

# QUALITY IMPROVEMENT AND PERFORMANCE MANAGEMENT PLAN 2023-2027



August  
2023

SACRAMENTO COUNTY PUBLIC HEALTH

SACRAMENTO COUNTY



**PUBLIC  
HEALTH**

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Updates to the SCPH QI/PM Plan

Revision Date	Update	Page #s	Approved by

For more information on this plan, reach out to:  
 Colleen Hogan, Accreditation Coordinator  
[HoganC@SacCounty.gov](mailto:HoganC@SacCounty.gov)  
 Phone: (916) 709-9566

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## SECTION I: 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 staff, clients, and communities. SCPH is committed to creating a culture of improvement at all levels and for all programs.

In 2018, SCPH began its QI journey. While QI projects had previously been done to improve processes and systems, staff had no formal training or a defined process for conducting QI projects. In November 2018, through the efforts of the Accreditation Team, a QI Team was formed. This team was comprised of 10 SCPH staff from various program and position levels. This team drafted the initial QI/PM plan adopted in August 2019 that encompassed a three-year workplan with three goals, multiple objectives and activities outlined for 2019-2022. In February 2020, several members of the QI Team were redirected for COVID-19 response efforts. The 2019-2022 QI Plan Progress Report is provided in Appendix B.

In 2022, SCPH leadership committed to apply for accreditation through the Public Health Accreditation Board (PHAB). To further this commitment, QI was identified as a priority in the SCPH Strategic Plan, a QI Coordinator was hired and the QI Team (now called the QI Council) was reconvened. The QI/PM plan was updated in coordination with these efforts and provides guidance for SCPH QI efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor SCPH’s progress towards QI goals.

## SECTION II: ALIGNMENT WITH OTHER PLANS

Figure 1 to the right demonstrates the linking of SCPH plans. The SCPH Community Health Assessment (CHA) process summarizes the community’s overall health using a three-pronged approach that includes gathering community input about their perception of health (primary data), finding existing data about the population (secondary data), and asking partner organizations about their capacity to improve health and equity. All this information is then used to prioritize health needs and create a community health improvement plan (CHIP) that will be implemented by a coalition, consisting of SCPH staff, a variety of community-based organizations, and a facilitating organization.

**Figure 1**  
*Linking SCPH Plans*



Alongside this community-focused CHA/CHIP process, SCPH is looking internally through its strategic plan to ensure its infrastructure is set up to best support improving health outcomes. Once the strategic plan priorities are revised to meet current needs, agency operations will be aligned for optimal implementation, including workforce development (WFD), communications, quality improvement and performance management (QI/PM), and emergency operations (EOP) plans. Additionally, performance goals for units, programs, and employees will be revised to support SCPH's strategic direction.

When drafting action plans at all levels, SCPH will also infuse equity and consider alignment with national frameworks (Public Health Accreditation Board – PHAB, Healthy People 2030, etc), as well as state-wide public health efforts within California.

All these efforts complement each other to allow SCPH to achieve its vision of optimal health for Sacramento County residents.

### **SECTION III: Culture of Improvement**

#### **A. OVERVIEW**

SCPH is committed to creating a culture of improvement through the use of PM and continuous quality improvement (CQI) to transform public health practice for improving health and advancing health equity for Sacramento County residents.

Each year, activities and performance measures will be assessed by the QI Council to track progress towards the QI goals. New QI goals were developed using the evidence-based improvement strategies listed in the National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality Improvement (NACCHO, 2020). SCPH's culture of improvement is based on these six foundational elements:

- a) **Leadership Commitment** - Leadership is responsible for initiating and leading the process towards a culture of improvement by dedicating resources to QI, communicating progress, defining clear expectations, and exhibiting support for QI.
- b) **Employee Empowerment** - Staff should be empowered to incorporate QI in daily work to improve existing processes and systems.
- c) **QI Infrastructure** - Systems and structure must be in place to support QI, and must be aligned with SCPH's mission, vision, and strategic plan. The main components of SCPH's infrastructure are the QI Council, the Performance Management System, and this QI/PM Plan.
- d) **Customer Focus** - Customer Focus is at the core of quality, which means that understanding and meeting community needs is a key component of programs and services provided by SCPH.
- e) **Teamwork and Collaboration** - Staff should jointly solve problems, implement QI projects, and collaboratively improve processes and find innovative solutions.
- f) **Continuous QI** - Staff should be encouraged to brainstorm solutions to day-to-day problems and implement successive cycles of Plan-Do-Study-Act (PDSA) cycles to solve the problem.

#### **Equity Considerations**

All QI interventions are health equity interventions because every public health process change has the potential to improve, maintain, or worsen an underlying disparity. Thus, health equity considerations should be integrated into every QI intervention from the onset.

SCPH will be focusing on Equity-Focused QI (EF-QI). “EF-QI differs from QI with an equity lens in that it is action-oriented and centered around equity” (Reichman et al., 2021). EF-QI initiatives purposely integrate equity throughout the fabric of the project(s) and are inclusive, collaborative efforts that foreground and address the needs of disadvantaged/underserved populations. EF-QI principles are applicable at every stage of project conception, execution, analysis, and dissemination, and may provide opportunities for reducing disparities among Sacramento communities. For example, QI project selection criteria may include equity impacts on county staff or targeted populations. Staff may also be trained to learn and apply equity impact tools and analyses for EF-QI.

