

## Documentation Selection Tools – QI Plan

### Quality Improvement Plan

PHAB requires documentation of a health department’s quality improvement program that is integrated into all programmatic and operational aspects of the organization. Specific requirements are articulated in the measures, required documentation, and guidance for **Standard 9.2**. This checklist lists the elements that are required in this standard and associated documentation. The tool may be used as a guide to develop a quality improvement plan and/or required documentation.

Please note that sharing quality improvement activities with the governing entity can assist in documenting aspects of measure **12.3.3 A**: Communicate with the governing body about assessing and improving the performance of the health department.

✓	<b>Descriptions of the following elements of the written QI Plan (Measure 9.2.1 A):</b>
	Key quality terms to create a common vocabulary and a clear, consistent message
	Culture of quality and the desired future state of quality in the organization.
	Governance structure, such as: --Organization structure --Membership and rotation --Roles and responsibilities --Staffing and administrative support --Budget and resource allocation
	Types of quality improvement training available and conducted within the organization, such as: --New employee orientation presentation materials --Introductory online course for all staff --Advanced training for lead QI staff --Continuing staff training on QI --Other training as needed – position-specific QI training (MCH, Epidemiology, etc.)
	Project identification, alignment with strategic plan and initiation process: --Describe and demonstrate how improvement areas are identified --Describe and demonstrate how the improvement projects align with the health department’s strategic vision/mission
	Goals, objectives, and measures with time-framed targets: --Define the performance measures to be achieved. --For each objective in the plan, list the person(s) responsible (an individual or team) and time frames associated with targets --Identify the activities or projects associated with each objective and describe the prioritization process used

## Documentation Selection Tools – QI Plan

	<p>The health department’s approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis</p>
	<p>Regular communication of quality improvement activities conducted in the health department through such mechanisms as:</p> <ul style="list-style-type: none"> <li>--Quality electronic newsletter</li> <li>--Story board displayed publicly</li> <li>--Board of Health meeting minutes</li> <li>--Quality Council meeting minutes</li> <li>--Staff meeting updates</li> </ul>
	<p>Process to assess the effectiveness of the quality improvement plan and activities, which may include:</p> <ul style="list-style-type: none"> <li>--Review of the process and the progress toward achieving goals and objectives</li> <li>--Efficiencies and effectiveness obtained and lessons learned</li> <li>--Customer/stakeholder satisfaction with services and programs</li> <li>--Description of how reports on progress were used to revise and update the quality improvement plan.</li> </ul>
✓	<p><b>Evidence of QI Plan Implementation (Measure 9.2.2 A):</b></p>
	<p>Two examples that demonstrate implementation of quality improvement activities, one from a program area and the other from an administrative area. The examples can be QI project work plans or storyboards, and should illustrate the health department’s application of its process improvement model, including:</p> <ul style="list-style-type: none"> <li>• how staff problem-solved and planned the improvement,</li> <li>• how staff selected the problem/process to address and described the improvement opportunity,</li> <li>• how they described the current process surrounding the identified improvement opportunity,</li> <li>• how they determined all possible causes of the problem and agreed on root cause(s),</li> <li>• how they developed a solution and action plan, including time-framed targets for improvement,</li> <li>• actions taken by staff to implement the solution or process change,</li> <li>• how they reviewed and evaluated the result of the change, and</li> <li>• how they reflected and acted on what they learned.</li> </ul>
	<p>Evidence of staff involvement in plan implementation, QI interventions and targets, or serving on a quality team, including minutes, memos, reports, or committee or project responsibilities listings.</p>