Performance Improvement Plan

August 2019 – July 2020

Prepared by the Quality Committee: August 7, 2019
Approved by the Department Director: September 12, 2019
Original Plan Implemented: August 1, 2013

Contents

I. Purpose, Vision and Alignment

Purpose

The Performance Improvement Plan provides the context and framework for performance management and quality improvement (QI) activities at Denver Public Health. A solid QI infrastructure helps to make and sustain gains in performance improvement and ensure alignment with the department strategic plan, mission, and vision.

Vision

Denver Public Health will have a culture where QI is fully embedded into the way the agency does business across all levels, divisions, and programs. Leadership and staff will be fully committed to quality, and results of QI efforts will be communicated internally and externally.

Alignment

Performance improvement aligns with the strategic plans for Denver Health and Denver Public Health, as quality improvement and innovation are key components in both plans. In addition, Denver Public Health is working with Denver Department of Public Health and Environment to sustain public health accreditation. As accreditation focuses on continuous quality improvement, working to sustain accreditation will only continue to strengthen the performance improvement efforts currently underway.

II. Organizational Structure

Denver Health: Denver Public Health is organizationally housed within Denver Health and Hospital Authority, a safety-net healthcare system and political subdivision of the state. Within Denver Health, performance improvement resources, training, and support, come primarily from the Lean Systems Improvement department.

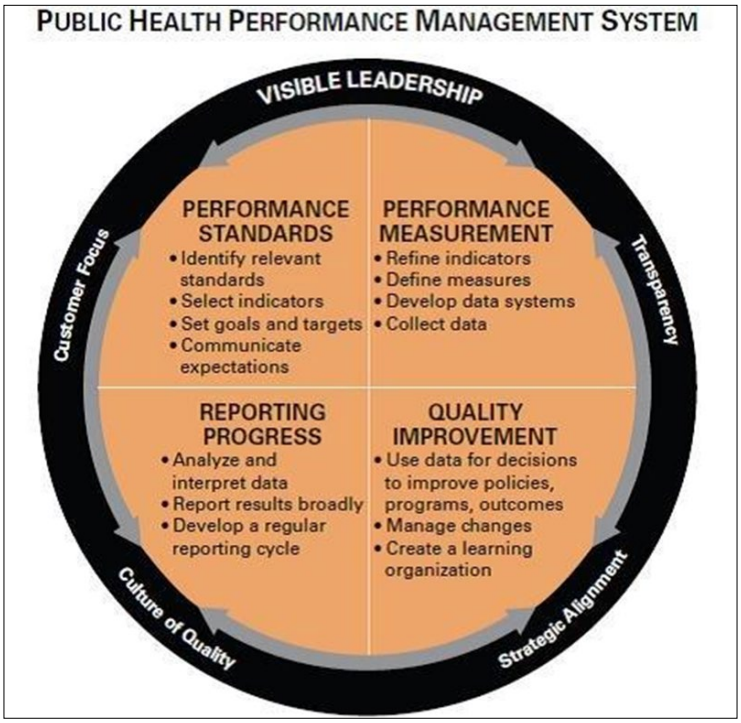
Leadership: The Core Leadership Team at Denver Public Health sponsors and supports performance and QI related work.

Strategic Planning Committee: The Strategic Planning Committee is responsible for monitoring the Performance Management System which tracks annual plans and scorecards for the department and all divisions/strategic areas.

Quality Committee: The Quality Committee (QC), which is made up of committee members and QI Champions, supports QI efforts throughout the department. Activities, roles, and plans are summarized in the Quality Committee Charter (Appendix A).

Program Leaders: Program Leaders (Directors, Managers, Coordinators, Administrators, and Supervisors) support and sponsor QI projects, provide feedback to the committees, participate in training, and communicate with staff regarding QI as needed.

All employees: All staff are asked to complete an annual online Performance Improvement Assessment, set a QI professional development goal, and are encouraged to participate in QI projects and trainings.



