

# QUALITY IMPROVEMENT AND PERFORMANCE MANAGEMENT PLAN



August 2019

SACRAMENTO COUNTY PUBLIC HEALTH



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The Sacramento County Public Health Quality Improvement Team prepared this plan.

The plan was adopted in August 2019. The 2018-2020 Quality Improvement Team:

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# QUALITY IMPROVEMENT AND PERFORMANCE MANAGEMENT PLAN

## SACRAMENTO COUNTY PUBLIC HEALTH

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### *Sacramento County Public Health Mission & Vision*

*The mission of Sacramento County Public Health is to promote, protect and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention, and response. The vision of Sacramento County Public Health is optimal health and well-being for Sacramento County communities.*

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## PURPOSE & INTRODUCTION

Sacramento County Public Health (SCPH) is committed to being a performance-based organization that utilizes Quality Improvement (QI) and Performance Management (PM) to better serve our staff, clients and communities. Leadership is committed to creating a culture of quality at all levels and for all programs. “Quality” is the degree to which a health or social service meets or exceeds established professional standards and user expectations.

The purpose of the Sacramento County Public Health Quality Improvement and Performance Management Plan (QI/PM Plan) is to systematically plan for, measure, evaluate, and improve the quality of care and services delivered to people living in Sacramento County.

The SCPH QI/PM Plan aligns with the Division’s Strategic Plan and National Public Health Accreditation Board’s Standards and Measures to provide a framework for QI and PM within SCPH. The Plan also aligns with SCPH’s commitment to quality and effective service as contained in Strategic Priority Number 5 of the Divisions’ Strategic Plan (2019):

“Emphasize a Culture of Continuous Quality Improvement and Excellence”

The SCPH QI/PM Plan aligns with Standard 9.1 and 9.2 of the National Public Health Accreditation Board’s Standards and Measures.

**STANDARD 9.1** Use a Performance Management System to Monitor Achievement of Organizational Objectives.

SCPH will implement and maintain a performance management system based upon the goals and objective outlined on page 10 of this document.

**STANDARD 9.2** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions.

SCPH will implement and maintain a Quality Improvement and Performance Management Plan as part of the Division's performance management system. The SCPH Quality Improvement Team utilizes Plan-Do-Check-Act, a process of continuous improvement (refer to Figure 1) as a primary quality improvement model for carrying out change.

**Figure 1.**  
**Plan-Do-Check-Act Model of Continuous Improvement**



## CULTURE OF QUALITY AND FUTURE PLANS

SCPH acknowledges the importance of quality improvement within an effective performance management system, which includes a culture of quality, ongoing QI activities – both programmatic and administrative, and continued learning within the organization. Creating a quality improvement culture and sustaining the culture is a new endeavor for SCPH. Barriers have been identified including perceptions about lack of relevance, time, and financial resources to conduct quality improvement activities; inexperience and insufficient training about the use of quality improvement tools and concepts; and the need to create a manageable scope and appropriate measures for a quality improvement projects.

In order to facilitate quality improvement and create a quality improvement culture, SCPH is implementing QI strategies to institutionalize continuous quality improvement into all aspects of the organization. Part of this process includes a commitment from senior managers who empower employees closest to the issue to make changes. Other strategies include:

- Obtaining commitment from senior management and providing the training and support they need;
- Providing a strong QI orientation with shared vision and goals;
- A strong commitment to workforce development training;
- Providing QI training to SCPH staff;
- Having a designated QI team and regular meetings with representation across all levels;
- Developing a strategic plan informing QI activities;
- Selecting QI activities that are driven by a belief in the importance of QI;
- Actively looking for and using resources to develop a QI program;
- Incorporating staff into QI decision-making processes;

- Using emerging issues as a platform to help manage the event with QI; and
- Committing to evidence-based decision-making and performance monitoring.

By implementing these strategies, quality improvement becomes part of the agency culture through a process of repetition and saturation. The commitment of the SCPH senior management is critical as SCPH continues to develop and strengthen QI strategies. SCPH continues to seek national and state quality improvement offerings as a learning opportunity for the organization. SCPH needs and values the support of leadership, which helps ensure staff has access to training opportunities to enhance their daily work thereby optimizing SCPH's ability to serve the community and meet customer expectations.

