

Quality Improvement Plan

2015 – 2018

Approved by Interim Executive Director and Medical Director

A handwritten signature in black ink, appearing to be "Huy Nguyen".

Huy Nguyen, MD

August 2015

Figure 1: BPHC Quality Improvement Plan 2015 –2018 Logic Model

Goal: BPHC maximizes health outcomes for Boston residents by assuring that all BPHC programs achieve health and health equity performance standards using the Quality Improvement framework.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
<p>Staff time (AQI Director, Coordinator, Committee members, program staff)</p> <p>Senior Leadership Team</p> <p>Consortium for Professional Development</p> <p>QI Budget</p> <p>Training Materials</p> <p>PHAB Accreditation documents</p> <p>BPHC’s Health Equity and Racial Justice Framework</p>	<p>Hold AQI Committee meetings</p> <p>Implement QI Communication Plan</p> <p>Senior Leadership Team hold all-staff meetings to communicate QI process</p> <p>Develop QI Orientation, Basic, and Advanced QI Trainings</p> <p>Train AQI Team in Advanced QI Training</p> <p>Introduce staff to QI through QI Orientation</p> <p>Train staff in Basic QI Training</p> <p>Customize QI tools with a racial justice and health equity framework</p>	<p>Number of AQI Committee meetings</p> <p>Number of QI Orientations</p> <p>Number and percentage of all staff that complete QI in-person orientations</p> <p>Number of Basic QI Trainings</p> <p>Number and Percentage of all staff that complete Basic QI training</p> <p>Number of Advanced QI Trainings</p> <p>Number and Percentage of all staff that complete Advanced QI Training</p> <p>Number of completed QI Projects</p> <p>Percentage of QI Projects focused aimed at racial justice and health equity</p> <p>Number of bi-annual QI newsletters</p> <p>Number of printed publications, such as white papers, journal manuscripts</p>	<p>Short-term <i>[metric]</i></p> <p>Staff are satisfied with Introductory and Basic QI Training <i>[Post training satisfaction assessment]</i></p> <p>Staff can demonstrate an understanding of performance management and QI <i>[pre/post training survey]</i></p> <p>Staff are motivated to identify and lead QI Projects <i>[% of staff who completed Basic training that initiates a QI Project within 30 days]</i></p>	<p>Intermediate</p> <p>Staff are able to successfully complete and document improvements</p> <p>Documented continuous improvement of health, health equity and racial justice in processes and services</p> <p>Documented improvement towards BPHC’s Strategic Goals</p> <p>Documented Improvement towards BPHC’s Performance Standards</p> <p>Achieve PHAB Accreditation status</p>	<p>Long-term</p> <p>BPHC develops a sustainable culture of learning and continuous quality improvement</p> <p>BPHC demonstrates measureable progress in achieving health, health equity, and racial justice</p> <p>BPHC serves as a model for other agencies for how to incorporate racial justice and health equity principles into performance management and quality improvement</p> <p>BPHC demonstrates measureable progress in attaining our mission and vision</p>

Purpose

The BPHC QI Plan will provide a framework for how the organization will use Quality Improvement models and build a high performing organizational culture where staff are engaged in continuous quality improvement to ensure measurable progress towards improving public health services, health equity, and racial justice. The purpose of Quality Improvement is to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community.

BPHC operates more than 40 programs which are grouped into six bureaus: Child, Adolescent & Family Health; Community Health Initiatives; Homeless Services; Infectious Disease; Addictions Prevention, Treatment & Recovery Support Services; and Emergency Medical Services; and the Executive and Administrative offices which include BPHC's Public Health Service Centers.

A logic model of for the QI Plan is represented in Figure 1 above.

Mission

The mission of the Boston Public Health Commission is to protect, preserve and promote the health and well-being of all Boston residents, particularly the most vulnerable.

We achieve our mission by providing and supporting accessible high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion and health education services.