Performance Management System

The Denver Public Health Performance Improvement Framework (Appendix B) shows the relationship of the various plans and foundational elements that support performance improvement within the department. The Turning Point model (see diagram to the right) has been used to develop the Performance Management System at Denver Public Health.

Reporting of progress occurs through:

1. Excel dashboards

   Excel dashboards are used to track and report on annual plans and track performance measures. The dashboards provide an efficient and consistent way to report on program performance and identify areas that are not meeting standards. By using the dashboards to identify areas not meeting standards, QI efforts can be focused on finding the root causes for those measures and help to align efforts in reaching performance standards.

2. Program Reviews

   Each division/strategic area participates in a semi-annual program review meeting with leadership to review their annual plan, QI projects, workforce development efforts, and programmatic accomplishments and barriers.

3. Visual Management Boards

   Visual Management Boards are used at the department level and with each division/strategic area. The Visual Management Boards are used to communicate about key performance indicators (dashboards) and information on problem solving and progress on key priority areas. Each month, a gemba walk is held at the boards with the department leadership team, program leaders, and staff. The gemba walks allow for a brief update and conversation about program performance on key indicators, progress made on priority areas, and QI projects in process.

4. Supervisor meetings

   The QI project of the month (selected by the Quality Improvement (QI) Specialist or Planning and Performance Improvement Manager) is highlighted at the monthly

supervisor meeting. A project representative reviews progress on the project, lessons learned, and applicable resources for other divisions/strategic areas.

5. Quality Committee meetings

   The Quality Committee reviews progress on the Performance Improvement Plan on a quarterly basis. The QI project of the month is also highlighted at the first Wednesday Quality Committee meeting to share lessons learned and QI tools.

III. Roles and Responsibilities

The roles and responsibilities of the Executive Director, Associate Director, Planning and Performance Improvement Manager, QI Specialist, Strategic Planning Committee, QI Representatives (QC Members and QI Champions), Program Leaders, and all staff are summarized in the 'QI Key Roles and Responsibilities' table (Appendix C).

IV. Staffing and Administrative Support

The budgeted staffing for Performance Improvement includes two full time staff, the Planning and Performance Improvement Manager and a QI Specialist, in addition to a Workforce Development Specialist. The Planning and Performance Improvement Manager coordinates the development, implementation, evaluation and organization of strategic planning activities within Denver Public Health. The QI Specialist coordinates the development, implementation, and evaluation of Denver Public Health's quality improvement and customer experience activities, including the Performance Improvement Plan, coaching QI projects and leading QI trainings. The Workforce Development Specialist coordinates the development, implementation, and evaluation of Denver Public Health's workforce development activities, including the Workforce Development Plan. The Quality Committee is comprised of a multi-disciplinary team and currently has at least one member and one champion representing each division/strategic area. Each division/strategic area has 1-3 QI Champions that receive training and provide QI project support as needed. The Strategic Planning Committee is a 20 member committee with representatives from all staff levels. Support and resources are also available through Denver Health's Lean Systems Improvement department as needed.

V. Budget and Resource Allocation

The primary budget allocation is for the Planning and Performance Improvement Manager, QI Specialist, and Workforce Development Specialist positions, which is paid out of Administration funds and grants. When applicable, support for these positions is written into grants and grant opportunities are actively pursued whenever possible.

VI. Scope

Each year, goals, strategies and tactics are developed by the committee to plan activities for the year. The 2019-2020 performance improvement goals, strategies, and tactics are listed in Appendix D and tracked in an excel dashboard.