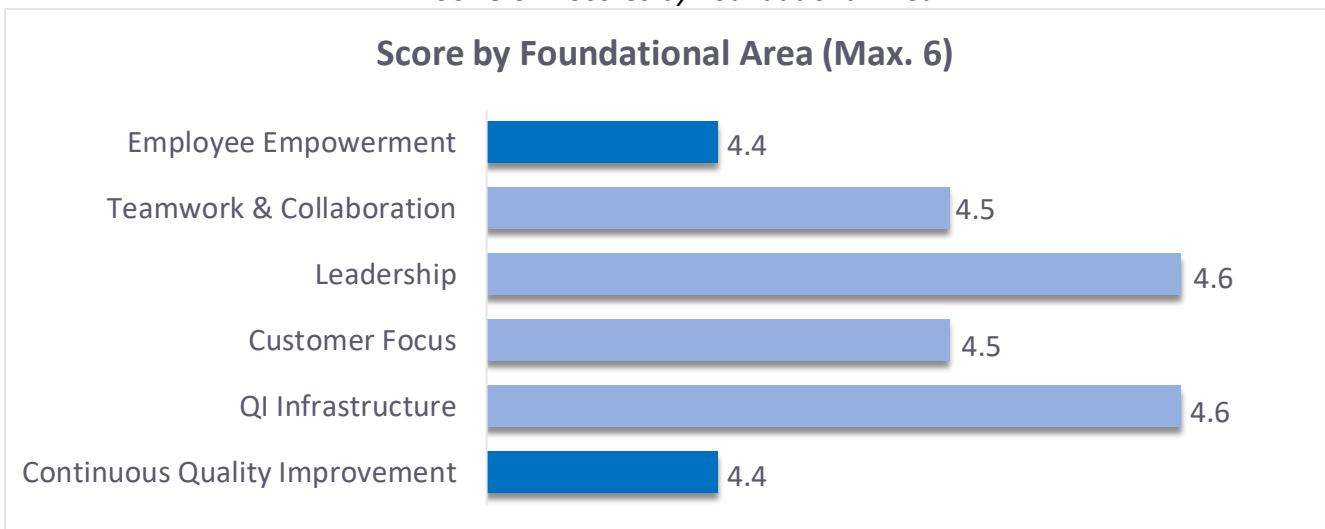
EF-QI aligns with SCPH’s Strategic Plan, specifically strategic priority number three to champion health equity. SCPH will make a concerted effort to address the many social determinants that impact one’s ability to be healthy and create policy and systems change, through EF-QI efforts, that remove barriers.

**B. SELF-ASSESSMENT TOOL**

NACCHO’s QI Culture Roadmap includes a Self-Assessment Tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable QI implementation. In March 2023, SCPH completed the Leadership SAT survey with the QI Council.

The baseline results for this survey found SCPH to be at a 4.5 level which aligns with Phase 4 out of 6 on the Roadmap to a Culture of QI. This phase means SCPH has formal QI in specific areas. Figure 2 shows how each foundational element was scored:

**Figure 2**  
*NACCHO SAT Scores by Foundational Area*



As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move scores from one level to the next level. Strategies to move from level 4 to level 5 were presented to and prioritized by the QI Council. Work is needed in Employee Empowerment and Continuous QI since they both scored the lowest. This assessment will be conducted every other year and will be used to inform internal committees and other plans, such as the Strategic Plan and Workforce Development Plan.

**C. QI GOALS**

The current goals were selected as a result of the QI culture assessment and their direct correlation to advancing QI capacity of SCPH staff. This work plan will be updated yearly to reflect progress.

Goal 1: Employee Empowerment

Goal 2: Continuous Quality Improvement

Goal 3: Performance Management

Goal 1: By June 30, 2027, SCPH will empower its employees to incorporate QI in the daily work to improve existing processes.				
	Activity	Performance Measure	2023 Baseline	2027 Target
1	New staff review the QI Intranet site as part of the onboarding process.	% of staff who are aware of QI tools/principles (question in Heartbeat survey)	69%	80%
2	New staff attend QI trainings during the onboarding process.	# of staff who complete a QI training	n/a	75%
3	Mid and upper management promotes QI through staff meetings, employee evaluations, etc.	% of staff encouraged to develop new and better ways of doing things (question in Heartbeat survey)	66%	80%
4	Continue to encourage suggestions for improvements through surveys and the QI Suggestion Box.	# of suggestions for improvement received each year	1	6
5	Discuss suggestions with the QI Council to determine potential QI projects.	# of QI projects completed from suggestions each year.	n/a	3

Goal 2: By June 30, 2027, SCPH will foster a culture of CQI by strengthening collaborations, resource sharing, communication, ongoing evaluation, and QI activities.				
	Activity	Performance Measure	2023 Baseline	2027 Target
1	Support SCPH sections to use the QI project toolkit to completed QI projects.	# of sections that completed a QI project	1	7
2	Provide quarterly QI/PM support hours to increase staff awareness and knowledge of QI/PM processes and systems.	# of QI/PM support hours/quarter	0	2 hours/quarter
3	Provide opportunities to share QI projects at leadership meetings, in the SCPH Connection 2.0 Newsletter, conferences, etc.	# of completed QI projects that are shared.	0%	70%

Goal 3: By June 30, 2027, SCPH will implement and evaluate the PMS across the division.				
	Activity	Performance Measure	2023 Baseline	2027 Target
1	Ensure program staff have access to VMSG pre-recorded trainings on the QI Intranet page.	# of SCPH units utilizing the PMS to track plans and/or goals.	n/a	70%
2	Provide programs support with VMSG through online trainings and QI Council support hours.	# of SCPH units up to date with data entry.	n/a	75%

## SECTION IV: ROLES & RESPONSIBILITIES

The Health Officer has championed the effort to create a culture of improvement within SCPH. This leadership and belief in the value of QI has supported the implementation of QI efforts throughout all public health services and programs. QI roles and responsibilities for SCPH staff are outlined below.

