



**Florida Department of Health in Broward County
Quality Improvement Plan
Version 1.0
Fiscal Year 2017-2020**

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July 21, 2017

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SECTION 1

INTRODUCTION

PHAB guidance on required documentation:

The Health Department must address key quality terms to create a common vocabulary and a clear, consistent message.

I. Introduction

The Florida Department of Health in Broward County (DOH-Broward) is the county health department located in Fort Lauderdale, Florida. It provides population/community-based services to the county's 1.8 million residents and over 10 million visitors annually, and is responsible for assessing, maintaining and improving health and safety within the county. Although the Florida Department of Health in Broward dates back to 1936, the current organizational structure dates back to 1997 when the legislature created the Department of Health and the Department of Children and Families from the former Department of Health and Rehabilitative Services (HRS).

DOH-Broward is the lead agency providing core public health functions and essential services in the county as part of a complex public health system that includes hospitals, clinics, planning agencies, community-based organizations and others. Public health is a fundamental element of the quality of life available to residents and visitors in Broward County and focuses on protecting and promoting community health through organized state and community efforts and a cooperative agreement with the county.

II. Purpose

The Quality Improvement (QI) Plan serves as a key component of the performance management system that describes the integration of quality improvement processes into (1) leadership structure, (2) staff training, (3) planning and review processes, (4) administrative and programmatic services, (5) sharing of practices, and (6) evaluation of measurable results of departmental priorities and public health objectives at the Florida Department of Health in Broward County (DOH-Broward).

The DOH-Broward QI Plan presents a summary of the Department's QI Program and describes the department-wide approach to improvement, in alignment with the Florida Department of Health (Department) Agency Strategic Plan, Agency QI Plan, DOH-Broward Strategic Plan, and the Broward Community Health Improvement Plan (CHIP). The goal of the DOH-Broward QI Plan is to ensure the ongoing improvement of the Department and to implement the appropriate processes to attain/sustain a culture of quality following the key indicators identified in the National Association of County and City Health Officials (NACCHO) Roadmap.

III. Outcomes

Based on implementation of the QI program described in this plan, the health of Broward County's citizens will be improved and operations of DOH-Broward will become more effective and efficient. Additionally, employees will attain and maintain the competencies required to actively engage in quality improvement activities, and the Department will utilize a common set of tools, skills, and terminology to assess, monitor, and evaluate their culture of quality and performance. Leadership will ensure implementation of practices that will create a workforce culture of action, continuous improvement, and performance excellence.

IV. Quality Terms

Please refer to Appendix 1, Quality Plan Key Terms, for a summary of common terminology and definitions used throughout this document.

SECTION 2

CULTURE OF QUALITY

PHAB guidance on required documentation:

The Health Department must address the current culture of quality and the desired future state of quality in the organization.

DOH-Broward is committed to the ongoing improvement of the quality of public health care its customers receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The treatment provided incorporates evidence based, effective practices;
- The treatment and services are appropriate to each customer's needs, and available when needed;
- Risk to customers, providers and others is minimized, and errors in the delivery of services are prevented;
- Customer's individual needs and expectations are respected; customers, or those whom they designate, have the opportunity to participate in decisions regarding their treatment; and services are provided with sensitivity and caring;
- Procedures, treatments and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

I. Mission, Vision, and Values

The Department's focus on quality begins with its mission "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts." Its mission is underpinned by a shared vision "To be the healthiest state in the nation."

The Department's values exemplify a learning organization and include: (1) Innovation: We search for creative solutions and manage resources wisely. Collaboration: We use

teamwork to achieve common goals and solve problems. (2) Accountability: We perform with integrity and respect. (3) Responsiveness: We achieve our mission by serving our customers and engaging our partners. (4) Excellence: We promote quality outcomes through learning and continuous performance improvement. The Department's organizational activities align with the single mission, vision, and shared values.

II. Current and Future State of Quality

The NACCHO Roadmap to a Culture of Quality Improvement defines organizational culture as:

“The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished, it matures over several years, during which norms are passed on from one “generation” of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time.”

In May of 2017, the DOH-Broward Performance Management (PM) Council engaged in the conduction of a formal department-wide culture of quality self-assessment utilizing the NACCHO Roadmap Self-Assessment Tool. Council members agreed on statement scores to achieve the overall self-assessment outcome. Results of the self-assessment reflected the current QI culture as a 5.33, Phase 5 with Formal Agency Wide QI. These results were shared with the State Health Office and used to develop the Agency QI Plan.

Council members then prioritized statement scores to identify and select the opportunities for improvement. Action plans were developed for selected improvement opportunities and goals associated with the action plans were incorporated into the current QI Plan. To support continued process improvement and development, a formal department-wide culture of quality self-assessment will be conducted every three years. Current action plans will be monitored and evaluated routinely during the established PM Council meetings. If/When the Council determines that the action plan goals have been met and the desired improvement obtained, additional opportunities may be incorporated into the QI Plan.

Selected opportunities for improvement are:

Priority 1 (current 2017): Process Management, Results and Continual Improvement

Priority 2 (anticipated 2018): Planning for Process Improvements

Priority 3 (anticipated 2019): Testing Potential Solutions

SECTION 3

QUALITY IMPROVEMENT STRUCTURE

PHAB guidance on required documentation:

The Health Department must address key elements of the quality improvement effort's structure.

The key to the success of the Continuous Quality Improvement process is leadership and how the leaders of DOH-Broward provide support to quality improvement activities. The *Performance Management Council* provides ongoing operational leadership of continuous quality improvement activities at the clinic. It meets at least monthly; however, not less than ten times per year and consists of the following individuals:

- Deputy Director Organizational Development
- Performance Excellence Director
- Quality Improvement Liaison
- Business Metrics Manager
- Talent Management Director

The responsibilities of the *Performance Management Council* include:

- Developing and approving the Quality Improvement Plan.
- Establishing measurable objectives, as part of the Plan, based upon priorities identified by the use of established criteria for improving the quality and safety of DOH-Broward services.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursuing opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Senior Leadership Team on quality improvement activities of DOH-Broward on a regular basis.
- Formally adopting a specific approach to Continuous Quality Improvement (e.g., 6-Sigma)

I. Structure

The DOH-Broward infrastructure for supporting a culture of quality and implementation of improvement initiatives throughout the Department includes:

- A. The DOH-Broward leadership team is accountable for building and sustaining a culture of quality in the Department through the following roles:
 - 1. Remove barriers associated with completing strategic goals as outlined in either the Strategic Plan, QI Plan, or Community Health Improvement Plan (within this document all three plans are referred to as Plans), and continuous performance improvement.
 - 2. Engage various stakeholder groups to promote involvement and obtain support for department strategic goals.

- B. The Quality Improvement Liaison is appointed by leadership and possesses the core competencies identified by the State Health Office. The liaison is responsible for the following:
 - 1. Serve as the point of contact between the Performance Management Council and Bureau of Performance Assessment and Improvement (BPAI).
 - 2. Lead the development of the annual QI plan and triannual self-assessment.
 - 3. Coordinate training identified in QI Plan.
 - 4. Serve as the point of contact for reporting progress and sharing results of improvement initiatives, lessons learned, and practices that result in improved performance.

- C. The Performance Management (PM) Council is chaired by the health officer and comprised of the DOH-Broward leadership team, QI Liaison, and Plan owners. It will operate in accordance with the team charter and is responsible for the following:
 - 1. Select priority strategies for QI projects.
 - 2. Assess progress towards a sustainable culture of quality within the County Health Department (CHD) using the NACCHO Organizational Culture of Quality Self-Assessment Tool.
 - 3. Develop and implement a three-year QI Plan.
 - 4. Develop, approve, monitor, and evaluate Plans, and QI projects.
 - 5. Conduct at least quarterly reviews of progress toward completion of Plans as well as QI projects.

- D. DOH-Broward staff is comprised of all Department staff and is responsible for the following:
 - 1. Participate in QI projects as appropriate.
 - 2. Develop understanding of basic QI processes and tools. Apply QI into daily work.

SECTION 4

QUALITY IMPROVEMENT TRAINING

PHAB guidance on required documentation:

The Health Department must address types of quality improvement training available and conducted within the organization.

