



Summit County Public Health

Quality Improvement Plan

2023 - 2025

MISSION STATEMENT

The mission of Summit County Public Health is to protect and advance the health of the entire community through its policies, programs, and activities that protect the safety, health, and well-being of the people in Summit County. Through its policies, programs, and activities, the Health District endeavors to create a healthful environment and ensure the accessibility of health services to all.

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I. QI BACKGROUND

In January 2015, the Summit County Combined General Health District (SCCGHD), also known as Summit County Public Health (SCPH), developed its first Quality Improvement plan. In 2016, the QI plan and council were reviewed and restructured in order to provide improved context and framework for quality improvement (QI) activities.

From 2017 to 2019, Summit County Public Health embraced a culture of quality by implementing the Plan-Do-Study-Act (PDSA) method. This structured approach empowered staff to set goals, implement changes, study outcomes, and make adjustments. The organization fostered a continuous improvement mindset, promoting collaboration, accountability, and data-driven decision-making. Through the PDSA cycles, Summit County Public Health achieved sustainable improvements and a commitment to delivering high-quality services.

In early 2020, Summit County Public Health (SCPH) responded to the COVID-19 pandemic by implementing a series of measures to mitigate the spread of the virus and ensure the safety of the community. The response prioritized immediate public health needs and necessitated a temporary shift in focus, with quality improvement initiatives taking a back seat.

Given the urgency and magnitude of the crisis, SCPH had to redirect its efforts and allocate significant resources to emergency response activities. Quality improvement initiatives, which often require time and dedicated attention, were deprioritized during this period. The focus shifted towards immediate and effective response measures to save lives and reduce the impact of the pandemic.

However, as the situation stabilized in early 2023 and SCPH gained more experience in managing the pandemic, it recognized the need to re-introduce and re-emphasize the importance of a culture of quality within the organization. SCPH understands that quality improvement initiatives play a vital role in enhancing operational efficiency, promoting effective public health strategies, and ensuring continuous improvement in service delivery.

This plan involves re-engaging SCPH employees in the culture of quality through workshops, training sessions, and communication campaigns. This empowers them to contribute to process improvement and resource optimization. SCPH has also enhanced its QI committee structure, the project review process, and resources to foster a more accessible and inclusive culture of quality. These efforts aim to improve effectiveness and provide high-quality public health services.

II. SCOPE

A. Quality Mission

Improve the health of Summit County by ensuring efficient, effective processes and programs focused on customer satisfaction and value added activities.

B. Quality Vision

To foster an inclusive and equitable organization where every member actively engages in the continuous improvement of how we achieve healthy people and healthy communities.

C. Purpose

The QI Plan provides the structure that supports a range of outcomes, including both external public health outcomes and internal organizational outcomes:

a. External Outcomes:

- i. **Improved Community Health:** The QI Plan aims to enhance population health outcomes by implementing evidence-based practices and interventions, addressing health disparities, and promoting health equity.
- ii. **Effective Disease Prevention and Control:** Through the QI Plan, we strive to strengthen our capacity for disease prevention, surveillance, and response, ensuring timely and effective interventions to protect public health.

b. Internal Outcomes:

- i. **Accreditation Compliance:** The QI Plan helps ensure that the organization meets accreditation requirements set forth by the National Public Health Accreditation Board (PHAB) by establishing processes and practices that align with industry standards and guidelines.
- ii. **Culture of Quality Improvement:** The QI Plan promotes a culture of continuous quality improvement throughout the organization, fostering a mindset of learning, innovation, and accountability among staff at all levels.
- iii. **Performance Management:** By defining and managing performance through the QI Plan, the organization can monitor progress, track outcomes, and identify areas for improvement to enhance overall performance and accountability.

- iv. **Common Vocabulary:** The QI Plan establishes a common vocabulary and shared understanding of quality improvement concepts, tools, and methodologies, facilitating effective communication and collaboration across teams and departments.
- v. **Organizational Structure:** The QI Plan helps define and maintain an organizational structure that supports the successful implementation of QI initiatives. It clarifies roles and responsibilities, ensures appropriate resources and support, and promotes effective teamwork and coordination.
- vi. **Learning Opportunities:** The QI Plan ensures opportunities for staff at all levels to engage in learning and professional development related to quality improvement. Training programs, workshops, and knowledge-sharing initiatives enable staff to enhance their skills, knowledge, and competencies in QI methodologies and practices.
- vii. **QI Process:** The QI Plan establishes a structured process for identifying, prioritizing, and initiating QI projects within the organization. This internal outcome ensures that quality improvement efforts are focused, strategic, and aligned with organizational goals and priorities.

By addressing these internal outcomes, the QI Plan not only improves the organization's internal functioning and capacity but also enhances its ability to achieve external public health outcomes and ultimately make a positive impact on the health of individuals and communities.

