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Quality Improvement Plan

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I. Purpose

The Maine Center for Disease Control and Prevention (Maine CDC), an Office within the Department of Health and Human Services (DHHS), is committed to continuously improving the quality of its public health practices and operations. Staff members at all levels are expected to be committed to this goal. This Quality Improvement (QI) Plan describes a five-year strategy toward building a culture of quality within the Agency. This plan aligns with the DHHS goal to “*Improve Individual and Public Health*,” Maine CDC’s Strategic Goals and Objectives, and the national Public Health Accreditation Board’s (PHAB) standards for quality improvement.

The Plan assists Maine CDC to:

1. Meet defined goals, five-year objectives, one-year measures and one-year activities.
2. Establish staff roles and responsibilities for the:
 - DHHS Office of Continuous Quality Improvement (OCQI),
 - Maine CDC Senior Management Team (SMT),
 - DHHS Public Health Performance Improvement (PHPI) Team,
 - Maine CDC QI Team and
 - Maine CDC managers and staff.
3. Monitor and evaluate progress toward meeting objectives.
4. Implement DHHS QI Initiatives across Maine CDC. These initiatives include:
 - a. Development and use of performance metrics and outcomes in grant applications, contract development and management and program implementation, including:
 - Use of Key Performance Indicators to manage program activities and measure program outcomes,
 - Implementation of performance-based contracting to assure that contractors are held accountable for clearly defined outcomes and
 - Compliance with DHHS approval processes for federal grant applications, requests for proposals and contracts.
 - b. On-going optional use of the Idea System to engage staff at all levels in QI and to identify areas needing improvement.
 - c. Continued implementation of the Performance Management System (PMS) that uses public health standards to track program performance via clearly defined measures, integrated with DHHS and Maine CDC initiatives.
 - d. Public Health Accreditation, demonstrating Maine CDC’s ability to meet national standards for public health agencies.
 - e. Support program-specific QI activities, as identified by staff.

II. Culture of Quality

Maine CDC embraces a “Culture of Quality,” in which core quality-focused values are embodied in behaviors and attitudes of staff, which continuously contribute to improvements in daily operations and population health outcomes.

Maine CDC’s quality-focused values include:

- A. QI should be embedded in the everyday work of all programs.
- B. QI efforts should assist Maine CDC in providing clear demonstrations of the capacity, efficiency and effectiveness of the Agency’s work, leading to improvements in the health and safety of all Maine people.
- C. QI efforts should be aligned with Maine CDC and DHHS Strategic Plans (Appendix A), which outline core values for the organization. These core values include:
 - Accountability, including fiscal responsibility and integrity.
 - Respectfulness
 - Science and evidence-based decision-making
 - Working in partnership
 - Equity
 - Population-based approach
 - Service excellence
 - Effective use of health information
 - Assuring a well-trained public health workforce
 - Regulatory compliance
 - Performance management
 - Integrated, cost-effective and high-quality services
- D. QI efforts should create efficiencies and reduce duplication of effort.

III. Quality Improvement Goals and Objectives

Goal 1: Improve the culture of quality at Maine CDC

Two-year objectives:

- By June 2017, improve the “Culture of Quality” at Maine CDC, by 0.3 points on the five point scale, as measured by the staff survey conducted every odd year.
- By June 2017, increase staff participation in QI training from 73% to 80% as measured by the staff survey conducted every odd year.
- Increase staff participation in at least one QI activity in the last year from 55% to 60% as measured by the staff survey conducted every odd year.
- Increase by 5% the percentage of PHAB Domain 9 standards that are fully met.

Goal 2: Increase data-guided decision making across Maine CDC as shown by systematic use of a performance management tracking tool, performance-based contracting data and other credible data sources.

Five-year objectives:

- Improve the timeliness of Maine CDC’s performance data posted on the Progress Tracker.
Initial target: By December 2016, Maine CDC will have a re-vamped performance tracking mechanism on the Intranet with measures from all programs and operational sections. One hundred percent of measures being tracked will have data that is up to date.
- Improve alignment with DHHS approved measures (percentage of program measure that are also part of approved contracts and grants).

Initial targets: by December 2016,

- All programs with federal grants will have least one performance measure on the Accountability Template that is also a program Key Performance Indicator.
- All programs with direct service grants will have least one performance-based contracting measure in such contracts that is also a program Key Performance Indicator.