I. Training Plan

Training in QI methodology and tools is critical for creating a sustainable QI program. QI training opportunities will be available and conducted through providers which may include Department personnel, TRAIN Florida, Public Health Learning Network, and the American Society for Quality (ASQ). The following are minimum DOH-Broward training requirements, which will be verified with TRAIN completion reports and/or certificates of completion maintained by the DOH-Broward Talent Management Training Specialist and include:

- A. DOH-Broward PM Council will complete ASQ online “Process Management Training for Leaders” by December 31, 2018.
- B. DOH-Broward QI Liaisons will be trained on how to utilize and conduct the Organizational Culture of Quality Self-Assessment tool with the CHD PM Council by July 31, 2017.
- C. DOH-Broward QI project team members will complete the Department’s problem solving methodology training series in TRAIN Florida by December 31, 2017 and complete the QI projects identified in this plan by June 30, 2020.
- D. All DOH-Broward managers will complete the Quality Improvement Series by December 31, 2017.
- E. All DOH-Broward staff will complete the Quality Introduction training by October 31, 2017.
- F. All new hire DOH-Broward staff will complete “Introduction to Quality Improvement” training within 30 days of hire date for those hired between July 1, 2017 and April 30, 2020.

II. Budget and Resource Allocation

Funding and additional resource allocation will be supported by the DOH-Broward leadership team to promote QI training and the development of a culture of quality. DOH-Broward promotes utilization of internal resources and telecommunications to support financial responsibility and appropriate usage of limited funding.

| Training | Staff | Time | Average Cost per Participant |
|---|-------------------------------------|----------------------|------------------------------|
| Process Management Training for Leaders | DOH-Broward PM Council | By December 31, 2018 | \$0 |
| Organizational Culture of Quality Self-Assessment | DOH-Broward QI Liaisons | By July 15, 2017 | \$0 |
| Problem Solving Methodology | DOH-Broward QI project team members | By June 30, 2020 | \$0 |
| Quality Improvement Series | DOH-Broward managers | By December 31, 2017 | \$0 |
| Quality Introduction training | DOH-Broward staff | By October 31, 2017 | \$0 |
| Introduction to Quality Improvement | New hire DOH-Broward staff | By April 30, 2020 | \$0 |

SECTION 5

QUALITY IMPROVEMENT PROJECTS

PHAB guidance on required documentation:

The Health Department must address QI project identification, alignment with strategic plan and initiation process.

Note - For re-accreditation PHAB requires the Health Department to provide 1 Administrative and 2 Programmatic completed QI projects. One of the program examples must be a program area that focuses on population based health promotion, protection or improvement efforts to address a community health issue.

I. Project Identification, Alignment, and Initiation Processes

DOH-Broward identifies opportunities for improvement utilizing key performance indicator data. Opportunities for improvement are prioritized based on alignment that supports objectives identified within either the Strategic Plan, CHIP, or other local emerging/priority areas. Project teams are established by the PM Council and team charters are developed to determine the QI tools and methodology that will be utilized to structure the project. Action plans are developed by project teams to establish accountability for project monitoring and evaluation expectations.

Florida Health Performs (2016-2018)

DOH-Broward focuses on seven key areas to improve health in Broward County through Florida Health Performs. Florida Health Performs is the nexus of DOH-Broward's State Health Improvement Plan, Department Strategic Plan and County Health Improvement Plans.

Selected projects include:

Project A "Administrative Project" – Implementation of Electronic Oral Health Records (EOHR): Using Eaglesoft Software, EOHR has been shown to increase dental practice efficiency in the delivery of services to patient and dental informatics. New digital dental imaging hardware will be installed in all our dental sites. The adult sites will use digital sensors and digital panoramic machines. Our children's sites will use digital sensors, phosphor plates and digital panoramic machines. Our goal is to have all seven of our dental sites converted to Eaglesoft by December 1, 2017.

- Phase I EOHR includes implementation of registration and dental imaging with a completion goal of November 1, 2017.
- Phase II EOHR includes implementation of patient scheduling and patient charting with full implementation by December 1, 2017.

Florida Health Performs (2016-2018)

- This project aligns with the State Surgeon General's *Florida Health Performs* priority area #2 Health Equity: Ensure Floridians in all communities have opportunities to achieve healthier outcomes. Refer to Appendix 2.

Project B "Program Project" – Test and Treat: The overarching goal is to implement Test and Treat in the HIV system of care in Broward County. The Florida Department of Health in Broward County has developed a Test and Treat Action Plan to address the high rates of HIV in Broward County. The Action Plan will be championed by the DOH-Broward Communicable Disease Director, using the approach outlined in the Program Collaboration Service Integration Model (PCSI). Broward recognizes that continued and enhanced collaboration at the local, state and national level are necessary to achieve the following objectives:

- By July 1, 2018, enroll 85% of new HIV positive Broward County individuals in Test and Treat.
- By July 1, 2018, enroll 75% of "lost to care" HIV positive Broward County individuals that are referred to Participate Retain Observe Adhere Communicate Teamwork (PROACT) in Test and Treat.