Vision

The Boston Public Health Commission envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

Guiding Principles

BPHC is committed to the following principles:

1. Promote the fair treatment of all people.
2. Ensure internal policies, procedures, and practices are fair and equitable.
3. Continually strive to improve public policies, systems and environments that influence social conditions.
4. Foster mutual respect, transparency and accountability with colleagues, residents, coalitions and other partners.
5. Strengthen community capacity and uplift community voices.
6. Use the best available scientific evidence to inform BPHC's work.
7. Provide culturally and linguistically appropriate services to people from all backgrounds.
8. Ensure effective communication and coordination with other city agencies, community-based organizations, residents and other partners.

Key Term Definitions

Accreditation – accreditation for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

Accreditation and Quality Improvement (AQI) Committee – team of 8-12 BPHC Staff with senior representatives from each bureau, public health service center and administration who will be leading the organization accreditation and quality improvement activities.

Data – factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Information in numerical form that can be digitally transmitted or processed. (1)

Health Disparities – differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups in the United States. (2)

Health Equity – the opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g. class, socioeconomic status) or socially assigned circumstance (e.g. race, gender, ethnicity, religion, sexual orientation, geography, etc.) (3)

Health Inequities – differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice and are attributable to social, economic and environmental conditions in which people live, work, and play.(3)

Essential Public Health Services – describe the public health activities that all communities should undertake and serve as the framework for the National Public Health Performance Standards instruments. Public health systems should: (4)

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Performance Management System – a fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (1)

Public Health – the mission of public health is to fulfill society’s desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public. Public health is: (1)

- The science and art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment;
- The control of community infections; the education of the individual in principles of person hygiene;
- The organization of medical and nursing service for the early diagnosis and treatment of disease; and
- The development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

Public Health Accreditation Board – the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (1)

Public Health System – all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction. (4)

Qualitative Data – data concerning information that is difficult to measure, count, or express in numerical terms. Methods for gathering qualitative data include document reviews, interviews, focus groups, case studies, and observation. (1)

Quality Improvement (Q.I) – quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and

other indicators of quality in services or processes which achieve equity and improve the health of the community.(1)

Quantitative Data – data concerning information that can be express in numerical terms, counted, or compared on a scale. (1)

Race – a socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. This social construct was created and used to justify social and economic oppression of people of color by Whites. (5)

Racial Justice – the creation and proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunities treatment and outcomes for all people, regardless of race. (6)

Racism – a form of oppression based on the socially constructed concept of race that is used to the advantage of the dominant racial group (Whites) and the disadvantage of non-dominant racial groups. (7)

Storyboard – a graphical representation of the components and results of a Quality Improvement Project.

Trend Analysis – a study design which focuses on overall patterns of change in an indicator over time, comparing one time period with another time period for that indicator. Trend analysis is not used to determine causation; rather associations can be drawn. Trend analysis is commonly used in program evaluation, for policy analysis, and for etiologic analysis. (1)

Background and Future State

In 2013, BPHC completed a limited public health department accreditation readiness assessment using surveys of key informants (selected senior leadership and program director staff) based upon the PHAB Standards and Measures v.1.0. This internal assessment revealed opportunity for growth in PHAB Domain 9, Evaluate and Continuously Improve Health Department Processes, Programs, and Interventions, including opportunities to develop a written quality improvement plan and a Commission-wide process for monitoring performance of goals and objectives. Additionally, there was no designated organization-wide Quality Improvement committee. Although the Senior Leadership Team sometimes served in this capacity, the need for a more structured approach was emphasized by the assessment.

BPHC developed a plan for a performance management system that would help to ensure that BPHC made measureable progress towards its mission and vision. This plan used racial justice and health equity principles and practices to inform the development of measures of performance of Commission work in order to measurably reduce racial and ethnic health inequities in the city of Boston. This plan builds upon a foundation of racial justice and health equity training all staff receive through the core Professional Development Series. This two-day training was designed to increase staff awareness of the effects of

racism on health, both directly, and indirectly by shaping the social determinants of health such as housing, education and household income..

In addition to satisfying requirements for public health accreditation, like the BPHC’s Performance Management Plan, the QI Plan will help to align all BPHC programs, policies, practices, and operations within a racial justice and health equity framework and build the capacity of all BPHC staff to continuously improve the effectiveness of our work, and ultimately achieve our organizational mission and vision.

