

# Quality Improvement Plan Guide

## Guidance and Resources to Assist State and Territorial Health Agencies

**October 2025**

*(Updated October 2025 with modernized guidance, updated tools and resources, and real-world examples; originally published April 2014.)*

**Report Summary:** This ASTHO guide supports state, territorial, and freely associated state health agencies in creating a comprehensive Quality Improvement (QI) plan that aligns with Public Health Accreditation Board (PHAB) Standards and Measures. The guide emphasizes integrating the QI plan with other key agency plans, including the Strategic Plan, Workforce Plan, Data Modernization Plan, and State or Community Health Improvement Plan (SHIP/CHIP), to establish a unified quality system. It outlines strategies for documenting QI goals, tracking progress, and maintaining alignment across organizational priorities. The guide offers support for developing a QI plan as a living document that can provide a framework for agencies to meet accreditation requirements and systematically enhance performance management and quality improvement efforts.

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# Introduction

## Purpose of this Guide

This ASTHO guide is designed to assist state, territorial, and freely associated state health agency staff with developing a comprehensive QI plan for their agency. Local and Tribal health agencies may also find the guidance helpful.

Agencies can use this guide to support their pursuit of PHAB accreditation or reaccreditation. This guide aligns with quality improvement planning requirements outlined in v2022 of [PHAB's Standards and Measures for Accreditation](#). Use of this guide does not guarantee conformity with the standards and measures. Agencies are strongly encouraged to consult the Standards and Measures for the most up-to-date information for specific requirements related to performance management and quality improvement. Additionally, regardless of an agency's intent to apply for a PHAB program, the Standards and Measures can serve as best practice guidelines for planning efforts. This guide can also be useful to agencies not intending to pursue PHAB accreditation, if they are interested in creating and maintaining a QI plan.

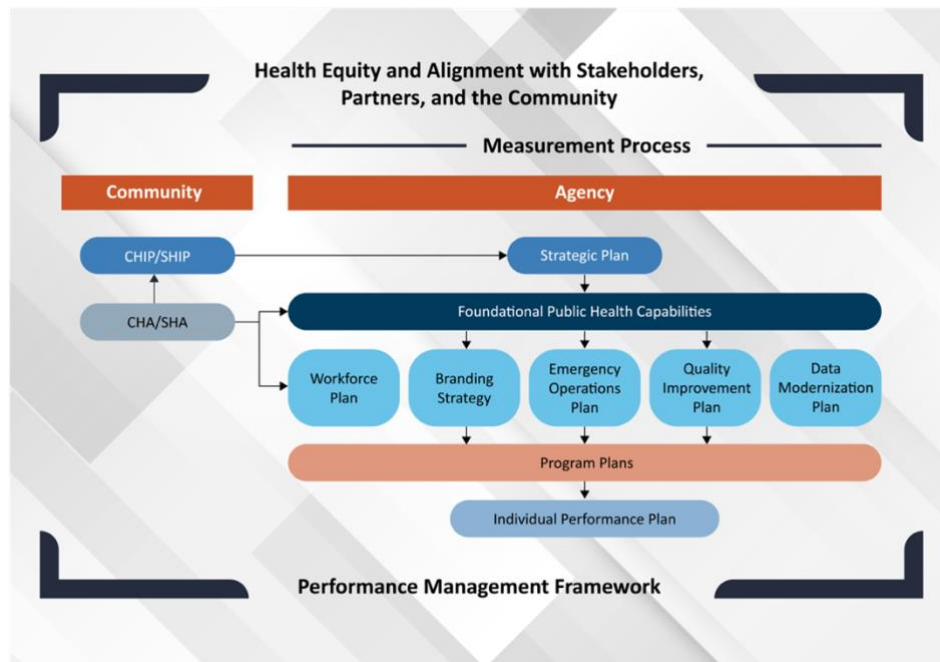


## Key to Success: Plan Alignment for Comprehensive Performance Management

Governmental public health agencies should ensure strong linkages between their performance management system and QI processes as part of a comprehensive agency approach. While the QI plan is essential for fostering leadership commitment, staff accountability, and a shared culture of continuous quality improvement, the QI plan's alignment with the broader performance management system is important to achieving agency goals and maintaining accountability across strategic priorities.

A performance management system provides the framework for monitoring and advancing agency priorities, while QI processes drive the ongoing improvements needed to achieve those priorities effectively and efficiently. Together, these components form the backbone of a comprehensive performance management approach. Establishing connections between the performance management system, QI plan and other agency plans, such as the Strategic Plan, Workforce Plan, Data Modernization Plan, and SHIP/CHIP, ensures that QI efforts are informed by and contribute to broader organizational goals. Such connections are illustrated in Figure 1.

Figure 1: Plan Alignment Model



A QI plan plays an important role in this alignment by outlining the goals of the agency's QI processes and systems, focusing on enhancing their effectiveness and sustainability. It serves as a guide for the organization, providing direction, timelines, and activities, and emphasizing the importance of quality improvement. As a living document, the plan should be regularly updated to reflect progress and evolving priorities in improvement efforts. The QI plan shows management's support for quality throughout the health agency. It serves as a roadmap for planning and documenting QI activities, helps build a culture of quality, and serves to improve the effectiveness and efficiency of service delivery.

Creating a QI plan helps integrate various agency plans as part of a unified performance management system. Using a performance management system is key tracking and maintaining progress and momentum on priorities across all plans, while ensuring the priorities are aligned toward shared goals. Utilizing a performance management system is instrumental in not only adhering to expectations but also in guiding and enhancing ongoing quality improvement efforts.

#### Peer Example: Alignment Across Agency-Level Plans

Kentucky's QI Plan exemplifies strong alignment with its agency-wide strategic priorities, workforce development, and performance management systems. The QI Plan was intentionally designed to complement the department's Strategic Plan, with shared goals and joint tracking mechanisms supported by the department's performance management system. Quality is elevated as one of the six strategic priorities, with objectives and performance measures monitored quarterly in REDCap.

The QI Plan also aligns with Kentucky's SHIP, using SHIP performance data to inform QI project selection. In addition, the Workforce Development Plan integrates QI as a training focus area, ensuring staff are equipped to carry out QI initiatives that support both individual competency and organizational goals. Through this integrated approach, Kentucky fosters a culture of continuous improvement that reaches across all levels and functions of the health department.

## QI Plan Development Checklist

There is no standard process for developing an agency QI plan. However, you can use the checklist in [Appendix A](#) to organize, assess the environment, set priorities and develop the plan, and implement, track, review, and adapt the plan. The steps do not need to occur in order, but the first six steps should be considered before writing the QI plan. Several steps in the checklist are cross-referenced with elements of the QI plan. Refer to the guidance sections about these elements for descriptions, tips, examples, and resources.

## Organize

The organizing phase focuses on preparing for the quality improvement plan by deciding who will be involved, the scope of the plan, and the timeline for its development. In this phase, agencies must consider how leaders can keep staff apprised of the planning process and opportunities for them to participate.

### Organizational Structure, Roles, and Responsibilities

Building an organizational structure (sometimes referred to as governance) for QI will clarify roles, responsibilities, expectations, and reporting requirements. Often, this is accomplished by means of a QI council, QI advisory committee, or similar body. For the purposes of this section, we will use the term QI council. An existing management committee structure can also be used to fulfill this role, especially if the agency is small. The agency QI plan may also include roles for the performance improvement or management office, senior leadership team, performance management team, QI champions or teams, and other agency staff.

#### QI Council

A QI council can perform several functions that support the success of QI plan implementation and spread of QI culture across the agency. The QI council can identify and prioritize QI projects that are aligned with the broader performance management system and strategic goals of the agency, track projects for achievement of goals and lessons learned, and provide guidance regarding QI processes and training. The functions of the QI council also could include the following, depending on the membership, roles, and skills of the group.

1. QI plan oversight:
  - Assisting with development of agency QI policies.
  - Reviewing and evaluating QI plan implementation progress.
  - Reviewing the results of customer surveys and making recommendations.
2. Training and technical assistance:
  - Participating in QI tool and methods training and modeling their use in the agency.
  - Planning for staff training and identifying staff needs and resources for training.
  - Providing guidance and technical assistance to staff engaged in QI projects.
3. Organizational supports for QI:
  - Ensuring resources are available for QI projects.
  - Linking quality improvement to strategic objectives and performance management within the organization.
  - Ensuring QI efforts are recognized and celebrated in the agency.

#### 4. Organizational culture

- Promoting an organizational vision that incorporates quality improvement.
- Communicating progress and results of QI activities to staff, leadership, and external governance such as a board of health, and highlighting quality as a core value of the organization.
- Serving as a liaison to senior leadership in the agency.

Depending on the organization, oversight for QI can be structured in several different ways. For example, for agencies with a performance management system in place, the QI organizational structure is often integrated into the performance management structure.

