Establish a process that guides health department quality improvement efforts across the department.

Purpose & Significance

The purpose of this measure is to assess the plan to support quality improvement throughout the department. To make and sustain quality improvement gains, a sound quality improvement process and infrastructure for implementing that process is needed. A quality improvement plan serves as a roadmap to establish shared goals across the health department to foster a culture of quality.

MEASURE 9.1.4 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 5 years
1. A quality improvement (QI) plan that addresses each of the following:			
a. List and description of key quality terms.	**For required element a:** Inclusion of key QI-related terms is intended to create a common vocabulary and clear, consistent message regarding QI among staff, leaders, and other stakeholders.		
b. Key elements of the QI structure, which must minimally include a description of roles and responsibilities of those responsible for the QI plan's implementation.	**For required element b:** In addition to roles and responsibilities of those responsible for the QI plan's implementation, the description could include, for example, organization structure for the QI process; membership and rotation of QI council/team members; descriptions of staffing or administrative support for the process; or descriptions of specific budget or resource allocation for the department's QI process.		
c. Description of QI learning opportunities offered to all levels of department staff.	**For required element c:** Delivery methods for QI learning opportunities could include, for example, new employee orientation presentations, introductory online courses for all staff, more advanced trainings for lead QI staff, hands-on workshops, or participation in learning communities. QI learning opportunities could be integrated in the workforce development plan training list or schedule, which may be provided as a companion document.		
d. Description of the process for identifying, prioritizing, **and** initiating QI projects.	**For required element d:** The health department's QI plan will include the steps for: identifying or collecting ideas for QI projects (e.g., from the performance management system, customer feedback, or staff suggestions); prioritizing ideas for QI projects (e.g., using tools like prioritization matrices, project nomination ranking or rating worksheets, nominal group or multi-voting techniques, strategy grids, or The Hanlon Method); and initiating a QI project for a prioritized idea (e.g., establishing a QI team and developing a charter). These steps may be contained within the plan or an appendix to the plan. Health departments could consider incorporating an equity lens to identifying and prioritizing projects. When identifying projects, the health department might, for example, consider the impact of projects on populations potentially affected and might gather input from those who would be affected to assess whether the project would be responsive to their needs. The health department might also consider how to ensure potential QI projects are inclusive and open to the diverse perspectives of staff, partners, or community members. Prioritization processes could also include equity-based values or factors in weighting criteria of a prioritization matrix or other consideration about which projects would have the greatest impact on equity. Quality is defined by the communities served: there is no quality without equity.		

MEASURE 9.1.4 A:

Required Documentation 1

	Guidance	Number of Examples 1 plan	Dated Within 5 years

e. Goals and objectives with time-framed targets, related to the department's QI plan implementation.	**For required element e:** The intent of this required element is for the health department to establish goals and objectives with time-framed targets pertaining to implementation of the QI plan itself. Goals and objectives related to specific QI projects or listing of QI projects would **not** meet the intent of this requirement. Goals and objectives could relate to, for example, QI training or learning opportunities offered for staff; the number or type of QI projects completed; the proportion of staff engaged in QI plan activities; communication of QI achievements or project outcomes to a variety of audiences; engagement of diverse teams in QI projects; or consideration of equity impact in selecting QI projects.
f. Description of how implementation of the QI plan is monitored.	**For required element f:** The intent of this required element is to describe how the health department measures progress toward implementing the QI plan goals and objectives, as identified in required element e. Implementation of the QI plan could be monitored, for example, through the health department's performance management system, or by the QI Council/Team/Committee during their meetings.
g. Communication strategies used to share with stakeholders about QI activities conducted by the health department.	**For required element g:** The QI plan will include a description of methods the health department may use to communicate its QI-related efforts to stakeholders. Stakeholders could be internal or external to the health department. Communications methods could include, for example, presentations with staff, members of the governing entity, or other health departments; QI newsletters; public display of QI storyboards; staff meeting updates or presentations; or other communications.

MEASURE 9.1.5 A:

Implement quality improvement projects.

Purpose & Significance

The purpose of this measure is to assess the health department's use of quality improvement to improve processes, programs, and interventions. Quality improvement projects that use recognized methods and tools to understand the current process and root causes, identify possible solutions, implement solutions, and use data to track the results can increase the effectiveness and efficiency of existing processes.