Prior to this QI plan, there are a number of programs that have participated in some level of quality improvement training and project implementation. Up until this point, however, training and the use of QI methods have been isolated within programs and divisions. Data and learning from these efforts has been limited and QI initiatives have been difficult to sustain and institutionalize.

With the implementation of this QI plan, BPHC will foster an organizational culture in which staff are motivated and empowered to continuously and systematically make small changes in their day-to-day work in order to achieve BPHC’s vision of health and health equity.

Organization QI/PMS Chart



Memberships and Rotation

The AQI Committee consists of representatives from each of the organization’s six bureaus and the Executive and Administrative Offices. As of May 2015, members of the AQI committee for FY 2015/2016 are:

Title	Organizational Representation
Medical Director and Interim Executive Director	Executive Office
Accreditation and Quality Improvement Director	AQI Office, OREHI
Accreditation and Quality Improvement Coordinator	AQI Office, OREHI
Director of Transitional and Community Programming	Homeless Services Bureau
Director for Program Development and Implementation	Child, Adolescent and Family Health (CAFH) Bureau
Director of Planning and Strategy	Community Initiatives Bureau (CIB)
	Addictions Prevention, Treatment, and Recovery Support Services (APTRSS)
TBD	Infectious Disease Bureau (IDB)
Chief of Staff	Emergency Medical Services
Global Health Corps Fellow	Community Initiatives Bureau (CIB)
TBD	Administration
Racial Justice Representative	Office of Racial Equity and Health Improvement

Roles and Responsibilities

Executive Director, Medical Director and Senior Leadership Team

Roles and Responsibilities:

The role of BPHC leadership is to provide vision, guidance, resources and ongoing, visible and transparent support of PMS, QI, health equity and racial justice. Full support and engagement of leadership is essential to successful, sustainable QI culture. BPHC leadership roles include:

- Provide clear direction and commitment to uphold standards for QI
- Build staff buy-in and interest in systematic changes by incorporating QI as a fully-integrated part of the organization’s work culture
- Fully engage in decision-making processes and strategic-planning efforts to enhance QI culture throughout the organization
- Make recommendations on the implementation and evaluation the QI plan
- Support the development of a communication plan in which leadership will play an integral role, including but not limited to:
 - Share PMS/QI updates and current or ongoing QI Projects in BPHC-wide emails, intranet postings, etc.

- Support professional development opportunities for staff on QI
- Provide opportunities for all staff to carry out QI activities
- Support measures for evaluating the level of improvement achieved from QI process adjustments

Accreditation and Quality Improvement Director (AQID)

Roles and Responsibilities:

- Lead the development of the organization wide QI plan
- Coordinate the AQI Committee
- Support QI Project Teams
- Work with BPHC Senior Leadership Team to continually assess QI and PMS process and identify resources for ongoing quality improvement
- Support data collection, monitoring, analysis, and reporting for evaluation purposes
- Integrate health equity and racial justice principles into all aspects of QI

Accreditation and Quality Improvement Coordinator (AQIC)

Roles and Responsibilities:

- Develop a process to identify representatives for AQI Committee and QI Project Teams
- Provide technical assistance to committee members through tool development and decision making processes
- Assist with the development and facilitation of QI professional development activities and training
- Develop and train staff on tools for QI and PMS
- Assist AQID in engaging staff across Commission, developing a successful QI culture, and strategizing ongoing and sustainable quality improvement
- Provide support to staff on all levels of quality improvement and performance management efforts
- Integrate health equity and racial justice principles into all aspects of QI

Accreditation and Quality Improvement (AQI) Committee

Roles and Responsibilities:

- Determine key priorities for directing QI efforts in achieving organizational goals and the mission statement, with an emphasis on enhancing work performance to advance racial justice and health equity
- Develop a QI plan that encompasses a framework detailing a feasible, systematic approach for carrying out QI activities and building staff support and engagement in QI principles and application
- Select QI process steps that include reporting mechanisms, tools, and technical assistance for project team
- Develop measures to evaluate the QI process and an evaluation plan to be carried out by the Office of Research & Evaluation

- Assist with the development and facilitation of QI professional development activities and training
- Identify opportunities, provide oversight, and offer guidance to implement QI projects
- Serve as team lead for QI project teams
- Integrate health equity and racial justice principles into all aspects of QI

Consortium for Professional Development

Role: The BPHC Consortium for Professional Development will develop the professional development model for creating a QI culture and preparing staff to implement QI. In partnership with the AQI Director, AQI Coordinator, and AQI Committee, the Consortium will develop and lead staff trainings.