## **STRUCTURE, ROLES & RESPONSIBILITIES**

As part of the Public Health Accreditation process, SCPH developed organizational strategies and resources to create a culture of quality. The organization-wide performance management system and QI/PM Plan, the Public Health Accreditation Board standards and the SCPH Strategic Plan priorities add to a multi-tiered group of integrated activities that contribute to developing and maintaining a culture of quality.

The Quality Improvement Team (QIT) is an essential component in the implementation defined improvement processes focused on activities that are responsive to community needs and improving population health. The QIT was formed through efforts of the Public Health Accreditation Team and the SCPH Leadership Team. There is no budget allocated to the QIT to ensure that resources are available for QI projects so SCPH capitalizes on no-cost State and Federal programs whenever possible. SCPH utilizes the free training and technical assistance offered by the California Department of Public Health's Office of Quality Performance and Accreditation. SCPH will also seek funding and technical assistance grants to assist with future public health performance improvement projects and encourage programs to write QI activities into their work plans and funding applications.

As resources allow, budget line items may be dedicated to QI efforts, including the purchase of training materials, attendance at conferences, and securing the services of expert consultation in the area of QI. Future planning will include analysis of cost, return on the investment of quality improvement projects, and a more in-depth understanding of budget allocation specific to QI for staff and the Leadership Team.

### **A. SCPH QUALITY IMPROVEMENT TEAM**

The SCPH Leadership Team has charged the QIT with providing guidance and coordination of quality improvement efforts at SCPH. The QIT consists of a cross-section of representatives from various programs within the Division, including senior management, supervisors, and front-line staff. The QIT and the Leadership Team assure adequate membership and representation for both the QIT and any QI workgroups needed for specific QI projects.

The QIT is comprised of 5-10 members including a Chairperson who serves at least one one-year term.

Members serve for a minimum of two years; replacements can occur after two years as the QIT and the Leadership Team deems appropriate. Members rotate on and off the committee on a staggered basis, ensuring that at least 50% of QIT members have been members for at least one year (beginning in 2018). The QIT holds a minimum of 6 meetings per year. A facilitator and recorder are assigned for each meeting, and minutes are stored on the SCPH shared drive.

The QIT:

- Develops an annual QI Plan;
- Implements/monitors the goals and objectives identified in the QI Plan;
- Identifies staff training needs;
- Provides staff with training related to QI;
- Designs, monitors and provides guidance to QI projects/efforts;
- Assures the provision of technical assistance to QI projects; and
- Reports to the Leadership Team on progress/results of the QI Plan and QI projects.

## **B. STAFF**

Staff is an integral part of QI efforts, including participation on QI Project Teams for specific projects. QI concepts are reflected in staff work, demonstrating an understanding of the relationship between QI activities and SCPH's strategic goals and objectives.

Staff responsibilities:

- Participate in QI training determined appropriate by supervisors/ managers;
- Understand how program QI activities relevant to their work affect section goals and objectives;
- Report QI training needs or project ideas to supervisor;
- Participate in QI project teams, as requested by supervisors/managers; and
- Incorporate QI concepts into work as assigned.

## **C. SUPERVISORS/MANAGERS**

Supervisors and managers monitor the performance management data, identify trends and integrate QI activities into their programs as needed.

Supervisors and managers are expected to:

- Orient staff to the QI Plan, QIT, and resources on the Shared Drive;
- Identify and support QI activities and projects in their program area;
- Provide periodic updates or training at program/team meetings regarding QI projects or concepts;
- Encourage all staff to integrate QI concepts into daily work;
- Assign staff to work on identified QI projects;
- Provide updates to the Leadership Team regarding QI projects within their program; and
- Annually review/assess QI projects within their program.

## D. LEADERSHIP TEAM

The Leadership Team provides oversight to the QIT. The QIT Chairperson regularly updates the Leadership Team on QI Plan activities.