Goal 3: Improve Maine CDC performance through QI projects

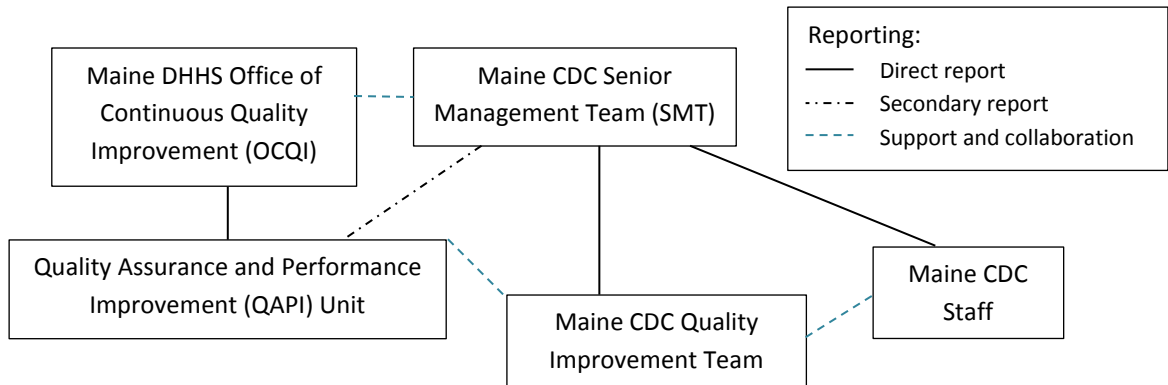
Five-year objective:

- Complete and document at least two QI projects per program, per year.

Appendix A provides a work plan with 2016 activities.

IV. Organization and Governance

This QI Plan applies to all of Maine CDC’s Divisions and its Public Health Operations sections. As such, it is overseen by the Senior Management Team, supported by the DHHS Office of Continuous Quality Improvement (OCQI), monitored by the QI Team and staffed by the Public Health Performance Improvement (PHPI) Team.



A. Roles & Responsibilities

Roles and responsibilities are outlined in the [QI Team Charter](#)

B. Budget and Resource Allocation

Resources for staffing and for the Performance Management System are allocated by the SMT from Maine CDC administration accounts. Resources for QI activities specific to division, section or program improvements are expected to come from program budgets.

V. Quality Improvement Activities

A. The Performance Management System

Maine CDC is currently revamping its performance management system to align with the new Maine CDC Strategic Plan, and existing measures in grants, contracts, and accountability templates. QI Team activities related to the Performance Management System will be resumed after the system is re-instated.

B. Idea System and Idea Teams

In 2012, Maine CDC implemented the Idea System, a structured way to involve all employees in QI, focusing on small, feasible “Opportunities for Improvement (OFIs). As of 2016, Idea Teams continue to be an option for organizational units that find this structure useful in generating QI activities and implementing improvements. Those follow the structure and guidance described in the Idea System Facilitator’s Guide, found on Maine CDC’s intranet site. The QI Team is responsible for monitoring the activities for Idea Teams and supporting Idea Teams.

C. Quality Improvement Projects

QI projects are one type of QI activity at the Maine CDC. They provide a structured and focused attention to a process or outcome that has been identified as a priority for improvement but is larger than the scope of the Idea System. QI projects are a core piece of improving quality at Maine CDC, as they represent significant changes to improve processes or outcomes within the agency. Maine CDC defines QI projects to include the following elements:

- An AIM statement that clearly describes the intended outcome of the project,
- The use of data to evaluate the results/impact of the changes designed to meet the AIM,
- An established time period for completion of the improvement cycle and
- Documentation of the project.

It is recommended that QI projects also include:

- An established team of at least three active members and
- The use of one or more QI tools to analyze the problem and/or to create a solution that is designed to improve a process or outcome. Many of these tools are outlined in the Public Health Foundation’s *Public Health Quality Improvement*

Encyclopedia, copies of which are available from the Maine CDC's Quality Assurance and Performance Improvement staff.

Further definition of QI projects, as applied to Maine CDC is provided for all staff on Maine CDC's Intranet site.