Staffing and Administrative Support

The AQI Office has 2 FTEs, 2 MPH student interns, and access to an administrative assistant. The AQI Director and Coordinator reside within the Office of Racial Equity and Health Improvement (OREHI). However, the AQI Director reports to the Medical Director (as represented by the dotted line in the OREHI organizational structure in Appendix A).

The Office of Racial Equity and Health Improvement supports internal and external stakeholders to achieve BPHC’s mission and vision through the analysis, development, and implementation of strategies, tools, and policies to advance racial justice and health equity. This is accomplished through strategic health planning, developing meaningful partnerships, and ensuring quality improvement.

The QI/Performance Management System is also a component of BPHC’s Racial Justice & Health Equity Initiative. Quality Improvement and Performance Management serves as one of the major strategies to effectively translate racial justice and health equity principles into everyday practice, and aligns with other components of the RJHEI along a process of organizational transformation to best improve the health of all residents, particularly those most vulnerable.

The team has an active partnership with the Consortium for Professional Development that is responsible for developing and facilitating staff trainings in the organization.

The AQI Office has an annual operating budget which includes line items for conferences, trainings, supplies and staff development programs.

Quality Improvement Methodology

BPHC will use a mixed methodology approach (a combination of ‘Lean – identifying waste in a process/system,’ ‘Six Sigma – reducing variations in a process/system’ and ‘PDSA Plan – Do – Study – Act’ models)

The PDSA model (Appendix D) would be used as the cornerstone model and its structure would be adapted for quality improvement project update (Appendix C)

The team would facilitate all QI Projects using the 10 core steps below:

1. QI efforts/projects should have a proposed demonstrable correlation to improving health equity and racial justice
2. Select a team of key stakeholders from across all levels including staff members who are directly involved in the related processes.
3. Briefly introduce selected staff to core quality improvement tools that will be used during the improvement activity.
4. Extensively describe all the current activities related to goal or process and validate the described practice from staff members directly involved in the day-to-day process.
5. Understand the role to be played by all stakeholders in the process including those that would rather maintain status quo.
6. Identify opportunities for improvement using QI tools (e.g. use flowcharts to identify 'bottle necks' or waste in current processes).
7. Detail root causes of the problem using QI tools.
8. Prioritize interventions and small changes as a group
9. Select measures related to the intervention which will help the team know if the proposed changes resulted in improvements.
10. Test small changes, measure data and share improvement/lessons learned broadly

Quality Improvement Trainings

To prepare all staff in their respective roles in QI, three separate trainings will be offered through collaboration between the AQI Office and the Consortium for Professional Development.

Quality Improvement Orientation

This 90 minutes interactive presentation will be an overview of the ten essential public health services, public health accreditation and BPHC's performance management standards and quality improvement plan.

The introductory training will be offered monthly as part of the New Staff on boarding process and to current staff during bureau and administrative team meetings across the organization.

Target: 75% (825 employees) participation rate by December 31st, 2018.

Basic Staff Training

This half day session (4 hours) will be a highly participatory, hands-on basic training offered to staff from each bureau at least 4 times in a calendar year. Staff would be recommended by Bureau Directors/Program Directors quarterly and trainings would be followed by a Quality Improvement Project to be completed within 90 days.

The training will cover the following concepts:

- Project Charter and Team Selection
- Projects Selection
- Accelerating Change
- Models of QI with a focus on PDSA
- Process Flow Maps
- Identifying root causes
- Prioritizing interventions
- Data Analysis and Monitoring
- Story boarding and sharing lessons learned
- Using Quality Improvement to promote racial justice and health equity

Target: 10% (110 employees) participation rate for this training by December 31st, 2018.