Plans are developed using the evidence-based transition strategies listed in the NACCHO (National Association of County and City Health Officials) *Roadmap for Quality Improvement in Public Health* publication, and focus on the following areas:

1. Leadership Commitment

   Examples: QI projects are reviewed at biannual Program reviews, at the monthly gemba walks at the Visual Management Boards, and through continual funding of the Performance Improvement program.
2. Employee Empowerment

   Examples: Training to staff, new employee orientation to QI, communication about QI, coaching around QI, rounding with staff, and leadership granting authority to make decisions regarding quality improvement projects.
3. QI Infrastructure

   Examples: Maintaining the Quality Committee and QI Project Tracking List, updating the Performance Improvement Plan and Annual Report, integrating aspects of the QI Plan, Workforce Development Plan and Strategic Plan, and maintaining the performance management system.
4. Customer Focus

   Examples: Updating and improving customer satisfaction feedback methods, maintaining the customer satisfaction intranet site, rounding in patient waiting rooms, and working with groups to improve customer service when needed.
5. Teamwork and Collaboration

   Examples: Provide recognition for QI projects (monthly Oppy Award, conference abstract submissions), sharing lessons learned and helping colleagues troubleshoot during QI meetings, participation in state-wide QI learning community, and cross-departmental QI projects involving more than one program area.
6. Continual Process Improvement

   Examples: Providing tools, resources, support and coaching for QI projects, presenting at local and national conferences, and utilizing the scorecards and performance management system to monitor performance and focus improvements on areas not meeting targets.

VII. Staff Training

A variety of QI trainings are offered and available to staff at Denver Public Health. Training needs will be evaluated, updated and adapted as needed to continue to meet the needs of the department.

1. New Employee Orientation

   An overview of performance management is provided during the department's quarterly new employee orientation. In addition, within 6 months of hire, all new employees receive an introduction to QI from their division/strategic area's Quality Committee member. The QI 101 Checklist provides an overview of Denver Public Health's QI structure, Quality Committee, Performance Improvement Plan, QI Project Tracking List, resources, and available trainings. During this orientation, new employees learn about the A3 Problem Solving Tool. QI expectations for all employees are in development and will be integrated into the orientation process.

2. Lean Systems Improvement

   The Lean Systems Improvement department within Denver Health offers many Lean courses to Denver Public Health staff free-of-charge, including: Lean Foundations, Lean Management Systems, and Coaching for Continuous Improvement. Managers and Quality Committee representatives are encouraged to attend all of these courses.

3. Quality Committee

   Monthly training topics are conducted with the Quality Committee to develop and refine their skills using QI tools. These trainings are open to all department staff. Topics are chosen by department staff and then trainings are facilitated by the QI Specialist, Quality Committee Member, Lean Facilitator, or Planning and Performance Improvement Manager. Previous training topics include: A3 Problem Solving Tool (similar to PDSA), how to ask good questions, Affinity Diagram, charters, facilitating QI projects, Interrelationship Diagram, Prioritization Matrix, PICK Chart, Pareto, Process Maps, Standard Work, SIPOC, Value Stream Mapping, 5S/6S, brainstorming tools, project planning, and PDSA with health equity. So far, training topics identified for 2019-2020 include visual management boards.

4. Department Lunch and Learns

   Department Lunch and Learns are available on a request basis (e.g. clinical staff may request a repeat of a Quality Committee training during the lunch hour in their building) or if there is a significant need identified through the annual department-wide performance improvement survey. These trainings are typically facilitated by the QI Specialist, Lean Facilitator, or Planning and Performance Improvement Manager. Many times the trainings are presented to the Quality Committee as a pilot before being rolled out department-wide. All training materials are saved on our intranet site for future reference.

5. Other training as needed

   As groups begin QI projects, QI training and coaching on any QI tool is available through the QI Specialist or Planning and Performance Improvement Manager. Additionally, if program specific training related to QI is identified, the QI Specialist and Planning and Performance Improvement Manager will work with program leadership to support their training needs.

VIII. Description of QI Project Selection

While QI projects may be identified by any staff member at any time, projects are usually identified in one of three ways.

1. Division/Strategic Area – staff members may identify a problem in their area (e.g., broken process, customer satisfaction survey results, employee engagement survey) and create a small team to work through the problem.
2. Strategic Plan – progress on both the department and program strategic plan is tracked on a monthly basis in the performance management system. If an action item or metric is not on schedule, the leader in charge of the item will convene a small team to identify the problem statement, current state, root cause, target state, countermeasures, and an action plan (A3 Problem Solving Tool).
3. Quality Committee – problems that impact more than one area are often brought to the quality committee and a small team is identified to address the cross-departmental issue.

