

Green River District

HEALTH DEPARTMENT

Quality Improvement Plan 2023-2026



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Executive Summary

The Green River District Health Department workforce will implement the procedures for Quality Improvement as outlined in this plan.

This report will be maintained by the QI Committee Chair and QI Committee to be reviewed and approved annually. The Quality Improvement Plan is authorized and has been given final approval by the Health Director.

Director Signature

Date

QI Plan Submitted on Behalf of the QI Committee: January 2023

Record of Revisions

This form documents adjustments or changes to the GRDHD Quality Improvement Plan. Necessary changes have been coordinated through the appropriate committees/teams and approved by the Public Health Director.

Date of Change	Section	Individual(s) Making Change	Description of Change(s)
September 2022 – January 2023	Whole Document	Becky Horn QI Team	– Review 2018-2021 document to update and submit the plan for 2023-2026
February 2023	Whole Document	OI Team/PM Team	– Approval of the 2023-2026 QI Plan
October 2023	Appendix C – Project Selection	Becky Horn	– Update QI projects for 23/24 Fiscal Year
November 2023	Whole Document	QI Team/PM Team	– Review of the 2023-2026 Plan
November 2024	Whole Document	QI Team/PM Team	– Update plan, revise terms, make changes to reflect PHAB Standards and Measures, update goals
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Introduction

The Green River District Health Department (GRDHD) uses a Quality Improvement Team approach to Quality Improvement (QI). The purpose of the QI Plan is to provide guidance and structure for quality improvement at GRDHD. The QI Plan provides a framework for enhancing the Agency's culture of quality and customer focus.

GRDHD QI Policy: *To promote a culture of quality within Green River District Health Department (GRDHD) that includes an organization-wide management and staff philosophy of continuous quality improvement (CQI) in programs, service delivery and population health outcomes. GRDHD has an interest in routinely evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction.*

The goal is to have accountability for the work GRDHD does for accreditation boards, government bodies, and the residents of all 7 counties in the GRDHD area. The QI Plan will create alignment between the Strategic Plan, Community Health Improvement Plan (CHIP), Community Health Assessment (CHA), and the Performance Management (PM) System to improve the agency's level of performance and achievement of established goals.

It is important to create a plan that provides a framework for the GRDHD's work to foster a culture of performance and quality improvement. A strong commitment from all staff is necessary to create a performance and quality improvement culture. All initiatives are planned and implemented in a collaborative manner through the QI team and department representatives.

The QI Plan will be updated on an annual basis during one of the regularly scheduling meetings for the QI Committee. The plan will be checked for effectiveness in achieving the goals implemented, goals that are not met will be discussed and re-evaluated for implementation. A summary of activities, strengths, improvements, modified processes, projects in progress and recommendations will be reported regularly to Performance Management and recorded in PM Committee meeting minutes. This evaluation process will inform planning for each subsequent year and will support the culture of continuous improvement at GRDHD.

The 2023-2026 QI Plan is effective January 2023 – January 2026.

Mission, Vision & Core Values

MISSION

To promote, protect and strengthen the health and well-being of all by helping to develop and maintain healthy lifestyles and environmentally safe communities