The Leadership Team:

- Reviews and approves the QI Plan;
- Allocates staff and budgetary resources for QI processes and activities;
- Allocates time on the Management Meeting agenda for updates on QI projects; and
- Reports on QI activities to the County Board of Supervisors.

## TRAINING

### QI TRAINING

The QI training plan is one strategy used by SCPH to create an organizational culture of quality. The training plan supports implementation of individual QI efforts and creates the support for lasting organizational improvement. An important first step is to orient all new and existing staff to SCPH's culture of quality and what it looks like within the organization. All staff is oriented on the dashboard/performance management system to better understand how quality improvement fits in as an integral component of a system of performance improvement, rather than extra work added to day-to-day job responsibilities. Introductory QI courses provide foundational knowledge and skills and is part of new employee orientation. In 2018, SCPH began training leaders to provide them with the tools and skills needed to establish a quality culture and to translate SCPH's QI Plan into tangible QI efforts.

Training needs are assessed yearly to determine staff QI skills, knowledge, interest, and the presence of existing QI projects in the agency. The electronically administered training needs assessment helps to focus training efforts and set organizational QI goals each year.

#### *New Employee Orientation*

As part of the new employee orientation process, new employees are required to review the following information:

- Quality Improvement Quick Guide: Public Health Foundation (PHF)
- Sacramento County Public Health Quality Improvement Plan
- Centers for Disease Control and Prevention (CDC) Performance Management and Quality Improvement
- A short document describing why QI is important
- Quality Improvement 101: PHF, TRAIN Course
- Organizational Dashboard/Performance Management System Training

#### *Advanced Training for QI, Accreditation, and Leadership Teams*

As part of the QI Team, members receive the Public Health Foundation Public Health Quality Improvement Encyclopedia and training on QI tools and methodologies. These include, but are not limited to:



- Quality Improvement Coursework on PHF, TRAIN Learning Network
- Process Mapping
- Brainstorming
- Cause & Effect Diagrams
- Data Collection & Analysis (Check Sheet, Bar Chart, Pie Chart, Run Chart)
- Flowcharts
- Gantt Chart
- PDCA
- Storyboards
- Welcome to the QI Team

#### *QI Project Workgroups*

Each QI project workgroup will receive training and technical support at the initiation of a new QI project and at interim points as needed and determined by the project lead.

#### *Ongoing Staff Training*

At least annually, all staff are provided a QI training which may include:

- Basic QI tools
- Research on QI topics
- Applicable completed QI projects
- Integration of QI practice

## **PERFORMANCE MANAGEMENT SYSTEM**

In 2017, SCPH implemented a division-wide dashboard system utilizing Excel spreadsheets with program specific indicators. The data was populated quarterly and annual trends were tracked for program improvement. In 2019, SCPH migrated to a cloud-based performance management system called Vision, Mission, Services, Goals (VMSG). The VMSG system focuses on the strategic and program planning process to provide a link between strategic planning and performance management. Each SCPH program established targets and goals that will serve as performance standards to improve public health in Sacramento.

VMSG has reporting functions that were not available to SCPH with the past dashboard system. The VMSG system helps ensure that staff understand the importance of their contributions to the organizational goals and objectives. The system aligns and links objectives with the SCPH Strategic Plan, facilitating effective communication throughout the organization. Implementation of the VMSG system demonstrates the commitment of SCPH's senior management to a culture of quality that aligns the performance management practices with the organization's mission, values customer feedback, and enables transparency about performance between leadership and staff.

## PROJECT IDENTIFICATION

The QI team, in collaboration with the Leadership Team, is responsible for identifying internal and external QI projects. Any SCPH employee may recommend QI projects for consideration. Projects for quality improvement efforts within the department are identified through a variety of means, including but not limited to:

- Customer/client satisfaction feedback
- Review of department performance measures
- Review of work plans from divisions and sections throughout the department
- Improvement plans following public health emergency responses
- Strategic Plan evaluation and review
- Community Health Improvement Plan evaluation and review
- Public health accreditation evaluation and organizational assessments
- “QI Culture” surveys of department staff
- Analysis of business procedures and processes

Projects should align with the following: the department’s vision, mission, strategic plan, and health improvement plan, Sacramento County Public Health’s performance measures and the National Public Health Accreditation Board (PHAB) standards.