Advanced QI Training

The Advanced QI Training is designed for staff that would facilitate the Basic QI Training and members of the Senior Leadership Team.

The Advanced QI Training will be held for 3 consecutive days and cover additional concepts modeled using the Six Sigma framework of DMAIC (Define – Measure – Analyze – Improve – Control).

Target: 5% (55 employees) participation rate for this training by December 31st, 2018

Employee Support and Recognition

The AQI Director, Coordinator, and Committee will provide ongoing technical support during before and QI project implementation. The Storyboard poster will be shared on the Accreditation and Quality Improvement Intranet page and selected projects will be recognized quarterly by the Executive Director via an all staff email and in the employee newsletter.

Each team member from completed QI projects will receive an appreciation letter signed by their Bureau Director and Director of Accreditation and Quality Improvement, a copy of the appreciation letter will be saved in the employee file. Any Staff member who completes 2 or more QI projects a year will receive an appreciation letter signed by the Executive Director.

Project Directors and Managers would be strategically encouraged to initiate and support QI projects thereby serve as a model to other staff.

Project Selection

The AQI Committee will review proposals for QI Projects and ensure that they align with BPHC's mission and vision, and ensure measurable progress towards health, health equity, and racial justice. Each QI Project must:

- Be able to be completed in 90 days
- Be applicable to other programs/bureau
- Align with the bureau's mission/purpose

Additionally, in order to be considered, each Project must meet at least 1 of the following criteria:

- Promotes racial justice and health equity [*priority*]
- Aligns with one of the 10 Public Health Essential service/Accreditation
- Aligns with BPHC Strategic Plan 2015 - 2018
- Aligns with the 2014 Community Health Improvement Plan
- Aligns with BPHC Performance Management standards
- Aligns with the city wide Boston About Results (BAR) performance measures
- Increase Process Efficiency
- Increase Process Effectiveness
- Increase Resident/Client/Guest Satisfaction

Proposals to initiate a QI project may be submitted to any member of the AQI Committee using the QI Project Proposal Form (Appendix B) which is readily available on the AQI Committee Intranet page, requests will be reviewed by the AQI Director or designee and a decision with feedback will be made within 2 business days.

Approved Projects may then be started by the QI Project Team. With help from an AQI Committee member, Team leaders will submit a monthly progress update using the Quality Improvement PDSA Report Form (Appendix C), also available on the AQI Committee Intranet page.

Communication Plan

Communication of staff learning and successes, as well as consistent communication from SLT and the AQI Office are critical pieces of sustaining a healthy QI culture. Some components of an internal communication plan include:

- QI training programs will be marketed through the BPHC Consortium for Professional Development.
- Completed QI projects will be posted on the bureau specific story board and the AQI committee Intranet page.
- The AQI Committee will publish a bi-annual newsletter to all staff with details of the QI plan implementation, accreditation updates, completed or ongoing QI projects.
- Select QI Projects will be submitted to the Executive Director to be featured in an all staff email.
- QI Projects and the newsletters will be posted occasionally on the Intranet page.

Additionally, select QI projects will be supported by the AQI Director to be submitted to a public health and/or other QI peer-review journals.

Quality Improvement Strategic Goal

Quality Improvement also plays a vital role as a part of BPHC's Strategic Plan (2015-2018) under the Priority Focus Area for High-Performing Public Health Programs. Specific goals, objectives, and action steps for this priority area are listed below:

GOAL: BPHC maximizes health outcomes for Boston residents by assuring that all BPHC programs achieve health and health equity performance standards using the Quality Improvement framework.

OBJECTIVE 1: Develop and monitor a set of organization-wide performance measures that reflect BPHC's work and can drive improvement in health outcomes and health equity by December 31st, 2016.

RESPONSIBLE STAFF: Accreditation and Quality Improvement Committee

ACTION STEPS:

1. Inventory and categorize all performance measures currently in use across BPHC
2. Research standardized and validated performance improvement measures that can be used for benchmarking
3. Engage staff and identify final performance measures
4. Present recommended measures to SLT and Board of Health
5. Train staff on the approved measures
6. Set annual BPHC targets for performance measures:
7. Communicate performance with an organization wide dashboard

OBJECTIVE 2: Strengthen a work culture that values organizational learning, focuses on effective processes and empowers staff to continuously improve the quality of programs by December 31st, 2018.