#### Membership and Rotation

Membership in the QI oversight body will be determined partly by the functions for which the group is responsible. The following are a few considerations:

- Leadership participation in the committee facilitates resource allocation and provides visible commitment to QI in the agency. However, leadership need not attend all meetings; committee members may have more autonomy and speak more freely if leadership is not in attendance.
- If the QI council will be tasked with overseeing and providing guidance for QI projects, it will be helpful to include members with previous QI experience.
- Including members from across divisions and departments can help spread QI throughout the organization and avoid siloed QI efforts.
- Asking for volunteers can help to increase buy-in and motivation on the committee.
- Considering inclusive engagement in a QI oversight body can lead to a more innovative, effective and sustainable QI practice by leveraging diverse perspectives, encouraging employee involvement, fostering a sense of belonging, and demonstrating social responsibility and ethical leadership.
- QI council members could include the following:
  - Performance improvement manager
  - Agency QI specialists
  - Performance office staff and leadership
  - Agency senior leadership
  - Frontline and manager staff from each division, department, branch, program or section
  - Information technology staff
  - Human resources staff
- Rotation of membership can offer many benefits such as fresh perspectives, increased engagement, and equity in opportunities. Consider implementing term limits and determine if repeat terms are allowable. If implementing term limits, ensure they are staggered so that no more than half of the membership is cycling off each year.

When developing the nomination and membership process for the QI council, it is imperative to apply an equity lens. Consider allowing staff to self-nominate as well as nominate other qualified candidates. Develop a process by which all qualified candidates, regardless of their title, can apply for the QI council and are evaluated equally against all other applicants.

### Importance of a Charter

Creating a charter for the QI council documents and clearly communicates the membership, terms, expectations, and roles of the QI council members. The charter can also orient new members to the council. The QI council charter, like the agency QI plan, can be housed on the agency's intranet so it is available to all staff. This [QI Council Charter Template and Guide](#) includes information that is typically included in a QI council charter. The Public Health Foundation (PHF) also provides guidance for producing an effective team charter and provides a [Team Charter Template](#) for teams to use.

In addition to a charter, a QI council calendar can be a useful tool to schedule topics that the QI council will review and act on and to regularly assess progress in planned activities.

#### Peer Example: Bringing Structure to Improvement Through a QI Council Charter

North Carolina's Division of Public Health has elevated its quality improvement infrastructure by formalizing the role of its QI council through a detailed charter. This charter clearly outlines the Council's responsibilities, including reviewing agency QI goals, supporting training needs, and advising on priority projects.

By defining terms of membership, meeting frequency, and decision-making procedures, the charter brings transparency and consistency to QI governance for division-led QI project. It also ensures cross-program representation, reinforcing collaboration and shared ownership of quality goals.

This structured approach allows North Carolina to translate strategic intent into day-to-day practice — enabling sustained coordination, tracking of agency-wide improvement efforts, and alignment with public health priorities. The QI Council Charter exemplifies how governance tools can create the foundation for a resilient and responsive quality culture.

### Leadership

While program-level QI can occur without significant senior leadership support or involvement, QI is unlikely to become institutionalized without this support. Leaders can be champions for QI and performance management, can put in place critical support mechanisms, and can give staff the authority to make change. In some jurisdictions the health commissioner or health officer serves as the catalyst and driver of the QI program and ensures buy-in with other senior leadership.

As described in NACCHO's ["Roadmap to a Culture of Quality Improvement,"](#) there are strategies and responsibilities for both agency leaders and performance managers when developing an agency QI culture. Developing a QI plan is an opportunity to engage leaders and all agency staff in creating QI culture.

## Tools and Resources

The following resources provide guidance for establishing QI governance and leadership.

### [General Guidance to Support a Quality Improvement Council](#)

ASTHO developed a guidance document to assist public health agencies in establishing and enhancing QI Councils. This resource offers recommendations and tools aligned with PHAB standards. Key components include designing a QI council charter, recruiting diverse council members, and implementing effective operational structures. By following this guidance, agencies can promote operational excellence and strengthen the public health system.

### [Leveraging Health Official Authority and Influence for Systems Improvement](#)

This resource provided by ASTHO offers valuable insights into leveraging the authority and influence of health officials to drive systems improvement initiatives. By equipping health officials with strategies to effectively navigate and utilize their position, this resource empowers them to catalyze positive change and advance public health agendas at both local and national levels. With practical guidance and case studies, it serves as a valuable tool for enhancing leadership capabilities in public health.

### [Quality Improvement Tools for Leadership Development](#)

PHF's Quality Improvement Leadership Tools include a robust suite of resources designed to empower leaders in driving organizational excellence. From strategic planning to team building and performance measurement, these tools offer practical guidance and templates to support leaders in effectively managing quality improvement initiatives. By leveraging these resources, leaders can cultivate a culture of continuous improvement and achieve sustainable results.

## Things to Consider for Leadership Transitions

During leadership transitions, it is helpful to have a QI plan to show the incoming leader for signoff.

- If leaders are not on board, a testimonial from a health commissioner in another state (or leader/policymaker at the same or a higher level than the resistant leader) with a successful QI program may be helpful. The performance improvement manager in that state may be able to facilitate that type of assistance.
- QI planning and implementation can be accomplished without significant top-down involvement if a strong grassroots effort is in place. Identify agency staff who "get it" and guide QI efforts from that base. That approach is also helpful for sustainability during leadership and management transitions.

# Assess the Environment

Building a sustainable culture of quality goes beyond executing individual QI projects. It is about [embedding quality](#) into the agency's core functions, ensuring that performance improvement is part of everyday work. A robust QI plan should not only outline specific projects, but also reflect the [agency's comprehensive approach](#) to fostering quality and performance throughout the organization.

Before embarking on the development of a QI plan, it is critical to define what quality means within the context of the agency's mission, values, and vision. Consider how quality aligns with organizational goals and what a future state of quality would look like. A QI plan should serve as a strategic tool to bridge the gap between the current state and the envisioned future.

Conducting an assessment is a key step in this process. The assessment should be structured to evaluate the organization's commitment to and knowledge of QI and help identify the current state of QI activities and culture. An assessment can also highlight areas where staff and leadership may require further training on QI practices, tools, and concepts to strengthen the agency's quality efforts.

Establishing a culture of quality requires ongoing leadership engagement, a strong customer focus, and a commitment to using data to identify, analyze, and address challenges. Agencies may define quality differently in their QI plans, but common principles include a continuous improvement mindset, organizational alignment with QI goals, and sustained efforts to embed quality practices throughout all levels.

## Evaluating the Culture of Quality

Determining the agency's current culture of quality and desired future state of quality is an important first step in the quality planning process. Regularly measuring the current state helps identify the gap between the current and future state. This insight guides decisions on resource allocation and training needs, ensuring that QI efforts are aligned with broader agency goals.

Several tools (see "[Tools and Resources](#)" in this section for examples) are available to assess the quality culture within the agency that engage staff at all levels. When conducting an assessment, it's important to ensure anonymity so that staff feel comfortable providing honest feedback. However, gathering data and information on programmatic areas and leadership involvement can help refine the analysis and tailor improvement strategies to specific needs across the agency.

For a thorough assessment, consider asking about staff understanding of QI principles, their level of involvement in QI initiatives, and any perceived barriers to implementing quality practices. Evaluating leadership's commitment to QI is also essential, as sustainability often depends on having engaged and supportive leaders who champion quality as a priority.

## Examining Training Needs

Identifying the right type of QI training is important for ensuring the agency is equipped to meet its quality improvement goals. Conducting a workforce assessment can help determine staff's current QI skills, knowledge levels, and areas of interest. It can also assess the presence of existing QI projects and performance management principles within the agency. This focused assessment helps the agency better target its training efforts and set realistic, achievable QI goals.

Several established tools can be used to assess training needs. For example, the Michigan Quality Improvement and Performance Management Survey contains 13 questions that assess staff knowledge, experience, and previous training in QI and performance management. This survey also evaluates how QI methods and tools are currently being used, while providing insight into the agency's quality culture. Michigan's Department of Community Health (Office of Performance Improvement and Management), in collaboration with the Michigan Public Health Institute, developed this survey to inform their annual training plans, and it is available for adaptation by other agencies.

By conducting thorough assessments of both the agency's quality culture and its training needs, organizations can create QI plans that are grounded in data, responsive to staff and leadership needs, and aligned with the agency's broader mission and goals. These assessments set the stage for developing a culture of quality that is sustainable, adaptable, and focused on continuous improvement.

## Developing a Plan for Improvements in Quality Culture

Once adequate data and information is collected by way of an assessment, the next step is to develop a plan that incorporates strategies for improving the agency's quality culture. NACCHO's "[Roadmap to a Culture of Quality Improvement](#)" offers strategies and steps to planning and creating a quality culture. The roadmap outlines key milestones that agencies should aim to achieve as they move toward fully integrating QI practices into daily operations.