At least two QI projects per program per year meeting the above definition, will be identified and implemented within Maine CDC to demonstrate improved business and program processes and outcomes (see Goal 3). Based on available time and resources, Maine CDC may choose to prioritize some QI projects over others and direct staff resources toward high-priority QI projects. Projects related to DHHS quality assurance and improvement initiatives for grants and contracts are given priority (see Section IX). To facilitate the improvement of projects, the QI Team reviews and provides guidance on QI projects with activities that cross Divisions/Offices. Division and section directors review and provide guidance on QI projects that span programs within their divisions and sections. If a QI project is entirely within the scope of work for a program and directly related to that program's outcomes, the program may initiate and complete such a project without direct SMT approval and may seek input from the QI Team or its members if desired and as staff is available.

QI projects may be identified via:

- Idea Teams
- The Performance Management System
- Public Health Accreditation
- Customer satisfaction surveys
- Maine CDC's Strategic Plan
- The State Health Improvement Plan
- Program grant work plans and evaluation data
- DHHS strategic initiatives
- Feedback from DHHS contract and grant review processes
- An individuals' day-to-day work environment

QI projects are documented, preferably in the storyboard format, and may be presented to other staff via lunch and learns or other staff meetings. Desired outcomes that warrant on-going monitoring may be added to the Performance Management System.

D. Other QI Activities

Quality Improvement can be accomplished in different ways. While both the Idea System and QI projects as defined above provide a structured approach to QI, other informal approaches to QI are also encouraged. These may include improved documentation, changes by individual employees in work flows, reviews of compliance with program standards, and similar activities design to increase efficiency or effectiveness.

E. Customer Satisfaction

Meeting customer needs is a key element of providing high quality services. Maine CDC's customers include the general public who benefit from policies, regulations, and public health messages, as well as partners in providing public health services. Some of Maine CDC's programs serve specific clients, customers or partner organizations and collect customer satisfaction information from these groups. To gather information for Maine CDC as a whole, the agency periodically conducts an agency-wide customer satisfaction survey among its partners . Results from the previous survey, completed in July 2015 are being used within divisions to develop division or program-specific customer service initiatives that address areas for improvement based on the survey responses. The next survey is anticipated to be conducted in 2018.

F. Accreditation

In 2010, Maine CDC started preparing for Public Health Accreditation and received Accreditation in June 2016. This voluntary national initiative is run by the Public Health Accreditation Board (PHAB), which has developed standards and a process for public health agencies to demonstrate that they meet national standards of quality public health practice.

Feedback from this process has identified areas for improvement in fully meeting the accreditation standards. Based on that feedback, additional goals, objectives and activities may be added to the QI plan to ensure that Maine CDC is accredited and can maintain accreditation. Specifically, Domain 9 of the PHAB standards specifically lays out expectations for health departments regarding QI and performance management. The QI team serves as the Domain 9 team and will periodically discuss next steps in maintaining the standards for this domain.

G. DHHS Quality Improvement Initiatives

DHHS has instituted several initiatives to ensure that services are of high quality, add value and meet the needs of the people of Maine. To ensure that applications for federal funding and contracts meet these criteria, all grant applications, request for

proposals and contracts include measures that demonstrate accountability and outcomes. In support of these initiatives, Maine CDC's QI Plan prioritizes activities that meet DHHS goals related to:

- Grant pre-approvals
- Performance-based contracting
- Key Performance Indicators

VI. Training

Staff members at all levels are encouraged to identify training needs and work with their supervisors to incorporate QI training into their professional development work plans. New employees are oriented to Maine CDC's culture of quality via the orientation and QI materials provided on Maine CDC's Intranet site. Bi-monthly "Lunch and Learns" will utilize existing training resources to provide additional training to interested staff. Additional links to on-line resources for QI training are also provided on the Intranet.

The PHPI staff are trained and experienced in QI so that they can assist Maine CDC staff. QI Team members are granted time and opportunities for QI-related training, to build their expertise and share it within their Division/Office. At a minimum, four QI Team meetings per year have a training component so that QI Team members develop skills that can be used to provide staff at Maine CDC with technical assistance.

VII. Communications Strategies

Regular QI communications within Maine CDC are designed to promote engagement of staff in the QI Plan.

- A quarterly Accreditation/QI Newsletter, "Quality Connections," is disseminated via e-mail to all Maine CDC staff and posted to Maine CDC's Intranet site.
- Management level staff is represented on the QI team to interface with SMT as needed.
- The QAPI manager meets as needed with the Chief Operating Officer and the State Health Officer to report on progress and move QI initiatives forward.
- PHPI staff is available to attend program meetings to engage staff, to provide QI activity updates and to support QI activities within programs.
- QI projects and tools will be periodically presented at Maine CDC staff meetings.
- QI project storyboards are included in the QI/Accreditation Newsletter and posted on the Intranet to highlight successes.