D. [Policy Statement:](#)

The Summit County Health Department has an interest in a systematic approach to assessing services and improving them on a priority basis based on strategic goals and customer satisfaction. To achieve this approach, a QI council has been established, and a quality improvement plan has been adopted with defined responsibilities and a step-by-step process to address both larger and smaller-scale projects.

III. GOVERNANCE STRUCTURE

A. [Organizational Principles](#)

The following organizational principles establish a framework for ensuring the success of QI projects by upholding Summit County Public Health's commitment to quality, effectiveness, efficiency, and the attainment of desired outcomes.

- a. **Continuous Improvement:** Commitment to ongoing evaluation and enhancement of processes and outcomes to achieve better results over time.
- b. **Evidence-Based Approach:** Utilization of research, data, and best practices to inform decision-making and interventions.
- c. **Stakeholder Engagement:** Involvement of all relevant stakeholders, including staff, partners, and communities, to ensure diverse perspectives and collective ownership of QI initiatives.
- d. **Equity and Inclusion:** Incorporation of equity considerations to address disparities and promote fairness in health outcomes, ensuring that all individuals have equal opportunities for improvement.
- e. **Collaborative Decision-Making:** Engaging multiple stakeholders in the decision-making process to foster collaboration, shared ownership, and collective problem-solving.
- f. **Clear Goals and Objectives:** Setting clear and measurable goals and objectives to guide QI projects, ensuring alignment with the agency's overall mission and strategic priorities.
- g. **Data-Driven:** Utilizing reliable and valid data to inform decision-making, identify areas for improvement, monitor progress, and evaluate outcomes.
- h. **Transparent Communication:** Promoting open and transparent communication channels to share information, progress, challenges, and successes related to QI projects within the agency and with external stakeholders.
- i. **Accountability:** Establishing mechanisms to hold individuals and teams accountable for their roles, responsibilities, and the outcomes of QI projects.
- j. **Sustainability:** Considering the long-term impact and viability of QI initiatives, ensuring that improvements are sustained beyond the initial implementation phase, and integrating QI principles into the agency's culture and operations.

B. [Organizational Structure, Membership, and Rotation](#)

The **Quality Council** is a dedicated body within the organization that oversees the implementation of quality improvement (QI) initiatives. It consists of representatives from each division within the organization, ensuring that every division has a voice and is actively involved in the QI process.

a. **Purpose**

- i. Oversee the implementation of QI initiatives, promote reaccreditation, and foster a culture of quality within the organization.
- ii. Provide effective leadership through the appointment of a QI Supervisor and QI Chairperson to guide and coordinate QI efforts.
- iii. Ensure the successful execution of QI projects and uphold the necessary standards for re-accreditation.
- iv. Share the responsibility of conducting QI efforts and promote, train, challenge, and empower SCPH employees to participate in QI processes.
- v. Foster a culture of continuous improvement and drive positive change within the organization.
- vi. Provide support, guidance, and expertise to enhance the effectiveness and impact of SCPH's quality improvement initiatives.
- vii. Evaluate the Quality Improvement Plan annually and ensure preparedness to meet PHAB accreditation standards related to QI.
- viii. Consist of representatives from each division/office within SCPH, with at least one staff member participating from each division/office.
- ix. Council members are selected on a voluntary basis, expressing their interest in council participation.
- x. Contribute to the development of QI trainings and collaborate with section leadership to support the facilitation of QI work.

b. **Roles and Responsibilities**

- i. Quality Improvement Council Supervisor:
 - Oversee and manage the overall QI process within the organization.
 - Oversee and manage the overall Re-Accreditation process.
 - Provide leadership, guidance, and support to the QI chairperson.
 - Develops the annual QI plan and evaluation with the input of the QI council, assuring that it meets PHAB accreditation requirements.
 - Ensures the implementation of the QI plan with the assistance of the QI council.
 - Appointed by the Health Commissioner
- ii. Quality Improvement Council Chairperson:
 - leads and presides over the quality council meetings.
 - Facilitate discussions, ensure that meeting agendas are followed, and promote active participation from council members.
 - Acts as a driving force in implementing the organization's QI plan, encouraging collaboration, and providing guidance on QI best practices.
 - Implement and brainstorm other strategies to develop a QI culture.
 - Appointed by the Health Commissioner

- iii. **Quality Improvement Council Advisors:**
 - Brings expertise and knowledge in quality improvement methodologies and practices.
 - Mentor and provide guidance and support to the QI liaisons and council in implementing effective QI strategies.
 - Stays updated on the latest developments in QI approaches and assists in identifying opportunities for improvement within the organization.
 - Possess a deep understanding of the QI process and have demonstrated leadership or made significant contributions to numerous QI events.
 - Voluntary Position
 - iv. **Quality Improvement Council Liaison:**
 - Serves as a communication link between the quality council and other departments or divisions.
 - Collaborate with various QI Leads on projects to ensure the effective implementation of QI initiatives and the sharing of best practices.
 - Assists in disseminating information, collecting feedback, and promoting engagement in the QI process.
 - Designated for individuals who are new or inexperienced members of the Quality Council Council.
 - Voluntary Position
- c. **Rotation / Meetings:** Members of the council will serve a term of no longer than two years unless they express continued interest. Attendance at regular monthly meetings, which typically last for one hour, is an expectation for council members. The QI Council meets on the 2nd Thursday of each month at 1:30 pm in the Board Conference room at 1867 West Market Street, Akron, Ohio, and maintains records of all meetings. At least annually, the QI Team will provide a report of QI efforts to the Board of Health. QI Council members will make every effort to come to a consensus on issues.

