I. **Purpose**

The purpose of the Maine Center for Disease Control and Prevention (Maine CDC) Quality Improvement Plan (QIP) is to provide a framework for quality improvement activities at the Maine CDC. In December 2010, Public Health Performance Improvement (PHPI) was established as a unit within the Maine CDC’s Division of Public Health Systems to implement the activities of the National Public Health Improvement Initiative (NPHII) grant (known within Maine CDC as the Public Health Transformation Grant).

*Mission*: The mission, developed by the PHPI team, is to create a more effective and efficient Maine CDC by: establishing and implementing a performance management system, and facilitating the strategic adoption of information technology, and fostering a culture of quality.

II. **Governance Structure**

The Maine CDC was awarded National Public Health Improvement Initiative (NPHII) funding through the US CDC to implement relevant and essential activities to accelerate the agency’s accreditation readiness, complete an organizational self-assessment to identify gaps in meeting and/or conformity with the national Public Health Accreditation Board standards, to identify and implement two or more performance improvement (PI) or quality improvement (QI) initiatives within the applicant’s agency, and to Continue performance management activities within the Maine CDC.

a. **Organization Structure**

In 2010, a Maine CDC *Performance Management Core Team* was formed to provide leadership to the Performance Management System. Core Team members represent their Division by providing input on proposed plans, selection criteria, and processes, and promoting and sponsoring initiatives developed by the Core Team. In 2012, a Maine CDC *Quality Improvement Council* was created to provide leadership for and to foster engagement in continuous performance improvement efforts at all levels of the Maine CDC, thereby advancing efficiencies and effectiveness within the organization.

b. **Membership and Rotation**

The *Performance Management Core Team* is comprised of 10 members. Representation consists of: each of the Maine CDC Divisions, Maine CDC Administration, Office of Information Technology, chronic disease and family health epidemiology, program evaluation, Director of the Office of Performance
Quality Improvement Plan

Improvement, and Performance Improvement Manager. Membership will be reviewed periodically to ensure the correct representation on the core team. The Quality Improvement Council has 8 (charter allows for 8-10) members composed of Maine CDC staff with at least one member from each Maine CDC Division and one from support staff when possible. Council members will have staggered terms of two years. To allow for continuity, no more than five members will rotate off the council in one calendar year.

c. Roles, Responsibilities and Staffing

i. Maine CDC Director: Provides vision and direction for the QI initiative; reports on QI activities to DHHS; communicates strategies, accountabilities and the action plan to the Maine CDC staff.

ii. Deputy Director: Serves on the Performance Management Core Team and Quality Improvement Council; provides guidance as necessary to the Quality Improvement Council; Communicates regularly to Maine CDC staff in a biweekly newsletter and creates momentum and excitement for QI.

iii. Performance Management Core Team: The Core Team meets quarterly. Team members provide input on the direction of the performance management system and proposed grant activities, provide subject matter expertise and perspective from all parts of the Maine CDC organization, develop, review and provide input on draft documents related to the objectives and activities. The Core Team members are responsible for ensuring that timelines are met.

iv. Quality Improvement Council: The Council meets quarterly. The Council’s role includes coordinating, launching, and institutionalizing the quality improvement process within the organization by developing and articulating a clear vision for quality improvement. The Council serves as a review board and technical support for project teams’ interim and final projects. The Council reviews and communicates approval for the quality improvement projects that require additional support to remove barriers to success. The Council supports QI Project Team Leaders when problems/issues require resolution. Members function as a communication conduit, sharing quality improvement training opportunities identified at various organizational levels: Introductory; Tools and techniques; Teaming; Etc.

v. Senior Management Team (SMT): The SMT is committed to staying informed of QI activities and is responsible for engaging Program Managers. The Core team determines when and how the SMT needs to serve in a decision-making role for the federal grant funding, passing information and recommendations on to them as needed. Quality Improvement supplemental support recommendations are sent from the Quality Improvement Council to the SMT for approval.
vi. **Performance Improvement Manager (PIM):** The PIM is responsible for representing the Maine CDC as the state’s health department in national conferences and the NPHII annual meeting. The PIM leads the strategic development of activities that support the grant and shares QI information with the SMT.

vii. **Public Health Performance Improvement (PHPI) Director:** The PHPI Director is responsible for general oversight, bridging informatics and performance management and connecting to QI.

viii. **Performance Improvement Coordinators (PICs):** Performance improvement coordinators implement QI strategies, provide training and technical assistance across the agency.

d. **Budget and resource allocation**

   i. The NPHII grant currently provides funding for major quality improvement activities, including the PIM and PICs, additional trainers, supplemental support needs for specific quality improvement initiatives, and development of supportive information technology systems linked to the quality improvement efforts.

   ii. All Maine CDC programs are expected to incorporate staff time for quality improvement training and activities into their workplans, and to identify quality improvement needs and budget for these.

III. **Training**

   In April 2011, Maine CDC staff completed a Culture of Quality survey that included a self-assessment of knowledge, skills and interest in additional training in nine specific QI tools and approaches applicable to public health. Only 30% of Maine CDC staff reported formal training in QI. 28% to 45% reported limited knowledge on various QI tools.