MEASURE 9.1.5 A: Required Documentation 1	Guidance	Number of Examples 2 examples	Dated Within 5 years
1. Implementation of quality improvement (QI) projects that demonstrate the following:	To show implementation, the QI projects will have gone through at least one full project cycle—in other words, the health department will have reviewed its current process, tested out at least one solution, collected data on that solution, and identified next steps. Projects that have not yet completed one full cycle at the time of documentation submission would **not** meet the intent of this requirement. Examples will focus on improvement of existing processes by using a QI method and tools to understand the current process and root causes, identify and select solutions, and monitor progress towards measurable objectives. Demonstrating use of one QI tool for one part of the cycle (e.g., brainstorming possible solutions alone) would **not** be sufficient to meet the intent of this requirement. QI projects could focus on improving existing processes related to, for example, timesheet approval; inspection times for food, pool, or other establishments; accuracy or completeness of inspection reports; recruitment to increase the diversity of the hiring pool; new employee onboarding processes; the contracts management process; engaging partners or community members in the state/Tribal/community health assessment process; reduction of youth vaping rates; intake processes for community members using health department services; or community participation in a walking challenge intended to promote physical activity. Projects could also focus on exploring root causes or barriers to streamline or improve existing processes that could impact equity. This could include QI projects aimed to change existing processes in order to, for example, increase use of farmers markets in identified food desert areas; improve access to transportation systems; or streamline existing coordination of care processes using Community Health Workers or Community Health Representatives.		
a. How the opportunity for improvement was identified.	**For required element a:** Opportunities for improvement could be identified through use of data from, for example, the department's performance management system, other program or administrative data, audit findings, staff observation, or staff or customer feedback.		
b. The measurable and time-framed objective(s) for how the project aims to address the opportunity for improvement.	**For required element b:** Those engaged in the project will establish time-framed objectives to measure progress on what they are trying to accomplish. These statements are sometimes referred to as AIM Statements. Objectives could include, for example, within six months, reducing the number of days it takes to inspect and approve a new private septic system from five business days to three business days; or increasing from 40% to 60% the reach of a health education campaign about the benefits of the HPV vaccine among adolescents over the course of two months.		
c. Use of a QI method.	**For required element c:** Quality improvement methods could include use of, for example, Plan Do Study/Check Act (PDSA/PDCA); Six Sigma's Define, Measure, Analyze, Improve, Control (DMAIC); or Kaizen, lean, rapid cycle improvement, or other recognized QI methods.		

MEASURE 9.1.5 A: Required Documentation 1	Guidance	Number of Examples 2 examples	Dated Within 5 years
d. Use of QI tools to better understand or make decisions about: i. The current process. ii. Root cause(s). iii. Possible solutions. iv. Prioritization/ selection of solutions for implementation.	**For required element d:** QI tools appropriate for a given improvement model will vary based on the method selected and the type or problem identified. To examine the current process (i), the health department will document how the current process works and identify potential issues or opportunities for improvement. QI tools could include, for example, flowcharting or process mapping to document the way in which the process under study is currently operating. Examination of root causes (ii) and factors contributing to the issue under review provides further insight on opportunities for improvement. QI tools could include, for example, affinity diagrams, brainstorming, flowcharting, fishbone diagrams, 5 whys, check sheets, control charts, force field analyses, Gantt charts, interrelationship diagrams, logic models, pareto charts, and swim lane maps. Through the QI project, the health department may identify many possible solutions (iii) to test through the improvement effort. QI tools could include, for example, brainstorming and Strengths Weaknesses, Opportunities and Threats (SWOT) or Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis. Once possible solutions are identified, the health department will use a process to prioritize which solution best addresses the issue (iv), for example, using a prioritization matrix. Elements that could be considered in prioritizing among potential solutions could include, for example, level of effort, expected impact, potential for unintended consequences, or the potential impact on equity.		
e. A description of the outcomes of the QI project, including progress toward the measurable objective(s) established in required element b. The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project.	**For required element e:** The example will show the solution was tested by the department and the results were assessed to determine if it results in the expected improvement. Based on the data about whether the test met the objective, the health department will determine next steps. The health department could, for example, plan to institutionalize the improvement as a new established process, or could determine they need to go back to an earlier step in their QI process and initiate another improvement cycle to test another possible solution. The health department could also consider any unintended consequences of the tested solution to ensure, for example, that increases in efficiency did not lead to decreases in effectiveness and that benefits of the QI project are equitably distributed. **Documentation Examples** Documentation could include, for example, storyboards for completed QI projects, QI project reports, or presentations of QI projects to health department staff, leaders, or other stakeholders.		