Florida Health Performs (2016-2018)

- This project aligns with the State Surgeon General's *Florida Health Performs* priority area #4 HIV Infections: Reduce the incidence of HIV infections to allow more Floridians to live longer healthier lives. Refer to Appendix 2.

Project C “Program Project” (population based) – Promote Breastfeeding initiation and increase duration among all women:

- Increase the percentage of WIC mothers who initiate breastfeeding.
- Increase the percentage of WIC infants and children < 24 months of age ever breastfed.
- Increase percentage of WIC infants who breastfed at least 26 weeks (6 months).
- Increase the percentage of non-Hispanic black WIC infants and children < 24 months of age ever breastfed.

Florida Health Performs (2016-2018)

- This project aligns with the State Surgeon General's *Florida Health Performs* priority area #2 Health Equity: Ensure Floridians in all communities have opportunities to achieve healthier outcomes, and are #5 Infant Mortality: Reduce infant mortality to improve health outcomes for all infants.

Appendix 3 contains a table displaying the alignment between the QI Plan projects and the CHD Strategic Plan, the CHIP, Agency Strategic Plan, and the Agency QI Plan.

SECTION 6

QUALITY IMPROVEMENT GOALS

PHAB guidance on required documentation:

The Health Department must address quality improvement goals, objectives, and measures with time-framed targets.

| QI PLAN AREA OF FOCUS | GOAL | MEASUREABLE OBJECTIVE | TIMEFRAME | OWNER |
|-----------------------|--|---|-------------------------------|---------------------------------------|
| Structure | Establish a three-year QI Plan based on organizational strategic priorities and QI cultural opportunities for improvement. | Approved and Implemented 2017-2020 DOH-Broward QI Plan by July 1, 2017. | May 1, 2017 to July 1, 2017 | Quality Improvement Coordinator |
| Training | Provide introduction to Quality Improvement training to new hire staff. | 100% of new hire staff will receive “Introduction to Quality Improvement” training within 30 days of hire date for those hired between July 1, 2017 and April 30, 2020. | July 1, 2017 to June 30, 2020 | Talent Management Training Specialist |

| | | | | |
|------------|--|--|-----------------------------------|---------------------------------|
| Training | PM Council to complete Process Management Training. | 100% of PM Council members to complete ASQ online "Process Management Training for Leaders" by December 31, 2018. | July 1, 2017 to December 31, 2018 | Health Officer |
| Project | Completion of one administrative QI project and two programmatic projects over the three year span covered by this plan. | Completion of two administrative QI projects and four programmatic projects that are aligned with the Agency Strategic and/or QI Plan. Required deliverables posted to BPAI SharePoint site within 30 days of project completion. | July 1, 2017 to June 30, 2020 | Quality Improvement Coordinator |
| Monitoring | Measure, monitor, and report progress on the goals and objectives of QI, Strategic, and CHIP Plans, and QI Projects. | 11 monthly PMC meetings will be held between July and December annually. Meeting minutes and Active Strategy Performance Management System scorecard will be submitted to BPAI SharePoint site within 10 business days of the meeting. | July 1, 2017 to June 30, 2020 | Quality Improvement Coordinator |
| Culture | Gather and incorporate feedback from customers, suppliers, and interfacing work processes into improvement activities. | Complete Customer Engagement QI Project to increase the number of feedback forms received monthly by December 31, 2017. | July 1, 2017 to December 31, 2017 | Quality Improvement Coordinator |

SECTION 7

QUALITY IMPROVEMENT MONITORING

PHAB guidance on required documentation:

The Health Department must address approach to how the QI Plan is monitored; data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis.

I. Monitor Implementation of Plans and QI Projects

Measuring, monitoring, and reporting of progress on the goals and objectives of action plans and QI projects are the responsibility of the PM Council. To ensure routine monitoring, the DOH-Broward PM Council will meet at least quarterly. Data to support evidence of progress will be gathered by the QI Liaison and included in the meeting minutes. The meeting minutes and information below will be submitted to BPAI within

ten business days after meeting minutes are approved. The CHD and statewide reports will include the following information:

- A. Is DOH-Broward PM Council meeting at least quarterly? Yes/No
- B. Are implementation plans for QI projects on track? Yes/No
- C. DOH-Broward Performance Management Council will meet monthly and review the progress of its QI projects during business reviews. Metrics will be developed and tracked through the Active Strategy performance management system that accompany Action Plans.