VIII. Monitoring and Evaluation

To ensure the QI plan is successfully implemented, the completion of yearly activities (reflected in the work plan in Appendix A) is monitored by PHPI staff, with quarterly

reports presented to the QI Team and SMT for review, revision and action. QI projects reported to the QI team are also reviewed and monitored. The QI Team attempts to gather information on all QI activities, but can only monitor and support those activities reported to them.

The Culture of Quality Survey is conducted every two years. This survey, first administered to all Maine CDC staff in 2011, measures three critical QI Domains: QI Culture, QI Capacity and Competency and QI Alignment and Spread. The tool is based on research from the fields of organizational design, psychology, health care and complexity theory (Joly, BM, et al, *Measuring Quality Improvement in Public Health, Evaluation and the Health Professions*, 2012; 35(2): 199-147) and was adapted by for Maine CDC's use.

Based on results of the Culture of Quality Survey, progress noted in achieving the QI objectives and in implementing this plan, as well as adjustments based on available resources, the QI plan is revised and updated each year. Additional revisions may be made during a calendar year, as deemed necessary by the QI Team and SMT.

Appendices

A. 2016 Work Plan & Gantt Chart

	Jan/16	Feb/16	Mar/16	Apr/16	May/16	Jun/16	July/16	Aug/16	Sep/16	Oct/16	Nov/16	Dec/16
GOAL 1: Improve the culture of quality at the Maine CDC												
Identify new QI members reflecting the new organizational structure at Maine CDC			X	X	X	X	X	X	X	X	X	X
Improve tracking of QI activities at Maine CDC				X	X	X	X	X	X	X	X	X
Conduct bi-monthly "Lunch and Learns" on QI skills and tools	missed		missed		X		X		X		X	
Identify and post to Intranet on-line training and other learning resources related to QI tools and processes				missed			X			X		
Review and revise the QI information on Maine CDC's Intranet					X							
Review PHAB's report on Domain 9 standards and measures, and identify opportunities for improvement						X						
Make improvements to Domain 9 standards and measures							X	X	X	X	X	X
GOAL 2: Increase data-guided decision making across Maine CDC as shown by systematic use of a performance management tracking tool, performance-based contracting data and other credible data sources.												
Work with management and program staff to develop key performance indicators for all programs, units, grants and contracts							X	X	X	X	X	X
Develop a new visualization tool for Maine CDC key performance indicators							X	X	X	X	X	X
Create and obtain approval for pre-approval accountability charts for Maine CDC grants before the grant start date and revise as needed for SMT and OCQI approval (QAPI staff)	X	X	X	X	X	X	X	X	X	X	X	X

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2015 Gantt Chart (continued)

	Jan/15	Feb/15	Mar/15	Apr/15	May/15	Jun/15	July/15	Aug/15	Sep/15	Oct/15	Nov/15	Dec/15
GOAL 2 continued												
Link measures on grant ATs to the Performance Management System to grant and contract measures (QAPI staff)							X	X	X	X	X	X
Identify areas for improvement from the Progress Tracker, as determined by quarterly QI and program review									X			X
Document division and/or program actions taken in response to the Progress Tracker, including individual QI projects									X			X
GOAL 3: Improve Maine CDC performance through QI projects												
Complete and document at least two QI projects per program, per year	X	X	X	X	X	X	X	X	X	X	X	X

B. Definitions

AIM statement

An AIM statement is an explicit description of a team's desired outcomes expressed in a measurable and time-bound way.

Accountability template:

The accountability template is a standard format for describing grants, RFPs and contracts, including service descriptions, objectives, activities and measures. This template is used by DHHS to ensure that funding from grants and contractual services align with DHHS strategic priorities and contribute to outcomes that benefit Maine people.

Continuous quality improvement

Continuous quality improvement is the on-going effort to constantly improve processes, work products and outcomes.

Cost-effective

Cost-effective interventions are those which provide the best possible value based on the cost of the intervention.

Culture of Quality

The culture of an organization is the embodiment of the core values, guiding principles, behaviors and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished; it matures over several years, during which norms are passed from one "generation" of staff to the next. A Culture of Quality is defined as an organizational culture that embraces continuous QI as a core value, and where staff behaviors and attitudes reflect this value. At Maine CDC, the Culture of Quality is measured through an adapted version the "QI Maturity Tool," developed by Brenda Joly and her colleagues at the University of Southern Maine. Key components of this tool include leadership commitment, collaboration between staff, leadership and staff skills, systematic application of tools, approaches and data, time investment, integration of QI into job descriptions, work plans and daily practice, the ability of staff to make decisions to improve quality and the overall perception of the value of QI.

DHHS approved measures:

The Office of Continuous Quality Improvement reviews and approves the measures proposed for grants, RFPs and contracts, ensuring that they are clearly defined, have solid data sources and describe clear outcomes for DHHS activities. These measures are used by DHHS to hold programs and contractors accountable for the funds spent on DHHS activities.

Escalated Ideas/Opportunities for Improvement

In Maine CDC's Idea System (see definition below), Opportunities for Improvement (OFIs) that are beyond the scope of a single idea team can be "escalated" to the QI Team. The originating Idea Team describes the OFI, a proposed solution and the resources that implementing the solution will take (including time and money). The QI Team considers the OFI, then seeks appropriate resources and authority for the OFI, asks the original team to do more research on the solution or rejects the OFI.

Essential Public Health Services:

The 10 Essential Public Health Services describe the public health activities to which all populations should have access and provide a framework for public health programming, as well as for Public Health Accreditation. They are:

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.

Evidence-based

Evidence-based practices are those which have been shown through evaluation to be effective. In order for a practice to be considered evidence-based, there must be credible scientific evaluation of the effectiveness of the practice and the practice must be implemented without significant changes from the evaluated practice. Practices that do not have rigorous evaluation, but follow sound principles, and practices that have been adapted from an evidence-based practice for a new setting or population may be considered "promising practices" but do not fit under a strict definition of "evidence-based."

Gantt chart

This tool lists all activities required to complete a project, and the timelines associated with these activities. The activities are listed in rows, with columns for specific time periods, such as weeks, months, or quarters. The rows are shaded or filled with Xs to indicate when an activity will take place.

Idea System

An Idea System creates a structured way to tap into each employee's ideas for improving the way that work is done every day. This sets in motion a system of continuous QI, saves time and recognizes the valuable contributions made by those who do the front line work of an organization. It may be considered a less formal process than a QI project.

Idea System Facilitator's Guide

A guide for the facilitators of Maine CDC Ideas Teams was developed to outline expectations and provide support to the facilitators. This resource is posted on Maine CDC's Intranet site and is maintained by the QI Team.

Key Performance Indicators

DHHS has requested the Offices identify selected key performance indicators which are directly related to the outcomes of DHHS work and can be tracked quarterly and will be discussed in Executive Management Team meetings. Maine CDC will be developing additional key performance indicators under the new Strategic Plan and organizational structure, which will be tracked in the Performance Management System and discussed in management meetings.

Lunch and learns

A lunch and learn is an internal training opportunity most often provided by Maine CDC colleagues, where participants are invited to bring their lunch and spend the lunch period listening to a presentation or discussing a topic.

Opportunities for Improvement

An Opportunity for Improvement (OFI) is any idea, issue or "pain" point that any staff person identifies. Some OFIs may be simple to address, with small changes within a program, while others may emerge as full QI projects. OFIs can be considered on one end of the continuum of change that Maine CDC makes to improve processes and outcomes, with formal QI projects at the other end of the continuum.

Outcomes

Outcomes are the measurable results of a successful program. For Maine CDC, these most often are improvements to the health of Maine people of a specific population within Maine, such as adults with a chronic health condition or low-income children under the age of five.

Performance-based contracting

Performance-based contracting is defined in Maine statute as "an agreement for the purchase of direct client services employing a client-center, outcome-oriented process that is based on the measurable performance indicators and desired outcomes and includes the regular assessment of the quality of services provided."

Performance management

Performance management is the process of identifying actual results against planned or intended results and acting on those results. Performance management systems measure whether progress is being made toward goals by systematically collecting and analyzing data to track results to identify opportunities and targets for improvement.

Performance management system

A fully functioning performance management system that is completely integrated into daily practice at all levels includes: 1) setting organizational objectives across all levels, 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 QI processes.

Performance measure or metrics

Performance metrics are specific data points with clear definitions and data sources that can be used to measure how well a program or contractor is meeting defined objectives and reaching outcomes.

Performance reviews

All State of Maine employees are expected to have a yearly performance review that documents the employee's accomplishments and performance based on expectations set at the beginning of the rating period. In addition, the performance review process includes an employee professional development plan that outlines expectations for professional training.

