

Quality Improvement Plan
Middle-Brook Regional Health Commission



Public Health
Prevent. Promote. Protect.

**MIDDLE-BROOK REGIONAL
HEALTH COMMISSION**

Prepared by N. Lanner, K. Sumner February 2015
Reviewed and approved by Quality Council 02-10-2015
Adopted by Commission 03-23-2015
Revised

Quality Improvement Plan
Middle-Brook Regional Health Commission
Signature Page

This plan has been approved and adopted by the Middle-Brook Regional Health Commission at a public meeting on the dates indicated and the following individuals verify this adoption:

_____	23 March 2015
Dr. Jon Fourre, President	Date

_____	23 March 2015
Kevin G. Sumner, Health Officer/Director	Date

This plan has been revised and adopted by the Middle-Brook Regional Health Commission at a public meeting on the dates indicated and the following individuals verify this adoption:

_____	_____
, President	Date

_____	_____
Kevin G. Sumner, Health Officer/Director	Date

Quality Improvement Plan

Middle-Brook Regional Health Commission

Table of Contents

Middle-Brook Regional Health Commission is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Plan serves as the foundation of this commitment.

Table of contents

This plan includes the following topics:

Topic	See Page
Purpose & Introduction	1
Definitions & Acronyms	2
Description of Quality in Agency	4
Quality Goals & Implementation	7
Projects	8
Training	9
Evaluation and Monitoring	10
Communication	11
References & Resources	12
List of Appendices	13
Appendix A: Commonly Used QI Tools	14
Appendix B: Summary of QI Projects	16
Appendix C: QI Team Charter Template	17
Appendix D: QI Project Storyboard Template	19
Appendix E: QI Training Plan	21
Appendix F: QI Activity Timeline	22

Purpose & Introduction

Executive summary

The purpose of the 2015 Middle-Brook Regional Health Commission (MBRHC) quality improvement plan (QIP) is to provide guidance and structure for all quality improvement (QI) activities.

Middle-Brook Regional Health Commission started the QI process in September 2011 along with Rutgers University to improve the contacts tracking. Staff members used process mapping to determine how to improve the contact tracking and convert from paper to a computer based program. In December 2014, with the help of a NACCHO grant, the department started work on a QI Plan. Staff members also began to learn about QI and its processes.

Mission, vision & values

MBRHC will use the implementation of a QIP for all its programs and processes in part, to increase the performance of our health department. The QIP will help our health department to ensure that our mission to improve the health of our community and environment the use of prevention services, health promotion and protection strategies is achieved.

Ten essential services

Middle-Brook Regional Health Commission continuously strives to assure that the Ten Essential Services of Public Health are provided in our community:

1. Monitor health status to identify and solve community health problems.
 2. Diagnose and investigate health problems and health hazards in the community.
 3. Inform, educate, and empower people about health issues.
 4. Mobilize community partnerships and action to identify and solve health problems.
 5. Develop policies and plans that support individual and community health efforts.
 6. Enforce laws and regulations that protect health and ensure safety.
 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 8. Assure competent public and personal health care workforce.
 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 10. Research for new insights and innovative solutions to health problems.
-

Definitions & Acronyms

Introduction A common vocabulary is used agency-wide when communicating about quality improvement. Key terms and frequently used acronyms are listed alphabetically in this section.

Definitions **Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

Plan, Do, Study, Act (PDSA, also known as Plan-Do-Check-Act): 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 Assurance (QA): Guaranteeing that the quality of a product/service meets some predetermined standard.

Quality Improvement (QI): Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-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 with equity and improves 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 Plan: A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan (PHAB Acronyms and Glossary of Terms, 2009)

Quality Culture: QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the

root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)

Storyboard: Graphic representation of QI team’s quality improvement journey. (Scamarcia-Tews, Heany, Jones, VanDerMoere & Madamala, 2012)

Middle-Brook Regional Health Commission (MBRHC): The Middle-Brook Regional Health Commission was formed in 1970, serving the towns of Bound Brook, Green Brook, Middlesex, and South Bound Book. In 1971, the town of Watchung joined the Commission and several years later, Warren was included in the region served. Towns currently served are Bound Brook, Green Brook, South Bound Brook, Warren, and Watchung.