The plan should begin by identifying key areas for improvement based on assessment results. Whether it involves enhancing staff training, improving communication, or building leadership capacity, the QI plan must address the gaps identified in the current culture. Establishing clear goals and timelines for these improvements is essential, as is creating mechanisms for ongoing feedback and refinement to adjust as needed.



Prioritization is a vital aspect of this process. With limited resources and time, not all identified areas can be addressed at once. Agencies should focus on the most pressing needs that will yield the greatest impact on building a culture of quality. Prioritizing initiatives that align with organizational goals, have strong leadership support, or will address significant barriers to QI can help maximize early wins and build momentum for future efforts.

Engage staff in the planning process to foster ownership and accountability. Quality culture shifts require buy-in at all levels, and involving staff early on can help create a sense of shared purpose. Additionally, leadership must play a visible role in supporting QI efforts and ensuring that the necessary resources, tools, and training opportunities are available for success. A strong plan not only outlines steps for immediate improvements but also embeds QI as a sustainable, long-term focus for the agency.

### Training Considerations

Training plays a pivotal role in developing and sustaining a culture of quality. The following considerations should guide the development of a training strategy that supports successful QI plan implementation:

- **Who will be trained, when, and on what content?** The plan should outline specific groups to be trained and the timing of training, ensuring that the content is tailored to meet the needs of different roles and levels within the agency.
- **Is the training accessible to all staff?** Consider the logistics of training sessions, including offering multiple time slots and providing accommodations (e.g., ASL interpreters, Spanish-speaking facilitators) to ensure all staff can participate.
- **Do staff need training in both performance management and QI?** Some agencies have found that QI became more ingrained only after the implementation of a performance management system. Providing staff with the context for how QI fits into broader performance improvement efforts can help make QI feel like an integral part of their responsibilities rather than an additional task.
- **What training methods will best facilitate the development of a QI culture?** A QI training plan should include a focus on practical application and opportunities for staff to use the skills they learn.

### Peer Example: Embedding a Culture of Quality Across Systems

[Montana's Public Health and Safety Division](#) (PHSD) exemplifies how a culture of quality can be deeply woven into agency operations. Through its Integrated Performance Management System, Montana connects every staff member's work plan to strategic goals, reinforcing accountability and alignment. The state's structured Progress Review process — spanning program, bureau, and division levels — promotes continuous performance dialogue and quality improvement across all functions.

Montana's Quality Work Group, a team of internal champions, plays a pivotal role in advancing QI. They provide technical assistance, facilitate trainings, and serve as a bridge between staff and leadership. The QI model in use — Plan-Do-Study-Act — is supported by dedicated resources, documented procedures, and a robust system for capturing both formal projects and "just-did-it" solutions.

By embedding QI into staff roles, maintaining leadership commitment, and prioritizing visibility of improvement efforts, Montana is steadily advancing along NACCHO's Roadmap to a Culture of Quality. These efforts are helping PHSD transition from isolated QI practices to a fully integrated, division-wide approach to excellence.

A QI training plan should also establish training goals, prioritize applied learning, and involve leaders.

1. **Establish training goals.** The QI training plan with clear goals should be a strategic priority for creating an organizational culture of quality. This will support implementation of individual QI efforts and create support for lasting organizational improvement. An important first step is to orient staff to what a culture of quality is and what it looks like (or is planned to look like) in the agency.
2. **Prioritize applied learning.** QI training is most effective when paired with application opportunities, such as a QI project. Some state agencies provide just-in-time training to teams implementing QI projects. This training should build additional QI skills, particularly the use of QI tools needed for the specific QI project. These teams' work should be facilitated by a coach or mentor who can provide the necessary training for successful skill application. [Appendix B](#) provides a list of QI tools and techniques leveraged by some health agencies.
3. **Involve leaders.** Leaders may need training in change management or quality leadership. This type of training can help orient leaders to their role in leading, facilitating, and modeling a culture of quality and provide them with tools to translate their agency's quality strategy into tangible QI efforts.

### Selecting Training

Deciding which training is right for an organization depends on the agency's overall QI training plan and time, the specific performance management system being utilized, and the training program's purpose and goals. QI planners will also need to consider the agency's internal training capacity and budget for external training. In many cases, a versatile training strategy might combine two or more separate curricula. A comprehensive strategy could utilize the following approaches:

- Quality principles, QI, and performance management foundational training for all staff. Once all staff are trained, it becomes part of orientation for new employees.
- Change management training for leaders.
- Just-in-time training with practical application opportunities for QI team members.

[Appendix C](#) provides general categories of QI training and details delivery methods, audiences/participants, goals, and examples for each category.

## Tools and Resources

The following resources can help assess the agency's organizational culture and progress toward building a future state of QI culture.

### [Roadmap to a Culture of Quality Improvement](#)

State agencies can use NACCHO's "Roadmap to a Culture of Quality Improvement," to determine their current state of QI culture and learn strategies to progress through phases of QI integration.

### [Organizational QI Maturity: Ten-Question Subset](#)

This 10-item subset of the Organizational QI Maturity tool was developed by Minnesota's Public Health Research to Action Network to reflect key domains of QI maturity. It provides a targeted option for assessing organizational QI capacity.

### [Performance Management System PDCA Self-Assessment Tools](#)

PHF designed two self-assessment tools – one for state health departments and one for local health departments – to help agencies evaluate and improve their performance management systems. It enables agencies to assess their current capabilities, identify gaps, and prioritize areas for development across key components of performance management, such as setting performance standards, measuring progress, and reporting results.

### [Advancing Performance Management Webinar Series](#)

ASTHO, in collaboration with PHF, offered a webinar series to enhance public health departments' performance management capabilities. This series includes sessions such as "Performance Management Techniques for Successful Decision-Making," which explores the development of meaningful goals and measures for program success, and "Operationalizing Performance Management in a Health Department," providing practical strategies for implementing performance management systems. Additionally, the series introduces updated resources in the Performance Management Toolkit, including self-assessments and infrastructure checklists, to support organizations at various implementation stages.

### [Performance Management Toolkit](#)

This toolkit, provided by PHF, offers a comprehensive suite of resources designed to enhance QI initiatives within public health organizations.

## Set Priorities and Develop the Plan

This section describes the elements of an agency-wide QI plan including a description, key information, and why the element is relevant to the overall plan. QI planners do not necessarily need to include every element below in a QI plan, but they should consider each during the QI plan process. For many of the elements below, downloadable action plans, worksheets, or checklists are included to aid in planning.

### Planning Elements

A well-structured QI plan should outline the core elements that will drive the agency's quality improvement efforts, with flexibility to utilize these elements in ways that best suit the agency's unique context and needs. These include identifying priorities, setting goals, and establishing measurable objectives to guide implementation and track progress. By thoughtfully applying these elements as they align with the agency's resources, priorities, and capacity, the QI plan ensures that efforts are both purposeful and achievable, fostering meaningful and sustainable improvement.

#### Priorities

The first step in building a QI plan is to identify and prioritize key areas for improvement. These priorities should reflect the results of the agency's quality culture assessment, addressing gaps that were identified and focusing on areas that will have the most impact. Priorities may include enhancing leadership engagement in QI, increasing staff competency in QI methods, or improving data management systems for better decision-making. To ensure success, align priorities with the agency's mission and long-term vision, ensuring that quality improvement is embedded into the organization's strategic goals.

## Goals

Once priorities are established, the next step is to articulate clear, overarching goals. These goals should be aspirational yet attainable, helping to define what the agency hopes to achieve in its quality improvement journey. For instance, a goal might be to foster an integrated quality management system across all departments or to cultivate a culture of quality that encourages widespread staff engagement in QI projects. Goals can address both immediate needs (e.g., building foundational skills, forming QI teams) and longer-term aspirations (e.g., embedding QI practices agency-wide).

Goals should emphasize the agency's commitment to continuous improvement and the development of a sustainable QI culture that influences all levels of the organization. By defining overarching goals, the agency creates a framework for aligning efforts and maintaining focus on its quality improvement vision.

Examples of goals include:

- Cultivate a culture of quality.
- Improve sustainability of QI efforts.
- Address health equity through QI efforts.

## Objectives

QI planners will need to set specific, measurable objectives in order to operationalize the plan's overarching goals. Objectives break down goals into actionable, time-bound steps that can be monitored for progress. For instance, if the goal is to increase staff participation in QI projects, an objective might be to provide QI training for 75% of staff within the next six months or to launch a pilot QI project in each department by the end of the fiscal year. Objectives should be SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) to ensure clarity and accountability.

Examples of objectives:

- By December, achieve a 25% increase in staff participation in QI projects, as measured by participation logs.
- Beginning in January, conduct biannual QI refresher training for all staff, ensuring at least 85% participation in each session.
- Implement at least one QI initiative per year focused specifically on reducing disparities in a priority population.