SECTION 8

QUALITY IMPROVEMENT COMMUNICATION

PHAB guidance on required documentation:

The Health Department must address regular communication of quality improvement activities conducted in the health department.

I. Communication

Success of the Department's QI program and progress towards a learning organization is ensured by systematic sharing of information, networking, and applying knowledge gained. The PM Council, chaired by the Health Officer, will meet at least quarterly. Meetings will be documented using an agenda, sign-in sheet, and meeting minutes. A quorum of two-thirds of members is required for the meeting. Indicators will be reviewed during the meeting and indicator progress will be communicated to CHD staff, the Board of County Commissioners, other governing entities, and community partners as appropriate. The BPAI will receive documentation of the CHD PM Council meeting within ten business days after meeting completion. This will include:

Progress towards Strategic Plan, CHIP, and QI objectives.

- 1. Status of QI projects.
- 2. Practices that result in improved performance.
- 3. Quality of community engagement.
- 4. Activities undertaken to communicate QI activities with staff.

QI project sponsors will be responsible for sharing project results on a regular basis to keep staff apprised of QI project progress. It is the project sponsor's responsibility to ensure that QI projects are aligned with the CHD's strategic vision and mission. The PM Council will leverage the advantage of Florida's centralized and integrated local public health system by sharing resources and information with peers. The QI Liaison will serve as the point of contact for sharing results of improvement initiatives, lessons learned, and practices that result in improved performance using the following avenues:

- 1. Monthly/Quarterly PM Council meetings (standing item on each meeting agenda).

2. Sharing/submitting information with BPAI, County Health Systems, and other appropriate state office programs.
3. Statewide/Community meetings or events.
4. Appropriate internal and external award nominations.
5. SharePoint.

SECTION 9

QUALITY IMPROVEMENT EVALUATION

PHAB guidance on required documentation:

The Health Department must address process to assess the effectiveness of the quality improvement plan and activities.

I. Review and Update the QI Plan

Annually, the Performance Management Council will review the DOH-Broward QI Plan to identify strengths, opportunities for improvement, and lessons learned. This information will be reported through the QI Annual Evaluation report and provided to the BPAI by September 30 of each year. This evaluation process will inform planning for each subsequent year and will support a culture of continuous improvement and excellence.

APPENDIX 1

QUALITY IMPROVEMENT KEY PLAN TERMS

| TERM | DEFINITION |
|-----------------------|---|
| Accountability | Establishing a systematic method to assure stakeholders (policy-makers and the public) that the organizational entities are producing desired results. Accountability includes establishing common elements that are applied to all participants. These should include clear goals, progress indicators, measures, analysis of data, reporting procedures, help for participants not meeting goals, and consequences and sanctions. (Source: American Society for Quality) |
| Analyze | To study or determine the nature and relationship of the parts of by analysis. (Source: Merriam-Webster Online Dictionary) |
| Barriers | Existing or potential challenges that hinder the achievement of one or more objectives. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model.</i> Michael Wilkinson. 1 st Ed.) |
| Benchmarking | Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an |

| TERM | DEFINITION |
|--|---|
| | <p>accurate data point, which is used as a reference for future comparisons (similar to a baseline). Also referred to as “best practices” in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target.</p> <p>(Source: Norris T, Atkinson A, et al. <i>The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities</i>. San Francisco, CA: Redefining Progress; 1997)</p> |
| Best Practice(s) | <p>The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence.</p> <p>(Source: <i>National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms</i>, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf)</p> |
| Cause and Effect Diagram (Fishbone Diagram) | <p>The fishbone diagram identifies many possible causes for an effect or problem. It can be used to structure a brainstorming session. It immediately sorts ideas into useful categories.</p> <p>(Source: Excerpted from Nancy R. Tague’s <i>The Quality Toolbox</i>, Second Edition, ASQ Quality Press, 2004)</p> |
| Continuous Improvement | <p>Includes the actions taken throughout an organization to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the customer and organization.</p> <p>(Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i>. Russell T Westcott, editor. 3rd Ed.)</p> |
| Core Competencies | <p>Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set.</p> <p>(Source: Nash, Reifsnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i>. Jones and Bartlett. MA, 2011)</p> |
| County Health Department’s Leadership Team | <p>DOH-Broward Director and Senior Leadership Strong provide direction, leadership, and support of quality improvement activities which are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the Department’s mission and/or strategic plan.</p> |
| Culture of Quality Improvement | <p>Culture of quality improvement exists when 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. Staff do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (<i>Roadmap to a Culture of Quality Improvement</i>, Phase 6, NACCHO)</p> |
| Data | <p>Quantitative or qualitative facts presented in descriptive, numeric or graphic form.</p> |