A **QI project team** is a dedicated group of individuals from various departments or disciplines who collaborate to plan, implement, and monitor a specific quality improvement project. The team works together to identify areas for improvement, develop strategies and action plans, collect and analyze data, and make necessary adjustments to achieve desired outcomes.

a. Purpose

- i. **Drive improvement:** The team is responsible for identifying areas of improvement and developing strategies to enhance processes, services, or outcomes within the organization.
- ii. **Define project goals:** The team works together to establish clear and measurable goals for the QI project, ensuring alignment with the organization's objectives.

- iii. Collaborative problem-solving: Team members collaborate to identify root causes of issues or challenges, utilizing various problem-solving tools and techniques.
- iv. Implement changes: The team develops and implements changes or interventions aimed at improving the identified areas, utilizing evidence-based practices and innovative solutions.
- v. Data analysis: The team collects, analyzes, and interprets data to monitor progress, measure outcomes, and determine the effectiveness of implemented changes.
- vi. Continuous evaluation: Regular evaluation of the project's progress and outcomes is conducted by the team to assess the impact of interventions and identify further opportunities for improvement.
- vii. Stakeholder engagement: The team actively engages relevant stakeholders, such as staff, partners, and community members, to gather input, gain support, and ensure the project's success.
- viii. Communication and reporting: The team communicates project updates, findings, and recommendations to key stakeholders, promoting transparency and accountability.
- ix. Knowledge sharing: The team shares lessons learned, best practices, and successful strategies with the organization, fostering a culture of learning and continuous improvement.
- x. Sustainability: The team focuses on developing sustainable solutions and practices that can be embedded into the organization's ongoing operations beyond the duration of the project.

b. Roles and Responsibilities

- i. Project Lead
 - Overall management and coordination of the QI project.
 - Facilitate communication and collaboration among team members.
 - Develop and implement project plans, timelines, and objectives.
 - Monitor progress, identify barriers, and address project-related issues.
 - Ensure compliance with project goals and objectives.
- ii. Team Members
 - Contribute expertise and knowledge relevant to the project.
 - Collaborate with the Project Lead and other team members.
 - Participate in data collection, analysis, and implementation activities.
 - Support the development and implementation of interventions or process changes.
 - Communicate project updates and findings to the project lead/coordinator and other stakeholders.

- iii. Subject Matter Experts (SMEs)
 - Provide specialized knowledge and expertise in the specific area of improvement.
 - Offer guidance on best practices and evidence-based interventions.
 - Assist in developing and implementing interventions or process changes.
 - Collaborate with the team to address challenges and optimize project outcomes.
 - Help interpret data and provide insights based on their expertise.
- iv. Stakeholders/End Users
 - Provide input and feedback on the project goals, objectives, and interventions.
 - Collaborate with the project team in implementing and evaluating changes.
 - Participate in data collection, review, and dissemination activities.
 - Adopt and adhere to the changes resulting from the QI project.
 - Provide insights on the feasibility and sustainability of the proposed improvements.
- v. Project Sponsor
 - Provide support, advocacy, and resources for the QI project.
 - Promote and ensure implementation of the project within the organization.
 - Help address any barriers or challenges encountered during the project.
 - Ensure alignment of the project with organizational goals and priorities.
 - Champion the sustainability and spread of successful project outcomes.

c. Rotation / Meetings: Participation in a QI project team is highly encouraged for all staff members. It is an opportunity for individuals to contribute their expertise, ideas, and perspectives to drive meaningful change within the organization. All staff are encouraged to be a part of at least one project team per year to actively engage in quality improvement efforts. The project lead, who is responsible for overseeing and coordinating the project, will determine the meeting frequency based on the scope and requirements of the specific project. This flexibility allows the team to align their schedules and collaborate effectively while ensuring that project milestones and deadlines are met.

C. [Agency Roles and Responsibilities](#)

- a. Health Commissioner
 - i. Demonstrate leadership in shaping the department's vision, mission, and strategic plan in relation to QI efforts.
 - ii. Allocate resources to support QI programs and activities.
 - iii. Cultivate a conducive environment for QI learning and growth.
 - iv. Request review of program evaluation activities to ensure effectiveness.
 - v. Communicate and report on QI efforts to staff and the Board of Health.
 - vi. Embrace and apply QI principles in daily work.