Important to a successful QI project is careful selection of the topics and aims to be addressed. With limited time and resources, the priority is for high-risk or problem-prone issues, are likely to succeed, have a champion, fit with the program’s state of readiness for change, have organizational support and align with organizational priorities. In addition, the project must be tracked and reported with aggregate data. The scope of the project should match the experience and expertise of the QI team.

## QI GOALS & OBJECTIVES

### Quality Improvement and Performance Management Plan

Summary: The current goals were selected due to their direct correlation to advancing QI capacity of staff and establishing a culture of QI in the division. This work plan will be updated with new objectives and strategies as the plan progresses.

<b>Goal 1: Implement the 3-year Sacramento County Public Health Quality Improvement Plan that seeks to improve public health services, health outcomes and address the requirements of PHAB accreditation.</b>				
<b>Objectives</b>	<b>Action Steps/ Strategies</b>	<b>Responsible Program/Parties</b>	<b>Measure/Metrics</b>	<b>Timeline</b>
1. Annually, the Quality Improvement Team will review the Sacramento County Public Health Quality Improvement Plan and report accomplishments.	a) The Quality Improvement Team will meet 6 times per year to oversee the implementation of the Sacramento County Public Health Quality Improvement and Performance Management Plan.	Quality Improvement Team	Meeting Agenda and Minutes	Bi monthly
2. The QI team will develop a plan for regular internal and external communication and review of performance management and quality improvement activities.	a) The Quality Improvement Team will develop a communications plan which includes quarterly updates to leadership. b) Continuously review the goals with the Leadership Team to assure that we are evaluating progress and taking action when identified areas need improvement.	Quality Improvement Team  Leadership Team	Communications Plan  Quarterly Reports	December 2019  Quarterly

3. Annually, 2-5 internal and/or external Division QI projects will be identified using data to continually improve processes, programs, and interventions.	a) The Quality Improvement Team will brainstorm the possible internal and external QI projects and develop an Action Plan. b) Use small workgroups to complete the projects utilizing LEAN Principals or other established QI techniques. c) Write a report or create a product to show the process and outcome of each QI project.	Quality Improvement Team	Action Plan  QI Project Reports or Products  Percent of QI projects shown to improve a programs' performance measure	Annually
<b>Goal 2: Improve staff capacity to engage in quality improvement activities.</b>				
<b>Objectives</b>	<b>Action Steps/Strategies</b>	<b>Responsible Program/Parties</b>	<b>Measure/Metrics</b>	<b>Timeline</b>
1. By July 2022, 75% of Public Health staff will agree that the Division has a high level of capacity to engage in QI efforts.	a) Annually, the Division will offer 1-2 opportunities for staff to attend QI trainings. <ul style="list-style-type: none"> <li>The SCPH QI Team and the Leadership Team will attend the California LEAN White Belt Training offered by the California Department of Public Health.</li> </ul> b) Quality Improvement will be a standing item in the Accreditation newsletter.	Quality Improvement Team  Accreditation Newsletter Team	Annual QI report Detailing Trainings  Accreditation Newsletters  Summary of Survey	Annually  Bi monthly June 2022

	c) Survey staff in 2022 to determine the level of comfort and capacity with QI concepts.			
2. SCPH will develop and track program indicators and performance measures and help align them with the Strategic Plan and the Community Health Improvement Plan priorities.	a) The Leadership Team will be trained on the VMSG Dashboard and given guidelines on creating performance measures. b) Programs will identify at least one measure that aligns with the SCPH Strategic Plan and/or Community Health Improvement Plan. c) Programs will track progress using the VMSG Dashboard.	Quality Improvement Team  Leadership Team	Performance Measures in VMSG Dashboard  Percent of programs that are tracking progress in the VMSG Dashboard	
<b>Goal 3: Advance the culture of quality improvement within Sacramento County Public Health.</b>				
<b>Objectives</b>	<b>Action Steps/Strategies</b>	<b>Responsible Program/Parties</b>	<b>Measure/Metrics</b>	<b>Timeline</b>
1. By July 2022, 75% of staff will agree that the department is advancing a culture of continuous QI.	a) Provide Quality Improvement orientation materials to all new staff in the onboarding process. b) Engage and recruit staff to participate in quality improvement activities. c) Facilitate conversations with the Leadership Team on what changes can	Quality Improvement Team  Leadership Team	Annual QI report  Summaries of surveys  Percent of staff who have been trained on QI	Annually  June 2022