| TERM | DEFINITION |
|--|--|
| | (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.) |
| Department's PDCA Problem Solving Methodology | Plan-Do-Check-Act problem solving methodology is used when there is a need to identify and eliminate the cause of the problem. This is a simplified version with fewer steps than the <i>ABCs of PDCA</i> by Grace Gorenflo and John Moran. |
| Evaluate | To systematically investigate the merit, worth or significance of an object, hence assigning "value" to a program's efforts means addressing those three inter-related domains: Merit (or quality); Worth (or value, i.e., cost-effectiveness); and Significance (or importance). (Source: CDC – <i>A Framework for Program Evaluation</i>) |
| Evidence-based Practice | Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Source: Brownson, Fielding and Maylahn. <i>Evidence-based Public Health: A Fundamental Concept for Public Health Practice</i> . Annual Review of Public Health) |
| Goal | A statement of general intent, aim, or desire; it is the point toward which management directs its efforts and resources in fulfillment of the mission; goals are usually nonquantitative. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.) |
| Implement | To put into action; to give practical effect to and ensure of actual fulfillment by concrete measures (Source: Adapted from Merriam-Webster.com) |
| Indicators | Predetermined measures used to measure how well an organization is meeting its customers' needs and its operational and financial performance objectives. Such indicators can be either leading or lagging indicators. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.) |
| Key Functions | Critical responsibilities which are performed routinely to carry out the mission of the department. (Source: Adapted from BusinessDictionary.com) |
| Key Processes | Processes that focus on what the organization does as a business and how it goes about doing it. A business has functional processes (generating output within a single department) and cross-functional processes (generating output across several functions or departments.) (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.) |
| Key Customer | Any individual or group that receives and must be satisfied with the service, work product, or output of a process. (Source: <i>Certified Manager of Quality/Organizational Excellence Handbook</i> . Russell T Westcott, editor. 3 rd Ed.) |

| TERM | DEFINITION |
|---|---|
| Key Customer Requirements | Performance standards associated with specific and measurable customer needs; the “it” in “do it right the first time.” (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors) |
| Objective | Specific, quantifiable, realistic targets that measure the accomplishment of a goal over a specified period of time. (Source: <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.) Objectives need to be S pecific, M easurable, A chievable, R elevant and include a T imeframe (SMART). |
| Operational (Action) Plan | An action plan with specific steps to implement and achieve the objectives. Plans usually include the following: key activities for the corresponding objective; lead person for each activity; timeframes for completing activities; resources required; and evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy. (Source: Adapted from <i>The Executive Guide to Facilitating Strategy: Featuring the Drivers Model</i> . Michael Wilkinson. 1 st Ed.) |
| Opportunity for Improvement | Agents, factors, or forces in an organization's external and internal environments that can directly or indirectly affect its chances of success or failure. (Source: Adapted from BusinessDictionary.com) |
| Outcomes | Long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program. |
| Performance Excellence | An integrated approach to organizational performance management that results in 1) delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability; 2) improvement of overall organization effectiveness and capabilities; and 3) organizational and personal learning. (Source: <i>2013 Sterling Criteria for Organizational Performance Excellence</i>) |
| Performance Gap | The gap between an organization's existing state and its desired state (as expressed by its long-term plans). |
| Performance Improvement | An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. |
| Performance Indicators | Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) (Source: <i>2013 Sterling Criteria for Performance Excellence</i>) |
| Performance Management Council (PMC) | The PMC Team is made up of the Health Officer, the executive management team, the Accreditation Liaison, and the staff responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Quality Improvement (QI) Plan. The PMC Team conducts monthly meetings featuring standing agenda items with reports from: CHIP, Strategic Plan, and Quality Improvement Plan. These reports are comprised of progress updates and meeting minutes documenting the input and collaboration with community partners. |