Quality Committee members and champions can assist with leading the team through the A3 Problem Solving Tool and other QI tools. All QI projects are tracked in the QI Project Tracking List. Priority is given to projects that align with the department's strategic plan. Depending on the scope of the problem, team members may include staff beyond a division/strategic area or beyond the department. Progress on the strategic plan and quality improvement projects are shared on the department and division/strategic area Visual Management Boards.

IX. Evaluation of Performance Improvement Plan

The Performance Improvement Plan will be evaluated based on: action plan status, QI metrics reported on the department dashboard and data from the annual Performance Improvement Assessment. The Performance Improvement Office semi-annual report to leadership summarizes performance of the plan and related metrics.

X. Approval of Performance Improvement Plan

This plan was approved this 7th day of August 2019 for the period of August 1, 2019 - July 31, 2020.

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Bill Burman, MD
Executive Director

XI. Appendix

A. Quality Committee Charter
B. Denver Public Health Performance Improvement Framework
C. Roles & Responsibilities
D. 2019-2020 Goals, Strategies, and Tactics
E. Glossary of Terms

Quality Committee Charter (2019-2020)

Charge
The Quality Improvement Representatives (Quality Committee Members and QI Champions) will help promote and support quality improvement (QI) efforts throughout Denver Public Health (DPH).

Primary Goals
- Increase the quality improvement culture at DPH.
- Improve the quality and efficiency of services and activities.
- Sustain accreditation standards related to quality improvement.
- Improve staff and leadership capacity and skills related to quality improvement.
- Provide easy to use quality improvement tools and techniques that can be incorporated into daily work.

Primary Activities
- Monitor, support, provide technical assistance and/or coach, and conduct QI projects
- Recognize individuals and teams for QI efforts
- Plan, coordinate, and provide QI training
- Empower *all* staff to initiate change
- Communicate about QI across the department (e.g. share committee updates at staff meetings, promote training and QI project opportunities)
- Review, monitor, and update the Performance Improvement Plan

Appointment
Staff are selected by their division/strategic area leadership to serve as a Quality Committee (QC) member or QI Champion. Manager approval is necessary. Each division/strategic area will have one QC member and at least one QI Champion. Managers may, but are not required to use this application template to facilitate the selection of a QC member or QI champion. The authority to decide program representation on the QC resides with the program area.

Term
QC members serve for a minimum of two years. Replacements can occur after two years, as committee members and division/strategic area leaders deem appropriate. If there is no interest from division/strategic area staff, the member may choose to continue on a year-by-year basis. If a member is unable to fulfill a two-year term, a replacement will be recommended by the current committee representative and/or division/strategic area leadership.

QI Champions serve for a minimum of one year, as desired. Replacements can occur at any time. If there is a transition in a champion, a replacement will be recommended by the outgoing champion and/or the division/strategic area leadership.

Selection Criteria for Quality Improvement Representatives
- Representatives will:
    - Have an interest in and aptitude for QI;
    - Commit to help develop and promote quality improvement throughout the department;
    - Have a flexible and collaborative nature; and

- Be available to regularly attend meetings and to complete required work when necessary.

Time Commitment
The estimated time commitment for QI members and champions will vary, but anticipated to be one to four hours per month.