VISION

To ensure our community lives in a healthy and safe environment

VALUES

Accountability, Compassion, Innovation, Integrity, Respect

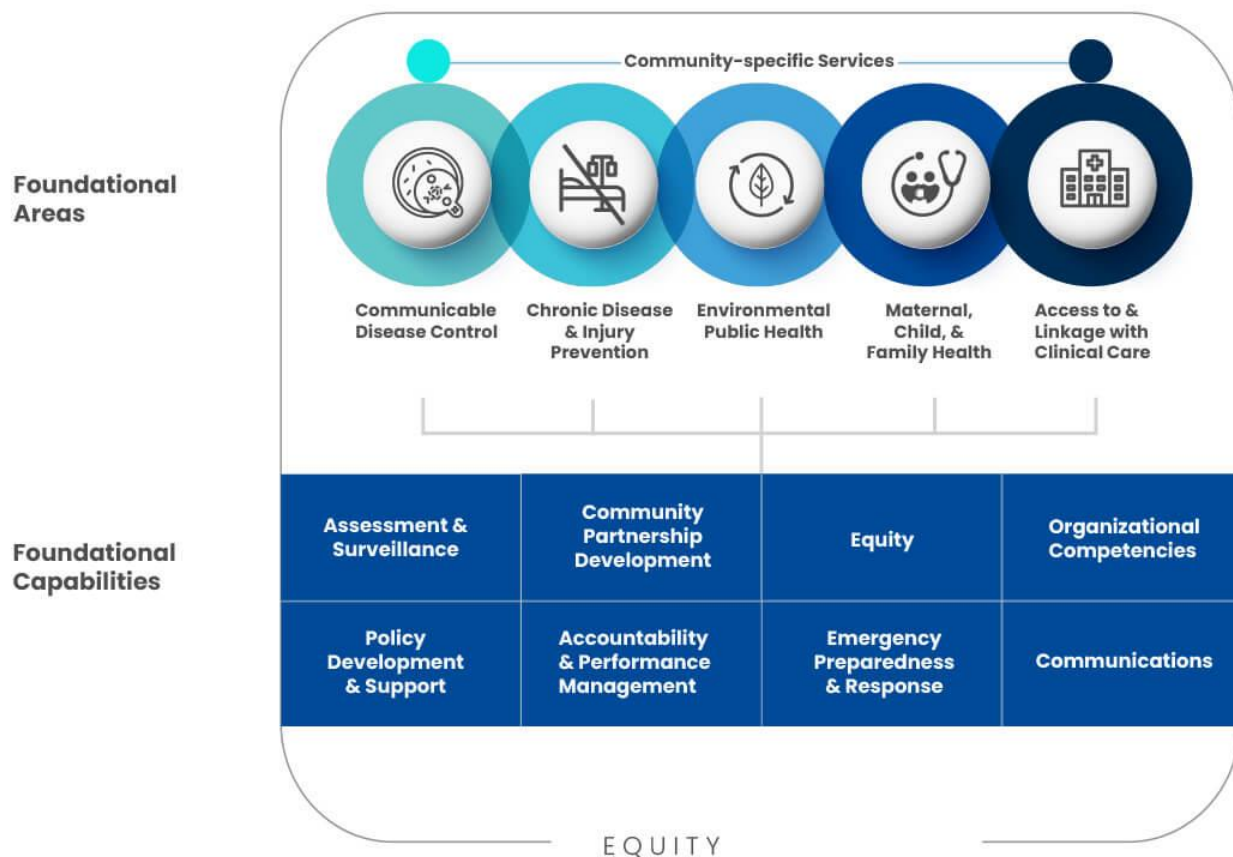
Green River District

HEALTH DEPARTMENT

Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community. Health departments serve their communities 24/7 and have a fundamental responsibility to provide public health protections and services in several areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protection and services specific to their community's needs.

Foundational Public Health Services



10 Essential Public Health Services

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.



Key Plan Terms

To assist in understanding quality improvement concepts, definitions of common terms are listed below. For a full list of definitions and key quality terms, please see [Appendix A](#).

Quality Improvement (QI): An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization.

Continuous Quality Improvement (CQI): A deliberate, defined process which is focused on activities that are responsive to community needs and improving population health. It is a continuous and ongoing effort to achieve measurable improvements.

Community Health Assessment (CHA): Refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community Health Improvement Plan (CHIP): a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process

Culture of Quality: Can be defined as “the opinions, beliefs, traditions and practices concerning quality”. It represents the environment in which the employees follow guidelines, take quality-focused actions, talk about quality, but also see other employees do the same thing.

Big QI / Little QI: Big QI denotes the overall effort toward quality improvement at the department or division level, while little QI represents small, limited quality improvement efforts at the program or process level.

Formal/Informal QI Projects: Formal denotes a project that is taken through the full QI project cycle, while Informal represents a smaller scale improvement in programs and processes.

Quick Strike QI projects: These projects will be implemented within a 3 month timeframe rather than the traditional PDSA timeframe of 8-12 months.

Strategic Planning: A plan that identifies projects that will have a positive impact upon the organization’s internal operations.

Culture of Quality

Green River District Health Department (GRDHD) has been involved with QI activities for over fourteen years. Initially, informal quality improvement activities were reactionary. Formal QI projects were infrequent; approximately one Plan-Do-Study-Act (PDSA) cycle at the program level per year. In 2010, all staff participated in “Lean Thinking” training which resulted in a series of formal and informal, big and little quality improvement projects at both the programmatic and administrative level. These activities were conducted using PDSA, Lean Thinking and other quality improvement methodologies.

In 2013, GRDHD established the Quality Improvement Policy, developed its first formal Quality Improvement Plan and designated a Quality Improvement Committee to oversee quality improvement activities for the agency. The Quality Improvement Committee selected a minimum of six formal QI projects each year.

