

 <b>SEDGWICK COUNTY</b> <b>Health Department</b>	<b>SUBJECT:</b> <b>Quality Improvement</b>	
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<b>RELATED POLICIES:</b>	<b>REVISION DATE(S):</b>	<b>REVIEWED DATE(S):</b>
<b>SPECIAL NOTES:</b>		

**I. PURPOSE**

To establish a policy and procedure for quality improvement (QI) activities within Sedgwick County Health Department.

**II. POLICY STATEMENT**

The Health Department has an interest in systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement, QI efforts should target the department-level (“Big QI”) as well as the program- or project- level (“Small QI”).

**III. DEFINITIONS**

Strategic planning and Program planning and evaluation: *Generally, Strategic planning and Quality improvement occur at the level of the overall organization, while Program planning and evaluation are program specific activities that feed into the Strategic plan and into Quality improvement. Program evaluation alone does not equate with Quality improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented.*

Continuous quality improvement (CQI): *an ongoing effort to increase an agency’s approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. These efforts can seek “incremental” improvement over time or “breakthrough” all at once. Among the most widely used tools for continuous is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle.*

Quality improvement (QI): *is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.*

Quality Improvement Plan (QIP): *identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be in the Strategic Plan. See also performance management.*

Quality improvement plan (QIP): *is a written description of QI activities that has been approved by the governing entity and includes an annual plan that describes with timelines, the specific planned activities to be carried out. It should be broad in scope, reflecting a range of health and service issues relevant to the population served.*

Quality methods: *build on an assessment component in which a group of selected indicators [selected by an agency] are regularly tracked and reported. The data should be regularly analyzed through the use of control*

charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. [These quality methods are frequently summarized at a high level as the Plan/Do/Check/Act (PDCA) or Shewhart Cycle.]

#### **IV. PROCEDURES**

This policy covers QI activities conducted by the Health Department, including:

- 1) Agency Quality Improvement Plan
- 2) Quality Improvement Team (Q-Team)
- 3) Staff Quality Improvement Training

##### **1. Quality Improvement Plan**

- a. Annually, a Quality Improvement Plan (QI Plan) will be submitted by the Q-Team, approved by the Director to be implemented by the agency. The QI Plan will include the following components:
  - i. Purpose and scope of quality improvement activities
  - ii. Goals and objectives with quantifiable and time-framed measures
  - iii. Responsible person(s) for each objective
  - iv. Description of quality improvement projects
  - v. Description of process to evaluate the effectiveness of quality improvement activities

##### **2. Quality Improvement Team (Q-Team)**

- a. Purpose
  - i. The “Q-Team” will carry out QI efforts at the Sedgwick County Health Department. Examples of these efforts will include: Developing a comprehensive “Quality Improvement Plan”; preparing to meet local health department accreditation standards related to QI; and, developing and evaluating rapid cycle quality improvement tests. Q-Team members will also be asked plan and participate in a number of QI training activities. QI training will likely include some independent study along with multiple trainings at SCHD or other sites.
- b. Membership
  - i. The Q-Team will consist of approximately 11 members, representing a cross-section of each level of the organizational chart, including: Administration, division managers, program managers and program staff. Additional ad-hoc members (representing HIPAA compliance, Human Resources, Strategic Planning and Finance) will be engaged in Q-Team activities on an as-needed basis.
- c. Member Requirements
  - i. Q-Team members will serve a two-year term, with no more than half of the team rotating off each year. Co-Chairs will be selected for a two year term with a staggering rotation. One co-chair must be Division Director or Administrator. Q-Team members will be expected to attend regular monthly meetings (approximately 1.5 hours per month), QI trainings (approximately 2 hours per month), and engage in mentoring activities with other staff (approximately 2 hours per month).

##### **3. Staff Quality Improvement Training**

- a. All new and existing staff will receive basic QI training to prepare them to lead or assist with QI projects in the agency. Training and other QI information will be provided through:
  - i. Online QI training.
  - ii. In-person “classroom” training facilitated by Quality Coordinator and Q-Team.
  - iii. Hands-on training
  - iv. New employee orientation