### A. QI COUNCIL

- Evaluates division-wide QI/PM efforts (annually).
- Collaborates with the SCPH Health and Racial Equity (HRE) team to adopt, support, and champion EF-QI efforts.
- Oversees the development, implementation, and evaluation of the QI/PM Plan.
- Ensures communication of QI/PM activities to the Senior Public Health Leadership Team.



- Makes recommendations for improvement based on strategic plan priorities, performance management data, customer feedback, employee suggestions, and other relevant data.
- Leads division- or program-level CQI projects.
- Implements the PMS.
- Provides expertise and guidance to the unit’s QI project team.
- Advocates for QI/PM practices and support a culture of improvement through presenting QI projects and teaching QI tools and principles.

**B. ALL STAFF**

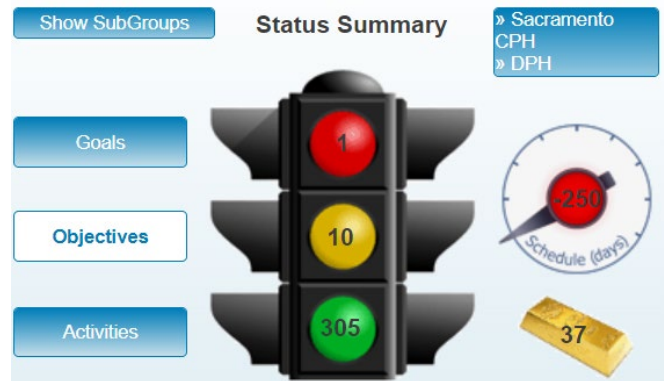
- Participate in QI/PM training determined appropriate by supervisors/managers.
- Understand how program QI/PM activities relevant to their work affect division goals and objectives.
- Report QI/PM training needs or project ideas to supervisor.
- Participate in QI project teams, as requested by supervisors/managers.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

**SECTION V: PERFORMANCE MANAGEMENT SYSTEM**

**A. VISION, MISSION, SERVICES, AND GOALS (VMSG)**

The VMSG system provides a visual snapshot of performance through a dashboard that utilizes charts and easy to understand colored flags (green, yellow, and red) to track progress on goals, objectives, activities, and specific performance indicators based on pre-determined targets. 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 goals and targets that will serve as performance standards to improve public health in Sacramento.

**Figure 3**  
*SCPH Status Summary*

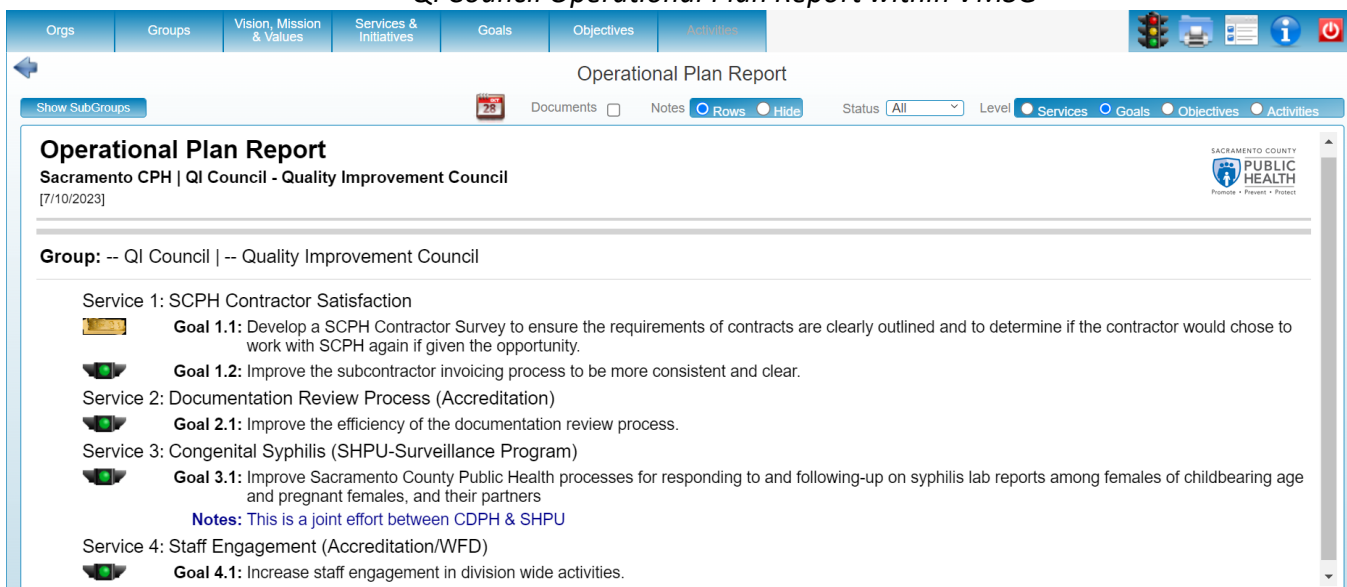


The VMSG system is hierarchical in nature, starting with the top organizational level to performance indicators for specific programmatic activities. Figure 4 below is a screenshot of the QI Council dashboard, showcasing the organizational pyramid.