RESPONSIBLE STAFF: Accreditation and Quality Improvement Committee

ACTION STEPS:

1. Develop and implement a organization wide Quality Improvement plan
2. Provide introductory quality improvement (QI) training to 75% of all staff through new staff orientation and in-person training
3. Provide advanced QI training to 5% of all staff including Senior Leadership Team
4. Develop a process for prioritizing QI projects which includes input from the Quality Improvement Committee and senior leadership team
5. Perform at least 3 QI projects annually, including 1 project in an administrative area

OBJECTIVE 3: Achieve Public Health Accreditation Board (PHAB) local health department accreditation by December 31st, 2018.

RESPONSIBLE STAFF: Accreditation and Quality Improvement Committee

ACTION STEPS:

1. Submit a Statement of Intent
2. Submit application including fee and pre-requisites
3. Submit accreditation documents

QI Plan Evaluation

Various elements of the QI Plan will be evaluated, and findings will directly inform future versions of BPHC's QI Plan 2015 - 2018.

The evaluation plan would be guided by the logic model (Figure 1) and would include

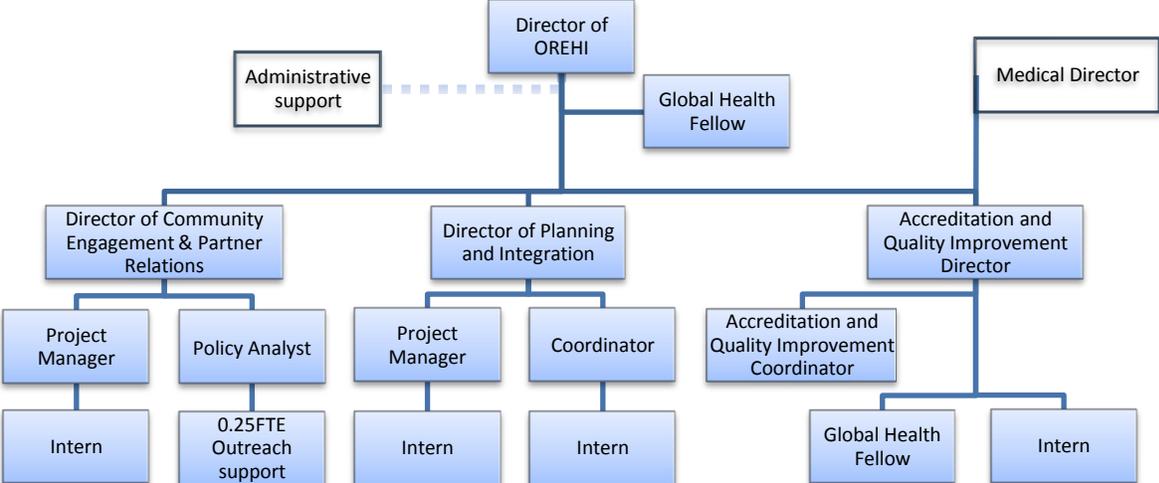
- Annual evaluation for employees who participated in Quality Improvement Trainings and or Projects
- QI trainings and projects will be evaluated by participants using a survey tool
- AQI will be involved in reviewing progress on BPHC's Strategic Plan, which may influence adaptations to the QI Plan
- An annual staff survey will collect perceptions of the QI culture and awareness of the Performance Management Standards
- AQI committee will annually evaluate the QI plan, plan goals and objectives

References:

1. Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011.
2. National Institutes of Health. What Are Health Disparities?
<http://www.niaid.nih.gov/topics/minorityhealth/pages/disparities.aspx> .
3. Adapted from: Whitehead, Margaret. The concepts and principles of equity in health. *Int J Health Serv* 1992;22:429-45.
4. Centers for Disease Control and Prevention. The Public Health System and the 10 Essential Public Health Services. Atlanta, GA. May 2014
5. Pounder, C. C. H., Adelman, L., Cheng, J., Herbes-Sommers, C., Strain, T. H., Smith, L., Ragazzi, C., ... Corporation for Public Broadcasting,. (2003). *Race: The power of an illusion*. San Francisco, Calif: California Newsreel.
6. Adapted from the Boston Public Health Commission, Racial Justice and Health Equity Initiative: Core Workshop Facilitator's Guide, Nov 2011.
7. Adapted from the Interaction Institute for Social Change and Race Forward Working Definitions.