- b. Division Directors
 - i. Lead the implementation of QI activities within the division.
 - ii. Facilitate the formation of QI project teams.
 - iii. Act as the Project Sponsor for QI initiatives.
 - iv. Participate actively in QI project teams as needed.
 - v. Document QI efforts within the division.
 - vi. Incorporate QI principles into daily work.

- c. Managers and Supervisors
 - i. Ensure that QI projects align with division and program goals, objectives, and strategic plans.
 - ii. Serve as the lead or identify suitable leads for QI project teams.
 - iii. Facilitate the implementation of QI activities within their programs.
 - iv. Identify and assign appropriate staff members to participate in QI projects as needed.
 - v. Document QI efforts, including progress, outcomes, and lessons learned.
 - vi. Encourage and support staff in incorporating QI concepts and practices into their daily work.
 - vii. Apply QI principles and approaches to their own work, serving as role models for continuous improvement.

- d. QI Champions
 - i. Apply QI knowledge and skills in identifying, planning, and implementing improvement initiatives.
 - ii. Actively participate in QI projects, collaborating with team members and stakeholders to drive positive change.
 - iii. Demonstrate proficiency in using QI tools and methodologies for process improvement.
 - iv. Share knowledge and provide support to colleagues in QI efforts.
 - v. Contribute to the evaluation and assessment of QI projects, identifying areas for improvement.
 - vi. Demonstrate a commitment to ongoing improvement and optimizing processes.

- e. All SCPH Staff
 - i. Actively participate in QI initiatives and projects.
 - ii. Embrace a culture of continuous improvement and actively seek opportunities for learning and growth.
 - iii. Follow established QI processes, methodologies, and tools.
 - iv. Collect and analyze data to inform decision-making and identify areas for improvement.
 - v. Emphasize teamwork and collaboration in QI endeavors.
 - vi. Continuously seek ways to enhance processes, efficiency, and effectiveness in one's work.

- vii. Strive for excellence in delivering services and achieving desired outcomes.
- viii. Share knowledge, insights, and best practices with colleagues to foster a learning culture.
- ix. Embrace the principles of equity, diversity, and inclusion in QI initiatives and ensure equal opportunities for all.

D. [Budget and Resource Allocation](#)

Fiscal and division staff members offer budgetary guidance to ensure adequate resources for QI projects in accordance with approved requirements.

III. **Quality Improvement Training**

A. [Overview](#)

Yearly general QI training sessions will be conducted to ensure that all staff members have the necessary knowledge and skills to actively participate in quality improvement initiatives. These training sessions will cover fundamental concepts, tools, and methodologies related to QI, equipping staff with the understanding needed to contribute effectively. Additionally, members of the Quality Council, who possess expertise and experience in QI, will be available as resources for consultation and guidance. They will serve as a support system, assisting staff members in navigating QI processes, addressing challenges, and promoting a culture of continuous improvement throughout the organization. By providing ongoing training and access to knowledgeable resources, the agency aims to foster a workforce that is well-equipped and empowered to drive positive change and achieve the highest standards of quality in public health service delivery.

B. [Training Requirements](#)

a. General

- i. All staff members must complete introductory training on Quality Improvement (QI) principles and concepts.
- ii. Supervisors and managers are required to undergo formal training in QI methodologies, such as Lean, Six Sigma, or PDSA cycles.
- iii. QI project team members must receive training on project management, data collection and analysis, and effective problem-solving techniques.
- iv. Training on data quality and measurement is mandatory for staff involved in data collection and reporting.
- v. Staff members involved in customer service or interaction with the public must undergo training on delivering quality service and addressing customer needs.

- vi. Cultural competency and equity training are provided to enhance awareness and sensitivity in delivering services to diverse populations.
- vii. Compliance training is conducted to ensure staff members understand and adhere to relevant regulations, policies, and standards.
- viii. Ongoing professional development opportunities, including workshops, seminars, and webinars, are available for staff to enhance their QI skills and knowledge.

b. QI Council

- i. Each QI liaison must conduct one QI-related activity for their associated program/division, contributing to the ongoing efforts to build a culture of quality within the organization.
- ii. All QI council members are required to undergo formal training in QI methodologies, such as Lean, Six Sigma, or PDSA cycles.
- iii. QI Liaisons may apply to become QI advisors with the following criteria:
 - 2 years of quality improvement experience.
 - Must have a letter of recommendation from a current QI Advisor
 - All QI advisor candidates must be approved by the QI Supervisor

C. [Training Resources](#)

- a. A dedicated **QI Google Site** was developed as a comprehensive training / resource platform for all staff members.
 - I. The QI Google Site provides information about the QI role at the agency and offers a clear understanding of the QI process.
 - II. It distinguishes between the two tracks of QI projects: short initiatives and fully accredited initiatives, providing information on their purposes and requirements.
 - III. The QI Google Site offers step-by-step instructions for submitting a QI project, guiding staff members through the initiation and development process.
 - IV. User guides and standard operating guidelines (SOGs) are available on the site for both tracks, providing concise information, requirements, and step-by-step examples.
 - V. The QI Google Site ensures staff members have access to comprehensive training materials, empowering them to engage confidently in QI initiatives.
 - VI. The user-friendly interface and detailed resources on the site promote active participation in the QI process and contribute to a culture of continuous improvement within SCPH.