Roles & Responsibilities

Executive Director
• Approves Performance Improvement Plan • Attends Quality Committee meetings as needed
Planning and Performance Improvement Manager
• Serves as executive leadership sponsor • Reports on QI activities to DPH Core Leadership
Quality Improvement Specialist (Chair)
• Facilitates meetings • Coordinates QC operations including meetings, trainings and QI projects • Provides new member orientation
Quality Committee (QC) Member
• Attends meetings twice a month • Huddles with QI Champion monthly to provide updates to missed third Wednesday QC meetings • Actively learns about and promotes QI • Provides QI updates at staff meetings • Serves as a resource and coach for QI projects • Updates and evaluates the Performance Improvement Plan • Tracks QI projects on SharePoint site • Reviews QI 101 checklist with new employees in their division/strategic area • Completes respective assignments, as needed • Signs up to bring treats to share (if able) • Rotates taking minutes
QI Champion
• Attends the third Wednesday QC meeting each month • Attends QC meetings in QC member's absence • Huddles with QC member monthly for updates from missed third Wednesday QC meetings • Actively learns about and promotes QI • Serves as a resource and coach for QI projects • Completes respective assignments, as needed • Signs up to bring treats to share (if able)

Voting
QC members will vote on significant issues. Majority vote based on number of members in attendance prevails.

Meetings
Meetings will be held the first and third Wednesday of each month from 10:00-11:00AM. The first Wednesday meetings will rotate between 601 Broadway and 605 Bannock. The following standard agendas will be followed for the meetings:

- 1st Wednesday: QI project report-outs, executing the annual plan, and new business items
- 3rd Wednesday: coaching and QI training

Evaluation
Evaluations will be conducted after each training session. In addition, QC Members and QI Champions will participate in a semi-annual meeting effectiveness survey.

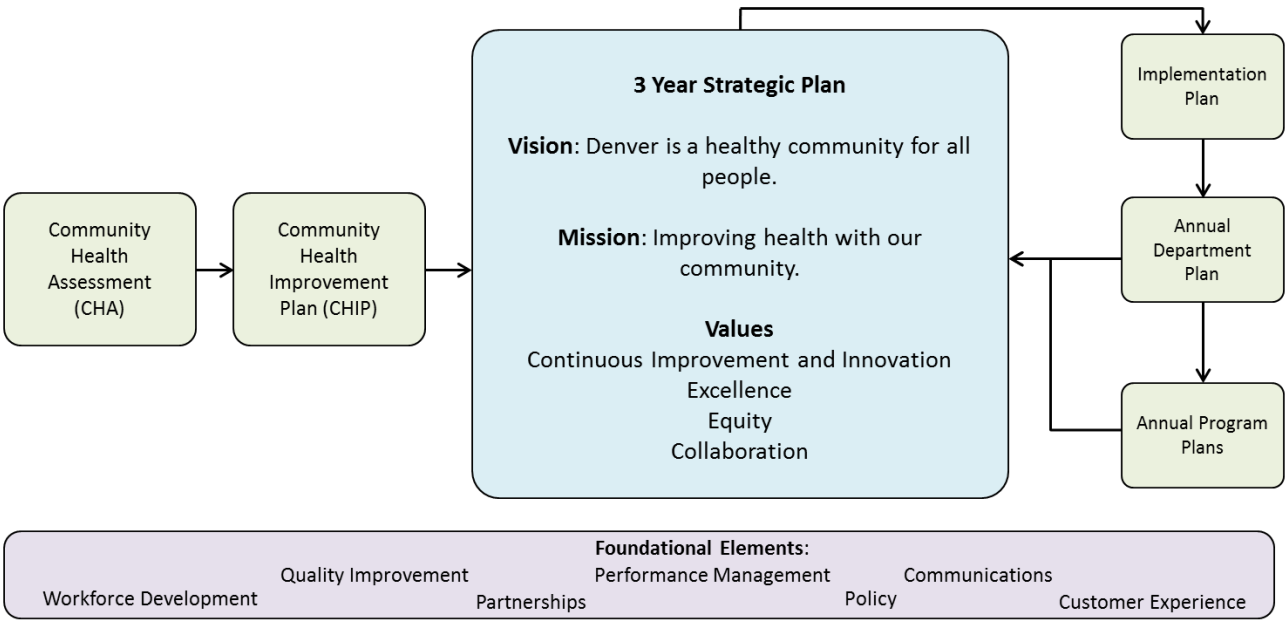
QI Performance Measures
Goals, strategies, tactics, and metrics will be set each year and progress towards these will be tracked and reported in the performance management dashboard, documented in the annual plan and report, and reviewed quarterly at Quality Committee meetings.