QI plan worksheets can help organize goals, objectives, and measures, and provide a structure for managing QI projects and plans. Worksheet templates are available through [NACCHO's Roadmap](#). An Action Plan template is available through the [Minnesota Department of Health](#).

## Alignment and Integration

It's important to ensure that the priorities, goals, and objectives are not only well-defined but also fully aligned with one another. Each element should support the others, creating a coherent plan that drives improvement efforts across the agency. This alignment fosters consistency in how QI efforts are approached and ensures that all parts of the organization are working towards common goals. Additionally, the QI plan should be integrated into broader organizational strategies and work plans, reinforcing that quality is a core component of all operations, not a separate initiative.

## Project Prioritization

A QI plan should also include the processes for identifying, prioritizing, and initiating QI projects. Ideally, these processes are informed by the agency's strategic plan and integrated within a broader performance management system. Agencies may incorporate QI as a strategic priority while aligning program-level initiatives with both strategic goals and grant or program-specific requirements.

QI council or lead groups are often tasked with overseeing QI project planning, including the development of project timelines, goals, objectives, and measures. These groups ensure projects are consistent with the agency's overall strategy while meeting program-specific needs.

## Key Quality Terms

To facilitate a common understanding of QI and performance management in the agency, it is important to define key terms that the agency plans to use related to quality systems, QI, performance management, and accreditation. Developing and defining a set of key terms provides staff and leadership in the agency with a consistent vocabulary when learning about, describing, and implementing QI and performance management. Because every agency is different, it is important to use terms that are relevant and understandable to the agency. There is no standard as to where the terms are placed in the QI plan; agencies have included them in the beginning or middle of the plan or in an appendix. In this case, common key quality terms are included in [Appendix D](#).

Because performance management, quality improvement, and strategic planning are intertwined in an integrated quality system, consider including terms relevant to each of these areas. For example, if the QI plan is linked to a performance management system or performance measures will be used, include terms defining key concepts of a performance management system.

## Budget and Resource Allocation

If desired, the QI plan can include details about the budget and funds allocated to QI initiatives and the plan for sustaining QI activities in the absence of continuing external or internal funding. Leadership is responsible for ensuring that budget and resources are available for completing and sustaining QI projects and accomplishments.

### Peer Example: Establishing Shared Language for Quality

A consistent vocabulary is the foundation of effective quality improvement, and North Carolina has embedded this principle directly into its 2023–2025 QI work plan. By defining key terms — such as culture of quality, continuous quality improvement, performance management, and SMART goals — the state ensures that staff across programs speak the same language when planning, implementing, and evaluating improvement initiatives.

These definitions are more than glossary entries; they guide the Division's approach to embedding QI in daily work and provide clarity for new staff and leadership alike. This shared language supports alignment across initiatives and strengthens communication between and across teams.

By codifying common terms, North Carolina reinforces its commitment to a culture of quality that is not only intentional — but accessible and actionable at every level of the organization.

## Tools and Resources

The following resources can support agencies in developing their QI plan.

### [Quality Improvement Plan Template](#)

This template furnished by PHAB is a structured document designed to assist public health departments in developing comprehensive QI plans that align with PHAB's accreditation standards. This template provides a framework for outlining QI goals, objectives, activities, and evaluation methods, facilitating a systematic approach to enhancing public health services and outcomes.

### [Quality Improvement Plan User Guide](#)

This user guide offers detailed guidance to support public health agencies in effectively using PHAB's QI Plan Template to develop and implement quality improvement strategies. This manual provides step-by-step instructions, best practices, and additional resources to assist agencies in aligning their QI plans with PHAB's accreditation standards, thereby enhancing public health performance and outcomes.

### [SMART Framework](#)

CDC provides the SMART Framework to assist Youth Advisory Councils in developing effective action plans, but the concept is the same for any project or plan. SMART stands for Specific, Measurable, Achievable, Relevant, and Time-bound, guiding agencies to set clear and attainable goals within realistic timeframes. This structured approach ensures that action plans are well-defined and results-oriented, enhancing the likelihood of successful outcomes.

### [Writing SMARTIE Goals](#)

The Institute on Community Integration at the University of Minnesota offers a resource on writing SMARTIE goals within the context of Home and Community-Based Services action planning, but the concept is the same for any project or plan. SMARTIE stands for Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive, and Equitable. This framework assists agencies in clearly defining objectives that are unbiased, reasonable, and trackable over time while emphasizing inclusivity and equity. The resource provides detailed explanations of each component and offers examples to guide agencies in developing effective action plans.

### **Peer Example: Tracking Progress Through Intentional Monitoring and Evaluation**

North Carolina infrastructure includes a thoughtful approach to monitoring and evaluation that ensures accountability and continuous learning. The Division tracks QI activities through an agency-wide performance management system and follows up with regular progress reviews to assess alignment with strategic goals.

By maintaining clear roles for documentation, oversight, and communication, North Carolina ensures that QI projects — whether formal or informal — are not only implemented but evaluated for impact. QIC plays an active role in reviewing and prioritizing projects while surveys and a communication plan help gauge staff engagement and identify areas for growth.

This intentional cycle of planning, tracking, reflection, and refinement allows North Carolina to make data-informed decisions and sustain momentum toward a more effective and equitable public health system.

# Implement, Track, Review, and Adapt

## Rollout and Monitoring

A QI plan should contain strategies to implement and monitor QI activities and associated projects. Creating a sound implementation and monitoring approach constructs the foundation for QI plan evaluation, improvement, and sustainability activities. Specific implementation and monitoring activities include, but are not limited to, the following:

- Identifying and prioritizing projects. [Appendix E](#) offers considerations for agency workflows.
- Collecting and analyzing QI project and performance measure data (including time frames).
- Reporting on the status of QI plan goals and objectives, including who prepares reports, to what group or groups, and on what schedule.
- Reviewing progress and deciding what actions need to be taken to make improvements.
- Reviewing and approving resources or new policies needed to make improvements.

### Developing an Approach

Developing an implementation and monitoring approach includes detailing planned activities, which can be carried out by the QI council, performance improvement manager, other performance office staff, QI consultant, QI project members, and other staff. A QI plan might describe roles and activities as part of the governance section on roles and responsibilities, or it might include these details as part of a monitoring approach.

One way to implement and monitor the QI plan is through an incremental or phased approach. Activities for this plan, as outlined in the table below, are scheduled in six-month, manageable increments.

**Table 1: Activities to Consider for QI Plan Implementation and Monitoring**

Implementation and Monitoring Approach for a QI Plan		
Months 1-6	Months 7-12	Months 13-18
<ul style="list-style-type: none"> <li>• Build awareness and launch QI plan.</li> <li>• Communicate the QI plan and recognize those already doing it.</li> <li>• Educate staff/build awareness.</li> <li>• Conduct first round of staff training.</li> <li>• Recruit quality champions.</li> <li>• Get projects approved and started.</li> <li>• Track projects.</li> <li>• Measure and assess the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess progress.</li> <li>• Identify and act on lessons learned.</li> <li>• Conduct next round of training.</li> <li>• Implement next round of projects.</li> <li>• Adjust QI plan and structure.</li> <li>• Build QI champion base.</li> </ul>	<ul style="list-style-type: none"> <li>• Institutionalize QI plan.</li> <li>• Assess progress.</li> <li>• Identify and act on lessons learned.</li> </ul>

*Table adapted from John Moran, Public Health Foundation*

## Planning Tools for QI Projects

The following tools can help QI teams facilitate planning QI projects.

- The QI Project Charter provides an executive summary of the QI project that can be shared with the management team and other staff. The tool helps the team think through the project aims, measures, deliverables, scope, stakeholders, and team member expectations.
- The [PDSA Cycle](#) helps teams plan, test on a small scale, and implement changes in a process. [Appendix B](#) offers additional tools and techniques.
- Partnership HealthPlan of California created a “[Quick Guide to Starting Quality Improvement Projects](#)” that outlines a practical approach for launching and carrying out QI projects. This guide introduces each step of the improvement process – from choosing where to focus, to building a team, exploring root causes, testing potential solutions, and putting strategies in place to maintain progress.

## Scheduling QI Plan Activities

QI calendars are an efficient way to track QI activities in an agency over time. These can take several forms. QI calendars can encompass all QI activities, such as training, infrastructure building, communication, and QI culture building, or they can just include a list and timing for discrete QI projects. The QI council should determine the approach that will be most useful to facilitate QI plan implementation. The QI council can consider documenting the name and type of QI project, goal/objective, component of the QI plan such as evaluation or training, accountable staff, start and completion dates, and QI council and other key stakeholder review dates. [Appendix F](#) offers a QI calendar template.

