrate QI into their daily work; and recognizing those who contribute to quality, efficiencies and cost savings. DPH executive leadership is responsible for using performance measures to manage the work of their section/office. Identified opportunities for improvement should be acted upon or referred to the DPH QI Council or other appropriate QI group or committee.
- Section chiefs, branch heads, managers and supervisors are expected to have a basic understanding of quality improvement (definition, purpose, basic concepts). They will lead by example and foster a culture of continuous quality improvement within their sections, units and program areas. This includes addressing QI training needs; referring any potential cross-section/unit/program QI opportunities to DMT and/or QI Council; encouraging staff to use QI tools and integrate QI into their daily work; and recognizing those who contribute to efficiencies and cost savings. Section/Unit/Program managers and supervisors should use performance measures to make data driven decisions. They are expected to identify and put forward opportunities for improvement.
- All employees are expected to continually look for ways to do their work better, share those ideas with their colleagues and supervisors, and to contribute and adapt to change. Employees are expected to participate in quality improvement initiatives, as needed.

## **6. Quality Improvement Projects**

The QI Council will encourage and provide support for the identification and implementation of cross-section QI initiatives. Priority will be placed on projects that align with the DPH's strategic priorities, existing goals, accreditation requirements, and/or identified gaps based on performance data. Additional projects will be identified and/or initiated, as resources allow. When the team identifies the need for resources of any kind, the QI Council will refer the request to administrative leadership.

### **a.) Identification and Prioritization of QI Opportunities/Projects**

The QI Council has developed a Project Tool that will be used as part of a process for a process for prioritizing, selecting and initiating cross-section QI projects. Throughout the next year, the Council will potentially identify cross-sectional QI opportunities through one or more of the following avenues:

- DMT and section chief/branch head requests
- Other organization-wide assessments and/or surveys, such as the culture survey
- DPH headline program performance measure data
- Monitoring of DPH-level projects for those that have the potential to impact other program areas
- Analysis of proposals, ideas, work in progress and/or completed projects in the Quality dashboard
- Publishing guidance regarding submitting potential QI projects to the Council for sponsorship and facilitation

Project proposals, requests and ideas will be reviewed at regularly scheduled Council meetings. The Council will encourage and provide support to those projects which align with DPH's mission and strategic goals and which are able to be completed with available resources. Submitters will be asked to submit a request in writing; preferably drafting a Project Charter and sending it to the Council Chair, the Council Facilitator or any Council member for consideration at the next Council meeting (refer to **Appendix E. DPH QI Council Project Description Form**).

#### **b.) Implementation of Cross-Sectional QI Projects**

Cross-sectional QI projects may be sponsored by a Council member or non-member and led by staff in the appropriate program area(s). The QI Council will offer project consultation and/or facilitation, as requested and as appropriate.

Project teams are expected to:

- Document the answers to the questions:
  - *What are we trying to accomplish?*
  - *How will we know that a change is an improvement?*
  - *What changes can we make that will result in an improvement?*
- Develop a Project Charter that outlines how the team will operate and what it will accomplish
- Use the Model for Improvement (Plan-Do-Study-Act) or Lean methodology
- Document key steps of the process
- Report results to the Council
- Share documents, tools, lessons learned, etc. with others throughout DPH
- Develop a project summary

#### **c.) Division-Level QI Projects**

In order to integrate QI at all levels of DPH, each Section/Branch is responsible for identifying, implementing, monitoring, evaluating and documenting their respective QI projects. The Council plans to maintain a QI project repository, the Quality dashboard, and requests that all Sections/Branches document quality improvement activities on a shared site. The purpose of this documentation is to assess the spread of QI throughout the division, identify QI expertise and experience, create a mechanism for connecting with others engaged in QI, identify projects that have division-wide significance and assist in

communicating and celebrating successes. The QI Council is available to provide additional support and technical assistance as needed.

Quality improvement projects at all levels will be encouraged to follow “project management” principles to provide structure to the activity. This helps ensure clear purpose and scope, commitment of necessary resources, specified timeframes, expected level of effort, management sponsorship and support, clear decision/implementation authority, and anticipated outcomes.

To ensure success, QI project teams should include individuals at various levels including “frontline” staff, program managers, division directors, and other staff or stakeholders/customers. A QI project team may be developed to address a single project or the team may be in place on a long-term basis to address a series of related QI projects over time.

## **7. Goals and Objectives**

In order to assess and monitor progress in advancing the culture of quality at DPH, the QI Council has established goals based on results from the annual CQI Survey Tool, QI Council and DMT members’ vision for quality improvement at DPH, and on recommended transition strategies from the *NACCHO Roadmap to a Culture of Quality*. See Appendix F for information about goal progress, processes, and assignments.

