



Public Health Services Administration

Quality Improvement Plan

2024-2026



► Issue Date: 05/1/2024

Table of Contents

Introduction	3
Vision	3
Mission	3
Quality Improvement Program Objectives	3
Performance Management and QI Structure	4
Public Health Performance Management System Framework	4
Quality Improvement Program Structure	5
Quality Improvement Program Goal	6
Quality Improvement Program Budget	6
Quality Improvement Steering Committee	6
QI Steering Committee Roles and Activities	7
Quality Improvement Council	7
QI Council Activities	8
PHS Performance Management	8
Establishing Performance Standards and Measures	8
Monitoring Performance Measures	8
Aligning Quality Improvement	9
Public Health Accreditation	9
Customer Feedback	10
Quality Improvement Methodology	11
Model for Improvement (Quality Improvement)	11
Quality Improvement Training	13
Introductory QI Training	13
Intermediate QI Training	13
Advanced QI Training	13
Quality Improvement Projects	14
Project Selection	14
Quality Improvement Program Communications	15
Quality Improvement Program Evaluation	15
Appendix	17
Quality Improvement Program Work Plan	17
Quality Improvement Performance Measures	21
Quality Improvement Tools	21

► Issue Date: 05/1/2024

Introduction

The Maryland Department of Health (MDH) Public Health Services (PHS) Quality Improvement (QI) Plan, serves as a roadmap for MDH's QI program and activities. Its primary purpose is to establish a framework that fosters and sustains a culture of continuous learning and improvement within PHS and across all of MDH. The QI Plan defines the framework for QI processes and activities, providing a strategy for monitoring and improving performance towards MDH's goals and objectives. Through the ongoing implementation of the QI Plan, MDH is committed to empowering the delivery of efficient and effective public health services to residents of Maryland. The QI Plan promotes a culture of innovation and continuous learning, encouraging the active participation of staff in the ongoing efforts to enhance public health services. Ultimately, the QI Plan is a tool used for fulfilling MDH's mission of improving the health and well-being of all Maryland residents.

Vision:

A health department where continuous quality improvement (QI) is integrated into daily work at all levels of staff and supports the priorities of Public Health Services and all administrations within MDH. Staff members are empowered to identify areas for improvement and develop effective solutions using QI methods and tools, resulting in improved health outcomes for Marylanders.

Mission:

To implement QI activities to enhance the quality and effectiveness of Maryland's public health services by promoting collaboration and innovation and by fostering a culture of continuous improvement throughout PHS.

Quality Improvement Program Objectives:

- To educate MDH staff on fundamental QI concepts and methodologies
- To ensure alignment between QI and MDH Performance Management
- To implement QI throughout MDH

► Issue Date: 05/1/2024

Performance Management and QI Structure

Public Health Performance Management System Framework

The QI Plan is guided by the [Public Health Performance Management System Framework](#) which provides a structure for implementing a system to continuously monitor and improve performance across an organization. The Public Health Foundation describes this Framework as depicting the practices by which long-lasting benefits can be achieved with the integration of these practices into an organization's core operations. This framework comprises five main components, as illustrated in Figure 1.

Figure 1. Public Health Performance Management System Framework



- **Visible Leadership** is the commitment of senior management to a culture of quality that aligns performance management practices with the organization's mission, regularly considers customer feedback, and enables transparency about performance between leadership and staff.