Appendices

Appendix A: Office of Racial Equity and Health Improvement Organizational Structure





Appendix B: BPHC Quality Improvement Project Proposal Form

Date:

Name:

Bureau:

1. Describe the current problem:

2. Is baseline data available?

Yes

No

If yes, are there any measurable disparities by race/ethnicity?

Yes

No

3. Who is the customer; who will benefit from this improvement?

Community residents or guests

BPHC staff

External Stakeholders

Other:

4. Is your supervisor aware of your interest in implementing a QI Project?

Yes

No

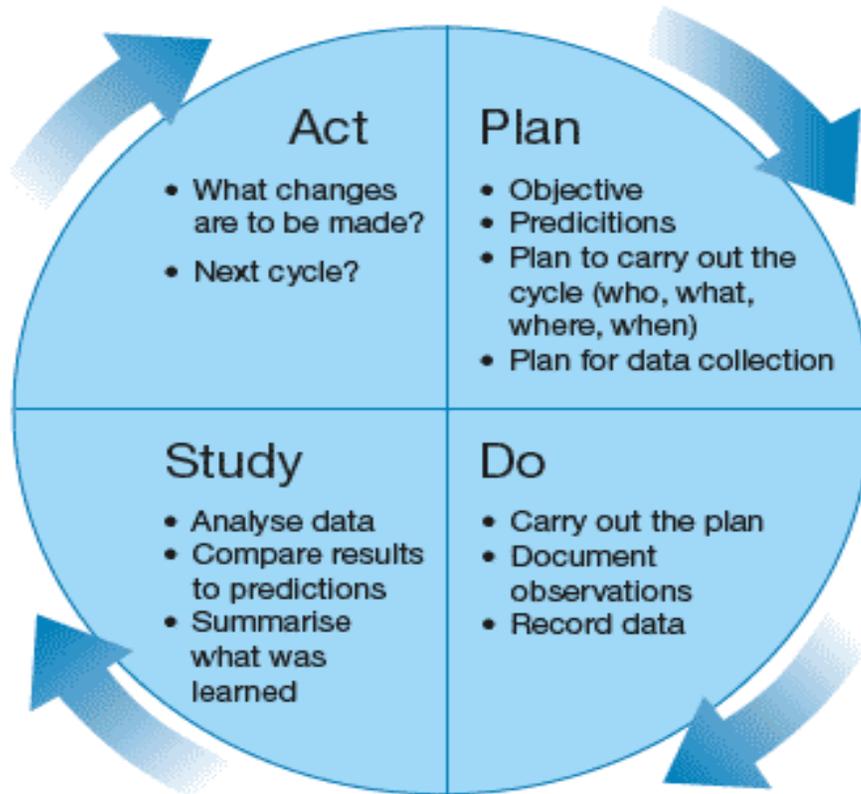
Please email your completed QI Project Request form to Osagie Ebekoziem at oebekoziem@bphc.org or your Accreditation and Quality Improvement Committee representative.