IV. QI PROJECT IDENTIFICATION, PRIORITIZATION, AND INITIATION

A. [Identification](#)

- a. QI Council
 - i. Discuss and brainstorm potential QI projects: The Quality Council plays a vital role in discussing and brainstorming potential quality improvement projects. This involves gathering council members' insights, expertise, and perspectives to identify areas within the organization that can benefit from quality improvement initiatives.
 - ii. Respond to QI ideas from the Health Commissioner: As suggested by the Health Commissioner, the Quality Council is responsible for reviewing and responding to QI ideas. This entails evaluating the feasibility, relevance, and potential impact of the proposed ideas and providing recommendations or feedback to the Health Commissioner.
- b. Internal Feedback
 - i. Conduct internal QI project identification: Division directors are responsible for identifying QI projects within their divisions and programs.
 - ii. Engage division staff: Division directors involve their staff members in the QI project identification process, gathering input and ideas.
 - iii. Analyze data and performance: Division directors analyze data and performance indicators to identify areas for quality improvement.
- c. External Feedback
 - i. Customer surveys: Conduct surveys to gather feedback from customers or service recipients regarding their satisfaction, experiences, and suggestions for improvement.
 - ii. Web contacts: Provide avenues on the organization's website for individuals to submit feedback, suggestions, or complaints related to the QI projects.
 - iii. Focus groups: Organize focus group sessions with external stakeholders, such as community members, partners, or clients, to gather in-depth insights and perspectives on the QI projects.
 - iv. Interviews: Conduct interviews with key external stakeholders who have a vested interest in the QI projects to understand their expectations, concerns, and suggestions.
 - v. Stakeholder meetings: Organize meetings or forums with relevant stakeholders, such as community organizations, healthcare providers, or government agencies, to discuss the QI projects and solicit their feedback.

- vi. Collaborative partnerships: Engage in collaborative partnerships with external organizations or agencies to receive their input, expertise, and support in improving the QI projects.
- vii. Social media channels: Utilize social media platforms to encourage public engagement and collect feedback from followers or users regarding the QI initiatives.
- viii. Public forums: Host public forums or town hall meetings to provide a platform for the public to express their opinions, concerns, and ideas regarding the QI projects.

B. [Prioritization](#)

During the consideration of a QI project, the project lead collaborates with the project sponsor using a project prioritization matrix to ensure alignment with strategic goals, feasibility, customer satisfaction, equity, and cost effectiveness. They consult on the project's objectives, scope, and expected outcomes, ensuring they contribute to overall improvement efforts. The project sponsor provides insights on resource availability, assesses feasibility, and considers customer impact. Additionally, they evaluate the project's cost-effectiveness. This collaborative consultation ensures that the QI project is well-aligned, feasible, impactful, and cost-effective. (See Example Below)

Project Prioritization Matrix					
Project	Alignment with Strategic Goals	Feasibility	Customer Satisfaction	Equity	Cost Effectiveness
Project A	High	High	High	High	High
Project B	Medium	Medium	High	High	High
Project C	Medium	Medium	Medium	Medium	Medium

C. [Initiating](#)

All employees have the opportunity to suggest QI projects, but it is the responsibility of the QI lead to take ownership and follow the specified process outlined on the QI Google Site. The QI lead acts as the main point of contact and coordinator for the QI project, ensuring that the necessary steps are completed.

All QI requests must be submitted through a designated Google Form (Found on the QI Google Site), which serves as the primary channel for initiating QI projects. When a QI request is submitted, it is reviewed by the QI council. The council carefully assesses the requests and considers their alignment with the organization's strategic goals, feasibility, and potential impact on improving quality.

After the initial review, the QI council appoints a QI Liaison and a QI Advisor for each approved project. The QI Liaison acts as a direct contact and resource person for the project, providing guidance and support throughout its implementation. They serve as a bridge between the project team and the QI council, facilitating effective communication and collaboration.

Additionally, a QI Advisor is assigned to each project, bringing their expertise and experience in quality improvement. The QI Advisor plays a supportive role, offering valuable insights, advice, and mentorship to ensure the success of the project.

V. QI PROJECT PROCESS OVERVIEWS

A. [Overview](#)

Within Summit County Public Health, there are two distinct tracks for QI projects. The first track is focused on short sprint initiatives, which aim to address specific improvement opportunities using LEAN principles, the Plan-Do-Study-Act (PDSA) and other approved QI project cycles. These projects are designed to be agile, thus providing quick results and tangible outcomes.

The second track encompasses fully accredited initiatives, which follow a more structured approach. These projects combine the application of Lean principles with the DMAIC (Define, Measure, Analyze, Improve, Control) problem-solving methodology. This track ensures a comprehensive and rigorous approach to address complex challenges and drive sustainable improvements.