| TERM | DEFINITION |
|--|--|
| 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. (Source: Public Health Accreditation Board. <i>Standards and Measures</i> Version 1.0. Alexandria, VA, May 2011) |
| Performance Measures or Metrics | Tools or information used to measure results and ensure accountability; specific quantitative representation of capacity, process, or outcome deemed relevant to the assessment of performance. (Source: Lichiello, P. <i>Turning Point Guidebook for Performance Measurement</i> , Turning Point National Program Office, December 1999) |
| Performance Report | Documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback. The report should provide information in four categories: facts, meaning, assessments, and recommendations. (Source: <i>Turning Point Performance Management</i> , National Excellence Collaborative, 2004) |
| Plan-Do-Check-Act (PDCA) | Also called: PDCA, Plan–Do–Study–Act (PDSA) cycle, Deming Cycle, Shewhart Cycle. The Plan–Do–Check–Act cycle is a four–step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement. (Source: ASQ.org) |
| Plan Owners | Person designated by Health Officer to bear responsibility for managing the CHIP, strategic plan, or QI plan. |
| Policy | Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental entity. (Source: <i>Acronyms and Glossary of Terms</i> , Public Health Accreditation Board, version 1.0, September 2011) |
| Population-based Health | Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; drug and alcohol use; diet and sedentary lifestyles; and environmental factors. (Source: Turnock BJH. <i>Public Health: What It Is and How It Works</i> . Gaithersburg, MD: Aspen Publishers, Inc.; 1997) |
| Priorities | Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department. |
| Public Health | The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a |

| TERM | DEFINITION |
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| | <p>standard of living adequate for the maintenance of health. The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. (Sources: Winslow CEA. <i>Man and Epidemics</i>. Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. <i>The Future of Public Health</i>. Washington, DC: The National Academy Pres, 1988)</p> |
| Quality Improvement | <p>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 which achieve equity and improve the health of the community.</p> <p>(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. "Defining Quality Improvement in Public Health". <i>Journal of Public Health Management and Practice</i>. January/February 2010)</p> |
| Quality Improvement (QI) Plan | <p>A QI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The QI plan is also a living document and should be revised and updated regularly as progress is made and priorities change. The QI plan provides written credibility to the entire QI process and is a visible sign of management support and commitment to quality throughout the health department.</p> <p>(Source: Davis MV, Mahanna E, Joly B, Zelek M, Riley W, Verma P, Solomon Fisher J. "Creating Quality Improvement Culture in Public Health Agencies." <i>American Journal of Public Health</i>. 2014. 104(1):e98-104)</p> <p>The Public Health Accreditation Board requires a QI plan as documentation for measure 9.2.1 A of the <u>Standards and Measures Version 1.5</u>.</p> |
| Quality Improvement (QI) Program | <p>A quality improvement program consists of the enduring infrastructure and processes put in place to support the implementation of quality improvement plans and projects.</p> |
| Quality Tools | <p>Seven Basic Tools: Seven Basic Tools - Quality Management Tools ASQ</p> <p>Seven New Planning & Management Tools: Seven Management & Planning - New Management Tools ASQ</p> |
| Rapid Process Improvement (RPI) | <p>Typically, a five-day event intended to take waste out of work processes by reducing defects, rework, and non-value added steps in the process structure. It is intended to provide a productive forum to address high-volume, low-complexity process problems.</p> |
| Reporting (performance) | <p>A process which provides timely performance data for selected performance measures/indicators which can then be transformed into information and knowledge.</p> |
| Resources | <p>Personnel, equipment, facilities, and funds available to address organizational needs and to accomplish a goal.</p> |
| Sustainability | <p>Sustainability gauges the likelihood that improvements can be maintained over time. It involves how well processes are defined and documented with the goal of being repeated, how outputs and outcomes of the process are measured and monitored,</p> |

| TERM | DEFINITION |
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| | whether ongoing training of those process and standards for implementation is provided, and whether the standards for the process are reviewed periodically as a part of continuous quality improvement. |
| System | A network of connecting processes and people that together perform a common mission. (Source: <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.) |
| Targets | Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance or define aspirations for improvement over a specified time frame. |
| Trend Analysis | Trend analysis is a study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather associations can be drawn. (Source: Nash, Reifsnyder, Fabius, and Pracilio. <i>Population Health: Creating a Culture of Wellness</i> . Jones and Bartlett. MA, 2011) |
| Validate | To confirm by examination of objective evidence that specific requirements and/or a specified intended use are met. (Source: Florida Sterling <i>The Quality Improvement Handbook</i> , John Bauer, Grace Duffy, and Russell Westcott, editors. 2 nd Ed.) |

7 Florida Health Performs

For the next two years, we will focus on seven key areas to improve health in our state through Florida Health Performs. Florida Health Performs is the nexus of our State Health Improvement Plan, Department Strategic Plan and County Health Improvement Plans.