## Communication

Regular communication about health department QI activities is vital to the success of the QI plan. Besides keeping leaders and staff aware of QI practices and improvement efforts in the agency, regular communication can help increase engagement and buy-in and facilitate progress toward building a QI culture. Many state health agency QI plans provide only brief details about a communication plan. However, thinking strategically about audiences and possible modes of communication and reporting will yield benefits in agency support, implementation of QI projects, and the success of the QI plan.

### Key State Health Agency Audiences to Engage in the QI Plan

- **Leaders and senior managers:** Leaders that are aware of and engaged in the QI plan are more likely to support it and be invested in its success. If a formal reporting mechanism is not already in place to report QI progress and results to leaders, then schedule time in regular meetings, such as monthly leadership meetings, for this purpose. Communications should include updates such as how the QI plan is being implemented, and progress on training activities and QI implementation.
- **Staff:** Communicating with staff about the QI plan and projects will create a supportive culture for performance improvement. Encourage staff to see QI as integrated into a larger process of performance management that can save time and resources for all rather than as an added responsibility. Also, peer testimonials describing QI successes and benefits can be a very effective communication strategy to gain buy-in. These strategies will encourage grassroots support and empowerment to complement leadership support for QI.

## Sample Communication Strategies

The following are sample communication activities and platforms public health agencies have used to communicate QI successes.

- Regular QI newsletter emailed to all staff and also available in hard copy.
- QI updates and presentations during regular staff meetings.
- Emails to all staff as projects are completed.
- Presentations at leadership meetings.
- Intranet or SharePoint sites to share QI tools, methods, ongoing projects, and successes.
- Celebrations of QI milestones such as project completion.
- QI plan rollout marketing.
- Storyboards and signs in lobbies and hallways.
- Website updates.
- One-pager describing the QI program and results.

## Communications Template

Because communication about QI can be multifaceted and involve several different audiences and methods, a table of agency communications strategies is one way to plan and monitor communications related to QI. The [Community Tool Box](#) offers additional information regarding the importance of providing internal communications. A communications template is supplied in [Appendix G](#).

## Evaluation of the QI Plan and Activities

The purpose of evaluating the QI plan is to monitor progress, assess effectiveness, and identify opportunities for improvement, ultimately strengthening the plan and fostering a sustainable culture of improvement. The evaluation process should focus on how well the QI plan is being implemented and its impact on the agency's QI efforts. Key questions to address during the evaluation should include:

1. Is the QI plan being implemented as intended, and is it functioning effectively?
2. How can the QI plan be refined or improved?
3. What impact has the QI plan had on advancing QI within the agency?

Responsibility for reviewing, evaluating, and updating the QI plan and activities typically falls to the QI council or other QI oversight body. The council should evaluate the plan annually, although specific aspects of the plan, such as performance indicators, may need to be reviewed more often. To answer the evaluation questions, the agency can assess capacity, process, and outcome measures related to the QI plan's implementation.

It is important to note that the evaluation measures described in [Appendix H](#) are distinct from the performance measures used to track progress toward the QI plan's goals and objectives. While goal-related performance measures assess whether specific improvements are being achieved (and are discussed further in the "[Rollout and Monitoring](#)" section), evaluation measures assess the overall implementation, effectiveness, and impact of the QI plan itself. [Appendix H](#) offers an evaluation planning table example.

As with evaluation of any program or plan, there are many potential questions that could examine the effectiveness of the QI plan. Agencies can use several approaches to prioritize which questions to pursue and when. CDC created the workbook “[Developing an Effective Evaluation Plan](#)” to facilitate this process. There are three major issues to be considered to prioritize evaluation questions:

### **1. Who are the key stakeholders for the evaluation? What are they interested in knowing?**

Stakeholders should be users of the QI plan evaluation results. They should include the QI council and agency leaders and managers. If the QI plan is developed to meet accreditation standards, PHAB is a stakeholder as well, both during the accreditation process and after accreditation, when the agency is required to submit an annual report that addresses ongoing QI activities. [Appendix I](#) supplies a worksheet that can be used to identify the various questions that these groups may have about QI plan effectiveness. Many areas of interest to these stakeholders are identified in the Evaluation Planning Table included in [Appendix H](#). In addition, the worksheet can be used to identify potential data collection methods and how results from data collected about this question will be used. QI councils should prioritize evaluation questions that can provide actionable results, as stakeholders will be more likely to use the resulting insights to inform their work.

### **2. How far along is the QI plan in its development (planning, implementation, or maintenance)?**

QI councils should tailor evaluation questions to each stage of development for the QI plan. Stages of development include: (1) planning, which includes developing the QI plan; (2) implementation, which includes the first year of implementing the plan; and (3) maintenance (or sustainability), which runs from the second year of implementation forward. The capacity, process, and outcome measures identified above could be prioritized. In the first year of implementation, priority questions will focus on capacity and process measures. As the QI plan moves to maintenance, a core set of three to five capacity and process measures should be monitored to ensure plan quality, but the focus of questions should be on outcome measures.

### **3. What resources are available to conduct QI plan evaluation activities?**

Once questions have been prioritized and data collection methods identified, the QI planners should assess the resources needed to collect and summarize necessary data. Typically, there are insufficient resources to pursue all evaluation questions of interest at a given time. Examining the costs to conduct various evaluation activities is an additional opportunity to prioritize and streamline activities.



## **Sustainability**

Regular feedback regarding improvement projects is critical to the QI plan's success in sustaining improvements over time. Once an improvement plan has demonstrated progress, the QI council should maintain a regular monitoring schedule to sustain success. A checklist to support sustainability is included in [Appendix J](#). Once an agency is accredited, having a sustainability strategy in place will facilitate the PHAB requirement for submission of an annual QI report. To ensure that the agency has a sustainable QI plan, consider:

1. **Building a QI culture in your agency.** Foster a proactive, positive narrative on QI to avoid the often-dominant myth that QI is an add-on activity that will fade in importance over time. Creating a QI culture depends on the following.

- Cultivate leadership support, commitment, and modeling. Modeling should be vocal, demonstrated, and consistent. Identify QI champions at all management levels through training and participating in QI teams.
- Engage and involve all employees through constant communication, coaching, and celebration of successes. Repeat the message that QI is a way of working smarter and making jobs easier. QI is not a separate task but is built into everyday work processes.
- Use data—especially customer data—to create commitment to using performance monitoring and evidence-based decision making.
- Train all agency staff in QI methods and tools.
- Demonstrate QI wins. Find hidden examples of and opportunities for QI.
  - Identify small QI projects like restructuring a work area as an easy QI success.
  - Use QI to tackle challenging issues like budget cuts or to improve the agency's response to the latest epidemic.

2. **Build the QI plan into your agency's daily way of working.**

- When possible, start with a performance management system and develop the QI plan as part of that system.
- Consider how you can integrate the QI plan with the agency strategic plan as well as the health improvement plan. If the improvement plan has not been developed, use the state health assessment or Healthy People 2020 as benchmarking standards.
- As you build the QI plan, think about how it can survive leadership, priority, and budget changes. What are the critical resources (human, financial, and infrastructure) needed to sustain implementation of the QI plan and performance improvements?
- Implement the QI plan, evaluate it annually, and improve on it as it is implemented.

#### **Peer Example: Sustaining Department-Wide QI Momentum**

The Kentucky Department for Public Health has adopted a department-wide expectation that each division and the Commissioner's Office complete at least one QI project annually. This commitment — now in its third consecutive year — has built a strong culture of participation across all levels of the organization. Leadership buy-in has helped normalize QI as a shared responsibility, while staff-driven efforts have improved both internal operations and public-facing services.

In 2023, QI projects addressed a wide range of priorities: The Commissioner's Office enhanced internal communications through the Commissioner's Corner newsletter; Epidemiology and Health Planning strengthened onboarding for immunization registry users; and Laboratory Services implemented a more efficient chemical inventory system. Other efforts improved job posting workflows, cleaned up public web content, expanded pulse surveys to gather workforce feedback, and streamlined invoice and nomination submission processes. Together, these projects reflect how QI is being used to increase efficiency, responsiveness, and engagement across the agency.

3. **Develop your QI network and learning community.** Over the last decade, the resources for public health QI and the number of public health professionals engaged in QI have expanded nationwide.
  - Use the resources identified throughout this guidance document to identify peers in other state agencies, such as performance improvement managers. Talk to them about their experiences and lessons learned.
  - Participate in QI conferences and webinars available through ASTHO, National Network of Public Health Institutes, and other organizations.
  - Share what you have learned through your agency's QI plan experience.

## Tools and Resources

The following tools offer resources for navigating organizational change and fostering sustainability.

### [Change Management eLearning Course](#)

This course from ASTHO equips public health leaders with essential strategies and tools to effectively navigate organizational change, fostering adaptability and innovation within public health agencies.

### [Performance Dashboard Tool](#)

Developed by ASTHO, this tool features 30 comprehensive performance indicators to assist agencies in evaluating and enhancing their internal operations. This tool enables agencies to monitor key areas such as customer satisfaction, financial management, and grants and contracting, through data-driven decision-making and quality improvement initiatives.