The Commission’s governing body consists of two volunteer representatives from each of the towns served, and provides direction and long-term planning for the Commission’s overall activities.

The Commission’s staff is made up of five full time employees and 1 part time employee.

Acronyms

ASTHO – Association of State and Territorial Health Officials
CDC – Centers for Disease Control and Prevention
CHA – Community Health Assessment
CHIP – Community Health Improvement Plan
CHNA – Community Health Needs Assessment
CQI – Continuous Quality Improvement (see definitions)
MBRHC – Middle-Brook Regional Health Commission (see definitions)
NACCHO – National Association of County and City Health Officials
NJACCHO – New Jersey Association of County and City Health Officials
NJLMN – New Jersey Learning Management Network
NNPHI – National Network of Public Health Institutes
PDCA – Plan, Do, Check, Act (see definitions)
PDSA – Plan, Do, Study, Act (see definitions)
PHQIX – Public Health Quality Improvement Exchange
PHF – Public Health Foundation
QA – Quality Assurance (see definitions)
QC – Quality Council
QI – Quality Improvement (see definitions)
QIP – Quality Improvement Plan (see definitions)
WFD – Workforce Development Plan

Description of Quality in Agency

Introduction This section provides a description of quality efforts in *Middle-Brook Regional Health Commission*, including structure, staffing, culture, processes, and linkages of quality efforts to other agency documents.

Description quality efforts Middle-Brook Regional Health Commission is working to incorporate QI into our everyday culture. Our employees have had limited training on QI. Employees do not have a good understanding of how QI works or how it will benefit the department.

MBRHC has completed one project with the help of Rutgers University. The project was done to improve the handling and tracking of public contacts received by the department. A computer-based program was created to enter all contacts to better track them.

With this QI plan, MBRHC is hoping to improve the Quality culture of our Health Department. Employees will have a better understanding of what QI is and how it will improve our health department. Employees will use QI regularly to improve processes at the health department.

Links to other agency plans The Quality Improvement (QI) plan will provide direction in obtaining the objectives described in the Strategic Plan. Improvements will be targeted toward tactics that will assist the department in realizing maximum effectiveness and efficiencies.

The workforce development plan (under development) will include Quality Improvement education and change in job functions to incorporate QI into the culture of our department. To further the understanding of our Quality Improvement plan employee job descriptions have been changed to reflect QI. All employees will be required to attend QI training and be involved in QI projects. Due to the size of our health department, all members of our staff will be involved in each process.

Quality improvement management, roles & responsibilities The Quality Improvement plan will be managed by the Quality Council. The Quality Improvement Council (Quality Council, QC, or Council) provides ongoing leadership and oversight of continuous quality improvement activities.

Due to the size of our health department MBRHC staff does not have the option of term limits. Currently MBRHC only has 5.5 staff members including the Health Officer. All staff is needed to ensure that a broad range of ideas and opinions are given to each project. The only position that may change will be who is leading the council. The council chair will be in place for a minimum of two years and will likely rotate through the inspection and administration staff. The health officer will sit on

the council, but will not take the chair position. The only other council position that will be named is the secretary.

The QC will be responsible for reviewing the Quality Improvement plan annually. The QC will also identify what processes and projects need to be improved. The QC will meet at least monthly for one hour.