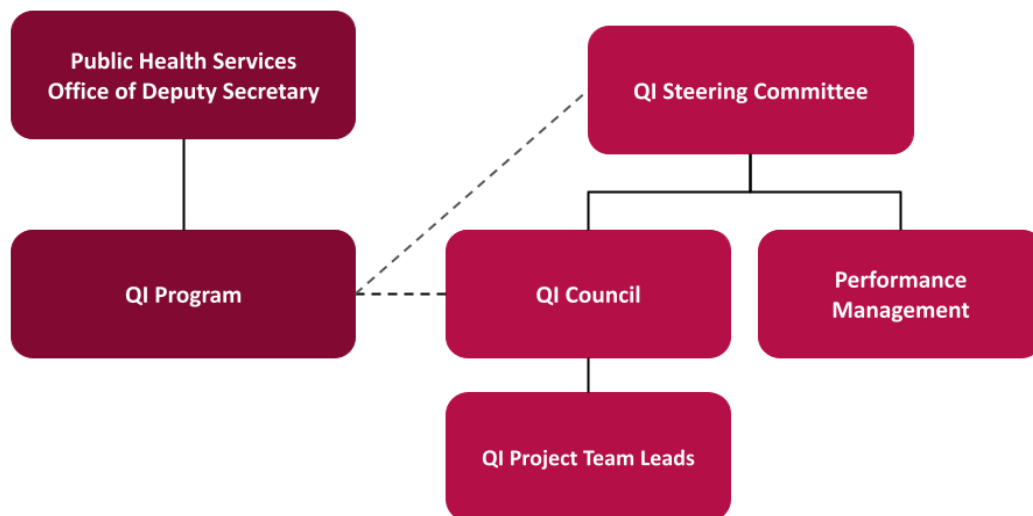
► Issue Date: 05/1/2024

- **Performance Standards** are established organizational goals, objectives, and targets, to improve public health practices. Standards may be set based on national, state, or scientific guidelines.
- **Performance Measurement** is the process of using metrics to assess progress and achievement against performance standards.
- **Reporting Progress** is the documentation and reporting of how standards and targets are met and the sharing of such information through appropriate feedback channels.
- **Quality Improvement** is a program or process to achieve improvement in public health policies, programs, or infrastructure based on performance standards. This plan strategically centers on QI, underscoring its integral role in performance management at MDH.

Quality Improvement Program Structure

The QI program is housed within the PHS Office of the Deputy Secretary for Public Health Services (Figure 2). The QI program provides coordination, training, and technical assistance to the QI Steering Committee and QI Council to ensure effective functioning within PHS and across all of MDH. Additionally, the QI program establishes performance management standards and monitors and communicates progress via performance metrics to ensure a culture of continuous improvement.

Figure 2. Quality Improvement Program Organizational Chart



► Issue Date: 05/1/2024

Quality Improvement Program Goal

Aligned with the MDH vision and mission, the QI Program is committed to advancing public health and enhancing community well-being. The program's goals include equipping staff members with QI knowledge and skills to actively contribute to MDH's mission of improving health and wellness in Maryland communities. Additionally, the QI Program seeks to support the successful execution of QI projects, ensuring outcomes that positively contribute to the overall well-being of Maryland residents. Furthermore, the Program aims to promote a culture of continuous performance improvement within PHS.

Public Health Accreditation Coordinator	Responsible for coordinating accreditation activities and ensuring requirements are met as set by the Public Health Accreditation Board. The Public Health Accreditation Coordinator works with the QI Program staff to ensure all PHAB QI standards are met.
Quality Improvement Program Manager	Leads the implementation of the Quality Improvement Program, under the supervision of the Accreditation Coordinator and with the QI Steering Committee's guidance and leadership. The QI Manager manages data collection for the PHS Performance Management System, which contributes to and guides ongoing QI Project selection.
Quality Improvement Coordinator	Provides programmatic and administrative support for the execution of QI program activities.

Quality Improvement Program Budget

Quality and performance management activities are funded with state and federal funding. Funding covers QI staff resources (e.g., a full-time QI Manager and QI Coordinator) in addition to staff that support other Accreditation-related activities (e.g., Accreditation Coordinator and staff for state health improvement planning and workforce development). Contractual support is also available through federal and state funding (e.g., training, associated quality and performance activities).

► Issue Date: 05/1/2024

Quality Improvement Steering Committee

The QI Steering Committee plays a pivotal role in the direction of QI, overseeing the Quality Improvement Council and managing performance management (PM) within PHS and MDH. The QI Steering Committee actively champions the importance of QI throughout MDH, promoting a work environment that values continuous improvement. The QI Steering Committee is composed of the Deputy Secretary for Public Health Services (the Chair) or designee and PHS Directors (or their designees) and will include MDH leadership as QI infrastructure expands to include all of MDH. Designated representatives may be changed as needed.

QI Steering Committee Roles and Activities


- 1. Advocacy**
 - a. Identifies and provides resources as needed
 - b. Promotes professional development through QI coaching and mentoring
 - c. Recognizes and celebrates QI activities and accomplishments
- 2. Performance Management**
 - a. Monitors the PHS Performance Management (PM) system
 - b. Participates in QI & PM training
- 3. QI Council Oversight**
 - a. Provides guidance and annual approval of the QI plan and program work plan
 - b. Reviews and provides input into the QI Council project work plans and evaluations
 - c. Guides QI Council project recommendations
 - d. Provides guidance to resolve QI project conflicts

Quality Improvement Council

The QI Council promotes and implements continuous improvement by providing leadership, guidance, support, and an expanded network for QI initiatives. Council members gain valuable skills and experience through training and professional development, aimed at improving workflows, enhancing efficiency, achieving better outcomes, and promoting a culture of innovation and collaboration.