## **8. Performance Monitoring and Reporting**

- A. The Council will review the QI Plan and all related processes annually (calendar year) to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts. The evaluation will include comparison of actual results to objectives outlined in Section 7. Analysis of gaps in performance will be included in the annual plan updating process.
- B. As outlined in Appendix F, a process for monitoring and reporting of cross-section projects will be determined by the Council. It is anticipated that such QI projects will be monitored by the Council on a regular basis. After a project is initiated, the project lead may be invited to a Council meeting to provide project updates at critical check-in points. Upon completion of these projects, project leads may be asked to share results, lessons learned and opportunities for replicating the project in other areas of the organization with the Council and/or DMT through presentation or submission of a one-page project summary.
- C. The Council will prepare and the Council Chair will present an annual report to DMT which summarizes:
  - Cross-sectional QI projects, including reporting of project data, a summary of barriers to achieving aims, plans for addressing barriers, successes, key learnings and sustainability plans
  - Achievement on the comprehensive CQI Maturity Score and data from the specific ten questions that make up the CQI Maturity Tool
  - A work plan for the next year
  - Any recommended changes to the QI Plan
  - Any recommended changes to the Council’s Charter

## **9. Training Plan**

Developing staff capacity and competency to engage in continuous quality improvement is an essential component to building a culture of quality. In addition to Objectives 3A, 3B, and 3C, as outlined above, the QI Council will support the following activities:

- Work with Human Resources management staff to present a 10-15 minute overview of Quality Improvement and Performance Management at DPH new employee orientation.
- QI Council members attend appropriate trainings
- Develop additional QI Advisors to increase capacity to facilitate QI projects
- , Offer DHHS sponsored QI training to DPH staff.
- Encourage and promote QI trainings to DPH staff and managers/supervisors which are offered by external partners, such as through the Population Health Improvement Partners.
- Encourage networking and learning from others through E-Updates.

## **10. Communication Plan**

Clear and consistent communication is also critical to building a culture of continuous quality improvement throughout DPH. The Communication Plan serves to outline the strategies and activities the QI Council will engage in to regularly to communicate QI within DPH. **Refer to Appendix G: Communication Plan.** They include:

### ***A. Making QI Visible***

- Physically display project summaries/storyboards.
- Promote the DPH Quality Council SharePoint site.
- Promote the Quality dashboard.

### ***B. Recognizing Quality Improvement Efforts***

- Acknowledge QI project accomplishments /or write-ups on the DPH Intranet homepage.
- Oversee DPH's nomination process for the Governor's Continuous Improvement Awards. Acknowledge these QI projects through the DPH homepage.
- Publicize and archive completed QI projects in the Quality dashboard.

### ***C. Documenting QI Project Activity***

- Request cross-sectional QI project teams to develop a one-page project summary upon project completion.
- Strongly encourage cross-sectional QI projects to develop a project summary and document activities in the Quality dashboard.

### ***D. Reporting Regularly on QI Efforts and Achievements***

- Provide regular Council updates and annual reports to the DMT.
- Present at section/branch and program-level meetings, as requested.
- QI project (cross-sectional and section/branch/program specific) leads present project summaries/storyboards to the QI Council upon project completion, as requested.

***E. Enhancing, maintaining and promoting QI resources and tools***

- Promote QI tools, resources, and trainings through links from the DPH home page to the DPH external webpage for QI: **DPH: Quality Improvement & Performance Management**.

***F. Organizing and Sharing QI Documents on SharePoint***

- Use the QI Council SharePoint site to store documents from the Quality Council and to house the Quality dashboard.

**11. Evaluation**

The effectiveness of the QI Plan will be measured by the following methods:

1. Monitoring the DPH QI Maturity Score – biennial evaluation
2. Assessing the achievement of QI Plan goals and objectives – quarterly status review/annual evaluation
3. Assessing the completion of the annual QI Council Work Plan – quarterly status review/annual evaluation

**12. Budget/resource allocation**

1. Each program has a budget from which it may pay for QI training and project initiatives
2. Funding is available from the Director’s Budget for general expenses such as training or costs associated with QI initiatives.
3. Make funding requests through the DPH Director’s Office

## 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.<sup>1</sup>

**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](http://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.<sup>2</sup>

**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.<sup>3</sup>

**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.<sup>4</sup>

**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.<sup>5</sup>

**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.<sup>6</sup>

**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.<sup>7</sup>

**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.<sup>8</sup>

**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.<sup>8</sup>

**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.<sup>9</sup>

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## Appendix F--Goals

### I. Goals Completed

**1A. By July 31, 2016, the DPH QI Council will provide the QI Culture Survey results. Use information to create focus groups and receive feedback on topics. Complete first group by January 1, 2017 through AHEC and Institute of Public Health.**

- Results of the DPH QI Culture Survey results were compiled and shared with staff on 12/17/15.