Responsibilities of the Council:

Council Member	Responsibility
Council Chair	Provide vision & direction for QI program Develop meeting agendas and facilitate meetings Convene Quality Council Report to Board twice a year Identify appropriate staff for QI teams Oversee QI efforts within MBRHC Assure QI-related performance and/or professional development goals for MBRHC staff Encourage staff to incorporate QI efforts into daily work Facilitate QI teams as needed Provide administrative support on rotating basis
Secretary	Will record meeting attendance, minutes and provide copies to members

Responsibilities of all Members

- Champion QI efforts throughout MBRHC
- Develop, approve, evaluate, and revise Quality Improvement Plan, including establishing goals, priorities, and indicators of quality (annually)

- Review QI Plan annually and make adjustments as needed
- Make recommendations for improvement based on identified priority areas
- Monitor QI projects, act to solve problems, and implement quality improvements
- Assure adequate resources are devoted to QI initiatives

The Council strives for consensus on all decisions and agrees to abide by majority vote in absence of consensus.

All staff within Middle-Brook Regional Health Commission will: participate in QI projects as requested, nominate QI projects, participate in QI training, and incorporate QI concepts into daily work.

**Quality
improvement
process**

Middle-Brook Regional Health Commission will be using the Plan-Do-Study-Act quality improvement process for our quality improvement activities. Tools used during the processes, at a minimum, will include nominal groups, affinity diagrams, flowcharts, fish bones, and storyboards. Employees will be trained on the tools and how they can be used to benefit the process.

Quality Goals & Implementation

Introduction Middle-Brook Regional Health Commission’s goal is to start inculcating QI into the department. To start the QI process a QI council needs to be created. The QI council will decide what projects will most benefit the department. The council will conduct a minimum of 2 projects a year. One will be in administration and another will focus on activities done by the health department. To increase knowledge of the QI process education will be offered to all employees and job descriptions will be changed to reflect a QI culture.

Goal	Measure	Timeframe	Person Responsible
Create a QI council for the Middle-Brook Regional Health Commission.	QI Council Members, and Bylaws of the Council	02/28/2015	Nancy Lanner
By 03/01/2015, all position descriptions will include expectations for involvement in QI, including training and team participation.	Position descriptions with expectations; documentation of training and project participation	03/23/2015	Health Officer
Annually, support a minimum of 2 quality improvement projects (1 program and 1 administrative).	Team documentation; storyboards	annually	QI Council Chair , QI Council

Projects

Introduction Middle-Brook Regional has limited practice in conducting QI projects. Currently we have done one project with the help of Rutgers University to update how we track and maintain information about contacts with the department.

The current project that MBRHC will be working on is supported by a grant received from NACCHO. The project will be the review of the food inspection process to increase completion of food inspections and assure compliance with mandates.

Future projects will be suggested at QI Council meetings. Due to our department size all staff members will be taking part in the Quality Improvement Council. The department plans to work on a minimum of two projects per year.

Project selection

Projects for the MBRHC will be selected by the Quality Improvement Council. The Council chair, with input from all staff, will present topics to be considered, with a majority vote being used to determine the projects. The projects will be prioritized based on how they will benefit the department and coincide with our department's mission and strategic plan. Due to our department's size all staff members will be placed on teams conducting the projects.

Current projects

Our current project will increase our compliance rate of state mandated food inspections. A copy of the project will be included in *Appendix B*. The projected outcome of the project is to increase the number of food inspections being conducted by staff members. This should determine the root cause of why staff members are not completing mandated inspections.

Training

Introduction

Quality Improvement training for Middle-Brook Regional Health Commission has historically been sporadic and mostly aimed at leadership. This plan assures that all staff of MBRHC will be trained in quality improvement as a condition of employment and staff will be routinely updated with regular QI training. *Middle-Brook Regional Health Commission* has incorporated QI training within the agency Workforce Development Plan. The WFD Plan includes goals, objectives, target audience (who will receive training), resources/sources of training, and the individual(s) responsible for leading each objective.

Training and support

MBRHC will utilize the Plan-Do-Study-Act (PDSA) model when completing QI projects. This model provides a proven methodology for properly completing QI projects. All staff will be trained on the PDSA cycle prior to beginning a project, and the QI Council Chair will be available to provide technical assistance regarding the cycle to staff throughout their project. This training will include completing all 3 modules in the Ohio State University's *Continuous Quality Improvement for Public Health: The Fundamentals* online course. In addition, during each QI team's first meeting the QI Council Chair provide team members with a review of the PDSA cycle as well as the teams' requirements included in this plan.

Maintenance of QI skills and knowledge will be accomplished through annual update training for all staff involved in QI activities. These trainings may be in-person, if available and appropriate, or online through such organizations as Ohio State University, American Society for Quality, Public Health Foundation, and others. In addition, all staff will be annually updated on MBRHC's QI progress and any changes made to the QI plan as part of its annual review.

Evaluation and Monitoring

Introduction The Middle-Brook Regional Health Commission QI Plan will be evaluated annually by the QI Council. At the time of evaluation, the plan will be updated and new QI projects will be determined for the upcoming year.

QI plan

This QI Plan will be reviewed and evaluated by the Council in March of each year. Evaluation will occur through a survey of members (January) and subsequent facilitated discussions. Evaluation will address:

- effectiveness of meetings,
- effectiveness of the QI Plan in overseeing quality projects and integration within the agency,
- clarity of the QI Plan and its associated documents,
- lessons learned,
- progress toward and/achievement of goals as outlined in the Goals, Objectives and Implementation section, and
- Review of QI Team evaluations (see below).

An evaluation report will address each of these items, and make recommendations for change. Goals will be revised and corrective actions and revisions will be made after this annual review.

QI teams

Due to the size of our department, QI Teams will include all staff that makes up the QI council. Projects will be discussed at all QI Council meetings. All employees working on a project will help develop and submit project storyboards at the conclusion of the project. Within one month of a project's finalization, all team members will be surveyed to determine QI process learning, perceived contribution to the project, value of the project experience and ultimate outcome, lessons learned, and to seek suggestions for overall agency QI efforts.

Communication

Introduction Quality Improvement information will be shared with employees, Commission and Board of Health members and the public annually.

All Middle-Brook Regional Health Commission Employees

Due to the size of our department, all staff members are involved in all aspects of the QI process. Annually staff members will review QI projects completed within the past 12 months and will report experiences and results at an all-staff meeting.

All Quality Council meeting documents (agendas, attendance, summaries) and QI Team documents (agendas, attendance, summaries, data tools, storyboards, etc.) will be maintained on the shared electronic drive for review by all staff members at any time.

Board of Health

Board of Health and Commission members will receive at least two updates on quality initiatives annually, one of which will focus on the evaluation report.

Public

Project descriptions and results will be featured on the agency's website, and included in the annual report to the public.

Other

In addition to these regularly occurring communications, the Quality Council will seek avenues to share quality initiatives with other community partners and other state and national audiences as appropriate.

References and Resources

RESOURCE	LOCATION & DESCRIPTION
American Society for Quality	http://asq.org A membership organization whose mission is: to increase the use and impact of quality in response to the diverse needs of the world. Training, resources, certifications, and learning communities
Association of State and Territorial Health Officials (ASTHO)	http://www.astho.org Membership organization for state health officials. Resources, links to QI and performance management tools
Center for Public Health Practice, The Ohio State University College of Public Health	http://cph.osu.edu/practice Live and online competency-based training and other organizational development resources https://www.cphplearn.org/ Learning content management system; searchable catalog
Center for Public Health Quality	http://www.centerforpublichealthquality.org/ A new, national resource with training, toolkits, consultation, and technical assistance
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/stltpublichealth/performance/ Concepts, resources, and links about quality improvement and performance management
Journal of Public Health Management and Practice	Volume 18 (1) January/February 2012 - pg. 1-101,E1-E16 Volume 16 (1) January/February 2010 - pg. 1-85,E1-E17 Journals dedicated to quality improvement
Michigan Public Health Institute	http://mphiaccredandqi.org/Guidebook.aspx Practitioners Quality Improvement Guidebook. http://mphiaccredandqi.org/PMQITraining/Login.aspx Performance Management/QI online course
National Association of County and City Health Officials (NACCHO)	http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm QI resources, training, templates http://www.naccho.org/toolbox/program.cfm?id=25 Searchable QI literature, templates, examples, etc. http://qiroadmap.org/ Roadmap to a Culture of Quality Improvement
National Network of Public Health Institutes (NNPHI)	www.nnphi.org/api Accreditation and performance improvement resources www.nnphi.org/npjpsp/resources Public health improvement webinars and training www.nnphi.org/phpit Public health performance improvement toolkit
New Jersey Association of County and City Health Officials (NJACCHO)	http://njaccho.org/resources/ A repository for locally referenced and utilized tools and documents. Resources gathered as a result of participation in Gaining Ground Initiative and others

New Jersey Learning Management Network (NJLMN)	http://njlmn2.rutgers.edu/exchange New Jersey based online searchable tool for identifying and accessing public health best practices, documents, and ordinances https://njlmn.rutgers.edu/ New Jersey based online searchable public health continuing education database and registration portal
Public Health Quality Improvement Exchange (PHQIX)	https://www.phqix.org/ Online community for learning and sharing about quality in public health. Searchable; forum for online dialogue and sharing (uploading) example documents (including example QI Plans)
Public Health Accreditation Board (PHAB)	http://www.phaboard.org/ Non-profit organization that oversees public health agency accreditation. Accreditation standards, measures, and requirements; training, resources, accreditation
Public Health Foundation (PHF)	http://www.phf.org/focusareas/pmqi/pages/default.aspx Performance management and quality improvement website, including Turning Point framework
University of Minnesota	http://www.sph.umn.edu/programs/certificate/piph/ Public Health Certificate in Performance Improvement

List of Appendices

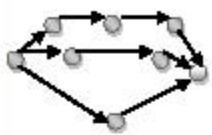


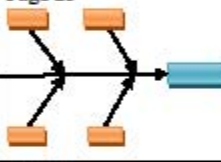

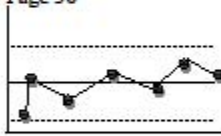

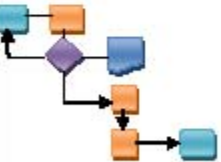
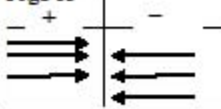

The following documents are included as appendices to this plan: Include list of associated items; delete or add as needed.

- Appendix A:** Commonly Used QI Tools
 - Appendix B:** Summary of QI Projects
 - Appendix C:** QI Team Charter Template
 - Appendix D:** QI Project Storyboard Template
 - Appendix E:** QI Training Plan
 - Appendix F:** QI Activity Timeline
-

Appendix A: Commonly Used QI Tools

Quality Improvement (QI) Toolbox



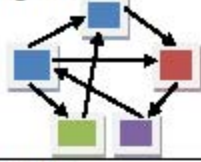
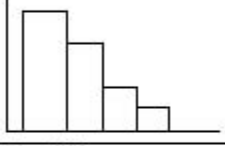
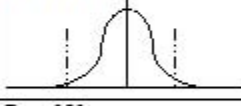
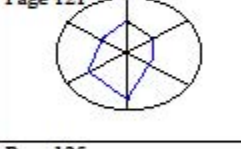
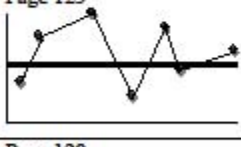
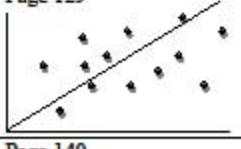

<i>QI Tool</i>	<i>What the Tool Does</i>	<i>Public Health Memory Jogger II</i>
Activity Network Diagram/ Gantt Chart	Used to: Schedule sequential and simultaneous tasks <ul style="list-style-type: none"> • Gives team members the chance to show what their piece of the plan requires and helps team members see why they are critical to the success of the project. • Helps teams focus its attention and spare resources on critical tasks. 	Page 3 
Affinity Diagram	Used to: Gather and group ideas <ul style="list-style-type: none"> • Encourages team member creativity by breaking down communication barriers. • Encourages ownership of results and helps overcome "team paralysis" due to an array of options and a lack of consensus. 	Page 12 
Brainstorming	Used to: Create bigger and better ideas <ul style="list-style-type: none"> • Encourages open thinking and gets all team members involved and enthusiastic. • Allows team members to build on each other's creativity while staying focused on the task at hand. 	Page 19 
Cause and Effect/Fishbone Diagram	Used to: Find and cure causes, not symptoms <ul style="list-style-type: none"> • Enables a team to focus on the content of the problem, not the problem's history or differing personal issues of team members. • Creates a snapshot of the collective knowledge and consensus of a team around a problem. • Focuses the team on causes, not symptoms. 	Page 23 
Check Sheet	Used to: Count and accumulate data <ul style="list-style-type: none"> • Creates easy-to-understand data ~ makes patterns in the data become more obvious. • Builds a clearer picture of "the facts", as opposed to opinions of each team member, through observation. 	Page 31 
Control Charts	Used to: Recognize sources of variation <ul style="list-style-type: none"> • Serves as a tool for detecting and monitoring process variation. Provides a common language for discussing process performance. • Helps improve a process to perform with higher quality, lower cost, and higher effective capacity. 	Page 36 
Data Points	Used to: Turn data into information <ul style="list-style-type: none"> • Determines what type of data you have • Determines what type of data is needed 	Page 52 
Flowchart	Used to: Illustrate a picture of the process <ul style="list-style-type: none"> • Allows the team to come to agreement on the steps of the process. Can serve as a training aid. • Shows unexpected complexity and problem areas. Also shows where simplification and standardization may be possible. • Helps the team compare and contrast the actual versus the ideal flow of a process to help identify improvement opportunities. 	Page 56 
Force Field Analysis	Used to: Identify positives and negatives of change <ul style="list-style-type: none"> • Presents the "positives" and "negatives" of a situation so they are easily compared. • Forces people to think together about all aspects of making the desired change as a permanent one. 	Page 63 
Histogram	Used to: Identify process centering, spread, and shape <ul style="list-style-type: none"> • Displays large amounts of data by showing the frequency of occurrences. • Provides useful information for predicting future performance. • Helps indicate there has been a change in the process. • Illustrates quickly the underlying distribution of the data. 	Page 66 

Developed from *The Public Health Memory Jogger II* (2007)

Appendix A: Commonly Used QI Tools, *continued*

Quality Improvement (QI) Toolbox



Interrelationship Digraph	<p>Used to: Look for drivers and outcomes</p> <ul style="list-style-type: none"> Encourages team members to think in multiple directions rather than linearly. Explores the cause and effect relationships among all the issues. Allows a team to identify root cause(s) even when credible data doesn't exist. 	<p>Page 76</p> 																									
Matrix Diagram	<p>Used to: Find relationships</p> <ul style="list-style-type: none"> Makes patterns of responsibilities visible and clear so that there is even distribution of tasks. Helps a team come to consensus on small decisions, enhancing the quality and support for the final decision. 	<p>Page 85</p> <table border="1" data-bbox="1105 612 1328 720"> <thead> <tr> <th></th> <th>A</th> <th>B</th> <th>C</th> </tr> </thead> <tbody> <tr> <th>1</th> <td></td> <td></td> <td></td> </tr> <tr> <th>2</th> <td></td> <td></td> <td></td> </tr> <tr> <th>3</th> <td></td> <td></td> <td></td> </tr> </tbody> </table>		A	B	C	1				2				3												
	A	B	C																								
1																											
2																											
3																											
Nominal Group Technique	<p>Used to: Rank for consensus</p> <ul style="list-style-type: none"> Allows every team member to rank issues without being pressured by others. Makes a team's consensus visible. Puts quiet team members on an equal footing with more dominant members. 	<p>Page 91</p> <table border="1" data-bbox="1105 790 1344 921"> <thead> <tr> <th></th> <th>Jo</th> <th>Bob</th> <th>Hal</th> <th>Total</th> </tr> </thead> <tbody> <tr> <th>A</th> <td>3</td> <td>4</td> <td>4</td> <td>11</td> </tr> <tr> <th>B</th> <td>2</td> <td>1</td> <td>2</td> <td>5</td> </tr> <tr> <th>C</th> <td>4</td> <td>3</td> <td>3</td> <td>10</td> </tr> <tr> <th>D</th> <td>1</td> <td>2</td> <td>1</td> <td>4</td> </tr> </tbody> </table>		Jo	Bob	Hal	Total	A	3	4	4	11	B	2	1	2	5	C	4	3	3	10	D	1	2	1	4
	Jo	Bob	Hal	Total																							
A	3	4	4	11																							
B	2	1	2	5																							
C	4	3	3	10																							
D	1	2	1	4																							
Pareto Chart	<p>Used to: Focus on key problems</p> <ul style="list-style-type: none"> Helps teams focus on those causes that will have the greatest impact if solved. (Based on the Pareto principle ~ 20 % of the sources cause 80% of any problem.) Progress is measured in a highly visible format that provides incentive to push on for more improvement. 	<p>Page 95</p> 																									
Prioritization Matrices	<p>Used to: Weigh your options</p> <ul style="list-style-type: none"> Forces a team to focus on the best thing(s) to do and not everything they could do. Increases the chance of follow-through because consensus is sought at each step in the process (from criteria to conclusions) 	<p>Page 105</p> <table border="1" data-bbox="1105 1161 1349 1257"> <thead> <tr> <th>Cost</th> <th>A</th> <th>B</th> <th>C</th> <th>Total</th> </tr> </thead> <tbody> <tr> <th>A</th> <td></td> <td>1/5</td> <td>1/10</td> <td>0.3</td> </tr> <tr> <th>B</th> <td>5</td> <td></td> <td>1</td> <td>6</td> </tr> <tr> <th>C</th> <td>10</td> <td>1</td> <td></td> <td>11</td> </tr> </tbody> </table>	Cost	A	B	C	Total	A		1/5	1/10	0.3	B	5		1	6	C	10	1		11					
Cost	A	B	C	Total																							
A		1/5	1/10	0.3																							
B	5		1	6																							
C	10	1		11																							
Process Capability	<p>Used to: Measure conformance to customer requirements</p> <ul style="list-style-type: none"> Helps a team answer the question "Is the process capable?" Helps to determine if there has been a change in the process. 	<p>Page 116</p> 																									
Radar Chart	<p>Used to: Rate organization performance</p> <ul style="list-style-type: none"> Makes concentrations of strengths and weaknesses visible. Clearly defines full performance in each category. Captures the different perceptions of all the team members about organization performance. 	<p>Page 121</p> 																									
Run Chart	<p>Used to: Track trends</p> <ul style="list-style-type: none"> Monitors the performance of one or more processes over time to detect trends, shifts, or cycles. Allows a team to compare a performance measure before and after implementation of a solution to measure its impact. 	<p>Page 125</p> 																									
Scatter Diagram	<p>Used to: Measure relationships between variables</p> <ul style="list-style-type: none"> Supplies the data to confirm a hypothesis that two variables are related. Provides a follow-up to a Cause & Effect Diagram to find out if there is more than just a consensus connection between causes and the effect. 	<p>Page 129</p> 																									
Tree Diagram	<p>Used to: Map the tasks for implementation</p> <ul style="list-style-type: none"> Allows all participants (and reviewers outside the team) to check all of the logical links and completeness at every level of plan detail. Reveals the real level of complexity involved in the achievement of any goal, making potentially overwhelming projects manageable, as well as uncovering unknown complexity. 	<p>Page 140</p> 																									

Developed from *The Public Health Memory Jogger II (2007)*

Appendix B: Summary of QI Projects

Projects Completed in Previous Year

Project Name (focus)	Project Mission	Outcome

Currently Active Projects

Project Name (focus)	Project Mission	Status/Outcome
Mandated food inspection process	To improve process for inspections of food establishments to assure compliance with state mandates	As of 02-19-2015 and because of support from NACCHO a QI Team has been established and assigned to improve our current process for food inspections based on the PDSA cycle. The team has developed a charter, gathered data and is actively planning the activity.