Accountability
If a QC member or champion will miss a meeting, they must notify the Chair in advance of the meetings. If a member or champion misses a meeting, they are expected to review the minutes and action items. If a QC member will miss a meeting they will ask the champion to attend in their absence. If a member or champion misses three consecutive meetings without an explanation then the Chair will huddle with the individual to discuss their ability to fulfill their committee commitment.

B. Performance Improvement Framework

DENVER PUBLIC HEALTH

Denver Public Health Improvement Framework



C. Roles & Responsibilities

Performance Improvement Key Roles and Responsibilities

Activities	Executive Director	Associate Director	Planning and PI Manager	QI Specialist	Strategic Planning Committee	QI Reps (QC Members and QI Champions)	Division/ Strategic Area Leaders	All Staff
Sets vision and direction	X			X				
Updates and evaluates the Performance Improvement Plan				X		X		
Oversees development of annual Performance Improvement Plan & related budget	X			X				
Approves annual Performance Improvement Plan	X							
Reports on QI activities as needed	X		X	X	X	X	X	X
Reports on QI activities to Core Leadership Team			X					
Selects Quality Committee members and QI Champions as needed						X	X	
Track QI projects on SharePoint site	X			X	X	X	X	X
Develops member orientation process and materials				X				
Reviews QI 101 checklist with new employees in their division/strategic area						X		
Organizes and facilitates Quality Committee meetings				X				
Coordinates technical assistance for QI projects				X		X		
Coordinates QI training				X		X		
Utilize customer satisfaction data for QI				X		X	X	X
Attends monthly Quality Committee meetings				X		X		
Assists with QI projects, as assigned	X	X	X	X	X	X	X	X
Promotes understanding and use of QI in department	X	X	X	X	X	X	X	X
Monitors plans and scorecards in performance management system	X	X	X	X	X	X	X	X

2019 Performance Improvement - Goals, Strategies, and Tactics

Goal	Pillar	Leaders	Target Date
Continuous quality improvement throughout the department	Quality Improvement	Nancy Wittmer	7/31/2020
Objective	**Metric**	**Leaders**	**Target Date**
Develop a culture of quality improvement at Denver Public Health	DPH QI culture department average score (2019= 4.80, Target=4.95)	Nancy Wittmer	5/31/2020
	"Staff use performance data to identify, prioritize, or select QI projects" score (2019=4.22, 2020 Target=4.35)	Nancy Wittmer	5/31/2020
	"DPH Directors, managers, and supervisors address staff concerns about engaging in QI" score (2019=4.06, 2020 Target=4.20)	Nancy Wittmer	5/31/2020
	"DPH Directors dedicate enough resources to QI initiatives" score (2019=4.14,, 2020 Target=4.25)	Nancy Wittmer	5/31/2020
Action Plans: A formal process is in place for prioritizing and selecting QI projects.	**Outcome**	**Start Date**	**Leaders**	**Target Date**
Develop guidelines/process suggestions to help program areas prioritize QI projects.	Guidelines and process shared with supervisors and Quality Committee members/champions.	1/1/2020	Danielle, Lucy, Erin	3/31/2020
Identify and share best practices for collecting QI project ideas.	Best practices shared at Supervisor Meeting.	1/1/2020	Danielle, Lucy, Erin	3/31/2020
Action Plans: DPH Directors, managers, and supervisors address staff concerns about engaging in QI.	**Outcome**	**Start Date**	**Leaders**	**Target Date**
Develop questions managers can ask staff to address concerns about engaging in QI.	Questions developed.	9/1/2019	Janet, Teri, Kathy, Makalia, Philip	10/14/2019
Work with Workforce Development Committee to integrate question about staff QI concerns into monthly leadership rounding.	Question integrated into rounding; update shared with leaders.	11/1/2019	Janet, Teri, Kathy, Makalia, Philip	3/31/2020
Action Plans: DPH Directors dedicate enough resources to QI initiatives.	**Outcome**	**Start Date**	**Leaders**	**Target Date**
Collect additional information about what this looks like to leaders and staff.	Information collected from leaders and staff.	8/1/2019	Emily, Ashley, Ola	3/31/2020

