

Branch Hillsdale St. Joseph Community Health Agency

Quality Improvement Program

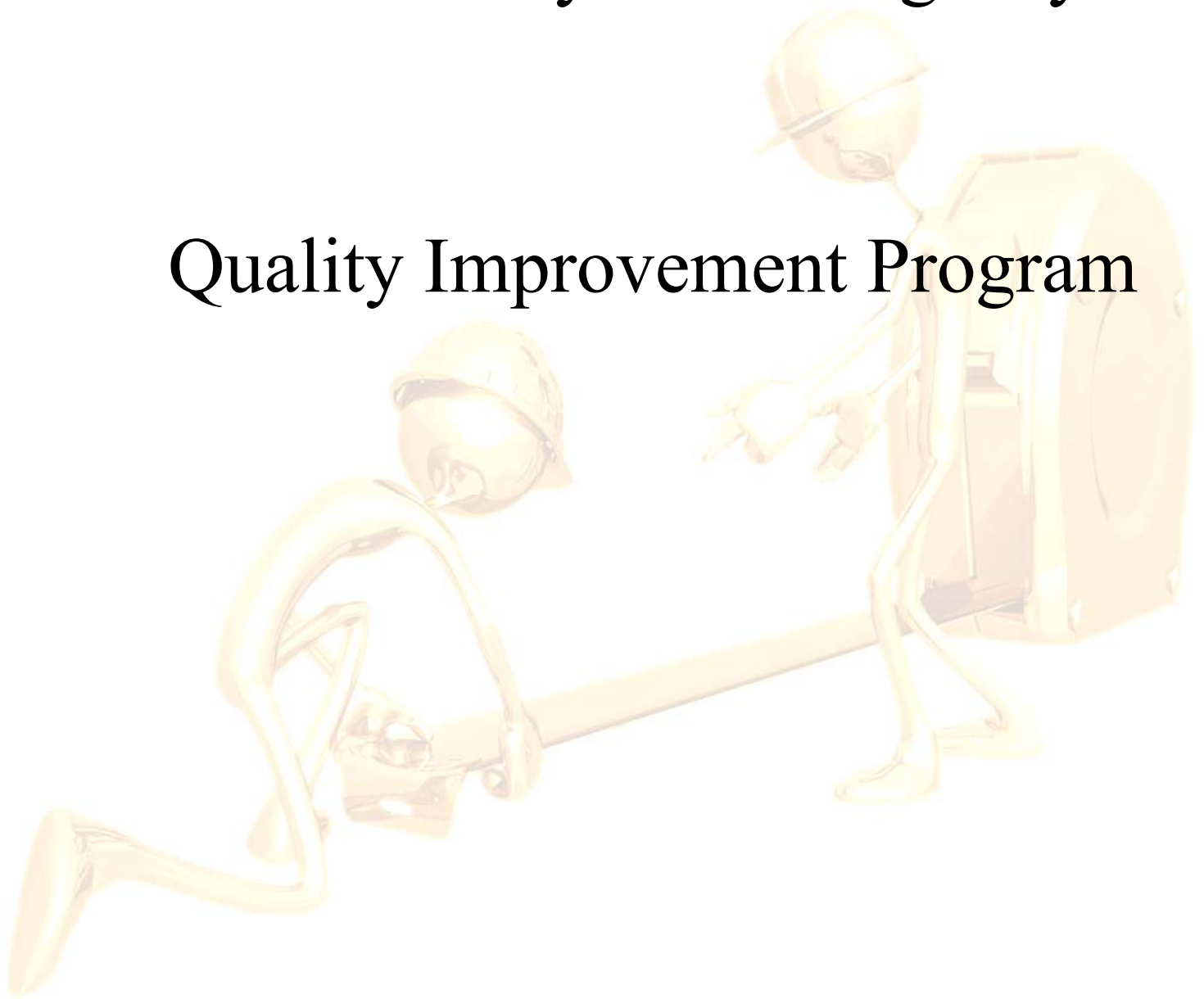


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Branch-Hillsdale-St. Joseph Community Health Agency Quality Improvement (QI) Plan

Introduction

The Branch-Hillsdale-St. Joseph Community Health Agency can trace its beginnings to the mid-1930's when the Kellogg Foundation was active in assisting county governments to establish local public health departments. The health district has been in existence since January 1, 1972. Previous to that date the tri-counties had an "association" relationship between its health departments dating back to 1966. The local public health relationship between Branch, Hillsdale, and St. Joseph Counties was formalized through an agreement creating the Branch-Hillsdale-St. Joseph Community Health Agency on January 1, 1998.