By offering these two tracks, Summit County Public Health aims to cater to a range of QI project needs, allowing for both smaller, focused improvements and larger, more strategic initiatives. This approach reflects the organization's commitment to enhancing efficiency, effectiveness, and service delivery while meeting the evolving demands of its stakeholders.

B. [Short Sprint QI Project](#)

QI leads, and project teams at Summit County Public Health are empowered to choose and utilize any approved QI process that best aligns with their project goals and objectives. Whether it is the DMAIC (Define, Measure, Analyze, Improve, Control) approach, the PDSA (Plan, Do, Study, Act) cycle, LEAN principles, or any other recognized QI methodology, teams have the flexibility to apply the most suitable framework for their specific project.

Once the project is underway, it is important for the project team to document their progress, activities, and outcomes. This documentation serves as a valuable record of the project's journey and allows for proper evaluation and analysis. The project team is responsible for reporting their findings and results to the QI council, providing a comprehensive overview of the project's impact and improvements achieved.

To further support project teams, the QI leads have the opportunity to request the assistance of a QI liaison and advisor from the QI council. These experienced individuals serve as valuable resources, providing guidance, expertise, and support throughout the project's lifecycle. QI leads can tap into the knowledge and insights of the QI liaison and advisor, leveraging their

experience in QI methodologies and subject matter expertise to enhance the project's success. (See table below as an example PDSA Process Outline)

Plan:	<ol style="list-style-type: none"> 1. Clearly define the objective or goal of the PDSA cycle. 2. Describe the specific change or intervention that will be tested. 3. Identify the team members involved and their roles. 4. Determine the timeline and resources needed for the cycle. 5. Develop a plan for data collection and measurement.
Do:	<ol style="list-style-type: none"> 1. Implement the planned change or intervention. 2. Document the process and any modifications made during implementation. 3. Collect data as outlined in the plan.
Study:	<ol style="list-style-type: none"> 1. Analyze the data collected to evaluate the impact of the change or intervention. 2. Compare the results to the expected outcomes and objectives. 3. Identify trends, patterns, or areas of improvement. 4. Consider any unintended consequences or unexpected findings.
Act:	<ol style="list-style-type: none"> 1. Based on the study and analysis, determine the next steps: 2. If the change or intervention was successful and achieved the desired outcome, proceed to the next PDSA cycle or consider implementing the change on a larger scale. 3. If the change or intervention did not produce the expected results, identify modifications or adjustments to be made. 4. If significant issues or challenges were identified, decide whether to continue testing the same change or pursue an alternative approach. 5. Document the lessons learned and insights gained from the PDSA cycle. 6. Update the project plan or intervention based on the findings.

By enabling project teams to choose the appropriate QI process, documenting their efforts, and accessing support from the QI council through liaisons and advisors, Summit County Public Health ensures a comprehensive and collaborative approach to quality improvement initiatives. This fosters a culture of continuous learning, innovation, and measurable outcomes within the organization.

C. Accredited QI Project

The QI council at Summit County Public Health has established a rigorous full track process to ensure compliance with Accreditation standards. This comprehensive approach is designed to drive continuous improvement and uphold the highest quality of services provided by each division. As part of this process, every division is required to complete at least one accredited track project by December 31, 2025.

The accredited track projects follow a structured framework infused with the DMAIC (Define, Measure, Analyze, Improve, Control) QI model. This model provides a systematic and data-driven approach to problem-solving and process improvement. By integrating the DMAIC methodology, divisions can effectively define project goals, measure key performance indicators, analyze data, identify areas for improvement, implement changes, and establish control measures to sustain positive outcomes. (See Table for Process Overview)

Define Phase:	<ol style="list-style-type: none">1. Define project objectives, goals, and scope2. Identify key stakeholders and project team members3. Document the current state of the process4. Identify and define key metrics and measures5. <i>Submit QI Project Request to QI Committee</i>6. Conduct initial project kickoff meetings
Measure Phase:	<ol style="list-style-type: none">7. Implement Data Collection Plan8. Establish data collection methods and tools9. Collect baseline data for the identified metrics
Analyze Phase:	<ol style="list-style-type: none">10. Analyze the collected data to identify areas for improvement11. Identify root causes of issues or inefficiencies
Improve Phase	<ol style="list-style-type: none">12. Develop and propose interventions or process changes13. Prioritize solutions using QI tools and techniques14. Draft future state documentation15. Implement the finalized interventions or process changes
Control Phase	<ol style="list-style-type: none">16. Monitor the implemented solutions17. Draft Project Completion Assessment18. <i>Submit QI Project Completion Assessment and Project Documentation to QI Committee</i>

To ensure the success of each accredited track project, a dedicated QI liaison, and advisor will be allocated by the QI council. The QI liaison serves as a resource and support for the division throughout the project, providing guidance, expertise, and facilitating communication with the QI council. The QI advisor brings extensive experience in quality improvement and helps ensure adherence to best practices, quality standards, and the Accreditation requirements.

VI. PERFORMANCE MANAGEMENT SYSTEM

At Summit County Public Health, the performance management system known as CASCADE (Collaborative Accountability and System for Capture, Analysis, and Dissemination of Evidence) plays a vital role in ensuring that strategic goals and objectives are effectively utilized throughout the organization. CASCADE serves as a comprehensive framework for aligning individual, team, and organizational performance with the strategic direction of the agency.

When considering QI projects, CASCADE serves as a valuable tool for assessing and monitoring the progress and impact of initiatives. It provides a structured approach for setting clear goals and objectives, establishing performance measures, and tracking results. By utilizing CASCADE, QI projects can be aligned with the strategic priorities of Summit County Public Health, ensuring that they contribute to the overall mission and vision of the organization.

VII. AGENCY QUALITY IMPROVEMENT GOALS

The agency's goals are designed to foster a culture of quality that permeates throughout the entire organization, from top-level agency goals to director goals, supervisor/manager goals, and individual staff goals. These goals serve as a comprehensive framework to ensure that the principles of equity and quality are consistently reinforced at every level of the agency.

Goal 01: By January 1, 2024, establish a quality improvement plan based on organizational policies in accordance with PHAB standards and measures. *Measure 9.1.2 A*

Measure: Signed and documented 2024-2026 SCPH QI Plan

Objective 01: By September 1, 2023, draft a QI plan.

Objective 02: By November 1, 2023, have the QI plan vetted by the QI Council and Division Directors.

Objective 03: By December 31, 2023, have the QI plan approved by the Health Commissioner

Goal 02: By January 1, 2026, each division will successfully complete one (1) fully accredited Quality Improvement (QI) project in accordance with PHAB standards and measures.
Measure 9.1.3 A

Measure: Five (5) signed and documented accredited track QI projects.

Objective 01: By July 1, 2024, each division will have identified and submitted an accredited QI project request to the QI council.

Objective 02: By January 1, 2025, all divisions' accredited projects will have completed the Define, Measure, and Analyze phases of the QI process.

Objective 03: By July 1, 2025, all divisions' accredited projects will have been completed through the Improve phase of the QI process.

Objective 04: By September 1, 2025, all divisions will have submitted their project completion assessments to the QI council.

Goal 03: By January 1, 2026, each agency supervisor/manager will successfully complete one (1) Quality Improvement (QI) project.

Measure: Receive documented Quality Improvement (QI) projects from all employed supervisors and managers, ensuring 100% participation and contribution to the organization's QI initiatives.

Objective 01: By July 1, 2024, every supervisor and manager will have effectively communicated their Quality Improvement (QI) project idea to their specified Director and identified the appropriate QI process to achieve a solution.

Objective 02: By December 1, 2025, all supervisors and managers will have submitted their project completion documentation to the QI council.

Goal 04: By January 1, 2026, the organization will demonstrate a strong commitment to staff participation in Quality Improvement (QI) projects and training.

Measure: Train 100% of current and new staff on the QI plan and QI principles and tools.

Objective 01: By January 1, 2025, the Quality Council will conduct a survey of all staff to complete NACCHO's Organizational Culture of Quality Self-Assessment tool for comparison to the previous plan data.

Objective 02: By January 1, 2025, the Quality Council will create new employee orientation presentation materials.

Objective 03: By January 1, 2026, the Quality Council will work with HR to implement the employee training material.

Objective 04: By January 1, 2026, each committee liaison will actively engage in conducting one (1) QI activity per year within their respective program/division.

VIII. PLAN MONITORING AND CONTROL

The monitoring and control of the QI plan responsibilities are distributed across the agency, involving various stakeholders at different levels. The QI Supervisor and QI Chairman play a central role in overseeing the goals, objectives, and processes of the plan. They have explicit control and authority to ensure that the expectations outlined in the plan are being met. They monitor the progress of QI projects, assess the alignment with goals, and intervene as necessary to keep the plan on track. The QI Council provides support and guidance, assisting the Supervisor and Chairman during the Quality Council meetings as needed.

Agency supervision and QI champions also play a crucial role in monitoring and controlling the QI plan. They are responsible for ensuring that quality improvement is integrated into daily operations and becomes a part of the agency's culture. They monitor the implementation of QI activities, provide support and resources to their teams, and encourage staff engagement in QI initiatives.

Agency directors have the responsibility of ensuring a culture of quality within their divisions. They oversee the implementation of the QI plan at the division level, monitor progress, and foster an environment that promotes and supports quality improvement efforts. They collaborate with QI leads and other stakeholders to ensure that division-specific goals and objectives are met.

QI leads, on the other hand, are responsible for the monitoring and control of their specific QI projects. They ensure that their projects align with the outlined expectations and requirements, monitor progress, and take necessary actions to keep the project on track. They work closely with the assigned QI Liaison and other stakeholders to report on the project's status and seek guidance or support when needed.

IX. COMMUNICATION

The QI Google site serves as a centralized resource where staff members can find all the information pertaining to QI, including the QI plan itself. This user-friendly platform ensures easy access to the plan, enabling employees to familiarize themselves with its goals, objectives, and strategies. The QI plan will be made accessible to all employees, emphasizing transparency and promoting their understanding of the agency's commitment to quality improvement.

In addition to the QI plan, the QI Google site will also feature the results and successes of QI projects. Staff members can learn about the positive outcomes achieved through these initiatives, fostering a sense of motivation and inspiration. The site will serve as a platform to showcase the impact of QI efforts and celebrate the contributions of teams and individuals.

Furthermore, the agency's commitment to a culture of QI will be reinforced through various communication channels. Successful QI projects and their outcomes will not only be highlighted on the QI Google site but also in the agency's newsletter. This widespread dissemination of information ensures that staff members stay informed about the progress and achievements in quality improvement.

Agency leadership recognizes the importance of cultivating a culture of QI and will actively promote it in all-staff meetings and program meetings. These platforms provide opportunities for leadership to share updates, insights, and success stories related to QI. By dedicating time and attention to QI discussions in these meetings, agency leadership encourages staff engagement, participation, and a shared commitment to continuous improvement.

X. QUALITY IMPROVEMENT PLAN REVISION AND REVIEW

The QI council plays a crucial role in the continuous improvement of the agency's quality culture by reviewing and revising the QI plan on a biennial basis. This periodic review ensures that the plan remains relevant, effective, and aligned with the evolving needs and priorities of the agency.

During the review process, the QI council thoroughly examines the existing QI plan, taking into consideration feedback from staff, stakeholders, and the changing landscape of the healthcare industry. The council analyzes the plan's goals, objectives, strategies, and performance measures to assess their effectiveness in driving quality improvement initiatives.

Based on the insights gathered, the QI council identifies areas where the QI plan can be enhanced, revised, or expanded. They may propose updates to reflect emerging best practices, technological advancements, or regulatory changes. The council also considers opportunities to incorporate new quality improvement methodologies, tools, or frameworks to further enhance the agency's quality culture.

Once the revisions are finalized, the updated QI plan is communicated to all staff members, ensuring their awareness of any changes and their continued engagement in quality improvement efforts. The QI council actively seeks input and feedback from staff during the revision process, promoting a collaborative and inclusive approach to quality improvement.

A. [Reporting Requirement](#)

The Quality Council is responsible for submitting an annual report to the Health Commissioner, Health Commission, and Board of Health. This report provides a comprehensive overview of the agency's quality improvement (QI) and performance management efforts, highlighting the progress, achievements, and impact of the initiatives undertaken by the organization.

APPENDIX A

Glossary Quality Terms

Continuous Improvement: The ongoing effort to identify, analyze, and implement changes that lead to incremental improvements in processes, products, or services.

DMAIC: a problem-solving methodology used in Six Sigma, a data-driven approach to process improvement. It stands for Define, Measure, Analyze, Improve, and Control. DMAIC provides a structured framework for organizations to identify and eliminate defects or variations in their processes. *Pyzdek, T., & Keller, P. (2014). The Six Sigma Handbook: The Complete Guide for Greenbelts, Blackbelts, and Managers at All Levels. McGraw-Hill Education.*

Lean: “an endless pursuit to deliver customer value, as defined by the customer, by relentlessly pursuing waste and inefficiency, improving cycle times, focusing on ‘value added’ activity and instituting a culture of continuous improvement.”

Key Performance Indicators (KPIs): Quantifiable measures that reflect the organization's performance against its objectives and goals.

Performance Management: The process of planning, monitoring, and reviewing an organization's performance to ensure that it meets its strategic objectives and goals.

Process Improvement: The systematic approach of identifying, analyzing, and enhancing processes to achieve better outcomes, efficiency, and effectiveness.

Plan-Do-Study-Act (PDSA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA 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)

Quality Culture: The collective values, beliefs, attitudes, and behaviors within an organization that prioritizes and promotes quality and continuous improvement.

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.

(Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health*. Journal of Public Health Management and Practice. January/February 2010)

Quality Improvement Council (QI Council): Agency-wide committee, organized by the Informatics and Accreditation Coordinators and the SCPH leadership team, to carry out QI activities. This committee is representative of each division at SCPH, and includes representatives from both staff and leadership levels.

Quality Tools: resources available to assist a team when solving a defined problem or project. Basic QI tools can be found on the employee intranet on the QI page.

Root Cause Analysis (RCA): A structured process for identifying the underlying causes of problems or issues to prevent recurrence.

Stakeholder Engagement: Involving and collaborating with individuals or groups who have an interest or influence in the quality and performance of an organization.

SMART Goals: Specific, Measurable, Achievable, Relevant, and Time-bound goals that provide clarity and focus on what needs to be accomplished.

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. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008)