	<p>be made when program improvements are needed.</p> <p>d) Survey staff in 2022 to determine level of agreement that the division is advancing a culture focusing on continuous QI.</p>			
2. By July 2022, 75% of staff will know where to access internal QI project reports, Quality Improvement Team information and resources.	<p>a) Centralize QI training, resource and report information.</p> <p>b) Survey staff in 2022 to determine their level of knowledge of internal QI projects and resources.</p>	Quality Improvement Team	<p>Centralized resources</p> <p>Staff survey</p>	
3. By July 2022, SCPH will incorporate Customer Service in Quality Improvement Activities.	<p>a) Form a Customer Satisfaction Subcommittee.</p> <p>b) Choose universal customer services survey questions.</p> <p>c) Pilot test survey tool and revise as necessary.</p> <p>d) Share results with Leadership Team to use to make programmatic improvements.</p> <p>e) Conduct a minimum of two customer satisfaction surveys per year.</p>	<p>Quality Improvement Subcommittee</p> <p>Leadership Team</p>	<p>Survey tool</p> <p>Percent of programs who utilize customer service tools</p> <p>Survey results</p>	<p>July 2019-December 2019</p> <p>June 2022</p> <p>Annually</p>

## COMMUNICATION WITH STAFF

Quality improvement processes involve the entire staff and often require significant changes in attitudes and behaviors, necessitating staff to adopt new standards and practices. Steady, consistent information sharing with staff members is critical to ensure their involvement and commitment to mutual improvement goals. An essential part of creating a culture of quality is to communicate successes throughout the organization to reinforce the culture of quality improvement, build credibility for the QI interventions, reward those involved and promote the use of effective interventions.

Quality improvement is a standing item on the Leadership Meeting agenda. The QIT works with the Leadership Team to highlight successful innovations and changes in the Public Health Accreditation newsletter, uses other media and interpersonal communication to promote the work of specific team projects, and reinforces the importance of projects by sitting in on QIT meetings or visiting the program involved in a specific project. The Leadership Team is instrumental in ensuring that staff views quality improvement as beneficial by providing relevant information, generating interest, ideas and awareness through an ongoing communication processes. Staff are kept informed and understand their roles in improving performance.

Dashboards provide a quick status update on key measures and offer managers an easy way to communicate and share program data with staff. In order to have an effective model of improvement, program efficiency and effectiveness, data is tracked on the organization's dashboard system. By involving staff in the process, they have a better understanding of what the program is trying to accomplish/measure, and therefore will more willingly contribute ideas for changes that will result in improvement when needed. Program managers are responsible for sharing dashboard data with staff at program staff meetings. Regular review of data deepens understanding and can quicken staff response to areas of concern or the need to modify a course of action. Dashboards are useful to facilitate communication between programs, highlight successful strategies, maintain momentum in QI activities, and identify operational deficiencies.

## MONITORING EFFECTIVENESS

### A. QUARTERLY

1. QI project data is reviewed at least quarterly at the QI Team meeting. Performance measure data is monitored quarterly at the Leadership Meetings.
2. For individual projects, data is collected and analyzed according to the project plan. Staff directing the project is responsible for all aspects of the project including collecting and analyzing project data. This information may be presented in the form of a storyboard to the Leadership Team. Designated SCPH staff, QI Project Teams and QI Team members review project data.

### B. ANNUALLY

1. Annually, the QI Team will evaluate the QI Plan to determine if the goals and objectives of the previous year were met. Taking lessons learned into consideration, the QI Team will develop goals and

objectives for the next year.

2. Draft and submit an annual Summary Report to the Leadership Team and the Department Director describing QI projects completed in that year to include storyboards and aggregate and program-specific data collected for each performance measure.