Plan-Do-Check-Act Cycle

The Plan-Do-Check-Act Cycle is a four-step model for creating and implementing change. It is an interactive process that is repeated for continuous improvement. Intended for rapid cycle improvement (six weeks to three months), the Plan phase includes the formation of a team, the description of the problem and an AIM statement defining the goal and a methodology to approach the improvement. The Do phase involves implementing the plan developed in the first phase, including collecting data on the improvement. The Check phase consists of looking at the data from the Do phase to see if the results were as intended. During the Act phase, the team decides whether to adopt the changes made, make further changes (adapting the Do phase) or abandon the change.

Population-based

Maine CDC focuses most of its work on Population-based activities. These are “interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; diet and sedentary lifestyles; and environmental factors.” (*Turnock BJH. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.; 1997*)

Pre-approvals (for Grants)

All grants must be approved by DHHS Pre-approval Committee, consisting of senior DHHS staff, before funding is spent. New grants also require approval from the Governor's office. This process ensures that grants and contracts align with DHHS strategic priorities and contribute to outcomes that benefit Maine people.

Public Health Accreditation

Public Health Accreditation is the process by which public health agencies apply for accreditation from the Public Health Accreditation Board (PHAB). The process requires three pre-requisites: a State health Assessment, a State Health Improvement Plan and an agency strategic plan. The agency submits a Letter of Intent, following by an application.

Documentation of 105 measures in 12 Domains meeting the guidelines provided by PHAB are uploaded into PHAB's electronic system. A site visit team reviews the documentation, meets with agency staff to discuss the documentation and reports to the PHAB., PHAB then determines if the agency has sufficiently met the standards to become accredited or if the agency must complete a one-year work plan to improve on compliance with the standards in order to become accredited.

Public Health Accreditation Board (PHAB)

PHAB is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB sets standards of public health agencies and accredits them according to these standards. www.phaboard.org

PHAB Domains:

PHAB has organized the public health standards into 12 domains. Ten of these domains directly link to the Ten Essential Public Health Services (see above in the definitions), while the other two include the areas of administration and governance.

Quality assurance (QA)

QA is the maintenance of a desired level of quality in a service or product.

Quality control (QC)

QC is the maintenance of standards, ensuring that products and services meet specific requirements and blocking the release of defective products or results.

Quality improvement (QI)

QI is the use of a deliberate and defined improvement process that 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.

Quality improvement (QI) activities

QI activities are any steps taken by Maine CDC staff to improve processes at Maine CDC. QI activities can range from a completed Opportunity for Improvement that is part of the Idea System to a full-blown QI project or ongoing QI cycle that encompasses several successive QI projects.

Quality Improvement (QI) Team

The QI Team is made up of Maine CDC staff with representation from across all of Maine CDC and all levels of the organization. Its mission is to provide leadership for and to foster engagement in continuous organizational QI and performance management efforts at all levels of the Maine CDC, thereby advancing efficiencies and effectiveness within the organization.

Quality improvement (QI) project

A QI project is a time-limited, data-driven activity conducted by a team of individuals and bound by an AIM statement, designed to improve a specific process or outcome.

Quality improvement (QI) tool

A QI tool is any structured process that assists in the completion of QI projects. Some QI tools may also be applicable to other public health processes or may be used in other QI activities. The Public Health Foundation has outlined a variety of these tools in the *Public Health Quality Improvement Encyclopedia (2012)* (available from the QAPI staff).

State Health Improvement Plan (SHIP)

The Maine CDC, along with partners, stakeholders from across the state, developed a State Health Improvement Plan in 2013. This plan identifies six priority areas, and goals, objectives, strategies and measures for each. Six workgroups are addressing these priorities areas and tracking the implementation of the selected strategies. The SHIP includes Maine CDC activities, as well as contributions from governmental and non-governmental partners. The SHIP is posted on the Maine CDC website: <http://www.maine.gov/dhhs/mecdc/ship/>

Storyboard

A storyboard is a visual presentation of a QI project that includes the team members, the AIM, the plan, the improvement actions taken, the results and conclusions drawn and the next steps. Maine CDC uses a Plan-Do-Check-Act format for QI project storyboards. The template for these storyboards is found in on Maine CDC's common drive. <H:\Maine CDC Quality Improvement\QI Storyboards\Maine CDC Quality Improvement Project Storyboard.docx> .