- **Organization:** The top level of the hierarchy typically represents the organization as a whole. The organization is SCPH.
- **Group:** Subsets within the organization such as sections or offices. The Group typically provides a set of services or initiatives. Under the Division of Public Health, an example of a group is the QI Council.
- **Service/Initiative:** Generally, represents a program (or group of similar programs) as defined by the Program Manager.
- **Goals:** Broad goal statements for each Service/Initiative that define “How we do it.”

- **Objectives:** Objectives define specifically what will be done to achieve the goal within a specified timeframe. Objectives are entered into the VMSG in a SMART[IE] format: Specific, Measurable, Achievable, Realistic, and Time-Bound [Inclusive and Equitable]. Objective leaders are also assigned within the system.
- **Activities:** Each objective has a specific set of activities which will lead to the accomplishment of the objective. Activities contain performance metrics that define when the activity has been successfully completed. Activities may be measured by percent completion or a numeric quantity that may be measured at a specified frequency or at a specific date. Each activity has a team lead and may include team members and partners.

**Figure 4**  
*QI Council Operational Plan Report within VMSG*



The VMSG organizational structure ensures 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 improvement that aligns the PM practices with the organization’s mission, values, customer feedback, and enables transparency about performance between leadership and staff.

## B. MONITORING EFFECTIVENESS

The QI Goals, Objectives, and Activities section will be monitored using VMSG on a continuous basis. Updates into VMSG will occur monthly or more frequently and will be the responsibility of the team leads. VMSG trainings will be provided to all QI Council members.

QI project data is reviewed at least quarterly at the QI Council meeting. Performance measurement data is monitored quarterly at the Future of Public Health Meetings. Projects will be reviewed on the completion dates designated in the QI Goals, Objectives, and Activities section of this plan. Upon evaluation, the QI Council will work with responsible parties to identify and make any necessary

adjustments moving forward. The QI Council will use data to guide decision making, conduct multiple PDSA cycles of the same QI project, and identify future QI projects.

In July of each year, the QI Council will conduct an evaluation of the QI/PM Plan as a whole and create a written progress report. This evaluation will consider findings from the monthly monitoring meetings and identify revisions for the upcoming year. Evaluation will address:

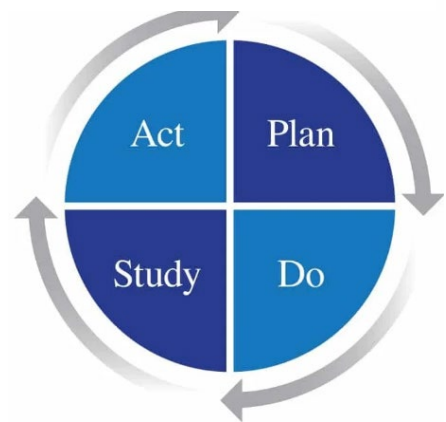
- Progress toward and/achievement of goals as outlined in the Goals, Objectives, and Implementation section
- Effectiveness of meetings
- Effectiveness of the QI/PM Plan in overseeing quality projects and integration within SCPH
- Clarity of the QI/PM Plan and its associated documents
- Satisfaction surveys
- Lessons learned

## SECTION VI: QI INFRASTRUCTURE

### A. QI FRAMEWORK

The SCPH QI Council utilizes PDSA, a process of continuous improvement (refer to Figure 5) as a primary QI model for carrying out change. A **“Plan”** for testing changes or new strategies is developed, followed by completing the activities as planned (**“Do”**). Outcomes are monitored for signs of progress (**“Study”**) and based on what is learned, the next steps are planned (**“Act”**). These steps can be completed in a rapid cycle and repeated over and over for continuous learning and improvement.

**Figure 5**  
*Plan-Do-Study-Act Model of Continuous Improvement*



### B. QI PROJECTS

#### Identification of QI Projects

All SCPH staff are responsible for identifying QI project ideas. To facilitate this, the QI Council, in collaboration with the Public Health Supervisor Team, will help define the scope of internal and external QI projects. Projects for QI efforts are identified through a variety of means, including but not limited to:

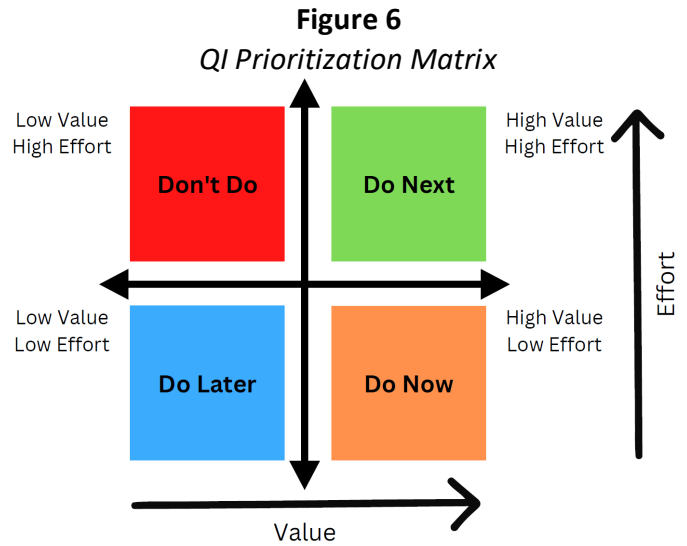
- Staff suggestion (i.e.: [Suggestion Box](#)) or a need identified from an internal assessment (i.e., “QI Culture” surveys of Division staff)
- Gaps identified with implementation of the CHIP, Strategic Plan, or Workforce Development Plan
- After action reviews
- Staff survey results
- VMSG data and trends
- Stakeholder and/or customer feedback and other external performance assessments

**Prioritization of QI Projects**

QI project suggestions will be prioritized using the QI Prioritization Matrix, shown in Figure 6, to determine the feasibility and urgency. Additionally, priority will be given to projects that align with existing SCPH plans (strategic plan, community health improvement plan, workforce development, communications, health equity, etc.) and accreditation efforts.