**Other notes
about
team/work:**

Team Housekeeping Rules:

1. Keep meetings short under one hour.
2. Quit taking it Personal.
3. Fist to Five "Seek Consensus Whenever Possible."
4. Focus- stay on topic.
5. No electronics during meeting.
6. Be on time.

Appendix D: QI Project Storyboard Template

Compliance Rate for State Mandate Food Inspections Middle Brook Regional Health Commission 111 Greenbrook Rd. Green Brook, NJ 08813

Plan Select and Identify the Problem

Background information

The compliance rate for completing state mandated food inspections have decreased over the past three years.

Assemble the Team

The QI team will consist of all staff members, due to the size of our health department.

Define the Aim:

An opportunity exists to improve the number of food establishments that are inspected yearly, beginning on January 1, 2015 and ending on November 1, 2015. An evaluation will be done on May 1, 2015. This effort should be improve completion compliance rate of food inspections, for food establishments. This process is important to work on now because state mandates are not being met. The baseline measurement is defined as the following metric 100% completion of food inspections by November 1, 2015.

Analyze the Current Approach

Inspectors set current schedule of when food inspections are conducted.

Identify Potential Solutions

Your Text Here

Develop an Improvement Theory

Your Text Here

Do Test the Theory for Improvement

Test the Theory

Your Text Here

Study Use Data to Study Results of the Test

Study the Results

Your Text Here

Act Standardize the Improvement and Establish Future Plans

Standardize the Improvement or Develop New Theory

Your Text Here

Establish Future Plans

Your Text Here

Appendix E: QI Training Plan

Include this appendix if you have elected to include the QI Training Plan within your QI Plan in lieu of your Workforce Development Plan. If you referred the reader to your Workforce Development Plan within the Training section of this plan, you may chose to delete this appendix.

Goal	Objectives	Target Audience	Resources	Responsible
Establish a culture of quality within the agency	By 03-01-2015, all senior staff will participate in in-person quality improvement training By 03-01-2015 all staff will complete online quality improvement training Within 2 months of hire, all new employees will complete online training	All Staff	NACCHO OSU-CPHP CQI online modules	Health Officer/Director QI Council Chair
Maintain continuous training for staff	Annually, QI Council members will participate in at least one training session about QI	All Staff	NACCHO, NJACCHO, online training from various sources	Health Officer/Director

Appendix F: QI Activity Timeline

List activities outlined in plan, timeline and person responsible.

Activity	Timeline/frequency	Person responsible
Quality Council meetings	At least twice a month: from February to May. Then once a month for the remaining of the year.	Health Officer/Director, Quality Council
Review, evaluate, revise, approve QI plan	Review Plan annually at January council meeting for updates or changes in March.	QI Coordinator Quality Council
Select QI projects and teams	Ongoing	Quality Council
QI Project reports to Quality Council	Every QI Council meeting	All Staff
Storyboards to Quality Council	Within one month of project conclusion	QI Team leaders
Evaluation to QI Team members	Within one month of project conclusion	QI Coordinator
Report to Board of Health <ul style="list-style-type: none"> • Projects • Plan updates • Evaluation 	Twice a year: April and October	Health Officer/Director
Reports in all-staff meeting: <ul style="list-style-type: none"> • Project reports • Team recognition • Quality Council report (plan updates, evaluations) 	Annually in May	Quality Council members; Quality Team leaders
Reports to public: <ul style="list-style-type: none"> • Project feature on website • Annual report 	Ongoing: updated at least annually in March Annually in February	Health Educator and Webmaster