Legal Basis for Operation: The legal basis for the organization and duties of the Branch-Hillsdale-St. Joseph Community Health Agency is Michigan Public Act 368 of 1978, Michigan Compiled Laws Section 333, commonly known as the "Public Health Code". This Agency Action Plan, as reviewed and approved on December 4, 2008 by the Branch-Hillsdale-St. Joseph District Board of Health, shall be the guide for the efforts in pursuit of local public health goals and objectives for October 1, 2008 through September 30, 2009.

Purpose/Introduction:

The mission of the Branch-Hillsdale-St. Joseph Community Health Agency is to provide quality and accessible local public health services with fiscal responsibility.

Guiding Principles of the Agency:

1. To place the customers of our services at the center of our operations
2. To improve the quality of our services for the benefit of our customers
3. To improve communication and coordination of services within our agency
4. To coordinate our services with other local based organizations to reduce duplication of effort and improve customer access to appropriate services in the most financially responsible manner
5. To provide a safe, rewarding, and challenging work environment for our employees
6. To continually assess the needs of our community to assure that essential health services are provided

Consistent with this mission, **our goal** is to provide services to our clients that are:

Safe – avoiding injuries to clients and employees

Effective – providing services based on current knowledge and best practices

Client centered – providing services that are respectful of, and responsive to, individual client preferences, needs, and values and ensuring that client values guide decision making

Timely – reducing wait time and delays;

Efficient – avoiding waste, including waste of supplies, time and energy;

Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

To achieve this goal, all employees of the Branch-Hillsdale-St. Joseph Community Health Agency will participate in ongoing and systematic quality improvement efforts. Our quality improvement efforts will focus on service provision and support processes that promote optimal client outcomes and effective business practices. This is accomplished through peer review, Services outcomes review, performance appraisals, and other appropriate quality improvement techniques. Our Quality Improvement Plan demonstrates our Agencies commitment to improve the quality of services we deliver. The QI Plan outlines the goals and strategies for ensuring quality services, best practices utilized where appropriate, following standardized accredited program requirements, and achieving high client satisfaction.

Authority:

The Board of Health of the Branch-Hillsdale-St. Joseph Community Health Agency is ultimately responsible for assuring that high quality services are provided to our clients. The Board delegates the responsibility for implementing this plan to the administrative Health Officer and the administrative management staff of the agency.

Scope:

To achieve the goal of delivering quality services, the Quality Improvement Program includes the following activities:

1. Review of any/all direct and indirect services affecting client services and safety
2. Utilization of the management information Systems of the Agency
3. Client satisfaction surveys
4. Staff credentialing
5. Risk management activities

Principles

Key Principles:

Quality improvement is a systematic approach to assessing services and improving them on a priority basis. The Branch-Hillsdale-St. Joseph Community Health Agency approach to quality improvement is based on the following principles:

- **Customer Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the Board of Health and the Health Officer are the keys to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the agency mission.
- **Data Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts and control charts to turn data into information.
- **Prevention instead of Correction.** Continuous Quality Improvement seeks to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and our Agency can almost always find an opportunity to make things better.