### **ACTIONS TO MAKE IMPROVEMENTS BASED ON ANNUAL REPORTS**

Based on annual reports, the Leadership Team and/or the QI Team may recommend or suggest future QI projects and/or changes to the QI Plan. Input by SCPH staff, the QI Team, and QI Project Teams to QI project data is critical. Unfavorable outcomes will be addressed with program/process investigation and additional QI as needed.



## KEY TERMS & ACRONYMS

### *Accountability*

Subject to the obligation to report, explain or justify something; responsible; answerable.

### *Accreditation*

Public health department accreditation is the development of a set of standards, a process to measure health department performance against those standards, and provide reward or recognition for those health departments who meet the standards.

### *Community Health Assessment (CHA)*

The CHA is a collaborative process conducted in partnership with other organizations and describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies assets and resources that can be mobilized to address population health improvement.

### *Community Health Improvement Plan (CHIP)*

The purpose of the CHIP is to describe how a health department and the community it serves will work together to improve the health of the population within the jurisdiction of the health department.

### *Continuous Quality Improvement (CQI)*

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. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.

### *Effectiveness*

The degree to which a decided, decisive, or desired effect is achieved; the degree to which desired objectives are achieved and a valid result is produced.

### *Efficiency*

Accomplishment of, or ability to accomplish a job with a minimum expenditure of time and effort.

### *Evaluation*

To judge or determine the significance, worth, or quality of our programs.

### *Evidence*

The available body of facts or information indicating whether a belief or proposition is true or valid.

### *Evidence-Based Practice (EBP)*

Entails making decisions about how to promote health or provide care by integrating the best available

evidence/research with practitioner expertise and other resources, and with the characteristics, state, needs, values, and preferences of those who will be affected.

#### *Health Equity*

Health Equity is when all groups in a population have equal, fair, and just opportunities to attain their full health and well-being potential and quality of life.

#### *Improvement Theory*

A hypothesis that includes what the data will show and what outcome is expected.

#### *Organizational Culture of Quality Improvement*

The use of a deliberate and defined improvement process supported by the organization and focused on activities that are responsive to community needs and improving population health. It refers to a continuous and on-going effort to achieve effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes, which achieve equity and improve the health of the community.

#### *Performance Management System*

A Performance Management System is a tool used to demonstrate productivity towards predetermined goals and objectives. A fully functioning performance management system that is completely integrated into health department daily practices at all levels and 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.

#### *Plan-Do-Check-Act (PDCA)*

An on-going, four-step management method used for the control and continuous improvement of processes and 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.

#### *Quality Improvement (QI)*

An integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

#### *Quality Improvement Plan*

A structured plan to promote, support, and implement a culture of quality within the organization. The

QI Plan defines the roles and responsibilities of the QI Team, leadership, and staff; states the vision of the organization related to quality; identifies the goals and objectives of the plan; outlines how improvement is measured; and describes how the plan is monitored, reviewed, and updated.

#### *Quality Improvement Program*

A QI program is the coordination of activities aimed at improving care, health outcomes, and customer satisfaction. The components of a QI program are:

- Infrastructure
- Performance measurement
- Quality improvement

#### *Quality Improvement Team (QIT)*

A group of multi-skilled employees charged with the oversight and responsibility of developing, implementing, evaluating, and reporting QI projects to improve a process or develop new ones that support the Health Department's Quality Improvement and Performance Management System.

#### *Quality Improvement 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. *Culture of Quality Improvement, NACCHO, 2012.*

#### *Quantify*

The numerical measurement of processes or features.

#### *SMART Goals*

Goals that are Specific, Measurable, Attainable, Realistic, and Timely.

#### *Social Determinants of Health*

The economic and social factors – and their distribution among the population – that influence individual and group differences in health status.

#### *Standardize*

The process of developing and implementing a set of criteria applied in a consistent and systematic manner.

#### *Strategic Plan (SP)*

A plan that sets forth what an organization plans to achieve, how well it will achieve it, and how it will know if it has achieved it. The SP provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities.