

What's Going Well in Our CQI Culture?

1. Check off items that your organization is doing really well.
2. Write down specific things that are working well right now.

	FOUNDATIONAL ELEMENT	THINGS THAT ARE WORKING WELL NOW
☐	Leadership Commitment: Leaders set a vision, allocate resources, and foster communication and engagement throughout the organization.	
☐	QI Infrastructure: Systems (QI Councils, performance management, QI plans) to make sure QI is connected to organizational goals and becomes part of everyday work.	
☐	Employee Empowerment: Staff have tools and support to use QI in their daily work including training, clear expectations, and trust to make decisions without fear of getting blamed.	
☐	Customer Focus: Listening to those we serve to understand their needs, work with them to create better programs, and continuously improve to meet and exceed their expectations.	
☐	Teamwork and Collaboration: Teams meet regularly to solve problems, learn from each other, and make improvements together, working across silos to spark innovative ideas.	
☐	Continuous Quality Improvement: Always looking for ways to improve, seeking to find the root cause, and making small gradual improvements using rapid Plan-Do-Study-Act cycles.	

Next Steps to Move Your Culture Toward Exemplary



	LEADERSHIP COMMITMENT	QI INFRASTRUCTURE	EMPLOYEE EMPOWERMENT	CONTINUOUS IMPROVEMENT	CUSTOMER FOCUS	TEAMWORK & COLLABORATION
Just Getting Started (Phase 1-2)	Tell your team you are committed to QI and share your vision for the culture	Identify a QI point-person to learn more about QI and to support others to do QI	Ask staff to share ideas for making their work better Use simple QI tools to look at a problem together (e.g. PDSA, process maps, fishbone, etc.)	Map out a process staff notice needs improving Ask, "What can we try out this week to make things better?"	Ask clients for feedback "How did this go for you today?" Share customer stories in meetings to inspire staff	Use cross-department huddles to share what's working and what's not
Going in the Right Direction (Phase 3-4)	Ask staff questions about "what they need" and "where they would like to see improvements" Recognize the big wins AND the small wins Look at organizational data monthly Review current QI projects	Set a few clear improvement goals Create a plan for how you will work toward those goals	Encourage staff-led improvements with supervisor support Recognize staff contributions in newsletters/ meetings	Pick 4-5 QI tools (e.g. PDSA, process maps, fishbone, etc.) and use them consistently across the organization	Make tweaks and improvements based on feedback from customers and community	Bring together cross-department teams to solve a problem
Exemplary Agency Wide Culture (Phase 5-6)	Start a QI project that involves more than one department Ensure everyone has department goals and understands how QI can help reach those goals	Set up a process to share data across the agency Build QI into everyday systems: meetings, job descriptions, recognition, and onboarding	Peer-to-peer coaching and mentoring to support each other in doing QI Create opportunities for staff to initiate projects independently	Talk about how QI projects are improving outcomes, operations, and finances Spread successful changes	Include customers in at least 1 project planning session Co-design solutions with community partners	Train staff how to lead problem solving and improvement conversations Work together on improvements that affect the whole organization

Our Next Best Steps

PLAN (Pick one element) → **DO** (Try out an idea on a small scale) → **STUDY** (Learn what worked) → **Act** (Adjust and try again).

PLAN: Pick one foundational element to improve • Pick ONE foundational element from the list above. One that is holding your CQI culture back from being exemplary. • Decide on ONE strategy or a small change to try. (Something you can do in a few days or weeks, not a big overhaul.) • Define what success looks like in simple terms. <i>Example: We want to encourage continuous improvement. Success = All the WIC staff conducts one personal PDSA during the month of September.</i>	<u>What is one foundational element we can focus on this month?</u> <u>What one strategy that will make a difference right now?</u> <u>What will help us know we are successful if?</u>
DO: Try it Small • Test your idea with one person or team first. • Keep it simple so it's easy to see results quickly. <i>Example: We will start with one team meeting in the WIC section. We'll use fun examples to show how the PDSA concept. We'll ask each person to conduct their own personal PDSA cycle and share back.</i>	<u>When will we test our idea?</u> <u>Who will we test our idea with?</u> <u>How will we test our idea?</u>

STUDY: See What Happened

- After a day check what's working and what's not.
- Gather quick feedback from those involved (ask, "How did that feel? What would make it easier?").
- Look at any simple measures you set (participation, time saved, etc.).

Example: At the end of the meeting we'll check in and ask everyone to give a thumbs up or thumbs down if the PDSA activity was valuable and helped them understand the concept. Count the number of staff who complete their own PDSA cycle.

What did we learn?

What worked well?

What didn't work as we had hoped? Why?

ACT: Adjust & Expand

- *If it worked well, try it again or expand to another person or team.*
- *If it didn't work, tweak one thing and try it again.*

Example: Staff felt they needed both fun and real life examples, next time we teach the concept will include both. Repeat the idea with a new section in the Health Department and study, learn what works for them.

What will we do differently next time?

When will we try the idea out again?

North Carolina Examples from the Field

- **Using Data for Improvement in Onslow County – Leadership Commitment & QI Infrastructure (Phase 4):** Data helps us see what needs to be improved. In Onslow County, the team is offering individual training on essential data skills. Things like how to use Excel, how to read graphs, which data to monitor (and why), and how to use data to guide improvements. *The larger goal is for every division to track meaningful metrics and develop an internal data display system for all teams throughout the health department.* Not as a punitive measure, but to celebrate progress and strengthen connections across divisions and within sections. When teams hit their goals, everyone can see it, and other divisions can get a clearer picture of what their colleagues are working towards. – Sara Eighmy, November 2025
- **Reducing Appointment Wait Times in Macon County – Leadership Commitment & QI Infrastructure (Phase 3-4):** Macon County's work on their appointment scheduling system reflects an organization transitioning from Informal or Ad Hoc QI Activities (Phase 3) toward Formal QI Activities Implemented in Specific Areas (Phase 4). Leadership formalized its commitment to improvement by creating a quality program manager position, establishing a QI Council, and providing agency-wide training in Lean and PDSA methods. After beginning with smaller projects to build staff engagement, the department applied structured QI tools to redesign a siloed appointment scheduling system that had caused long wait times and inefficiencies. *By defining the project scope, testing changes on a small scale, and measuring patient satisfaction and wait times, MCPH reduced appointment waits from as long as 1 to 2 months to under 72 hours, decreased no-shows, improved staff efficiency, and reinvested cost savings into mission-critical services.* This success prompted ongoing QI successes in child health visit flow, environmental health complaints, medical records flow, the client feedback process, laboratory flow, men's health, school health information technology, vaccine storage and management, and the workflow of their WIC program. – 2009 Case Study published in [Bruckner et al., 2023](#)
- **Increasing Breastfeeding Rates in Beaufort County's WIC Program – Leadership Commitment & QI Infrastructure (Phase 3-4):** Beaufort County's 2010 breastfeeding initiative demonstrates a department operating in Phase 3 (Informal or Ad Hoc QI Activities) while moving toward Phase 4 (Formal QI Activities Implemented in Specific Areas). Prior to the initiative, the department lacked formal processes to sustain QI, though staff had some experience using improvement methods to reduce waste. Leadership's participation in the 6 month 'QI 101' training with other LHDs and formation of a

multidisciplinary QI Team* marked a shift toward more structured improvement work. Using the Model for Improvement and PDSA cycles, ***the team addressed lower than average breastfeeding rates in the WIC program through a pilot program that surveyed WIC recipients and responded to their feedback, achieving a 17% absolute increase within one year.*** While highly successful and supported by leadership, the work remained concentrated in a specific program area, signaling progress toward formalized QI without yet reaching full agency-wide integration. Success was then shared through a 2012 case study, promoting QI in our state. – 2009 Case Study published in [Wright et al., 2012](#)

**QI Team included: Health Director, a WIC nutritionist, the business officer, the maternity care coordinator, and the public health education specialist. Outside stakeholders surveyed and initiative support provided by The Center for Public Health Quality.*

- **QI Tools in Finance at ARHS – QI Infrastructure & Employee Empowerment:** Albemarle Regional Health Services (ARHS) worked hard to make QI more than just a checklist — it's a mindset that guides how we operate. Staff are engaged in reviewing processes, being open to new ideas, and discussing challenges as they arise. One of our recent QI projects focused on restructuring finance team roles and responsibilities and improving the purchasing and receiving processes. During our twice-weekly team huddles, staff shared barriers they were facing, brainstormed solutions, and tested new workflow adjustments. ***We used several QI tools, such as a value stream map, which helped the team visualize the current process, pinpoint areas for improvement, and create a roadmap for enhancements to improve overall flow and reduce errors.*** Staff conversations were open, honest, and supportive. Team members were willing to try new ideas and make corrections when things didn't work as planned. For the finance team, QI has shifted from feeling like an "extra task" to becoming an integral part of daily operations at ARHS. – Amy Underhill, October 2025
- **Succession Planning in Person County – Employee Empowerment:** Giving staff the chance to spot improvement opportunities and lead changes builds confidence and momentum. In Person County, succession planning became a priority as several retirements and vacancies occurred. ***Staff created a simple, formal way to capture the knowledge behind each role, so work continues smoothly when someone retires or leaves.*** They introduced a position profile form that every employee completes each year, documenting key tasks and responsibilities. This protects the continuity of operations and keeps important knowledge from being lost. – Leigh Ann Creson, November 2025

- **Environmental Health Quality Assurance in Craven County – Employee Empowerment & Customer Focus:** Craven County Health Department has worked for years to create a culture of quality assurance and improvement on their environmental health teams, which prepared them well for the recent Consolidated Agreement quality assurance reporting requirement changes which took effect in fiscal year 2026. They embed quality assurance throughout onboarding, maintain open communication, seek external feedback, and have normalized a culture of documentation and reporting. Their Food & Lodging and Well/Onsite teams have both embraced advance features of the Customized Data Processing (CDP) program to help document and report program compliance. As a result of their quality assurance efforts and detailed reporting efforts, they notice improved onboarding, more self-awareness among team members, and improved internal communication. By prioritizing this as an agency, and building it into their culture, the new Consolidated Agreement requirements feel easily achievable rather than burdensome. Their approach *“helps us ask why something is out of compliance and determine how to help move things back into compliance. It changes the way we’re doing our work.”* – Margareta Slagle and Devin Lennon, January 2026
- **Bottom-Up QI in Onslow County – Employee Empowerment & Continuous Quality Improvement:** “For a time, QI at Onslow County Health Department felt stuck. We had completed a suite of training tools for our leadership team, which gave them a solid working understanding of QI concepts. However, after some staffing changes, it became clear that an academic approach alone would not create the momentum we needed. *Real change wasn’t going to come from theory—it had to come from how we worked together every day.* Our Quality Assurance Specialist took the first step by examining every process, in every section, across every division, which created space for staff to candidly share where things were working well and where they weren’t. These conversations became the spark that began shifting how we think about QI. Instead of QI being something handed down from leadership, we are moving toward a bottom-up approach—one where process improvement is a team effort. By focusing on the experiences of staff who carry out the work each day, we are building ownership, trust, and practical solutions. *Leadership still provides structure and support, but the real progress comes from staff recognizing that their voices matter and their ideas can directly shape how we move forward.* This change in mindset—from QI as an academic exercise to QI as a collaborative, agency-wide practice—has been key to our progress. It has reframed QI as something tangible, relevant, and achievable, which has allowed us to take steady steps toward embedding it into our culture.” – Sara Eigmy, August 2025

- **Huddles at ARHS – Teamwork and Collaboration:** Albemarle Regional Health Services (ARHS) is a big proponent of HUDDLES!!! Our finance and billing teams, along with HR and Clinical admin actually use this tool weekly. ARHS uses Microsoft Teams, where we have created a team/channel for each huddle, and record notes there every week to keep us on track. The huddles are just an opportunity to share what is going on, where everyone is, who needs help with what, and address any concerns. As Amy says, *“Improving communication channels and providing regular updates helped build trust and engagement so we could advance to the next phase.”* - Ashley Stoop, February 2026
- **CQI Course (PUBH 730) Contributions to Chatham County Public Health Department’s Reaccreditation Efforts – Teamwork and Collaboration:** Since Fall 2024, UNC Gillings’ Public Health Leadership and Practice (PHLP) faculty and students have partnered with the Chatham County Public Health Department through the PUBH 730 Continuous Quality Improvement (CQI) case study. This collaboration focuses on the North Carolina Local Health Department Accreditation Activity 5.1, which requires local health departments to maintain a 24/7 system for receiving reports of communicable diseases and public health threats. During the most recent site visit, this activity was not met due to the lack of documented distribution and education of partners regarding the current notification protocol. Each semester since Fall 2024, Master of Public Health (MPH) students work in teams to analyze this real-world challenge and propose actionable, evidence-informed solutions. At the close of every term, de-identified student *insights are shared with the Chatham County Local Health Department Director to support continuous improvement and strengthen readiness for the next reaccreditation cycle.* This partnership not only enhances student learning but also advances the department’s capacity to protect community health. Chatham County Local Health Department Director **Michael (Mike) Zelek, MPH**, reflected the value of this collaboration in his December 19, 2025 note of appreciation: *“Thank you for sending this! It will be helpful as we prepare for our reaccreditation visit next year.”* This ongoing teamwork exemplifies how academia and public health practice can work hand-in-hand to build stronger, more resilient systems, while training the next generation of public health leaders. – Marie Lina Excellent, February 2026

Tools & Resources

North Carolina Specific Resources

- **Culture of Quality Improvement Case Study Resources: PHIG 2 Accountability & Performance Management Deliverable** (NCIPH): https://sph.unc.edu/wp-content/uploads/sites/112/2025/04/Culture-of-QI-Case-Study-Resources_Final_v2.2.pdf
- **Quality Improvement Guidebook: Using QI Tools for Continuous Improvement at NCDHHS DPH** (NCDHHS Division of Public Health): <https://sph.unc.edu/wp-content/uploads/sites/112/2025/04/Quality-Improvement-Guidebook-TO3-Deliverable-1.pdf>

National Resources

- **Foundational Elements of a QI Culture - QI Roadmap** (NACCHO): <https://virtualcommunities.naccho.org/qi-roadmap/elements>
- **Phases of a Culture of Quality - QI Roadmap** (NACCHO): <https://virtualcommunities.naccho.org/qi-roadmap/phases>
- **Quality Improvement Plan Guide**: (ASTHO): <https://www.astho.org/topic/resource/quality-improvement-plan-guide/>

Tools

- **Huddles**: (Institute for Healthcare Improvement): <https://www.ihl.org/library/tools/huddles#downloads>
- **Needs Assessment Toolkit**: (MCH Evidence Center): <https://www.mchneeds.net/tools-by-step.php>
- **QI Videos & Tools**: (Population Health Improvement Partners): <https://improvepartners.org/toolbox/toolbox-details/qi-videos-tools/>
- **Quality Improvement Tools to Advance Public Health Performance**: (Public Health Foundation): <https://phf.org/tools-resources/quality-improvement-tools-to-advance-public-health-performance/>
- **What is Scrum**: (Scrum.org): <https://www.scrum.org/resources/what-scrum-module>

Organizational Examples

- **IQ@TOH Innovation Framework** (The Ottawa Hospital: Innovation and Quality): <https://www.hiroc.com/news/tohs-innovation-framework-improves-care-quality-and-patient-experience>
 - *A tailored, hospital system QI framework. The framework includes 5 main steps in a QI timeline, describing definitions, importance, and tools for each, integrating various QI models.*
- **The Performance and Quality Playbook**: (Montana Public Health Institute): <https://www.mtphi.org/resource-library/performance-quality-playbook>