

POLICY: OP-03-07

QUALITY IMPROVEMENT

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A. PURPOSE

To continuously improve the practice of public health and ultimately advance the health and safety of the community, by providing the context and framework for quality improvement (QI) activities at the Northern Kentucky Health Department (NKHD) and by focusing on key processes, programs, services and outcomes in which performance will be managed.

B. POLICY STATEMENT

The Northern Kentucky Health Department is committed to systematically evaluate, improve, monitor and report on the quality of its programs, processes and services in order to achieve a high level of efficiency, effectiveness and customer satisfaction. The Health Department commits to a culture of quality, exhibited by:

- Leadership committed to continuous quality improvement
- The integration of QI into all programs and services, as well as the Health Department's overall agency policies, program plans, and strategic plans
- A focus on improved outcomes
- The existence of a functioning, formal performance management system
- The use of an annually updated QI plan for the Health Department
- The use of an updated organizational strategic plan for the Health Department
- Active engagement in a comprehensive community health improvement process resulting in a community health improvement plan, updated at least every five years
- The communication of QI activities and outcomes
- Employee involvement in QI and performance management, across all levels and services/programs
- Organizational learning, including ongoing QI and performance management training for all staff, and the sharing of best practices and lessons learned
- The incorporation of QI competencies and activities in job descriptions and individual performance evaluations
- A focus on the customer, both external and internal, in all programs and services
- Resources allocated to ensure QI and performance management

Quality improvement will be achieved through continuous improvement efforts at district-wide and division levels, as well as at program- or project-specific levels.

C. QUALITY IMPROVEMENT GOVERNANCE STRUCTURE

Members:

The District Director of Health and members of Senior Staff will serve as members of the Health Department's QI Oversight and Performance Management Team.

Roles and Responsibilities of NKHD Staff:

- District Director of Health:
 - Provides vision for NKHD and its QI and performance management activities, in alignment with the vision, mission and core values of the Northern Kentucky Health Department
 - Convenes Senior Staff meetings
 - Encourages and supports NKHD management and staff in QI and performance management activities
 - Responsible for the allocation of resources for QI and performance management activities
 - Reports QI and performance management activities and outcomes to the District Board of Health
 - Ensures documentation of QI and performance management activities is included in Senior Staff Meeting agendas, minutes and action registers
- QI Oversight and Performance Management Team:
 - Supports QI activities and the promotion of a culture of quality, in alignment with the vision, mission and core values of the Northern Kentucky Health Department
 - Responsible for assuring the Health Department accomplishes QI activities included in annual Quality Improvement Plans (QIPs)
 - Reviews, evaluates and revises annual QIP
 - Monitors status and reviews results of QI projects
 - Supports the development, implementation and ongoing maintenance of the NKHD's performance management system
- Division Directors:
 - Provide oversight of QIP/QI projects and Performance Management System within their divisions or district-wide, along with the District Director of Health, and with support from team members
- Designated Planning Administrator:
 - Responsible for implementation of the QI program and performance management system throughout the NKHD, in collaboration with the QI Oversight and Performance Management Team and other NKHD management staff
 - Provides technical assistance, support and training to individuals, groups and teams in order to improve staff capacity and skills in QI and performance management
 - Formally reports QI and performance management activities and outcomes, during monthly Senior Staff Meetings, to the QI Oversight and Performance Management Team on a quarterly basis, and monthly, as needed
 - Coordinates the development of the annual QIP, in collaboration with the QI Oversight and Performance Management Team and other NKHD management staff

- Coordinates the development of goals and objectives included in the NKHD performance management system, in collaboration with the QI Oversight and Performance Management Team and other NKHD management staff
- All Management Staff:
 - Responsible for conducting QI efforts and for promoting NKHD staff to participate in QI processes in their respective division or unit
 - Identifies appropriate staff to participate in QI projects
 - Participates in the development, implementation and evaluation of the annual QIP, as per activities that fall within their respective division or unit
 - Participates in the development, implementation and evaluation of goals and objectives in the NKHD's performance management system, as per activities that fall within their respective division or unit
 - Ensures goals and objectives are measurable and include time frames for measurement
 - Monitors and reports on goals/objectives in the QIP and performance management system, as per activities that fall within their respective division or unit
 - Ensures communication of QI activities and outcomes to staff within their division or unit and to other appropriate NKHD staff
- Non-Management Staff:
 - Participate in QI projects, as requested by supervisor
 - Understand how unit-level performance measures relevant to their work affect division-level and/or district-level performance measures

D. BUDGET AND RESOURCE ALLOCATION

The NKHD is committed to improving the quality of its services and programs by annually allocating sufficient resources to support the NKHD's QI, performance management, accreditation and strategic planning activities. In addition, it is an expectation of the District Director of Health that QI competencies and activities be incorporated into the job descriptions of all NKHD staff.

E. PROJECT IDENTIFICATION

QI projects are identified by management and non-management staff, and approved through the organizational chain-of-command. QI activities are chosen based on whether they have a direct or indirect influence on the Health Department's ability to promote and protect the health of Northern Kentucky by providing public health services essential for a safe and healthy community.

F. KEY QUALITY TERMS

- Quality improvement (QI): 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. (Riley, Moran, Corso, Beitsch, Bialek and

Cofsky. *Defining Quality Improvement in Public Health*. Journal of Public Health Management and Practice. January/February 2010).

- **Quality Improvement Plan (QIP):** A plan that identifies specific areas of current operational performance targeted for improvement within the organization. A QIP includes written descriptions of specific, planned QI activities to be carried out within certain timeframes. QIPs should be broad in scope, reflecting a range of health and service issues relevant to the populations served. QIPs can and should cross-reference one another, so a QI initiative in the QIP may also be in the organizational Strategic Plan. (See “Performance Management System.”)
- **Continuous quality improvement (CQI):** A quality philosophy that believes organizations can always make improvements. CQI can also be described as an ongoing effort to increase an agency’s approach to manage performance, motivate improvement and capture lessons learned.
- **CQI team:** Generally an internal team, organized by management, guided by a problem statement and an AIM statement to carry out QI activities through the PDCA cycle. CQI teams are charged with developing, implementing, evaluating and reporting on QI projects.
- **AIM statement:** A concise, specific written statement that defines what a team hopes to accomplish with its QI efforts. It includes a numerical measure for the future target, is time-specific and measurable, and defines the specific population that will be affected. The AIM Statement answers the following questions: *What is the team striving to accomplish? What is the timeline? What is the specific numerical measure the team wishes to achieve? Who is the target population?*
- **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 health 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. (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011)