Quality Improvement Team

The Quality Improvement Team consists of the following individuals: The Health Officer, Chief Financial Officer, the Director of Operations, the Director of Health Promotion, Director of Environmental Health, Director of Prevention Services, 2 at-large staff from Health Promotion, 2 at-large staff from Health Prevention, 2 at-large staff from Environmental Health and the Medical Director

The members of the QI Team are responsible for

1. . Assuring that the review functions outlined in this plan are completed;
2. . Prioritizing issues referred/identified by/to the QI Team for review;
3. . Assuring that the data obtained through QI activities are analyzed,
4. Recommendations made, and appropriate follow up of problem resolution is done;
5. . Incorporating internal and external sources of benchmarking data where appropriate
6. . Reporting on ongoing activities, recommendations, and trends to the Governing Board semi-annually;
7. . Identifying educational needs and assuring that staff education for quality improvement takes place;
8. . Appointing sub committees or teams to work on specific issues, as necessary;
9. . Assuring that the necessary resources are available;

Department Staff Responsibility:

Every department within our Agency is responsible for implementing quality improvement activities. All quality improvement initiatives must be conducted as a part of the Agency wide Quality Improvement Team activities. Each divisional director is responsible for identifying quality indicators, collecting and analyzing data, developing and implementing changes to improve service delivery, and monitoring to assure that improvement is made and sustained. The ultimate goal is to improve the quality of services that is routinely provided to the clients and/or employees of the agency.

Confidentiality:

The interviews, reports, statements, other data, proceedings and records of the Quality Improvement Team shall be privileged and confidential and shall not be subject to discovery either by subpoena or other means of legal compulsion for release to any person or entity for any reason, including use in any judicial or administrative proceeding. No member, consultant, advisor or person supplying information to the Quality Improvement Team or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Quality Improvement Team or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the Health Officer or his/her designee.

Quality Improvement Processes:

This Quality Improvement plan is a framework for the agencies organized, ongoing and systematic measurements, and assessment and performance improvement activities. The components of this plan include:

A quick fix process will be used for problems that do not need a comprehensive approach to problem solving and solution implementation.

Quality assessment activities include such activities as client/employee satisfaction surveys, client/employee education and control activities, systematic management record review process, other process and systems review. These activities help assure that standards are met and maintained, and identify areas for review by the Quality Improvement Team.

The primary responsibility of the Quality Improvement Team is to look at particular issues to identify opportunities to improve processes and outcomes.

The quality improvement methodology we will use is Plan-Do-Study-Act (PDSA)

Comparative Databases, Benchmarks and Professional Practice Standards/Best Practices;

The Branch-Hillsdale-St. Joseph Community Health Agency will use comparative data (where available) to incorporate a process for continuous assessment with other local health agencies, State standards and best practices. This assessment then leads to action for improvement as necessary.

Methodology

(PDSA – How we achieve Improvement)

PLAN the improvement. Identify the opportunity for improvement; these opportunities can come from staff, management, partners or consumers. Once identified, objective(s) will need to be defined. Ask why are we doing this and how can we do it differently to make it better. Develop a multidisciplinary team (where appropriate); identify what will be measured.

DO the improvement process. Collect and analyze data (if possible). Implement the change strategy(ies). Implement small changes first where appropriate to keep the process moving forward.

STUDY the result. Understand and anticipate the possible source of error. Review the measurement data. Determine if the results of the change better, worse or a lateral change.

ACT to hold the gain and continue to improve the process. Follow up with documentation and report to the people involved.

See Appendix A for a detailed description of the Plan-Do-Study-Act process

Communication:

The Quality Improvement Team provides oversight and functions as the central clearing house for quality data and information collected throughout the facility. The QI Team tracks, trends and aggregates data from all sources to prepare reports for the Board of Health and Administrative Management Team. The QI Team may or may not act as the Team who implements the change, depending on the scope and need identified.

Education:

All staff will be given the responsibility and authority to participate in the agencies Quality Improvement Process. To fully accomplish this, all staff will be provided education regarding the QI Plan during the initial orientation of the process. New staff will receive training and information regarding the Agency QI program during their post-hire orientation. Additional training will be afforded to staff as it becomes available. It will be the responsibility of the agency to seek out and make training time and available to staff. Education will include but not be limited to, a description of the QI Plan and how staff fit into the plan, based on their particular job responsibilities. It will also include education regarding the QI methodology (PDSA) utilized by the Community Health Agency.