### [What Is Change Management?](#)

This web resource from ASQ provides valuable insights and tools to help organizations effectively navigate and implement change initiatives, fostering resilience and success in today's dynamic environments. From best practices to case studies, these resources provide practical guidance to support professionals in driving sustainable organizational improvements.

### [Strategies for the Long-Term Sustainability of an Initiative](#)

Community Toolbox from the Center for Community Health and Development at the University of Kansas provides a guide to achieving long-term sustainability for community initiatives, providing practical strategies and resources for building lasting impact.

### [Roadmap to a Culture of Quality Improvement](#)

NACCHO's QI Roadmap provides guidance and tools for public health professionals embarking on quality improvement journeys, facilitating collaboration and knowledge sharing to drive impactful and sustainable outcomes.

### [QI Project Prioritization and Selection Process](#)

This resource from NACCHO outlines a structured process for prioritizing and selecting QI projects, offering tools and criteria to help agencies focus on initiatives that align with organizational goals and yield meaningful improvements.

### [Guide to Prioritization Techniques](#)

This guide provides an overview of prioritization techniques, offering practical methods and tools to help agencies systematically rank and choose initiatives or issues to address based on their goals and resources.



## Conclusion

This guide outlines the essential components and strategies for developing a comprehensive QI plan, designed to align with v2022 of PHAB Standards and Measures. Whether your agency is seeking accreditation, reaccreditation, or simply aiming to enhance its quality culture, the tools and insights provided here will support you in creating a tailored and effective QI plan. Remember, at the heart of quality improvement is the commitment to continuously elevate the services you provide, ultimately making a lasting impact on the health and well-being of your communities.

# Appendices

## Appendix A

Table 2: QI Plan Development Checklist

Organize	Step 1:	<b>Assign who will take the lead in writing the QI plan.</b> In state, territorial, and freely associated state health agencies that have developed a QI plan, different staff roles have taken the lead in writing the plan, including performance improvement manager, QI specialist or consultant, performance improvement/management lead, accreditation coordinator. Ideally, the staff member leading the plan would have some QI training and experience working on QI teams and be familiar with the PHAB Standards and Measures.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	No specific section	<a href="#">Public Health Model Job Descriptions from Region V Public Health Training Center</a> (e.g., Public Health Planner or Public Health Accreditations Specialist)	
	Step 2:	<b>Cultivate agency leadership support for a QI plan.</b> Agencies that have written and implemented a successful QI plan have mentioned that the process was facilitated by support from the health officer, health commissioner, or deputy health commissioner, as well as senior management.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">Before Writing the QI Plan: Leadership</a>	<ul style="list-style-type: none"> <li>• <a href="#">Leveraging Health Official Authority and Influence for Systems Improvement</a></li> <li>• <a href="#">Performance Management Leadership Guide</a></li> <li>• <a href="#">Quality Improvement Tools for Leadership Development</a></li> <li>• <a href="#">Collaborative Leadership</a></li> </ul>	
	Step 3:	<b>Create a QI council or other oversight structure for QI.</b> While a QI plan can be created without the assistance and input of a QI council, the council or committee can help to write, review, and evaluate the QI plan; champion the plan; develop activities; assist with creating a QI culture in the agency; and help with QI project selection, monitoring, and support.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: Organizational Structure, Roles, and Responsibilities</a>	<ul style="list-style-type: none"> <li>• <a href="#">General Guidance to Support a Quality Improvement Council</a></li> <li>• <a href="#">QI Council Charter Template and Guide</a></li> </ul>	

Assess the Environment	Step 4:	<b>Consider what a culture of quality will look like in the organization.</b> Before writing a plan for quality improvement in the agency, first determine what quality means in the agency. What are the agency's mission, values, and vision? What would a future state of quality look like? How does a culture of quality relate to organizational goals? How can a QI plan help the organization to get there? What is the purpose of the QI plan?	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: Culture of Quality</a>	<ul style="list-style-type: none"> <li>• <a href="#">Roadmap to a Culture of Quality Improvement</a></li> <li>• <a href="#">The Shingo Model</a></li> </ul>	
	Step 5:	<b>Explore linkages between a QI plan and the agency's strategic plan, performance management system, and health improvement plan.</b> Ideally, the QI plan would be linked with the agency plans noted above in an integrated system. However, the QI plan can be written and implemented without being integrated with those plans. Integration can occur later as the agency develops other plans and revises and updates the QI plan.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">Key to Success: Plan Alignment</a>	No specific tool	
	Step 6:	<b>Conduct needs assessments.</b> Assessments can help evaluate the organization's commitment to and knowledge of QI and identify the current state of QI activities and culture in the organization. Assessments can also help identify areas where staff or leadership may need training around QI practices, tools, and culture.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: QI Training</a>	<ul style="list-style-type: none"> <li>• <a href="#">Assessing your Current QI Culture</a></li> <li>• <a href="#">Foundational Planning Readiness Organizational Self-Assessment</a></li> </ul>	

Set Priorities and Develop the Plan	Step 7:	<b>Write the QI plan.</b> Use the data and information collected in previous steps to prioritize activities and develop the plan. Agencies have found that reviewing other agency QI plans and templates before writing a QI plan can help them decide what to include in their plan. If the QI council or other QI oversight structure has been formed, it can assist with this and the next three steps. Allow several months for plan review, revision, and vetting by leadership.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	No specific section; examples linked throughout	<ul style="list-style-type: none"> <li>• <a href="#">QI Plan Template</a></li> <li>• <a href="#">QI Plan Template User Manual</a></li> <li>• <a href="#">Developing a QI Plan</a></li> <li>• <a href="#">Developing a Health Department Quality Improvement Plan</a></li> <li>• <a href="#">Characteristics of a Good Quality Improvement Plan</a></li> </ul>	
Implement, Track, Review, and Adapt	Step 8:	<b>Implement the plan.</b> As a part of the QI plan, the agency can develop a work plan or other action plan for how to implement and monitor track progress in all areas (e.g., QI training, communication, QI culture, QI projects).	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: Project Rollout and Monitoring</a>	No specific tool	
	Step 9:	<b>Evaluate and monitor the plan.</b> On at least an annual basis, the QI plan should be evaluated and revised as necessary.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: Evaluation of the QI Plan and Activities</a>	<a href="#">Performance Management Leadership Guide</a>	
	Step 10:	<b>Ensure sustainability.</b> There are several strategies that state, territorial, and freely associated state health agencies can use to help ensure the lasting use and impact of the QI plan. For example, agencies can use the plan to examine progress toward building a QI system that drives decisions for improvements in the following year.	
	Guide Section for More Information	Key Tool(s) or Resources to Get Started	Status
	<a href="#">QI Plan Elements: Sustainability</a>	<ul style="list-style-type: none"> <li>• <a href="#">Change Management eLearning Course</a></li> <li>• <a href="#">Sustainability of Change Module</a></li> </ul>	

## Appendix B

### QI Tools and Techniques

Many state, territorial, and freely associated state health agencies include definitions and descriptions of the QI tools and techniques used or planned for use by the agency. Below are six basic tools for public health QI practitioners.

1. [Brainstorming](#): Brainstorming is an activity that helps define the issue or problem and includes asking for and sharing ideas, capturing and recording input, analyzing all ideas, and collaborating to organize ideas into categories or identify themes.
2. [Process Map](#): The Plan, Do, Check, Act (PDCA) Cycle is used to improve processes. However, to improve a process, it is important to understand it inside and out before taking these steps. A process map (also known as a flowchart) is a diagram of the steps taken to get a job done.
3. [Fishbone Diagram](#): A fishbone (also known as cause-and-effect) diagram identifies possible causes of a problem and encourages the QI team to consider possible causes that are not readily apparent.
4. [Check Sheet](#): This tool records and organizes observations to determine how often specific events occur. It can help turn observational data into numerical data, establish baseline data, and track data over time to see if a process change is an improvement.
5. [Pareto Chart](#): Problems often have more than one cause, but a QI rule of thumb, known as the Pareto Principle, is that 80 percent of the problem is usually caused by 20 percent of the underlying causes. This tool can help determine which causes most frequently lead to the problematic outcome.
6. [Control Chart](#): This tool shows data on a process's results over a specified period. To know if a change was an improvement, control charts measure how well the process is working by tracking data on the results of the process over time.

