

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

| | | | |
|---|---|--|-------------------------------------|
| FCCHD DIVISION: Health Administration | PROCEDURE 2016-01-HA: Quality Improvement | EFFECTIVE DATE: January 29, 2016 | REVIEWED: REVISED: |
| APPROVED BY: | | DATE: | |

1.0 PURPOSE:

A culture of quality is defined by a commitment on the part of every staff member to continuously improve the organization so that today’s levels of effectiveness and efficiency are incrementally better than yesterday’s performance. The Flathead City-County Health Department (FCCHD) is committed to continuous improvement and has developed a Performance Management System (PMS) to provide a framework to regularly review quality, efficiency, and effectiveness of all programs. One key component of the PMS is quality improvement which provides a systematic manner in which to improve programs. This procedure provides context and framework to the quality improvement activities at the Health Department.

2.0 DEFINITIONS:

Performance management system: continuous use of setting organizational objectives across all levels of the department, identifying indicators to measure progress toward achieving objectives on a regular basis, identifying responsibility for monitoring progress and reporting, and identifying areas where achieving objectives requires focused quality improvement processes.

Performance standards: establishment of organizational or system standards, targets, and goals to improve public health practice.

Performance measurement: development, application, and use of performance measures to assess achievement of performance standards.

Quality improvement (QI): positive changes in capacity, process and outcomes. It involves changes to address public health organizational weaknesses and the use of evidence to inform decision making.

Continuous quality improvement (CQI): an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes.

Quality Improvement Teams (QI Teams): program level teams organized to carry out QI activities, namely Plan, Do, Study, Act cycles. QI Project Teams are responsible for developing, implementing, evaluating, and reporting their QI projects to the Health Department Leadership Team.

Quality tools: are tools designed to assist a team when solving a defined project. Tools will help the team get a better understanding of a problem or process they are analyzing. Standardized tools make reporting and evaluating QI at an organizational level easier.

Plan-Do-Study-Act (PDSA): A four stage problem solving model for improving a process or carrying out change. This is the primary process utilized by the Health Department for QI. A fundamental principle of PDSA is the continuous, cyclic repetition of a process or procedure. Once a change is supported or negated it is important to use the model again to validate what has been learned.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

3.0 PROCEDURE:

3.1 Flathead City-County Health Department Overview of Quality

A culture of quality is an important aspect of how the Health Department operates. To that end, the Health Department has developed a Performance Management System (PMS) to provide a framework for regular review and assessment of all programs. As part of the PMS, a QI Plan is necessary to inform efforts regarding program improvement.

The QI Plan describes how the Health Department chooses QI projects, how QI projects and the QI Plan are managed, the roles and responsibilities of all Health Department staff members in contributing to a culture of quality, how staff will be trained to facilitate a greater focus on CQI, communication of QI projects progress and sustainability of the QI Plan. By utilizing the QI Plan, the Health Department creates a formalized focus on a culture of quality and lays the foundation for future continuous quality improvement.

3.2 Roles and Responsibilities:

The Health Department Leadership Team is responsible for implementing the PMS and thus responsible for the implementation of quality improvement. Team members consist of the Health Officer, Deputy Health Officer, Health Promotion Coordinator, Environmental Health Coordinator, Infectious Disease Prevention and Control Coordinator, WIC Coordinator, Maternal and Child Health Coordinator, Evidenced-Based Home Visiting Coordinator, and additional program staff as assigned.

At the Health Department, the Leadership Team functions as the Performance Management Team regarding QI Projects.

Figure 1: Quality Improvement Structure



Performance Management Team (PMT)- This team will meet on a monthly basis to review program metrics. The team will also help initiate QI and provide oversight to QI projects in process.

Performance Management Team members should:

- Be knowledgeable about principles and processes of QI.
- Provide QI expertise and guidance for QI Teams.
- Provide QI training to new and existing staff.
- Assist in the development of departmental QI activities.
- Review and revise annual QI Plan prior to approval.
- Advocate for QI and encourage a culture of learning.
- Apply QI principles and tools to daily work.
- Prioritize the selection of QI projects each year.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

Coordinator/Director- Meet with PMT semi-annually to discuss metrics and gaps. If metrics are not being met, a QI project will be initiated with specific program staff. All Coordinators/Directors are members of the PMT.

Coordinators/Directors should:

- Facilitate the QI Teams.
- Ensure all QI procedures in the QI Plan are completed.
- Identify needs and seek out assistance from the PMT.
- Update the PMT on a quarterly basis regarding the status of the QI project.
- Complete reports and presentations as required by the PMT.

QI Team- These teams will consist of staff from specific programs working together on a QI project as designated by their coordinator/department manager. All staff will be expected to participate in Quality Improvement.