GRDHD achieved national accreditation through the Public Health Accreditation Board (PHAB) in December 2014. The agency received re-accreditation in August 2021. A central component of Public Health Accreditation is the link between performance and quality improvement. GRDHD, as a PHAB Accredited Health Department, is committed to achieving a fully integrated quality culture.

GRDHD subscribes to the elements of a quality culture outlined by the National Association of County and City Health Organizations (NACCHO) Roadmap to a Culture of Quality Improvement. According to the *Roadmap*, when a quality culture is achieved, all employees have infused QI into the way they do business daily. Employees continuously consider how processes can be improved, and QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature.

In January 2023, GRDHD conducted the NACCHO Organizational Culture of Quality Self-Assessment Tool. Based on the results, GRDHD scored 5.4 which is a level 5: Formal Agency Wide QI Culture with some characteristics of the final and fully integrated Phase 6: QI Culture of Quality. The information, goals and activities contained in this Plan are intended to assist GRDHD in transitioning from Phase 5 to Phase 6.

Roles and Responsibilities

All staff

All staff of GRDHD are expected to participate in creating and sustaining a culture of quality, customer service focus and open transparent communication. Please see Appendix B for a Roles and Responsibilities matrix.

Senior Management

Each department of the agency is represented by the Public Health Director and Senior Management. Leadership will expect and empower staff to pursue quality improvement by creating an environment which encourages quality improvement through guidance and implementation of QI activities and assisting in the establishment of measurable objectives.

Performance Management (PM)

The Performance Management team will oversee all QI activities. The role of the PM team is to provide feedback on projects and to identify potential QI projects based on review of performance data and customer feedback along with input from program leads.

QI Committee

Membership & Rotation: The QI Committee will consist of 6-16 members, representing a cross-section of each level of the organizational chart. The QI Committee is comprised of representation from Senior Management, Performance Management, Program Director/Administrator, program staff, and front-line staff. Senior Management will appoint the QI Committee Chair and QI Committee members will be selected by leadership recommendation and employee capability, interest and program representation. Additional ad-hoc members will be engaged in QI Committee and/or QI Team activities on an as-needed basis. QI Committee members will be expected to attend regular monthly meetings (approximately 1.5 hours per month), QI training (ongoing as needed), and engage in mentoring activities with other staff (approximately 2 hours per month).

There are no member term limits, with no more than 20% of the team rotating off each year. This provides members with an opportunity to become experts in QI and allow continuity in the agency. Each year, opportunity will be given to all staff to either join or rotate off the QI Committee.

New members appointed to the QI Committee may be assigned to work with an existing committee member while gaining experience. During this time, new members should review the QI and other agency plans, complete advanced QI training and take an active role in QI projects and activities. QI Committee members will be assigned to support no more than two projects at a time.

The role of the QI Committee is to:

- Learn QI methods and tools to model for others at the agency
- Review, evaluate and approve the agency QI plan
- Encourage and create a culture of Quality Improvement
- Complete all QI training (ongoing as needed)
- Participate in at least one QI Project
- Provide technical assistance to departments and programs as they complete their QI projects

QI Teams

QI Teams are small groups (5-8 individuals) representing all areas of the process that will be affected by the proposed improvement gathered to work on a specific QI project. QI Team members are expected to actively participate in project meetings and activities, use a proven QI methodology (such as PDSA), complete and submit required documentation of the process, and share project results.

Please see [Appendix B](#) for a Roles and Responsibilities matrix.

Budget and Resource Allocation

In accordance with a QI Culture mentality which views QI as a frame of mind and not an additional task, GRDHD does not have a specific budget set aside for QI activities. However, staff will continue to seek funding for special projects, training and other events through grants when available. Leadership will ensure that agency resources are optimally allocated to promote quality improvement in support of GRDHD goals and objectives including administrative and technical support and staff time to participate in projects, training and other quality improvement initiatives.

Quality Improvement Training

Training all GRDHD staff in quality improvement is essential to create a culture of quality improvement within the agency. A copy of this QI plan will be available on the agency's shared drive. The purpose of QI training is to review the agency's QI Plan, the PDSA Cycle, and the use of QI tools including root cause analysis strategies such as fishbone diagrams.

Annually, all employees will participate in QI training via KY Train and in-person staff meetings. All staff will be given time during the meeting to come up with a QI project idea for their department/program.

All existing staff completed the *Intro to QI 1.0* to promote a culture of quality and prepare them to lead or assist with QI projects in the agency. All new staff will complete the training at the time of their six-month evaluation.