—Adapted from *Michigan's Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook, 2nd Edition*

### Tools and Resources

There is a wealth of internet information describing QI methods. A few useful, public-health-related resources include:

- [The ABCs of PDCA](#)
- [Michigan's Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook](#)
- [Minnesota Department of Health Public Health and QI Toolbox](#)

## Appendix C

**Table 3: Types of QI and Performance Management Training**

Type of Training	Level	Delivery Method	Audience	Purpose or Goal	Example
New Employee Orientation	Basic	Usually internal; face-to-face, written materials, or web modules	New employees	Orient new employees to the agency's culture of quality and QI plan	Introductory QI and quality culture materials, QI plan if available
Introduction to QI	Basic	Usually web modules or internal staff training	All employees	Provide a general overview of QI principles, methods, and tools	<a href="#">Quality Improvement 101</a>
Introduction to Performance Management	Basic	Usually web modules or internal staff training	All employees	Provide a general overview of performance management principles, methods, and tools	<a href="#">Advancing Performance Management Webinar Series</a>
Quality Improvement Learning Series	Basic	Self-paced web modules	New employees	Enhance proficiency in quality improvement methods, enabling public health professionals to drive measurable enhancements in public health practice	<a href="#">Quality Improvement Learning Series</a>
Introduction to Process Improvement	Basic	Self-paced web modules	QI team members or anticipated team members	Teach foundational concepts and methodologies essential for driving continuous improvement in public health practices	<a href="#">Introduction to Process Improvement</a>

Type of Training	Level	Delivery Method	Audience	Purpose or Goal	Example
Change Management eLearning Course	Intermediate	Self-paced web modules	QI team members or anticipated team members	Provide essential strategies and tools to effectively navigate organizational change, fostering adaptability and innovation within public health agencies	<a href="#">Change Management eLearning Course</a>
Applied QI Training	Intermediate	Internal or external; can be distance-based format	QI team members or anticipated team members	Provide in-depth resources and tools about QI with a project-based, applied focus	<a href="#">Application and Tools for Creating and Sustaining Healthy Teams</a>
Performance Management Training	Intermediate/advanced	Internal or external; can be distance-based format	Staff using/building a performance management system	Teach how to build a performance management system	<a href="#">Turning Point Performance Management Toolkit</a>
Change Management and Quality Leadership	Basic/intermediate/advanced	Internal or external	Agency leaders and managers	Orient leaders and managers to their role in facilitating a quality culture	<a href="#">Change Management for Effective QI: A Primer</a>

Connect with your [regional public health training center](#) or explore others in different regions to access additional training programs and resources that can enhance your skills and expertise in QI.

## Appendix D

### Key Quality Terms

**QI Terms.** These include definitions of general terms such as “Quality Improvement,” “Quality Assurance,” “Continuous Quality Improvement,” and “Quality Improvement Methods,” as well as definitions of specific QI methods and tools such as “PDCA,” “AIM Statement,” and “Lean.”

**Performance Management Terms:** These include terms such as “Performance Metrics,” “Baseline,” “Benchmark,” “Standard,” “Goals,” “Outcome Objectives,” “Process Objectives,” “Activities,” “SMART Measure,” and “Indicator.”

**Miscellaneous Terms:** These include definitions of other terms used in the QI plan such as “Strategic Plan,” “Stakeholders,” “Sustainability,” “Action Plan,” “Customer,” “Mission,” “Leadership,” “Accreditation,” “PHAB,” “Evidence-Based Practice,” “Board of Health,” “Infrastructure,” “Population Health,” “Healthy People 2020,” and “Vision.”

**Acronyms:** Some state health agencies include definitions of agency or related acronyms such as “LSTAT” (Leadership Strategic Targeted Action Teams), “OHIP” (Oklahoma Health Improvement Plan), and “ELT” (Executive Leadership Team).

**Where to Find Key Quality Terms:** A number of organizations have compiled listings and definitions of quality terms: PHAB’s [Acronyms and Glossary of Terms 2022](#) (available in the PHAB Learning Library) and [American Society for Quality Glossary of Terms](#).

## Appendix E

### Project Identification and Prioritization

Agencies should create strategies to identify and prioritize two potential sources for QI projects. First, agency leadership or the QI council can identify and prioritize cross-cutting and overarching agency improvement priorities, especially those linked to the agency's strategic priorities. Second, employees should be encouraged to suggest cross-cutting projects and program-level improvements, particularly projects that tap into and benefit from their particular areas of expertise. For cross-cutting programs, it may be helpful to start with smaller programs and find similarities that help to coordinate improvement across programs.

It is important to consider how QI councils can invite employees to make suggestions and how to ensure all levels of staff, including those "in the field," are aware of the process and requirements for suggesting projects.

To identify QI opportunities, the QI council and other staff can look to existing assessments, data, and reports, such as the following:

- Performance measurement data.
- Health indicators.
- State health improvement plan or state health assessment, health status report, or behavioral risk factor survey results.
- Self-assessment against PHAB Standards and Measures.
- Feedback received in PHAB site visit report and from PHAB Accreditation Committee (if applying for reaccreditation).
- Data related to births, deaths, and diseases in the community.
- Survey data related to customer/client satisfaction.
- Data related to the internal operations of the agency, such as time studies, response rates, employee morale, or workforce development.
- Survey data from staff QI knowledge/skills and culture assessments.
- Surveys of staff asking for their opinions on systems or processes that need improvement.

Other factors agencies may wish to consider when prioritizing projects include the following:

- **Documenting current agency QI practices.** Some agencies may already have QI projects and processes in progress. In these cases, the QI plan serves to formalize and, if needed, structure ongoing efforts. The first step in developing a QI plan is to assess current QI efforts. Existing efforts may be informal processes to make improvements in the agency or more formal QI projects. Documenting existing QI efforts and processes can provide a foundation for formalizing structures and processes and facilitate building on QI successes and increasing staff buy-in.
- **Choosing a QI project.** If the project is the first formal project for the agency, choose one that is likely to be successful and produce results that gain support from others in the organization. (A first project does not have to be a large undertaking; sometimes smaller projects that produce results can have an outsized impact.) Given current budget constraints, one approach would be to identify a project that focuses on improving efficiency within the agency. When choosing a project, ask yourself the following questions, adapted and expanded from the Partnership HealthPlan of California's [Quick Guide to Starting QI Projects](#):

- Does the project address a process or systems issue rather than a personnel or one-off problem-solving challenge?
- Does the project have multiple potential problems and solutions? (If the solution is already clear and actionable, don't waste time on a project. Just do it!)
- Where are the gaps between what you desire and your actual performance? (Gather ideas; review your state health assessment, accreditation results, financial performance, and client/ staff satisfaction surveys for additional ideas.)
- Does the project have a strategic connection for your agency?
- Is the project one that front-line staff and clients think needs improvement?
- Can the project be done on a small scale and show results within three months?
- Could the project produce an early win? (Consider the leadership support from top to bottom for the project as well as fiscal resources.)
- Is this project in an area that needs improvement? Will showing improvements in this area gain support from staff to do future QI projects?
- Would staff or leaders be resistant to change in this area? (Choose an initial project that has low resistance.)

Once QI project ideas are identified, these ideas will need to be prioritized. The agency QI council or other QI oversight body typically plays a major role in project prioritization. To focus the scope of the QI plan, the QI council may want to estimate how many projects and what type of projects the agency can undertake in each fiscal period. In addition, the council should consider which efforts, if addressed first, might help with the implementation of other QI projects as part of the performance measurement system.

Some agencies utilize a prioritization matrix that provides a set of agreed-upon criteria to provide structure and objectivity to the process of selecting program priorities. A prioritization matrix is typically a table used to sort a diverse group of items into an order of importance. Items are ranked across criteria, and a summed number value is derived for each initiative. Decisions about which projects to address are based on relative summed number values.

Applying numerical values to project ideas in rank order is efficient, but may not capture other factors that are more difficult to quantify. To evaluate all projects through a more equitable lens, the QI Council must consider the immediate, short-term, and longer-term impacts when selecting a QI project.

### **Prioritization Tool**

The Center for Public Health Quality developed the following Project Selection Matrix using practical criteria developed from its experience training local health department and state health agency personnel in applied QI. The tool provides an opportunity for multiple stakeholders to identify projects, rank each based on specific criteria, and select the projects most aligned with an agency's priorities.