The QI Council operates under the guidance and oversight of the QI Steering Committee, which provides strategic direction, ensures alignment with goals, and promotes quality improvement across MDH. The council's activities are shaped by and contribute to performance management, with QI Steering Committee leadership and guidance.

► Issue Date: 05/1/2024



A QI Steering Committee representative serves as the chair of the QI Council, as designated by the Chair of the QI Steering Committee. Each PHS unit and MDH administration is encouraged to appoint at least one representative to participate on the QI Council. QI Council members commit to a term of two years; there is no maximum number of terms. After this period, new members will be recruited for the next QI Council cycle. Staff at all levels are encouraged to join the QI Council.

QI Council Activities

- Participate in QI training.
- Select and engage in one or more QI projects and execute the project work.
- Monitor and evaluate QI projects and communicate project performance to stakeholders.
- Lead or participate in QI projects and share QI knowledge with project teams.

PHS Performance Management

Establishing Performance Standards and Measures

Performance management involves performance planning, performance monitoring, quality improvement, and reporting. Performance measures are established based on the priorities as defined by various plans, including the PHS Strategic Plan, State Health Improvement Plan, Workforce Development Plan, Quality Improvement Plan, and other priorities. MDH administrations contribute to developing and refining performance measures to ensure they are meaningful.

At specified intervals, performance measure data will be collected and analyzed from relevant offices and programs to update the performance management tracker, an Excel workbook.

The performance management tracker provides a structure for continuously monitoring priorities, with insights that may guide strategic decisions regarding changes to resource allocation, program, policy, and more.

The Performance Management Standard Operating Procedure has been developed to ensure the maintenance and effectiveness of performance management in PHS and across MDH. The Performance Management Standard Operating Procedure outlines the expectations, processes, and responsibilities necessary to implement performance management in MDH.

► Issue Date: 05/1/2024

Monitoring Performance Measures

The QI Steering Committee, tasked with overseeing QI activities, plays a crucial role in reviewing performance measures and providing QI recommendations to the QI Council. These recommendations target areas where performance gaps require attention and potential actions. Potential actions may include recommending the initiation of root cause analyses and/or the implementation of the Plan-Do-Study-Act (PDSA) cycle. Following the committee's guidance, the respective program or unit, with support from the QI Council as needed, may initiate a QI project aimed at addressing identified issues, to achieve performance targets set in plans or by public health programs.

Aligning Quality Improvement

The PHS QI Plan supports achieving MDH and PHS priorities, aligning with the following plans.

<p>PHS Strategic Plan</p>	<p>The PHS Strategic Plan functions as the comprehensive roadmap for PHS, guiding its vision, mission, and values, while also defining PHS goals, objectives, and metrics. The PHS Strategic Plan priorities will be instrumental in informing and shaping QI initiatives. The QI Plan aligns with the priorities, goals, and objectives outlined in the PHS Strategic Plan.</p>
<p>State Health Improvement Plan</p>	<p>The State Health Improvement Plan (SHIP) is a collaborative process led by PHS, involving experts, state and local partners, and community representatives. Together, they identify health needs and develop strategies for improvement. The SHIP establishes clear priorities for enhancing the health outcomes of Maryland residents. The priorities and goals of the SHIP play a crucial role in informing PHS QI initiatives.</p>
<p>Workforce Development Plan</p>	<p>The PHS Workforce Development Plan sets workforce priorities, goals, and activities for assessing the skills, competence, confidence, and capabilities of the public health workforce. Underscoring the implementation of the plan is the use of QI methods and tools, which will provide a foundation for systematically improving processes and systems, measuring pilot programs and projects, and assessing progress toward goals.</p>

► Issue Date: 05/1/2024

Public Health Accreditation

PHAB accreditation is a crucial tool for MDH to strengthen its capabilities and gain recognition for meeting national public health standards. It fosters a culture of quality improvement within MDH. Accreditation aligns with priorities, integrating evidence-based standards to demonstrate its commitment to performance and accountability. These requirements are incorporated into this QI Plan, ensuring consistent QI practices that meet national standards.