   QI champions were recruited and together with other identified staff (Total of 20) engaged in training and required to conduct a rapid cycle improvement project using a “Plan Do Study Act” cycle. Coaching was made available to staff as necessary. The annual Culture of Quality survey conducted in April and May 2012 revealed that 41% compared to 30% in 2011 indicated they had ever received formal training in quality improvement; and 11% to 45% reported limited knowledge on various QI tools. This change could be attributed to enhanced knowledge about QI as a result of grant activities taking place across Maine CDC Divisions coupled with a Public Health Overview course (PH 101) that is held quarterly and offered to all Maine CDC staff and includes a discussion on quality.
Based on survey results and input from the Performance Management Core Team, PHPI staff drafted and received SMT approval for a 57-session QI Training Initiative that will take place between September 2012 and September 2013 with a goal of reaching all Maine CDC staff within a year, and to increase the knowledge and application of quality improvement tools and techniques within the Maine CDC. Following is a proposed training format.

Methods:
• 1 hour training sessions offered to staff.
• In depth Green Belt training to select staff who will receive a nationally recognized certification.

Content:
• A basic introductory “What is QI”.
• An overview of QI tools.
• Using data for QI.
• Tool-specific training.
• Applied training and/or technical assistance where a group or more than one group engages in a QI project with training on applicable tools incorporated into the project work time.

Each Maine CDC staff person is required to attend four hours of QI training per year.

Orientation for new staff: Supervisors and managers are expected to include background on quality improvement activities as part of their new employee orientation. Background materials and past communications are made available on the Maine CDC Intranet site.

IV. Quality Improvement Initiatives
In collaboration with Maine CDC, QI projects will be identified and implemented to demonstrate improved business and program processes and outcomes. A Division Director or Program Manager will identify a need or strategy and convene a team of key decision-makers to discuss and come to consensus on a QI project. An outreach plan was developed to promote the use of quality improvement projects and increase capacity within programs using the Plan Do Study Act. Hands-on technical assistance will be provided to ensure projects are implemented.
Quality Improvement Plan

Within each project, the project team will conduct a rapid cycle improvement process to establish an AIM statement for improvement that will focus the group effort; use data to evaluate and understand the impact of the changes designed to meet the aim; and conducted a Plan Do Study Act cycle to determine an effective and efficient way to improve a process.

In conjunction with the NPHII funding, the following Initiatives have been identified for the 2012-2013 project period:

a. Improve the functionality of the Maine CDC Health Inspection Program information system to create efficiencies and save staff time, allowing for increased numbers of health inspections and reducing backlog.
   
   **Measures:** Increased reach of the Maine CDC Health Inspection Program, and reduced backlog of 2023 overdue inspections by 75% over the next year via increased efficiencies.
   
   **Activities:** Identification and implementation of improvements to the DEH tracker software that will reduce the time required for completion of health inspections.

b. Implement a coordinated process that includes Maine Public Health Nursing and Home Visiting, to improve the efficacy of referral and service delivery process for families receiving home based services.

   **Measures:** Increased reach of Maine CDC Home Visiting and Public Health Nursing Programs via measureable reductions in duplication of services.

   **Activities:** Clarification of roles and responsibilities of each program, and the development of common protocols for referrals and service delivery processes.

These projects were proposed by the PHPI team based on input from the Core Team, Maine CDC programs, and were approved by the SMT for priority implementation 2012-2013.

V. **Quality Improvement Goals**

In addition to the specific quality improvement Initiatives identified above, Maine CDC leadership has committed to implementing four QI projects per quarter, with a long term goal of creating a culture of quality within the Maine CDC and a sustainable performance management system in place by 2015.

VI. **Quality Improvement Monitoring and Evaluation**

In collaboration with members of the Performance Management Team and grant staff an evaluation plan was developed to address evaluation questions in four areas: Accreditation, Quality Improvement, Performance Management Systems, and Cross Jurisdictional partnerships. The plan includes both process and outcome measures to monitor progress in meeting objectives. An annual progress report will be developed.
and shared with the Performance Management Core Team, the Maine CDC Senior Leadership Team, federal partners, national evaluators and other interested parties. Selected measures are included on the Maine CDC performance Scorecard, which is updated regularly and can be viewed and monitored by all staff on Maine CDC’s intranet. In addition, Performance on the Quality Improvement Initiatives identified above are reported to the US CDC as part of the NPHII grant reporting and to DHHS leadership and the governor’s office as part of their monitoring of grant funding.

VI. Communications Strategies
Several methods are being used to ensure regular communication within the Maine CDC regarding QI.

- A bi-weekly QI Newsletter is disseminated via e-mail to all Maine CDC staff;
- The Performance Improvement Manager attends monthly SMT meetings to provide updates;
- QI Coordinators attend program meetings to provide QI activity updates and to encourage program manager participation and support for QI projects within their program;
- QI project storyboards are included in the QI/Accreditation Newsletter that demonstrate successes achieved.