Advanced training and technical assistance will be provided to QI Teams through the QI Committee mentors. QI Team members will be required to complete 2.0 Plan, Do, Study Act on KY TRAIN.

GRDHD has an interest in routinely evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. Therefore, the Workforce Culture Assessment went out to all staff in the agency (approx. 164 individuals) to receive feedback on project ideas, QI comprehension, QI importance, overall QI experience and QI training opportunities and preferences. Overwhelmingly, our staff that completed the survey (approx. 122 individuals). The QI Committee plans to use these results to customize upcoming QI trainings for the Agency.

The QI Team has developed a QI Resource Guide that includes the PDSA cycle, terms, resources and tools for the PDSA cycle and all required documentation for easy access for QI project teams to utilize. These forms can be found on the Official Documents` drive.

[J:\Quality Improvement\](#)

Customer Focus

A key factor in quality improvement is customer focus. GRDHD utilized multiple PDSA cycles to develop and put in place a standardized method for gathering customer feedback. GRDHD has also implemented a continuous quality improvement process for obtaining and integrating customer

feedback into performance operations. This ongoing process includes a standardized survey for continuously gathering stakeholder feedback from all programmatic areas, monitoring and reporting that data and utilizing results for additional quality and performance improvement. The QI Committee will be responsible for ongoing review and tracking of data, with overall monitoring of progress to be completed by the PM Team. The QI Committee is available for technical assistance and as a resource to implement QI projects based on feedback. In addition, the QI Committee and/or PM Team may identify QI projects based on agency or program specific trends resulting from cumulative survey data. These projects will be referred to the QI Committee for implementation.

Project Identification and Selection

Quality Improvement projects are encouraged at all levels of the organization. GRDHD staff can recommend a QI project to the QI committee at any time. The QI committee will work together with Performance Management to identify areas of improvement.

GRDHD favors the Plan-Do-Study-Act (PDSA) model to implement QI projects. PDSA is an iterative, four-stage problem-solving model used for improving a process or carrying out change.

QI Committee members will decide to accept a proposal, request more information or modifications, or reject the proposal. Upon acceptance, the QI Committee will be tasked with utilizing standard quality improvement tools such as a pick chart (high/low grid), prioritization matrix, interrelationship digraph, nominal/multi-voting technique, etc., to calculate project influence. High priority projects will be established based on the criteria below:

- Need for policy/procedure/regulation
- Aligned with GRDHD Performance Management, Strategic Plan, Vision, Mission and Values
- Aligned with Community Health Plans (CHA, CHIP)
- Needs associated with programmatic or community impact (not otherwise identified)
- Response to internal and external Customer Service Feedback
- Identified through performance data by program leads or the PM Team

Projects selected for implementation will be presented to leadership for feedback, guidance and resource approval. Improvement suggestions which do not require a formal QI approach will refer to program management/supervisors for implementation. **See Appendix C for more Project Identification information.**

Quality Goals and Objectives

To sustain progress and continue the momentum toward a fully integrated culture of QI, the QI Plan contains a set of broad goals. The QI Committee will monitor progress and identify specific objectives to be accomplished annually based on evaluation of quality improvement activities. Reports of this work will be kept through minutes, QI forms and associated work plans.

GRDHD uses the SMARTIE acronym for defining goals for the organization.

S- Specific- State exactly what you want to accomplish (Who, What, Where, Why)

M- Measurable- How will you demonstrate and evaluate the extent to which the goal has been met.

A- Achievable- challenging goals within ability to achieve outcome, what is the action-oriented verb?

R- Relevant- How does the goal tie into your key responsibilities? How is it aligned to objectives?

T- Time-Bound- Set one or more target dates, the “by when” to guide your goal to successful and timely completion (include deadlines, dates and frequency)

I – Inclusive – Inclusive of all populations in the Green River District and chosen to benefit a diverse population.

E – Equitable – Is the goal not just equal but is it equitable for all members of our community.

Short- and Long-term goals for the 2023-2024 QI Plan Cycle can be found in Appendix D.

QI Program Monitoring and Evaluation

Our Quality Improvement Plan is updated by the QI committee on an annual basis during one of the regularly scheduled meetings. The plan is checked for effectiveness in achieving the goals implemented, goals not met are discussed and re-evaluated. The feedback from the meeting is considered in the plan revision. A summary of activities, strengths, improvements, modified processes, projects in progress and recommendations will be reported regularly to Performance Management and recorded in PM Committee meeting minutes. This evaluation process will inform planning for each subsequent year and will support the culture of continuous improvement at GRDHD.