Customer Feedback

MDH and PHS serve many customers - the first and foremost being Maryland's residents. Public health service delivery relies on coordination across many entities, both internally in MDH and with external partners. Hence, there are also internal and external partners who are customers of and depend on service and information from MDH. Internal customers include units other than PHS that work in partnership with PHS to ensure holistic service delivery (e.g., Office of Human Resources, Office of Enterprise Technology, Local Health Departments and other MDH Administrations, etc.). External customers not only include Maryland's residents, but also other federal, state and local government agencies; community- and faith-based organizations; and regulated entities.

There are many mechanisms by which customer feedback is collected. Public health programs commonly hold community forums to engage with the community, especially in the face of emerging public health issues. Public health programs also hold regularly scheduled discussion sessions with partners (e.g., LHDs) to convey information and solicit input on program development. Both ad hoc and regularly scheduled engagements allow for the collection of both qualitative and quantitative data that are used to develop or adjust public health service delivery.

The State also collects feedback, including data from [Customer Satisfaction Surveys](#), that are linked in Maryland employee email signature blocks and on agency websites, which provides Maryland residents an opportunity to give feedback about their interactions with State government. PHS will continue to monitor customer feedback for use in QI activities, including identifying new opportunities for QI.

As part of MDH's commitment to prioritizing customer service, initiatives are underway, via a QI project, to enhance and regularly update specific MDH webpages by implementing a feedback collection tool embedded on the webpages. These efforts are targeted at enhancing the online experience for Maryland residents and facilitating efficient inquiry resolution for MDH staff. The overarching goal includes increasing overall trust in MDH and

► Issue Date: 05/1/2024

public health, delivering excellent customer service, improving resident health and satisfaction, and ensuring the provision of up-to-date information for website visitors.

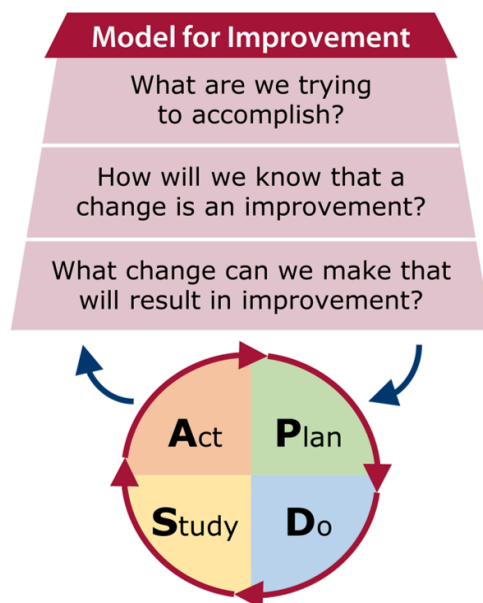
MDH also places a strong emphasis on systematically collecting and analyzing customer service data as part of all QI projects. By incorporating the collection of customer feedback into project initiatives, MDH aims to gain a deeper understanding of customers' needs and preferences, allowing MDH to continually enhance services to better meet and exceed customers' expectations.

Quality Improvement Methodology

Model for Improvement (Quality Improvement)

The QI Plan uses the [Associates in Process Improvement's](#) Model for Improvement as the primary QI methodology. The Model for Improvement provides a structure for executing QI projects through developing, testing, and implementing changes that drive and lead to improvement. This model provides a scientific method that prioritizes careful study before taking immediate action. Due to its simplicity and widespread application, it is the most widely used QI approach in public health. The model can be broken into two parts. The first is a systematic evaluation of the problem and identification of potential solutions, which is achieved by asking the three key questions displayed in Figure 3.