**Initiation of QI Projects**

Once a QI project has been selected and approved, a QI project team will be formed based on expertise with the process being improved. The QI Council will assist the QI project team with the documentation and initiation of the QI project.



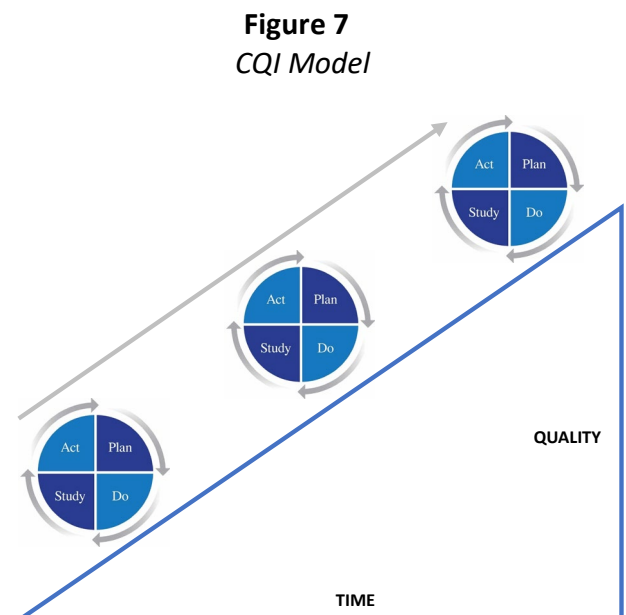
SCPH created a QI Toolkit and Storyboard Template to help guide the QI project teams through the PDSA phases. Both documents can be found on the [QI Intranet page](#). Groups are required to document their progress and enter data into VMSG. To initiate a QI project outside of the QI Council, email Colleen Hogan at [HoganC@SacCounty.gov](mailto:HoganC@SacCounty.gov).

**Tracking QI Projects**

The SCPH QI operational plan, along with its activities and defined performance measures, will be tracked through VMSG. Progress toward these goals are to be shared with and evaluated by the QI Council on at least a quarterly basis. This reporting will include an update of the data dashboard, a summary of progress on performance measures, and identification of opportunities for QI actions.

**C. CONTINUOUS QUALITY IMPROVEMENT (CQI)**

Continuous Quality Improvement (CQI) ensures that QI efforts are sustained to support processes always being improved (Figure 7). It is a data-driven, deliberate process to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality for internal program needs and external community needs. Operationally, it is completed through multiple PDSA cycles to improve the same process over and over again until it is optimized.



## E. TRAINING

The QI training plan is one strategy used by SCPH to create an organizational culture of improvement. 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 improvement and what it looks like within the organization. Starting in July 2023, all SCPH staff are tasked with completing two introductory QI courses. These courses provide foundational knowledge and skills and is part of new employee orientation.

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.

### All Staff

SCPH has several opportunities for staff to learn about this QI/PM Plan and processes. Review Appendix D to see the supplemental trainings. The supplemental trainings will be updated as new trainings become available.

- All new staff will receive a QI-101 training as part of their onboarding and new employee orientation.
- When a QI Project Team is formed, each member is encouraged to take at least one of the supplemental QI trainings in Appendix D.
- QI Storyboards are shared on the internal and external QI pages, as well as with all SCPH employees in the monthly SCPH Connection 2.0 Newsletter.

### QI Council

In addition to the supplemental training opportunities listed in Appendix D, QI Council members will receive ongoing specialized training in various QI methods and tools at monthly QI Council Meetings. Specialized training needs will be assessed on a quarterly basis, and the QI Council Chair will find QI training to address gaps in knowledge.

## SECTION VII: QI COMMUNICATION

QI 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 improvement is to communicate successes throughout the organization to reinforce the culture of improvement, build credibility for the QI interventions, reward those involved and promote the use of effective interventions. The following communication strategies will be implemented to ensure clear and concise internal communication about this QI/PM Plan

1. Utilize existing communication venues such as the Focus on the Future quarterly meetings and monthly Public Health Leadership meetings to:
  - a) Present the QI/PM Plan to senior leaders with the expectation that they will share in their

- 
- organizational units.
  - b) Share findings from QI initiatives and progress towards the QI goals.
  - c) Share successes and lessons learned (i.e.: completed QI Storyboards).
2. Utilize the QI Intranet site to:
    - a) Post the QI/PM Plan and revisions.
    - b) Post the QI toolkit.
    - c) Post completed QI Storyboards.
  3. Utilize the SCPH Connection 2.0 Newsletter to:
    - a) Promote the QI/PM Plan and revisions.
    - b) Promote the QI Intranet page.
    - c) Highlight QI Council successes.
    - d) Provide information on QI and the Suggestion Box.
  4. Utilize QI Council Champions to:
    - a) Report on QI Council activities at their program-level staff meetings.
    - b) Teach QI tools to staff in their programs.
    - c) Post completed QI Storyboards in their respective offices.