QI Team members should:

- Carry out the scope and purpose of the assigned QI project following the PDSA framework

3.3 Staff Training:

In an effort to ensure competency for all staff, the Health Department will provide training in many areas as part of the workforce development plan. Quality improvement will be an important educational piece, including the importance of using evidence-based projects to meet performance management goals. Staff training will be completed to educate all staff on QI and the tools used in QI.

New Staff

- Provided access to the Quality Improvement Plan during New Employee Orientation

All Staff

- Ongoing staff trainings on subjects relevant to quality improvement and performance management (quarterly meetings, division/staff meetings, etc.)
- Provided access to the Quality Improvement Plan
- Hands-on training via work on QI projects as assigned

PMT

- Will discuss QI case studies introducing each phase of the PDSA QI cycle
- Provided materials and resources on using storyboards as reporting tools for QI projects
- Will be offered hands-on training to develop skills, as needed

3.4 Budget and Resource Allocation:

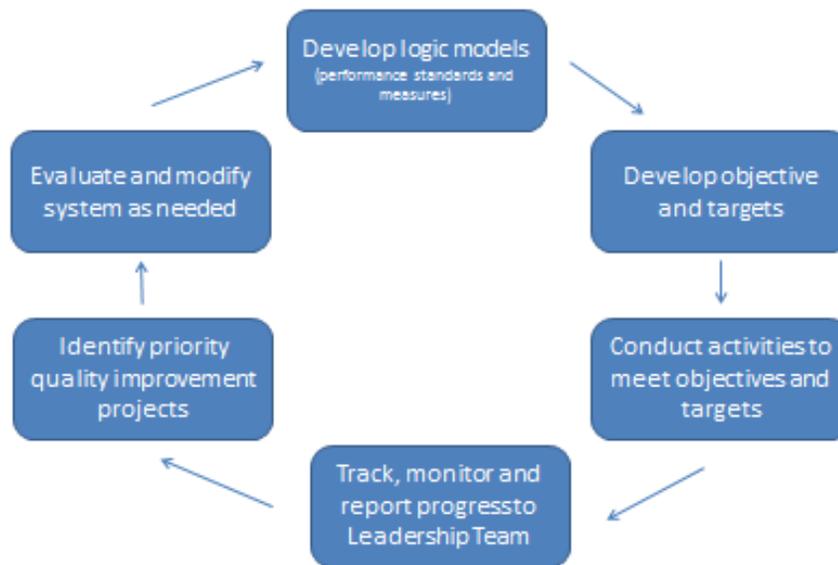
The primary resource allocation for this program is the time that will be dedicated by Health Department leadership and staff to participate in the QI process. As resources allow budget line items may be dedicated to QI efforts including the purchase of training materials, attendance at conferences and securing the services of expert consultation. Additionally, grant funding will actively be sought for QI related projects.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

3.5 Project Identification:

CQI is a fundamental part of the Health Department PMS (Figure 2). It is through the regular monitoring of performance measures that quality improvement projects are identified. Specifically, measures not on target to meet their goal are identified as potential quality improvement projects. All QI projects align with the PMS and/or Strategic Plan by using our metric evaluations of services provided. QI work may also consist of projects that are required by grant funded programming, or from departmental input outlining an area of great need.

Figure 2: Performance Management System



3.6 Quality Improvement Management

The management and oversight of the Quality Improvement Plan is the responsibility of the PMT. All QI projects will be individualized to the needs of the specific project. Each QI project will include:

- Problem statement
- AIM statement (Goal)
- Timeline and description of activities
- Data collection processes
- Progress markers

Data collection and monitoring will be responsibility of the Coordinator or Director for the respective QI project-related division (with assistance from designated staff). They will also be responsible for progress reports on the projects.

3.7 Quality Improvement Goals, Objectives, and Measures

In CQI, quality improvement projects are ongoing. A list of current quality improvement projects will be kept on the shared drive.

FLATHEAD CITY-COUNTY HEALTH DEPARTMENT

3.8 Communication:

To ensure communication of the PMS and CQI the following will be done:

- Staff will be invited to observe or participate in their respective performance management presentations as desired at the regularly scheduled PMT meetings.
- The Board of Health will be provided an update on performance metrics and quality improvement.
- Ongoing division or program specific QI projects will be discussed with all members of the division during division staff meetings.
- All data and progress reports for QI projects will be available on the shared drive for all staff to access.

3.9 Evaluation and Sustainability:

QI projects will be evaluated individually during the specific QI project timeline. Each QI project will have a timeline and specific criteria for evaluation. If projects are not meeting targets, the use of additional quality improvement tools will be discussed when the project is presented to the PMT.

The QI Plan will be reviewed annually to ensure the effectiveness and accuracy of the plan.

4.0 REVISION HISTORY

| Revised Date | Description of Change |
|------------------|-----------------------|
| January 29, 2016 | Initial Release |
| | |
| | |