Figure 3. Model for Improvement

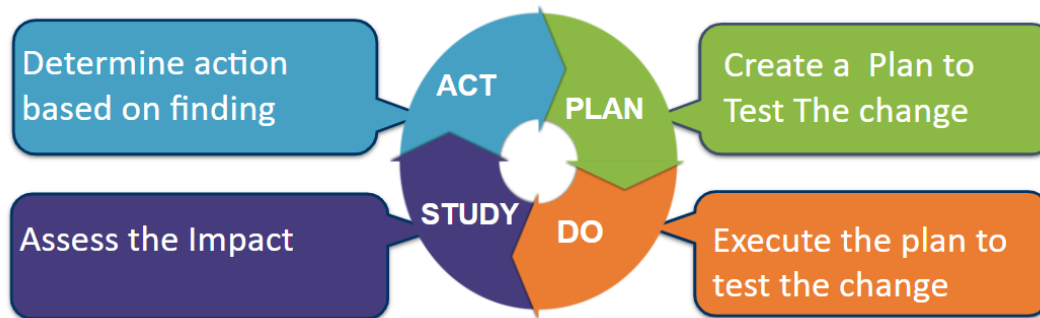


► Issue Date: 05/1/2024

Plan - Do - Study - Act (PDSA) Cycle

The second part of the Model for Improvement involves small-scale change testing using PDSA cycles (Figure 4). The PDSA cycle is an effective and efficient process for testing a change before implementation, to ensure measurable improvement. Learning from each test and refining the PDSA through multiple cycles aims to optimize the change for broader implementation. A PDSA test includes developing a plan to test the change (Plan), carrying out the test (Do), observing, analyzing, the impact (Study), and determining the next steps based on impact (Act).

Figure 4. The Plan-Do-Study-Act (PDSA) Cycle



- **Plan:** Plan the test, including a plan for collecting data.
 - State the question you want to answer and make a prediction on the outcome.
 - Develop a plan to test the change by asking “Who? What? When? Where?”
 - Identify what data you will need to collect.
- **Do:** Run the test on a small scale.
 - Carry out the test.
 - Document problems and unexpected observations.
 - Collect and begin to analyze the data.
- **Study:** Analyze the results and compare them to your predictions.
 - Complete, as a team, if possible, your analysis of the data.
 - Compare the data to your prediction.
 - Summarize and reflect on what you learned.
- **Act:** Based on what you learned from the test, make a plan for your next step.
 - Adapt, adopt, or abandon
 - Prepare a plan for the next PDSA.

Useful QI tools that support this model are listed in the **Appendix**.

► Issue Date: 05/1/2024

Quality Improvement Training

Training is critical for establishing a culture of continuous performance improvement in MDH by improving skill-based knowledge to drive QI integration throughout MDH. QI training will help diffuse QI practices throughout the organization.

Introductory QI Training

Introductory QI training will be recommended for all staff. Live, interactive training (in-person and/or virtual) will be conducted once per quarter, with the flexibility to schedule additional sessions or adjust to evolving needs. The [Maryland TRAIN](#) learning management system is recommended for staff to build QI knowledge and skills, and offers a variety of on-demand, asynchronous public health QI training offerings, including (but not limited to):

- [Introduction to Quality Improvement in Public Health](#)
- [Quality Improvement 101](#)
- [Quality Improvement 102](#)

Intermediate QI Training

Intermediate QI training will be recommended for staff interested in developing the skills and competencies to effectively lead a QI project from planning a test to implementation, developing skills for effective project management. In-person, training will be conducted every six months with the flexibility for additional sessions based on need. Staff who are planning to lead a QI project should complete an intermediate QI training, which will complement support provided by the QI Program. Staff will also be encouraged to explore additional training available on the Maryland [TRAIN Website](#), including (but not limited to):

- [Quality Improvement \(QI\) Team Development](#)
- [Quality Improvement Series](#)

Advanced QI Training

Advanced QI training is intended for the QI program team to develop skills in comprehensive approaches in QI. QI program staff will also participate in conferences and collaborative learning opportunities that enhance QI program management skills and competencies. Recommended training for the QI program team includes (but not limited to):

- [Quality Management Systems](#)
- [Performance Management: Improving the Improvement](#)
- [Coaching Skills](#)

► Issue Date: 05/1/2024

Quality Improvement Projects

Project Selection

There are multiple avenues by which QI projects can be proposed and selected. Members of the QI Council may identify QI opportunities from pain points within their programs or units. The QI Steering Committee monitors key performance indicators and identifies areas in need of improvement. MDH leadership may propose projects, driven by the overarching needs and priorities of MDH and PHS. Leadership’s strategic view of the organization’s mission and vision empowers them to identify QI projects that are instrumental in advancing the broader PHS and MDH agenda. Together, these three entities ensure the appropriate selection of QI projects, reinforcing MDH’s commitment to quality improvement. To facilitate project selection, a structured approach that involves scoring weighted criteria, as outlined in Figure 5, is used to prioritize QI projects.