**Figure 2: Project Selection Matrix Template**

Project Title	Data demonstrate that a gap exists	Small scale-it will show results in 2-3 months	"Low hanging fruit"-it will produce a quick win and gain buy-in	Wow! factor-desperately needs improvement	Low resistance from staff	High support from managers/leaders	Strategic connection to branch/section goals	Your criteria	Your criteria	FYI only-Year 3 NPHII focus* Do not rank. If applicable, state the focus item.	Total Score
<b>Assign value to each criteria based on a 1-5 scale (1=poor and 5=excellent)</b>											
											0
											0
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**Instruction for Using Project Selection Matrix**

- List criteria for selecting projects on the y-axis (gray highlight areas)
- List all the projects you are considering in far left column
- Review each project and assign a value based on each project selection criteria (criteria can be weighted). Do not rank the last column regarding NPHII--only FYI.
- Total the score for each project (blue highlighted area)
- Sort the scores from highest to lowest

*NPHII focus:	
Time saved	
Reduce process steps	
Increase custmr satisf	
Reduce defects	

## Tools and Resources

- [NACCHO's QI Project Prioritization and Selection Process](#)
- [NACCHO's Guide to Prioritization Techniques](#)
- [Minnesota Department of Health, Prioritization Matrix](#)
- [Population Health Improvement Partner's Project Selection Matrix](#)

## Appendix F

Table 3 : QI Calendar Template

Quality Improvement Calendar, <time frame>				
Quality Project, Program, or Area	Accountable Staff	Completion Date	QI Council Review Date	Other Review Dates (Management Team, BOH, etc.)
<b>Quality Projects</b>				
Project 1				
Project 2				
<b>Ongoing Program QI</b>				
Division or Program 1				
Division or Program 2				
Agency Performance Measures Review				
Review of Health Indicators				
Review of QI Training Calendar				
Approval of <Calendar Year> QI Plan				
<b>Evaluation of QI Plan</b>				
<Calendar Year> Evaluation Recommendations				
<Calendar Year> Evaluation				

## Appendix G

**Table 4: Agency QI Communications Template**

<b>Communication Content (What)</b>	<b>Timeline (When)</b>	<b>Audience (Who will receive)</b>	<b>Goal or Objective of Communication (Why do they care)</b>	<b>Delivery Medium (Where and/or How)</b>	<b>Presenter (Who coordinates, develops, or presents)</b>
<i>Agency QI project presentations, regular updates on QI activities, showcases of successful projects, staff QI training opportunities, etc.</i>	<i>Annually, quarterly, as needed, etc.</i>	<i>Senior management team, all staff, division leadership, board of health, the community.</i>	<i>Foster transparency, engagement, and continuous learning; keep staff, leadership, and partners informed and motivated; promote a culture of QI and collaboration across the agency.</i>	<i>Staff, leadership, and board of health meetings; intranet; agency website; email; presentation posters; one-page visual, etc.</i>	<i>Performance improvement manager, QI committee, or other QI staff.</i>

## Appendix H

**Table 5: Evaluation Planning Table**

This table is designed to facilitate planning for the agency QI evaluation. Use this table to track potential topics for evaluation, provided in the leftmost column, followed by potential measures for each topic, specific indicators to examine, and data collection methods.

Evaluation Topic	Type of Measure	Indicator	Data Collection Method(s)	Timeline
QI Council	Process	Council member satisfaction with operations and perception of the effectiveness of the council.	Survey of QI council members.	
QI Projects	Process Outcome	Number of projects initiated/completed.  Extent to which projects achieved AIM statements* and sustained improvements.	Document review.	
External Customers	Process	Percent of external customers satisfied with specific improvements; general satisfaction with agency services.	Survey of governing bodies, public, etc.	
Internal Customers	Process	Awareness of QI plan; satisfaction with improvements from specific QI projects, and QI plan effectiveness.	Survey of agency staff and leaders, QI participants.	
QI Training	Capacity, Process	Staff improved knowledge, skills, and perceived confidence to conduct QI projects.	Survey of QI training participants.	
Overall QI Plan	Capacity, Process, Outcome	Progress toward meeting annual goals/objectives.	Document review.	
QI Culture	See " <a href="#">Culture of Quality</a> " section.			

\*An AIM statement, referenced in the table above, is a description developed by teams that explicitly defines the problem and the intended goal or outcome of their group work.

### Measure Descriptions

**Process Measures:** Evaluate the implementation of QI activities, project alignment with priorities, and staff engagement.

**Outcome Measures:** Assess the impact of QI initiatives on agency goals.

**Capacity Measures:** Assess the agency's ability to support QI, including staffing, training, resources, and representation on QI initiatives.

## Appendix I

Table 6: Stakeholder Evaluation Planning Worksheet

Stakeholder Group	Question About the Effectiveness of QI Plan	Potential Data Collection Method(s)	How Results Will Be Used

## Appendix J

### QI Plan Sustainability Checklist

Developing systems to sustain the gains from a QI plan requires ongoing effort. Maintaining these systems ensures that the QI team's hard work pays off over the long term. Use this checklist to help sustain the agency's QI plan. Each task includes activities that support the achievement of the task.

- ☐ We have a team responsible for implementing the QI plan, tracking and achieving goals and objectives, and facilitating communication to leaders, staff, and clients about agency performance. Ideally, this will be a QI council or other QI oversight body.
  - Who is/will be the QI plan owner(s)?
  - What are their specific responsibilities in sustaining the QI plan?
- ☐ Our senior leaders are involved in keeping everyone focused on improving performance. They are knowledgeable about the QI plan and communicate about its importance and the results of implementing the QI plan at staff meetings, as well as informally day to day.
  - What information is needed to keep leaders informed about the QI plan?
  - How will it be communicated? How often?
  - What will we ask leadership to do to keep our agency focused on improving performance?
- ☐ We make sure our systems and processes are independent of the people involved by providing relevant ongoing training, making this training part of our new employee orientation, adding relevant roles and responsibilities to job descriptions, considering requirements in the hiring process, and cross-training staff for critical roles related to the QI plan.
  - What training is needed?
  - Who will assist the process owner with ensuring training needs are met?
  - What job descriptions and workplans need to be updated?
  - Who needs to be cross-trained for critical roles?
  - How will your hiring process be altered?
- ☐ We create, adapt, or use existing tools (e.g., checklists, visual aids, policies and procedures, etc.) to make it easier for everyone to follow the new procedures and systems we established through QI projects.
  - What tools should be created or adapted?
  - Who will create and adapt needed tools?
  - How will the information be communicated to staff?

- ☐ We continuously monitor QI plan goals, objectives, and performance measures to determine whether QI projects are leading the concrete improvements. Once our targets are reached for one goal, we shift to an auditing mode (decreasing the frequency and quantity of data collected) so that data collection is easier to sustain. Then we address other goals, objectives, and performance measures in the QI plan.
  - What are the “vital few” measures that will be tracked? What data no longer needs to be collected?
  - How often will the data be collected (should be “just enough”)?
  - Who will continue to collect the data?
  - How will the results be reported to management?
- ☐ We celebrate our success with all of our staff.
  - How will successes be celebrated?
  - What are good milestones to celebrate successes (e.g., six-month/one year anniversary, 100 days above goal, etc.)?
- ☐ We communicate our improvements to our clients or stakeholders to involve them in sustaining a focus on performance and improvements made through QI projects and create additional accountability.
  - What will be communicated to our clients/customers?
  - How will the information be communicated?
  - Who will assist the process owner with developing communication materials?
  - When will the information be communicated?

## Appendix K

### Resource List

This section contains an overview of key resources identified by state health agencies and QI consultants as helpful in supporting agency quality improvement and QI plan development.

#### STAR Center

ASTHO's State and Territorial Administrative Readiness (STAR) Center offers tailored technical assistance, resources, and a peer assessment program to modernize systems, improve efficiency, and strengthen public health infrastructure.

#### Accreditation and Performance

ASTHO's site has resources and guidance related to PHAB accreditation and the National Public Health Performance Standards as well as tools and case studies for quality improvement and performance management.

#### Performance Management and Quality Improvement

This page on the CDC website contains a glossary of key terms and resources about quality improvement and performance management.

#### Journal of Public Health Management and Practice (JPHMP), [Volume 18 \(1\), January/February 2012](#) and [Volume 16\(1\), January/February 2010](#)

These two issues of JPHMP are devoted to quality improvement in public health. Nonsubscribers must pay to access some articles. A [third issue](#) released in January/February 2014 features the relationship of quality improvement to accreditation in public health.

#### Michigan Public Health Institute: Office of Accreditation and Performance Improvement

This site houses the free, useful resources "Embracing Quality in Public Health: Practitioner's Quality Improvement Guidebook" and "Embracing Quality in Public Health: A Practitioner's Performance Management Primer."

#### NACCHO: Accreditation Preparation and Quality Improvement

Resources available from NACCHO include accreditation and QI webinars, an accreditation preparation toolkit, a QI toolkit, an Organizational Culture of Quality Self-Assessment Tool, and the "[Roadmap to a Culture of Quality Improvement](#)."

#### National Network of Public Health Institutes: Accreditation and Performance Improvement Resources

This site contains links to the Public Health Performance Improvement Toolkit, storyboards, QI webinars, and the Community of Practice for Public Health Improvement Open Forum meeting materials, a rich source of the latest information about QI and performance management from state and local practitioners.

#### PHAB Version 2022 Standards and Measures

For agencies planning on applying for accreditation, a QI plan is a required element of Domain 9. The PHAB Standards and Measures Version 2022 document serves as the official standards, measures, and required documentation for PHAB national public health department accreditation. It is available as a free download in the Learning Center.

#### Performance Management Toolkit

This PHF site offers many performance management resources, including trainings, a QI Quick Guide and Tutorial, state and local agency QI case studies, and accreditation preparation.