Define QI resource allocation expectations for leaders.	Guideline/suggestions around resource allotment (time, $, etc.) created.	4/1/2020	Emily, Ashley, Ola	5/31/2020
Roll out expectations.	Guidelines shared at the supervisor meeting and incorporated into new manager orientation.	6/1/2020	Emily, Ashley, Ola, Kathy	7/31/2020
Objective	**Metric**		**Leaders**	**Target Date**
Improve the culture of safety in the public health clinics.	Hand washing rate (all clinics)/month (Target=95% or above)		Lucy Alderton	7/31/2020
Action Plans	**Outcome**	**Start Date**	**Leaders**	**Target Date**
Clinics consistently report handwashing (foaming in/out) data.	Ten out of twelve months will have handwashing data recorded.	8/1/19	Nancy Wittmer	7/31/2020

Glossary of Terms

Accreditation

Accreditation for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition. *(Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011).*

Alignment

Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. *(Baldridge National Quality Program, 2005).*

Community Health Assessment

Community health assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. *(Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).*

Community Health Improvement Plan

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community *(Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf).*

Continuous Quality Improvement

Continuous Quality Improvement is 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. The primary goals are to improve the efficiency, effectiveness,

quality, or performance of services, processes, capacities, and outcomes. *(Public Health Foundation and the National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007).*

Cultural Competence

Cultural competence is a set of skills that result in an individual understanding and appreciating cultural differences and similarities within, among, and between groups and individuals. This competence draws on community-based values, traditions, and customs to work with knowledgeable persons of and from the community developing targeted interventions and communications. *(National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).*

Customer/Client Satisfaction

Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. *(www.businessdictionary.com/definition/customer-satisfaction.html).*

Gemba Walks

Gemba walks refer to leaders visiting division/strategic areas to review the visual management boards and discuss performance measures. Gemba walks promote progress toward completion of annual improvement plans by ensuring that teams are regularly revising key performance indicators and/or process metrics, are creating and executing specific action plans to drive improvement, and are consistently and clearly communicating priorities and progress toward goals. *(Lean Systems Improvement, Denver Health).*

Infrastructure

Infrastructure denotes the systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources. *(National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).*

Lean

Lean is a systematic approach of continuous improvement, based on the Toyota Production System of lean principles and lean tools, used for the identification and elimination of waste. *(Lean Systems Improvement, Denver Health).*

Mission

A mission statement is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals. *(National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007).*

Performance Improvement Plan

The Performance Improvement Plan (also known as the Quality Improvement Plan) is a document which outlines how the department will conduct continuous quality improvement activities for the year.

Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. *(Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).*

Public Health Accreditation Board

The Public Health Accreditation Board (PHAB) is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. *(Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).*

Quality Committee

The Quality Committee exists to oversee continuous quality improvement efforts related to QI projects, staff QI training, customer satisfaction and related communications. It is a multi-disciplinary committee with representation from all divisions.

Quality Improvement (QI)

Quality improvement in public health is the use of a deliberate and defined improvement process 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).*

Results-based Accountability

Results-based Accountability is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties, states and nations. Results-based Accountability can also be used to improve the performance of programs, agencies, and service systems. (*Friedman, Mark, Trying Hard is Not Good Enough, 2005).*

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).*

Technical Assistance

Technical assistance is an array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services. *(National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).*

Values

Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for. *(Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey.2008).*

Vision

Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders. *(Bezold, C. On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995; National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).*

Visual Management Boards

Visual Management Boards provide a visual reminder of priorities and promotes progress toward annual improvement goals by making data on key performance indicators easily accessible, aligning area improvement efforts with key goals of the organization, assuring consistency of information , empowering team members to make the right decisions, and ensuring the team is working on value-added activities. *(Lean Systems Improvement, Denver Health).*