## SECTION VIII: PLAN EVALUATION

To evaluate the QI/PM Plan, the below two steps will be taken annually:

1. [Plan Progress Reports](#): In July, the QI Council will evaluate the QI/PM Plan to determine progress towards goals and objectives. Taking lessons learned into consideration, the QI Council will modify goals and objectives for the upcoming year.
2. [Leadership Summary Reports](#): Submit an annual Summary Report every July to the Executive Public Health Leadership Team describing QI projects completed in that year to include storyboards and program-specific data collected for each performance measure.

Based on annual reports, the Senior Public Health Leadership Team and/or the QI Council may recommend or suggest future QI projects and/or changes to the QI Plan. Input by SCPH staff and the QI Council on QI project data is critical. Unfavorable outcomes will be addressed with program/process investigation and additional QI as needed. The contents of the Plan will be tracked in the VMSG Dashboard. Revisions to this text will be recorded by the date in Appendix A below.

## SECTION IX: APPENDICES

### A. 2019-2022 QI/PM PLAN PROGRESS REPORT

Published December 31, 2022

#### Overview

Sacramento County Public Health (SCPH) created a multidisciplinary Quality Improvement (QI) Council consisting of 10 SCPH staff in November 2018. The staff was recruited from various programs in SCPH and at various level positions. The QI Council met every 2-3 months until February 2020. Three subcommittee workgroups for Customer Satisfaction Survey, Employee Onboarding, and Plan-Do-Check-Act (PDCA) Framework met monthly to work on QI projects.

#### Highlights

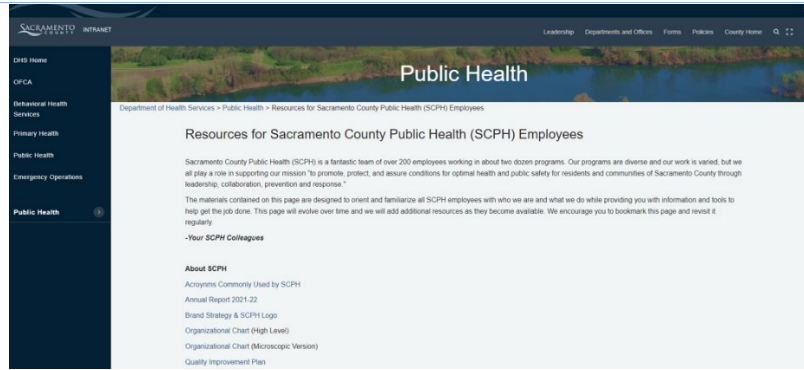
The QI Council drafted a Quality Improvement and Performance Management Plan (QI/PM) that was adopted in August 2019. Within this QI/PM Plan was a work plan with goals, objectives and activities from 2019-2022.

- **Goal 1: Implement the 3-year SCPH QI/PM Plan that seeks to improve public health services, health outcomes and address the requirements of Public Health Accreditation Board (PHAB) accreditation.**
- **Goal 2: Improve staff capacity to engage in quality improvement activities**
- **Goal 3: Advance the culture of QI within SCPH**

Work was completed in two of the three goals and work was projected to ramp up in 2020. In February 2020, several members of the QI Council were pulled to begin work on COVID-19 response efforts and all others were shifted to virtual positions. No additional work was done on the QI/PM Plan between February 2020 and December 2022.

#### Goal 1:

- **Communications Plan:** A draft communication plan for QI/PM Plan was created for 2019-2020, but was never approved or implemented. In 2022, an all staff communications survey was conducted to inform and create an Internal Communications Plan (expected in 2023).
- **QI Projects:** Four QI Projects were identified and work began in 2019.
  - **Project 1 – Employee Onboarding Survey:** A new staff onboarding survey was developed and implemented with new SCPH staff who had begun working for SCPH in the previous year. The goal of the survey was to determine any gaps in the onboarding process and training needs for new SCPH staff. This survey was implemented once in 2019, and will likely be re-introduced in 2023 for newly on boarded staff
  - **Project 2 – SCPH Employee Resources Webpage:** With the information from the survey and staff expertise – a SCPH Employee Resources webpage was created with content and links aimed at making needed resources easy to find. The webpage is located on the SCPH intranet and only available to staff.



- **Project 3 – CBO Satisfaction Survey:** A second satisfaction survey was developed and implemented with Community Based Organizations (CBO’s) who contract with SCPH programs. The goal of the survey was to determine any gaps or inconsistencies in the subcontracting process. This survey was implemented once in 2019/2020. The results of the survey showed that all of the CBOs who responded would be happy to work with SCPH on future funding opportunities and they all felt they received the necessary information from SCPH for contracting. However, billing and invoicing was one area identified that needed improvement. In addition, respondents noted that service quality varied between programs. Both of these are areas that could be focused on for future QI projects in 2023.
- **Project 4 – New Employee Orientation -** In 2020, the team planned to begin quarterly new employee orientation meetings for staff to learn more about SCPH and where to find the resources they needed to be successful employees. These meetings were unable to begin due to the COVID-19 response. Employee orientation will be a priority for SCPH in 2023.