Furthermore, each QI team conducting a project will provide the QI committee with a report on their activities, including all required documentation through a storyboard. This requires the team to reflect on the project components including but not limited to the QI tools used, SMARTIE Goals, and the PDSA cycle.

Required Forms

Green River District Health Department has developed forms for use in documenting quality improvement activities for the organization. Each QI Project Team must submit a:

- PDSA Tracking Tool
- GRDHD Storyboard
- QI Team Project Evaluation form.

A calendar of QI projects for the agency will be used to track projects completion, data, QI plan review dates and other information determined by the QI Committee Chair.

Communication & Recognition

To foster a culture of quality improvement, communication about GRDHD QI efforts to the staff, GRDHD Board of Health, key stakeholders and the general public is important.

GRDHD Staff

- QI updates are provided in the employee newsletter monthly (Green River Gazette).
- QI updates are provided during all staff program meetings and emails.

- QI meeting agendas and minutes will be available on the shared network drive for all staff members to review at any time.

Board of Health

- The QI Committee Chair will provide updates on QI Plan and QI projects that are linked to the strategic plan on a quarterly basis.

General Public/Community Partners

- QI efforts can be highlighted on the GRDHD website along with updates on our Strategic Plan.

GRDHD recognizes that participating in the QI committee and QI teams is a commitment. Those employees that are willing to participate in QI teams and serve on the QI committee will be recognized for their efforts.

Appendix A: Definitions and Key Quality Terms

- Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change on a small scale (e.g., one patient, one day) in the real-world setting — by planning it, trying it, observing the results, and acting on what is learned.
- Quality Assurance (QA): Prevention of quality problems through planned and systematic activities including documentation.
- Quality Improvement Committee: A group of individuals representing a cross-section of each level of the organizational chart charged with overseeing all QI activities.
- Quality Improvement Plan (QIP): A plan that identifies specific areas of current operational performance for improvement within the agency.
- Quality Improvement Team: A group of 5-8 individuals chosen to work on a QI project.
- Quality Improvement Tools: A variety of tools are used to identify how processes, programs, and services can be improved.
- Fishbone Diagram: A cause-and-effect tool that helps team members visually diagram a problem or condition's root causes, allowing them to truly diagnose the problem rather than focusing on symptoms.
- QI Resource Guide: describes a general quality improvement approach that is easily adaptable to any QI effort in any type of organization. It provides key resources that explain what QI is and information and tools to assist with implementing QI strategies.
- SWOT Analysis: A tool used during the Planning phase of the PDSA cycle to identify both internal and external factors that may impact an organization.
- Metrics: A collection of terms used in setting goals, indicators, measures, standards, baseline and benchmarks. The metrics are defined during the Plan phase of PDSA and are vital in monitoring the progress of a quality improvement project.
 - Measure – a basis for comparing performance or quality through quantification
 - Indicators – a measure which helps quantify the achievement of a goal; result which lets us know if we are achieving a goal; measurable; refers to populations, whether they receive services
 - Standards – an established level of performance or quality; the minimum acceptable measurement expected or desired
 - Goal – broad, general statement of what will be achieved and how things will be different; what it takes to reach the vision (may not be measurable)
 - Benchmark – target to be reached; a near-term standard with which an indicator or performance measure is compared a level of performance established as a standard of quality
 - Baseline – an initial measurement of population or program
 - Performance measure – a measure of how well a program is working; work performed and results achieved; its efficiency and effectiveness; refers to client population/those who receive services; may relate to knowledge, skills, attitudes, values, behavior, condition, or status, (e.g., % of patients who keep appointment)

- Performance Management: Performance management is a systematic process that helps an organization achieve its mission and goals. 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.

Appendix B: Roles and Responsibilities Matrix

Activities	Director	Board of Health	Senior Management	Performance Management	QI Committee	QI Chair	Program Leaders	All Staff
Communications and Reports to Board of Health	X		X					
Meet and ensure compliance with PHAB				X	X	X		
Develop and Approve QI Plan	X				X	X		
Reports on QI activities to agency	X		X	X	X	X		
Participating in QI Training	X		X	X	X	X	X	X
Selects QI Committee	X		X			X		
Review QI Projects, provide feedback				X	X	X		X
Develop standardized documentation					X	X		
Mentor, educate and provide assistance for QI					X	X		X
Coordinates QI training					X	X		
Establish a culture of quality	X	X	X	X	X	X	X	X
Recommends QI activities/projects	X	X	X	X	X	X	X	X
Oversees & monitors all QI activities	X		X	X	X	X		