Figure 5. Quality Improvement Project Selection Criteria

Criteria	Elements	Project Scoring (1,4, or 9)		
People <i>Employee Impact</i>	<ul style="list-style-type: none"> - Receptiveness of organization members to project - Addresses concerns / gaps / current pain - Visibly impacts our culture; engaged, involved staff 	Low	Moderate	High
Do-Ability <i>Availability & Degree of Ease</i>	<ul style="list-style-type: none"> - Leadership has expressed commitment - Resources/ staff are available - Ease of implementation 	Low	Moderate	High
Program Impacts <i>Impact on Outcomes and Targets</i>	<ul style="list-style-type: none"> - Directly impacts program targets and must dos (short and long term impacts) - Size of gap vs. targets - Importance to Stakeholders 	Low	Moderate	High
Population Served	<ul style="list-style-type: none"> - Percentage of population served 	Low	Moderate	High
Cost <i>Cost to implement</i>	<ul style="list-style-type: none"> - Estimated cost to understand, solve, and install improvements - Estimated resources, software, tools, etc... 	> \$50K	\$10K-\$50K	<\$10K
Measurable	<ul style="list-style-type: none"> - Currently being measured - Data is available 	Not sure how to measure	We can acheive it as a result of the project	Currently being measured
Equity	<ul style="list-style-type: none"> -Will address areas of inequity 	Low	Moderate	High

► Issue Date: 05/1/2024

Quality Improvement Program Communications

Effective communication is integral for disseminating QI practices throughout MDH. This communication strategy ensures that QI efforts are well-informed, transparent, and widely understood by all.

1. **QI Council Report to the QI Steering Committee:** The QI Council Chair plays a pivotal role in communications with the QI Steering Committee. Regular updates are provided to the QI Steering Committee during their quarterly meetings. These updates provide insights into the status of QI projects and inform discussions and decisions to drive QI initiatives forward.
2. **QI Storyboard:** After completing a QI project, a project storyboard is created in collaboration with the project team. The storyboard will be a visual representation of project results and will be disseminated through the QI newsletter and annual report.
3. **Annual Report:** Annually, the QI program develops a report that may include summaries of the number of projects initiated during that year, the number of projects completed, and the number of trainings offered and delivered. The report will be presented to the QI Steering Committee and the Deputy Secretary for PHS.
4. **QI Newsletter:** A bimonthly newsletter is distributed via email to all MDH staff that provides updates on QI program activities and information on QI tools, training and projects, public health accreditation, and PHS performance management.
5. **PHS QI Webpage:** The [PHS QI webpage](#) offers an overview of the QI program and provides a direct link to the QI resource page, connecting staff to an array of tools and resources essential for conducting QI work. This includes access to the [ASTHO QI Essentials Tool Kit](#), which serves as a guide for completing QI activities.

► Issue Date: 05/1/2024

Quality Improvement Program Evaluation

The QI program will be evaluated periodically by a party external to the QI Program to comprehensively assess the effectiveness of the program and its activities. Evaluation findings will be used to adjust the QI Program's work plan. The evaluation involves:

1. **Review of Progress Toward Achieving QI Program Goals:** Evaluate QI Program progress, identify areas for improvement, and document progress.
2. **Assessment of the Effectiveness of Planned QI Activities:** Analyze completed QI projects, measure their impact, and identify areas for improvement.
3. **Application of Lessons Learned:** Incorporate lessons learned into QI activities.
4. **Evaluation of Customer and Stakeholder Satisfaction:** Review feedback from customers and stakeholders to enhance satisfaction and guide QI Plan adjustments.
5. **Alignment with PHS Priorities:** Assess the alignment of the QI Plan and QI activities with PHS priorities and provide realignment recommendations for improvement.

► Issue Date: 05/1/2024

Versions

Version 3.0 (1/3/2024)

1. Complete overhaul of the QI Plan

Version 2.0 (3/1/2018)

1. New content for 2018 in work plan.
2. New content for 2018 in communications action plan.
3. Content cleared for 2018 in —Plan Sustainability ChecklistI

Version 1.2 (1/8/2018)

1. Progress updated in work plan (pages 21-26).
2. Progress updated in communications action plan (Pages 38-43).
3. Progress updated in —Plan Sustainability ChecklistI (Page 27)
4. Worksheet 2: Project TrackerI (page 31) split into two pages: 1) PowerPoint template and 2) evaluations

Version 1.1 (7/31/2017)

1. Progress updated in work plan.
2. Progress updated in communications action plan.
3. New MDH branding replaced DHMH branding. Version 1.0 (5.31.2017) 1. Development and publication of plan

► Issue Date: 05/1/2024