**Goal 2:**

- **Performance Management System:** SCPH purchased access rights to a performance management system, VMSG (Vision, Mission, Services and Goals).
  - Initially, 25 licenses were purchased and programs were able to purchase additional licenses if needed. Currently, SCPH has reduced the number of licenses back to 25 while assessing system usage.
  - VMSG is also being utilized to report progress on the SCPH Strategic Plan and the QI/PM Plan.
- **QI Trainings:** Two trainings led by the California Department of Public Health were provided to SCPH staff.
  - Lean White Belt Training on November 29, 2018 – 20 staff were trained.
  - PCDA Cycle Training on September 17, 2019 – 26 staff were trained.
- **PM Trainings:** Two informal trainings on the VMSG platform were conducted as a part of Strategic Management meetings. Three formal trainings were provided virtually by VMSG to staff with licenses.
  - VMSG 101 – August 18 and November 13, 2019
  - VMSG 201 – January 28, 2020



## B. QI COUNCIL CHARTER

<p><b>1. Purpose</b></p>	<p><b>2. Date Formed</b> <b>Date Updated</b></p>	<p>February 2023 August 1, 2023</p>
<p>The Quality Improvement (QI) Council provides ongoing leadership and oversight of QI activities within Sacramento County Public Health (SCPH). The QI Council confirms leadership and staff are proficient in performance management and quality improvement methodology. This is achieved by providing training and technical assistance to SCPH staff to measure and improve the implementation and impact of their program activities.</p> <p>The QI Council contains individuals who are interested in creating a culture of continuous quality improvement (CQI) at SCPH and who represent all sections, units, programs, and services. The QI Council promotes and advocates for equity focused QI (EF-QI) efforts, elevating the QI culture at SCPH.</p> <p>We envision a public health division where: 1) Staff are empowered to identify areas of improvement and find solutions through the application of QI tools; and 2) leaders use public health measures for decision-making. The mission is to train and assist staff to measure and improve the implementation, impact, and intention of their program activities.</p> <p>The QI Council supports SCPH Strategic Plan through the following priority areas:</p> <ul style="list-style-type: none"> <li>• #5 to <i>Emphasize a Culture of CQI and Excellence</i> <ul style="list-style-type: none"> <li>○ Goal 1: Build capacity to advance the culture of QI.</li> <li>○ Goal 2: Utilize data to measure improvements and help strengthen the impact of public health programs.</li> <li>○ Goal 3: Attain Public Health Accreditation to enhance SCPH’s effectiveness to provide public health services.</li> </ul> </li> </ul>		
<p><b>3. SMARTIE Goals: Specific, Measurable, Attainable, Relevant, Time-Bound, Inclusive, and Equitable</b></p>		
<p><b>Short Term (1-year, January-December 2023):</b></p> <p><u>Goal 1: Build capacity to advance the culture of QI within SCPH.</u></p> <ul style="list-style-type: none"> <li>• QI Council will revise the Quality Improvement and Performance Management (QI/PM) Plan by June 30, 2023. This will include forming a QI Council, training for SCPH staff, and creating a supportive infrastructure for CQI.</li> <li>• By June 30, 2023, review and implement a QI-101 training for all SCPH staff.</li> </ul> <p><u>Goal 2: Utilize data to measure improvements and help strengthen the impact of public health programs.</u></p> <ul style="list-style-type: none"> <li>• QI Council will revise and implement the updated QI/PM Plan by July 31, 2023.</li> <li>• QI Council members will enter QI project data into Vision, Mission, Services, and Goals (VMSG) by October 31, 2023.</li> </ul>		

Goal 3: Attain Public Health Accreditation to enhance SCPH’s effectiveness to provide public health services.

- QI Council members will monitor and report on all QI activities, including developing QI Storyboards, by December 31, 2023.

**Long Term Goals (2-3 years) (objectives can be found within the QI/PM plan):**

- Goal 1: By June 30, 2027, SCPH will empower its employees to incorporate QI in the daily work to improve existing processes and systems.
- Goal 2: By June 30, 2027, SCPH will foster a culture of CQI by strengthening collaborations, resource sharing, communication, ongoing evaluation, and QI activities.
- Goal 3: By June 30, 2027, SCPH will implement and evaluate the PMS across the division.

**4. Team Meetings**

The QI Council shall meet monthly for one hour and more often as needed. The Accreditation Planner and/or Office Assistant will be responsible for scheduling meetings. A tentative agenda will be sent out to the QI Council members at least one week prior to each meeting. Agenda items will change from meeting to meeting, but standing agenda items shall be established by the QI Council during the first meeting.

5. Unit Team Members	Public Health Unit	Role(s)	Key Responsibilities
Colleen Hogan	Accreditation	Chair	<ul style="list-style-type: none"> <li>• Plan and facilitate QI Council meetings.</li> <li>• Provides guidance on requirements of the Public Health Accreditation Board (PHAB) as it relates to QI.</li> <li>• Develops QI training or coordinates with a subject matter expert.</li> <li>• Keeps leadership informed about QI activities and progress.</li> <li>• Ensure QI successes are highlighted in the SCPH Connection 2.0 Newsletter, as well as internal and external QI pages.</li> </ul>
Rachel Allen	Immunizations, Child Protective Services (CPS) Nursing, Adult Protective Services (APS) Nursing, In Home Supportive Services (IHSS) Nursing	General Member	<ul style="list-style-type: none"> <li>• Provides input into the QI/PM plan.</li> <li>• Develops, implements, and evaluates QI projects for their unit.</li> </ul>