Appendix C: Projects

For the 2022/2023 Fiscal Year, four emerging needs were identified by staff and the Performance Management Team for QI projects. These were based on strategic needs and issues identified transitioning services from the COVID 19 pandemic. These projects were ongoing for 2023/2024. The projects approved and the criteria in which they align are as follows:

	Policy, Procedure, Regulation	Performance Management, Strategic Plan	Vision, Mission and Values	CHA, CHIP, Community Health Outcomes	Workforce Development Plan	Program or Community Impact
WIC Express		X	X	X		X
QI Training	X	X	X		X	X
Billing		X	X	X	X	X
International Integration Process		X	X		X	X

For the 2023/2024 Fiscal Year, in addition to the carryover projects, two emerging needs were identified by staff through the Strategic Planning Process- internal communication and employee wellness. The QI Team has taken on a project of increasing submissions to the Gazette newsletter and readership to address internal communication. Employee wellness was also identified through the Workforce Satisfaction Survey and an identified strategy in the Strategic Plan to increase employee retention and address mental health among employees. Programmatic staff identified a need for better communication between the tobacco control program and clinic staff to increase referrals for clients wanting tobacco treatment.

	Policy, Procedure, Regulation	Performance Management, Strategic Plan	Vision, Mission and Values	CHA, CHIP, Community Health Outcomes	Workforce Development Plan	Program or Community Impact
Gazette		X	X	X		X
Workplace Wellness		X	X		X	X
QI Training	X	X	X		X	
Tobacco Referrals		X	X	X		X
WIC Express		X	X	X		X
Billing		X	X	X	X	X

For the 2024/2025 Fiscal Year, Workplace Wellness/Billing/Tobacco/WIC also continued. Staff identified a need for better communication surrounding community events. This is also tied to our strategic plan goal of improving internal communications. The QI team took this opportunity as group project to develop a form for community event requests and a system for communicating with staff to coordinate events.

	Policy, Procedure, Regulation	Performance Management, Strategic Plan	Vision, Mission and Values	CHA, CHIP, Community Health Outcomes	Workforce Development Plan	Program or Community Impact
Community Events		X	X	X		X
Workplace Wellness		X	X		X	X
QI Training		X	X		X	
Tobacco Referrals		X	X	X		X
WIC Express		X	X	X		X
Billing		X	X	X	X	X

Appendix D: Quality Goals and Objectives

2023-2026 Short Term Goals:

Goal	Status	Completion Date	Progress	Notes
Green River District Health Department will review the QI policy and 2023-2026 QI Plan annually by November 30.		November 2024		
Green River District Health Department will train all new staff at their 6-month anniversary date and all existing staff annually by June 30 th each year	Ongoing	Ongoing		
Green River District Health Department QI Committee will meet at least 10 times a year to review progress on projects and goals for the QI Committee and document updates	Completed	Ongoing		
The QI Committee will improve communication by highlighting projects in the Gazette, Board of Health meetings, and supervisor/manager meetings annually by December 31, 2023.	Completed	Ongoing		
By November 30 th , 2023, share a minimum of one QI project that used customer feedback for Performance Measures.	Completed	November 2023		WIC Project – GRDHD and WIC Satisfaction Survey
The QI Committee will determine a systematic process for identifying root cause focus of identified QI projects prior to the project launch. The Chair will then present the project to the PM Team for approval prior to initiating QI Project Team.	Ongoing			

2023-2026 Long Term Goals:

Goal	Status	Completion Date	Progress	Notes
Develop a comprehensive QI Plan to be approved by the PH Director and implemented by the Agency effective January 2023 – December 2026 by January 30, 2023.	Completed	November 2023		
The QI Committee will assess the QI Culture and to gather current information used to choose QI projects for the agency every two years.				
GRDHD will continue to implement its formal QI plan which requires a cross section of employees to serve on the QI committee and lead or assist teams working on QI projects.	Completed	Ongoing		
Teams will improve data collection and measurement throughout the PDSA cycle as well as increase focus on pilot testing and analysis of results to drive or reinforce changes.	Completed	October 2024		
QI teams will utilize the SMARTIE goal format to ensure the projected outcomes are reasonable and attainable which will be presented to QI Committee for approval.	Ongoing	February 2024		
By the end of the 2023-2026 QI Plan, teams will independently identify the root cause of their assigned project.				