

* Required



Quality Improvement - Council Application

Do you want to help the Maryland Department of Health's (MDH) Public Health Services enhance its positive impact on the health of Marylanders?

When problems arise, are you excited to propose ideas to make things better?

If so, the Quality Improvement Council may be for you!

WHAT IS THE QUALITY IMPROVEMENT COUNCIL?

The mission of the Quality Improvement Council is to grow a culture of quality improvement in Public Health Services.

The Council is a leadership development program that connects public health advocates with skills to build stronger public health systems. Council members who serve a full term will gain demonstrable skills, experience, and an expanded network for enhancing work flow and leadership capacity.

If you have not already done so, please review the Quality Improvement Council Charter for more information: <http://bit.ly/2018-QICharter>

HOW DO I APPLY?

To apply for consideration in the Quality Improvement Council, complete all questions in this application. All staff within MDH's Public Health Services division (including local health departments) are eligible to apply.

To view the questions before completing this application, click here: [LINK TO PDF OF APPLICATION](#).

The application should take 10-15 minutes to complete.
The application deadline is Friday, Feb. 8 at 5:00pm.

Questions or comments can be directed to MDH.PHSqualityimprovementcouncil@maryland.gov

Click "NEXT" to begin the application.

The mission of the Quality Improvement Council is to grow a culture of quality improvement in Public Health Services.

At the beginning of Council Cycle, members will develop a work plan that outlines how they will fulfill their responsibilities.

Members of the Quality Improvement Council have the following responsibilities:

- 1) Set quality improvement infrastructure
- 2) Facilitate employee empowerment and commitment
- 3) Promote a customer focus
- 4) Encourage teamwork and collaboration
- 5) Participate in continuous process improvement

1. 1. Do you agree to support the Council's mission by accepting the above responsibilities? *

Mark only one oval.

- Yes
 No

Scheduling

The inaugural meeting and 2-day training of the QI Council will occur either 3/6/2019 and 3/7/2019. Should you be selected for the Council, your attendance at these meetings is mandatory. Future Council meetings will be scheduled in advance by polling members for their availability.

2. 2. Are you available to attend the inaugural meeting and 2-day training? *

Mark only one oval.

- Yes
 No

QI Council Requirements

The QI Council has the following requirements, as started in the QI Council Charter (<http://bit.ly/2018-QICharter>):

- 1) Council members shall serve on a voluntary basis without compensation.
- 2) Council members must maintain full-time employment with MDH Public Health Services.
- 3) Council members must serve for one, two-year term. This does not preclude any leader from being reappointed. There is no maximum appointment term.
- 4) Council members who receive a letter of acceptance must confirm their role by submitting the QI Advocate pledge.
- 5) The Council has the right to remove Council leaders for good cause.
- 6) Automatic removal results when a Council member fails to attend a minimum of 75% of Council meetings in a calendar year without reasonable excuse presented in written form and accepted by the Council Chair.

3. 3. Do you agree to these requirements? *

Mark only one oval.

- Yes
 No

4. 4. I understand that my QI Project Team may require meetings in addition to the Council meetings. I commit to making my best effort to attend. *

Mark only one oval.

- Yes
 No

Introduce Yourself

5. 5. What do you hope to gain from serving on the Council *

6. 6. What do you hope to contribute to the Council? *

7. 7. Think of a time when you made a program or process better. Please describe how you improved the program/process.

Demographics

8. 8. Please select your Administration in Public Health Services. *

Check all that apply.

- Anatomy Board
- Laboratories
- Local Health Department
- Office of Chief Medical Examiner
- Office of Controlled Substances
- Office of Health Care Quality
- Office of Population Health Improvement
- Office of Preparedness and Response
- Prevention and Health Promotion
- Vital Statistics
- Other: _____

9. 9. Within your administration, please specify your office/unit/program: *

If you work for a local health department, please specify your jurisdiction/county.

10. 10. Please select the position closest to your job description: *

Mark only one oval.

- Directors and Senior Leaders (Individuals at a senior/management level and leaders of public health organizations. In general, an individual who is responsible for major programs or functions of an organization, setting a strategy and vision for the organization, and/or building a culture of quality within the organization.)
- Managers and Supervisors (Individuals with program management and/or supervisory responsibilities. Responsibilities may include: program development/implementation/evaluation, managing timelines and budgets, supervising staff, presenting recommendations on issues and program direction, and establishing and maintaining community relations.)
- Public Health Professional (Individuals who carry out the day-to-day tasks of public health organizations and are not in supervisor or management positions. Responsibilities may include data collection and analysis, disease investigation, laboratory work, fieldwork and inspections, program planning, project coordination, evaluation, informatin technology work and other organizational tasks.)
- Support Staff (Front line staff including receptionists, call-center and administrative support staff who interact with the public and/or other employees but who do not provide direct public health programming or services. Responsibilities may include referring callers to appropriate services or processing paperwork and scheduling. If you don't recognize your position in tiers 1-3, select tier 4.)
- Other: _____

11. 11. What is your prefix? *

Mark only one oval.

- Dr.
- Mrs.
- Ms.
- Mr.

12. 12. What is your first name? *

13. 13. What is your last name? *

14. 14. What is your email address? *

15. 15. What is the name of your supervisor? *

All QI Council members require supervisor approval.

16. 16. What is the email address of your supervisor? *

Conclusion

Click "SUBMIT" to complete this application. Application decisions will be emailed in March 2019.

Should you have any questions or comments, kindly contact MDH.PHSqualityimprovementcouncil@maryland.gov.

Join the movement for quality improvement!

Learn more here: <http://bit.ly/improvePH>
Sign up for the QI Advocate listserv: <http://bit.ly/QI-Advocate-Listserv>
Suggest an project idea for improvement: <http://bit.ly/Improve-Suggestion>

Powered by