Gail Brosnan	Health Education	General Member	<ul style="list-style-type: none"> <li>• Present QI projects to internal unit staff to teach about QI tools and principles.</li> <li>• Reviews performance data for their unit and brings performance issues to the meeting for discussion.</li> <li>• Makes recommendations for QI projects and plans.</li> <li>• Provides assistance with QI projects and participates as appropriate.</li> <li>• Supports the development and revision of QI materials.</li> <li>• Provides general guidance and direction for the council.</li> <li>• Attends meetings monthly.</li> </ul>
Krystal Bell	Sexual Health Promotion	General Member	
Chantal Allen-Jarrell	Accreditation	General Member	
Nick Mori	Special Projects	General Member	
Etta Dixon	Tuberculosis (TB) Control	General Member	
Laureal Montgomery	California Children’s Services (CCS)	General Member	
Phu Tran	CCS	General Member	
Sudhi Menon	Public Health Laboratory	General Member	
Jean Forester	Public Health Laboratory	General Member	
Hannah Aalborg	Emergency Preparedness	General Member	
Carlos Cossio	Emergency Preparedness	General Member	
Areli Williams	Health and Racial Equity	General Member	
Yvonne Newsom	Emergency Medical Services (EMS)	General Member	
Lindsey Park	Communicable Disease	General Member	
Kaela Hatchel	CCS	General Member	
Nicole Brandner	Administrative Services	General Member	
Lisa Tarko	California Advancing and Innovating Medi-Cal (CaAIM)	General Member	

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## C. RESOURCES & SUPPLEMENTAL TRAININGS

### 1. Resources

The QI Council maintains a library of reference materials that are available to all staff. To obtain those resources, go to the [QI Tools & Resources](#).

### 2. Supplemental Trainings

#### **Ohio State University**

CQI for Public Health: The Fundamentals Training

<https://osupubhealth.catalog.instructure.com/courses/cqi-for-public-health-the-fundamentals-20>

#### **Minnesota Department of Health**

Public Health & QI Toolbox

<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/index.html>

#### **National Institute for Children's Health Quality**

Quality Improvement 101 Training

<https://www.nichq.org/resource/quality-improvement-101>

#### **ASTHO'S Learning Center\***

Quality Improvement Learning Series

\*Available in English and Spanish

<https://learn.astho.org/courses-page/course/quality-improvement-learning-series>

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## D. KEY TERMS AND ACRONYMS

### *Accreditation*

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

### *Community Health Assessment (CHA)*

CHAs are comprised of data and information from multiple sources, which describe the community's demographics; health status; morbidity and mortality; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); and other social and structural determinants of health status. Development of a CHA involves a systematic process to collect data and information that provides a sound basis for decision making and action. (Public Health Accreditation Board, 2022).

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

The health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a collaborative planning process that includes significant involvement by key sectors. (Public Health Accreditation Board, 2022).

### *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-Study-Act (PDSA) cycle.

### *Culture of Improvement*

Culture of improvement is defined as the integration of performance management and CQI to systematically monitor and improve the quality of programs, processes, and services in order to transform public health practice for the purpose of improving health and well-being and advancing health equity for community members.

### *Equity-Focused Quality Improvement (EF-QI)*

EF-QI refers to QI initiatives that integrate equity throughout the fabric of the project and are inclusive, collaborative efforts that prioritize and address the needs of disadvantaged populations.

### *Evaluation*

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

### *Health Equity*

"Health equity is the realization by all people of the highest attainable level of health. Achieving health

equity requires valuing all individuals and populations equally and entails focused and ongoing societal efforts to address avoidable inequalities by ensuring the conditions for optimal health for all groups, particularly those who have experienced historical or contemporary injustices or socioeconomic disadvantage.” (Adewale Troutman). In reference to SMARTIE goals, equity seeks to address systemic injustice, inequity, or oppression.

#### *Inclusion*

In Public Health, inclusion means that all employees demonstrate behaviors that encourage respectful treatment of others, have equal access to opportunities and resources, and have their full participation and contributions solicited, acknowledged, and affirmed. In reference to SMARTIE goals, using inclusivity brings traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policy making in a way that shares power.

#### *National Association of County and City Health Officials (NACCHO)*

NACCHO is an organization dedicated to serving every local health department in the nation. NACCHO serves 3,000 local health departments and is the leader in providing cutting-edge, skill-building, professional resources and programs, seeking health equity, and supporting effective local public health practice and systems.

#### *Performance Management (PM)*

Performance management identifies actual results against planned or intended results. Performance management systems ensure that progress is being made toward departmental goals by systematically collecting and monitoring data to track results and identify opportunities for improvement. (Public Health Accreditation Board, 2022).

#### *Performance Management System (PMS)*

A Performance Management System (PMS) is a tool used to demonstrate productivity towards predetermined goals and objectives. A fully functioning PMS 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 QI processes.

#### *PHAB (Public Health Accreditation Board)*

PHAB contributes to the advancement of public health practice and system improvement to support people living their healthiest lives. (Public Health Accreditation Board, 2022).

#### *Plan-Do-Study-Act (PDSA)*

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

*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 (QI) Council*

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 QI and Performance Management System.

*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 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.*

*Self-Assessment Tool (SAT)*

A toolkit developed by NACCHO to measure organizational maturity within critical aspects or elements of a culture of quality and identify next steps for change.

*SMARTIE Goals*

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

*Social Determinants of Health*

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

*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.

## E. REFERENCES

1. National Association of City and County Health Officials (NACCHO). (2020). Roadmap to a Culture of Improvement. Retrieved from <https://qiroadmap.org/qi-roadmap/qi-home>.
2. Public Health Accreditation Board (PHAB). (2020). PHAB Acronyms and Glossary of Terms Version 2.0. Retrieved from <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>.
3. Reichman, V., Brachio, S. S., Madu, C. R., Montoya-Williams, D., & Peña, M. M. (2021). Using rising tides to lift all boats: Equity-focused quality improvement as a tool to reduce neonatal health disparities. Retrieved from <https://doi.org/10.1016/j.siny.2021.101198>.