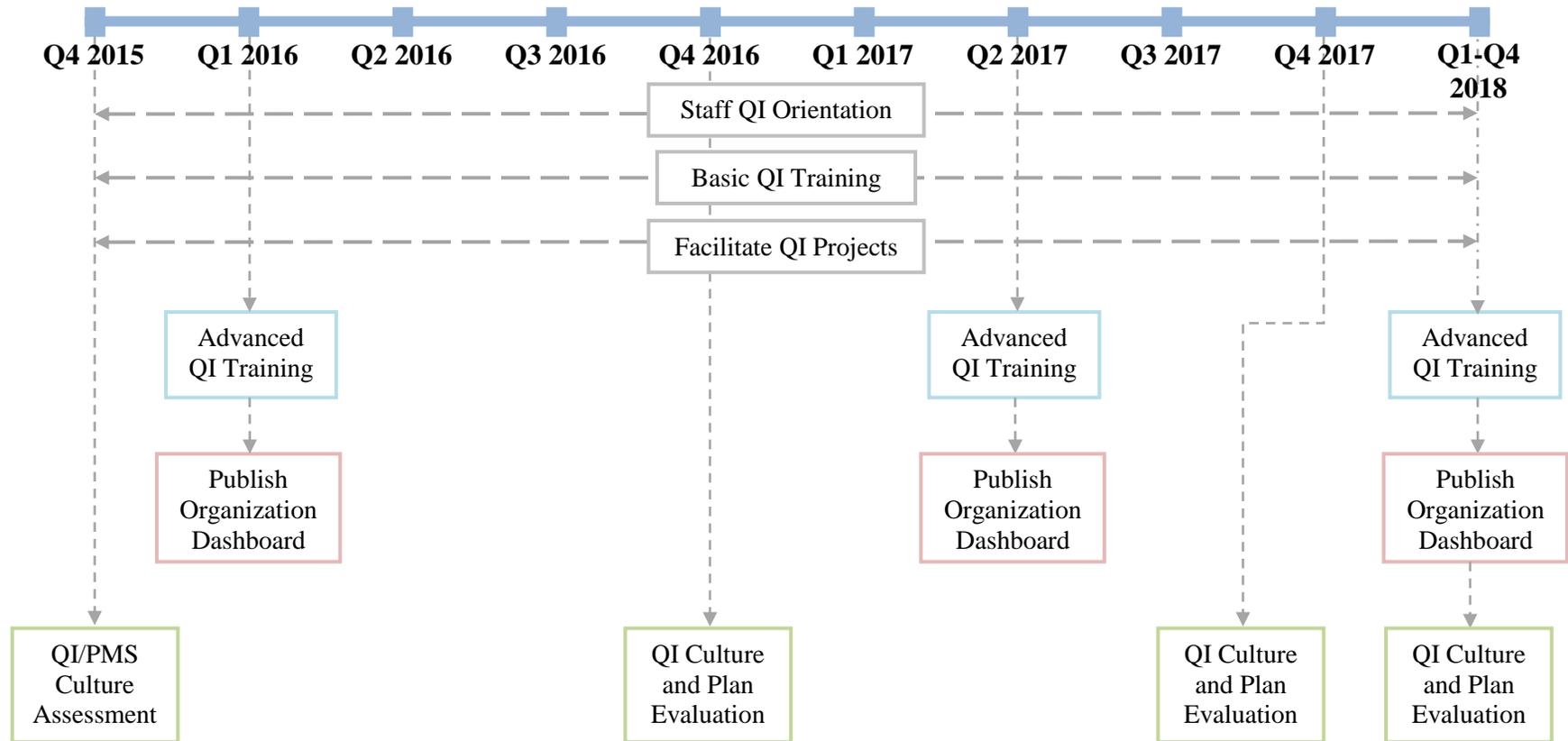
Appendix C: BPHC Quality Improvement PDSA Report Form

Plan	Do	Study	Act
<p>Problem statement:</p> <p>What is the baseline data?</p> <p>Identify root causes:</p> <p>Description of the plan:</p> <p>Predictions:</p>	<p>Describe specific actions taken to complete the plan (<i>include date and description action</i>):</p>	<p>What is the follow up data?</p> <p>Analyze change</p>	<p>Describe action taken (<i>e.g. another PDSA cycle, an adapted Plan, completed/closed PDSA cycle, etc.</i>):</p>

Appendix D: PDSA Quality Improvement Model



Appendix E: QI Plan Implementation Timeline



Modifications to the QI Plan 2015 – 2018

The QI plan would be reviewed at least annually by the Accreditation and Quality Improvement Committee, changes made to the plan would be tracked using the form below.

Date	Description of change	Document Version	Page (s)	Reviewers