Annual Evaluation:

Our QI Plan will be evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care was provided to our patients. A summary of activities, improvements made, processes modified, projects in progress, and recommendations for changes to this QI Plan, will be compiled and forwarded to the Board for action.

Glossary of QI Terms

Assessment: A diagnostic form of quality review and evaluation of teaching, learning, and programs based on a detailed examination of curricula, structure, and effectiveness of the institution, its internal review, and quality control mechanisms.

Benchmarking - A systematic process of continuously measuring an organization's critical business processes against business leaders anywhere in the world to gain information which will help the organization take action to improve its performance. Steps include Planning the Study, Collecting Information, Analyzing Results, Implementing Improvements.

Brainstorming - A group decision-making technique designed to generate a large number of creative ideas through an interactive process. Brainstorming is used to generate alternative ideas to be considered in making decisions.

Continuous Quality Improvement (CQI) - CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on the "process" rather than the individual, recognizes both internal and external "customers" and promotes the need for objective data to analyze and improve processes.

Criteria: Standards for accreditation or certification of an institution or program. These involve expectations about quality, effectiveness, financial viability, compliance with Federal, state and local rules and regulations, outcomes, and standards.

Licensure: Refers to approval of an individual to practice a profession once minimal requirements are met. Licensure usually is obtained through examination or graduation from an accredited institution.

Outcome (Benefit) - The degree to which Outputs meet the needs and expectations of the Customer.

Output - The service or product that a customer receives from a process. The output of one process can be the input to a succeeding process

Peer Review: External review and evaluation of the quality and effectiveness of an institution's academic programs, staffing, and structure, carried out by a team of external evaluators who are specialists in the fields' reviewed and knowledgeable about higher education in general. Reviews may be based on standards set by the accrediting organizations or on quality standards set more broadly.

Performance Indicators: Representations (usually numeric) of the state of, or outcome from, an education organization, its programs, or processes. Sometimes called "management indicators." Performance Indicators are regarded as a set of tangible measures designed to provide public

accountability and should be subject to informed interpretation and judgment.

Plan-Do-Check-Act (PDCA): is a continuous quality improvement model consisting of a logical sequence of four repetitive steps for continuous improvement and learning. Also known as the Deming Cycle. Also known as Plan, Do, Study, Act (PDSA).

- Plan the process improvement
- Do the improvement, data collection and data analysis
- Check the results and lessons learned
- Act by adopting, adjusting or abandoning the change.

Quality: Refers to "fitness for purpose"—meeting or conforming to generally accepted standards as defined by an accrediting or quality assurance body.

Quality Assessment: A diagnostic review and evaluation of teaching, learning, and outcomes based on a detailed examination of curricula, structure, and effectiveness of the institution or program. Designed to determine if the institution or program meets generally accepted standards of excellence.

Quality Assurance: Planned and systematic review process of an institution or program to determine that acceptable standards of education, scholarship, and infrastructure are being maintained and enhanced. Usually includes expectations that mechanisms of quality control are in place and effective.

Quality Audit: Quality audits are designed to provide an assessment of an organization's institution's system of accountability, internal review mechanisms, and effectiveness with an external body confirming that the organization's quality assurance process complies with accepted standards (e.g. minimum program requirements)

Quality Improvement: The expectation that an organization will have in place a plan to monitor and improve the quality of its programs. In most cases, quality assurance and accrediting agencies require that established procedures ensure that this is an ongoing process.

Standards: The level of requirements and conditions that must be met by an organization or program to be accredited or certified by a quality assurance or accrediting agency. These conditions involve expectations about quality, attainment, effectiveness, financial viability, outcomes, and sustainability.

Subject Benchmark: Provides a reference point against which outcomes can be measured. Subject benchmark statements provide a means to describe the nature and characteristics of programs in a specific subject. They also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

TQM: Total Quality Management is a management approach that originated in the 1950's by Deming and has steadily become more popular since the early 1980's. Total Quality is a description of the culture, attitude and organization of a company that strives to provide

customers with products and services that satisfy their needs. The culture requires quality in all aspects of the company's operations, with processes being done right the first time and defects and waste eradicated from operations