1 ▲ childhood vaccines

Increase vaccination of children to prevent disease and keep all of Florida's children protected from health threats.

High immunization levels contribute positively to the state's economy by lowering disease incidence, lowering health care costs and protecting travelers from vaccine-preventable diseases. Increasing access to and availability of vaccines will help keep Florida's families and communities protected from emerging health threats and improve overall school attendance.



2 ▲ health equity

Ensure Floridians in all communities have opportunities to achieve healthier outcomes.

Florida has experienced lower morbidity and mortality rates across several diseases, however gaps continue to exist. All Floridians regardless of gender, race, ethnicity, age, geographic location and physical and developmental differences should be able to attain the highest level of health. Eliminating health gaps between different communities in Florida is a strategic priority for the department.



3 ▲ trauma services

Develop a trauma system that ensures the highest quality service for all Floridians.

Florida will have an integrated trauma system that drives performance through data reporting and competition with a goal of ensuring quality outcomes for severely injured patients.



Reduce the incidence of HIV infections to allow more Floridians to live longer healthier lives.

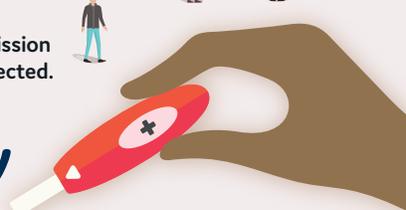
4 ▼ hiv infections

Florida has a comprehensive program for preventing the transmission of HIV and for providing care and treatment to those already infected. By reducing the incidence of HIV, more Floridians will live longer, healthier lives.

5 ▼ infant mortality

Reduce infant mortality to improve health outcomes for all infants.

Infant mortality is a key measure of a population's health. While Florida's overall infant mortality rate has reached historic lows in recent years, these improvements have not been uniform across all groups, particularly among black infants. Reducing the black infant mortality rate will improve health outcomes for Florida's children, families and communities.



6 ▼ inhaled nicotine

Decrease inhaled nicotine use to provide a longer and healthier life for more Floridians.

Cigarette smoking remains a major cause of cancer deaths in the United States. E-cigarette use among youth is on the rise with a 539% increase since 2011. The FDA deems all tobacco products are illegal for anyone under the age of 18. Florida has led the nation with innovative

strategies to teach young people about the dangers of smoking and to help current smokers have the resources and support they need to quit. By decreasing inhaled nicotine use through outreach and education, Floridians will experience longer, healthier lives.



7 ▼ licensure time

Decrease time to issue licenses to health care professionals so they may serve the medical needs of Floridians more quickly.

By decreasing the licensure processing time, health care professionals will be able to get to work in a timelier manner.



APPENDIX 3

QI PLAN AND PROJECT ALIGNMENT TO CHIP, CHD STRATEGIC PLAN, AND AGENCY STRATEGIC PLAN

| CHD QI Plan Goals | Community Health Improvement Plan Objective | CHD Strategic Plan Objective | Agency QI Plan | Agency Strategic Plan Strategy |
|--|--|--|----------------|----------------------------------|
| Implementation of Electronic Oral Health Records (EOHR): Using Eaglesoft Software, EOHR has been shown to increase dental practice efficiency in the delivery of services to patient and dental informatics. | 2: Increase access to health services. | 2.4 Document 6 key process improvement activities annually through December 2020. 2.6 Automate 5 manual processes annually through December 2020. | TBD | 2: Long, healthy life. |
| The Test and Treat project goal is to implement test and treat in the HIV system of care in Broward County. | 2: Reduce the incidence of communicable and reportable diseases. | 1.8 Decrease the rate of new HIV infection to 26.32 per 100,000 populations by December 2020. 1.9 Eliminate the incidence of perinatal transmission of HIV by December 2017 and maintain through December 2020. | TBD | 2.1.5 Reduce HIV incidence |
| Promote Breastfeeding initiation and increase duration among all women. | 3: Improve maternal and child health. | 1.15 Increase the percentage of WIC clients breastfed for 26 weeks to 60.9% by December 2020. | TBD | 1: Healthy moms, healthy babies. |