**1B. By December 31, 2016, the DPH Division Office will articulate the value of quality improvement to DPH staff a minimum of two times, through oral presentations and/or in writing.**

- Email from Danny Staley on 12/17/15 discussing the result of the QI Culture Survey and announcing changes regarding email communication.
- Email from Danny Staley on 10/18/16 requesting submission of QI projects to be shared at the Epidemiology & Evaluation Team Poster Day.

**2A. By March 31, 2016, a process for identifying, prioritizing, selecting, monitoring and reporting of cross-sectional QI projects will be developed using the project selection tool.**

- The DPH QI Council subcommittee on project section developed an application to identify potential QI projects and a project selection matrix to prioritize and select projects. These documents were finalized on 2/26/16 (see attached). Monitoring of the projects will be done by the QI Council members who are assigned as liaisons to that project.

**3A. By July 31, 2016, the feasibility of requiring QI introduction for DPH staff will be determined.**

- The DPH QI Council discussed the feasibility of including an introduction to QI in new employee orientation during regular council meetings from January through July of 2016.

**3B. By December 31, 2016, QI will be incorporated into new employee orientation.**

- QI was added to new employee orientation starting on 10/12/2016. PowerPoint slides are attached here for reference.

**3C. By December 31, 2017, at least two (2) QI training events will be piloted in the division.**

- DHHS provided Lean Training to the QI Council and a program group in 2017. Green Belt training is in process for three members of QI Council.

**4. Performance measures are aligned with the DPH's mission, strategic plan, and essential services.**

- All sections will be represented on the QI Council
- At least two QI Projects will be completed each year

**6. DPH values and recognizes staff quality improvement efforts.**

- Multiple successful QI Projects were displayed and recognized at Poster Day.

**II. Goals Assigned**

<b>Goal 1</b>	<b>Leadership at all levels communicates the importance and value of quality improvement internally and externally (with stakeholders).</b>	<b>Coordinator</b>
1A	By July 31, 2016, the DPH QI Council will provide the QI Culture Survey results. Use information to create focus groups and receive feedback on topics. Complete first group by January 1, 2017 through AHEC and Institute of Public Health.	Complete
1B	By December 31, 2016, the DPH Division Office will articulate the value of quality improvement to DPH staff a minimum of two times, through oral presentations and/or in writing.	Complete
<b>Goal 2</b>	<b>Quality improvement is institutionalized into DPH's structure.</b>	
2A	By March 31, 2016, a process for identifying, prioritizing, selecting, monitoring and reporting of cross-sectional QI projects will be developed using the project selection tool.	Complete
2B	By June 30, 2018, QI expectations will be outlined in all position descriptions (PDs). Discuss in April. Does not appear to be an accreditation requirement. A workgroup will develop a statement to add. Felicia will draft to share before next meeting.	Felicia Bridges
<b>Goal 3</b>	<b>All staff at DPH will have an understanding of QI concepts and practices, including the use of data to make decisions.</b>	
3A	By July 31, 2016, the feasibility of requiring QI introduction for DPH staff will be determined.	Complete
3B	By December 31, 2016, QI will be incorporated into new employee orientation.	Complete
3C	By December 31, 2017, at least two (2) QI training events will be piloted in the division.	Complete
3D	A review presentation on QI concepts and practices will be required viewing for other DPH staff by June 30, 2018. Eleanor to check with Jana on possible materials. Bring to April meeting for approval. The Council discussed the inclusion of QI training during the first, second, and third orientation days. Revisit goal 3 in April.	Eleanor Howell Joy Reed
<b>Goal 4</b>	<b>Performance measures are aligned with the DPH's mission, strategic plan, and essential services.</b>	
4	By July 01, 2017, QI performance measures will be developed that align with PHAB standards.	Complete
<b>Goal 5</b>	<b>DPH seeks and uses feedback from customers for continuous quality improvement.</b>	
5	By April 30, 2018, a number of resources with specific examples of how to use customer feedback for improvement will be made available to DPH employees via DPH website. Bring examples to the April meeting. Want to show from data to action.	Discuss with Council
<b>Goal 6</b>	<b>DPH values and recognizes staff quality improvement efforts.</b>	

- 6 By July 1, 2017, the QI Council will review completed QI projects and efforts and Complete determine how employees on successful projects can be recognized for their quality improvement efforts.

Note: Develop a new goal in April. Considering distributing via Town Hall, Director's Pulse, Newsletter, QI Website, and Video screens. Don't want to create more work. Have QI be a stop on the Director's Pulse tour. Create new section of QI website for examples.

**Other Appendices posted separately**