

Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 9 Standard 1 Measure 3**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

Document Title:	Public Health Strategic Team Charter						
Document Date:	2015						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	9	Standard:	1	Measure:	3	Required Documentation:	1
Short description of how this document meets the Standard and Measure's requirements:							
This document provides the charge of the Public Health Strategic Team, including their assistance in the development and implementation of the performance management system and performance dashboard to promote their use.							
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Public Health Strategic Team – Charter

Charge

The Public Health Strategic Team (PHST) leads and assures the alignment of all major planning and strategic initiatives including: organizational strategic planning, state health assessment, State Health Improvement Planning, accreditation, and performance management to maintain and improve the health of the population of Connecticut.

Responsibilities

- Identify State Health Improvement Plan priorities to be addressed by DPH
- Support implementation and monitor achievement of DPH priorities determined through the Strategic Plan and State Health Improvement Plan
- Promote the use of data to drive decision-making and to plan and monitor programs
- Promote the use of evidenced based practices and/or promising practices across the department
- Initiate and oversee quality improvement projects that address Department level priorities
- Promote a culture of quality throughout the organization by serving as role models, creating and communicating performance expectations, encouraging training, and empowering staff to make necessary changes to improve quality
- Consider strategic and health improvement priorities identified through strategic initiatives when making budgetary and policy decisions
- Provide leadership and support DPH staff to carry out requirements to achieve accreditation
- Monitor implementation of the Quality Plan and make recommendations for change
- Assist in the development and implementation of the Performance Management system and Performance Dashboard and promote their use
- Advise the development of future state health assessments and monitor data over time

Structure

- The PHST is co-chaired by two members to be determined.
- The PHST will be staffed by the Public Health Systems Improvement Unit who will coordinate meetings, develop agendas with the co-chairs and take minutes.
- Meetings will take place monthly for 1.5 hours at a regularly scheduled time which best accommodates the membership, with the schedule set well in advance.
- Periodic longer meetings maybe required to complete specific tasks such as strategic planning, priority setting etc.

Membership

- The PHST is comprised of senior leadership and strategic thinkers recruited to the team from across DPH. The inclusion of staff from across DPH widens the circle of communication and engagement across the agency. The team shall be comprised of 15-20 members including:

- Five – 8 members from senior management – branch or section chiefs
- Five – 8 members representing various sections from the department who have demonstrated leadership and strategic thinking
- Five -8 at-large volunteer members.
- Members should be able to commit to attending meetings on a regular basis and be able to carry out the team responsibilities.
- Members will serve a minimum two-year term beginning in January of even years but may extend their term with approval from the team.

Committee Members 2014-2016

Nancy	Barrett	Immunization Program
Rosa	Biaggi	Family Health
Suzanne	Blancaflor	Environmental Health
Janet	Brancifort	Deputy Commissioner
Ron	Capozzi	Administration-IT
Christopher	Stan	Communications
Renee	Coleman-Mitchell	CHAPS
Mary Ann	Harward	Administration
Margaret	Hynes	CHAPS
Dermot	Jones	Environmental Health
Fay	Larson	Laboratory
Katherine	Lewis	Deputy Commissioner
Kimberly	Martone	OCHA
Sheila	Mayo-Brown	CT Tumor Registry
Richard	Melchreit	Infectious Diseases
Amy	Mirizzi	Family Health
Jewel	Mullen	Commissioner
Chinedu	Okeke	CHAPS - Injury
Alison	Rau	Hearing Office
Leslie	Scoville	Legal Office
Carol	Stone	Population Health Statistics and Surveillance
Ahmadali "Alex"	Tabatabai	Drinking Water

Criteria for selection

Widening our circle- Representative from across and throughout DPH

Looking for innovation – Strategic, creative and innovative thinkers

New ideas grow from different points of view - people who will introduce variety into the process

Subcommittees

Subcommittees may be formed as standing committees or ad hoc committees as needed to complete substantive work (e.g. SHA/SHIP committee, customer service, workforce development). Subcommittees will report back to the PHIST on activities and accomplishments.)

QI Council – Standing Subcommittee

The Quality Improvement Council assists in operationalizing quality improvement throughout DPH. It serves in an advisory capacity to the PHSI staff. The council takes direction from and collaborates with the PHST to assure that quality improvement work aligns with all strategic initiatives including: organizational strategic planning, State Health Improvement Planning, performance management and accreditation.

January 29, 2014

January 8, 2015



Connecticut Department of Public Health Quality Improvement Council Charter

Purpose

The purpose of the Quality Improvement Council is to serve in an advisory and supportive capacity to the Department of Public Health (DPH) and specifically to the Public Health Systems Improvement (PHSI) unit and performance management staff to assure a culture and practice of performance management. Further the council will serve in an advisory capacity relative to public health accreditation preparation. The council takes direction from leadership and collaborates to assure that quality improvement projects and training align with other strategic initiatives such as: organizational strategic planning, state health improvement planning, accreditation and performance management to maintain and improve the health of the population of Connecticut.

Responsibilities

- Contribute to the development and ongoing refinement of the agency Quality Improvement Plan
- Advise PHSI on the development and ongoing refinement of the agency Quality Improvement Training plan
- Plan, assist with, and attend staff quality improvement training
- Assist in the selection, review, and monitoring of quality improvement projects (process to be determined)
- Provide guidance and technical assistance to quality improvement teams as time allows
- Monitor quality improvement projects in DPH
- Assist in the promotion of a culture of quality improvement in their own units and throughout the organization by serving as champions, role models, and by using a variety of communication channels to increase the visibility of quality improvement
- Recommend participants of quality improvement projects for certificates of appreciation and recognition.
- Support and advise the department in activities to prepare for accreditation.
- Develop and assist in the implementation of a systematic process to assess and improve internal and external customer satisfaction
- Advise DPH in the development and implementation of a performance management system and the Performance Dashboard.

Structure

- The council is co-chaired by the Performance Improvement Manager and another representative from the DPH selected by the council. The selected co-chair will

serve a two-year term beginning in January of even years. The co-chairs will schedule meetings and prepare agendas. They will take minutes or seek a minute taker at meetings.

- Meetings will take place every month at a regularly scheduled time which best accommodates the membership, with the schedule set well in advance.
- Members should be representative of the DPH with representation from each branch or section and from different levels within the organization. Members should have or have an interest in attaining basic knowledge or skills in quality improvement. Members should be able to commit to attending meetings on a regular basis and be able to carry out the council responsibilities.
- Membership will range from 11 to 15 members.
- Members will serve a minimum two-year term beginning in January of even years but may extend their term with approval from the council.

Committee Members 2015-2016 Name	Section/Branch
Joan Ascheim Co-chair	Public Health Systems Improvement
Linda Bailey	Public Health Laboratory
Rosa Biaggi	Family Health
Marianne Buchelli	Infectious Disease
Britta Cedergren	Public Health Systems Improvement
Ron Ciesones	Office of Health Care Access
Barbara Dingfelder	Regulatory Services
Christine Hahn	Regulatory Services
Steven Lazarus	Office of Health Care Access
Susan Logan	Community Health and Prevention
Andrea Lombard	Infectious Disease
Donna Maselli	Family Health Co-Chair
Lori Mathieu	Regulatory Services
Ramon Rodriguez- Santana	Infectious Disease
Corrine Rueb	Public Health Preparedness and Response
Kristin Sullivan	Public Health Systems Improvement

Implemented January 30, 2013

Revised September 2013

Revised January 2014

Revised December 12, 2014

Revised January 7, 2015