

Characteristics of a Good Quality Improvement (QI) Plan

A Quality Improvement (QI) plan uses a deliberate and defined improvement process, such as plan-do-study-act, focused on activities that are responsive to organizational needs and improving population health. It refers to a continuous and ongoing effort to achieve measureable improvements in areas such as efficiency or effectiveness. A good QI plan has the following components described at a level of detail that makes sense for your organization. In some cases, these details may simply be a timeline indicating plans for future development. More information regarding Quality Improvement, including tools, sample projects and other resources can be found at this MDH website:

<http://www.health.state.mn.us/divs/opi/pm/lphap/qiplan/>.

I. Purpose and scope

This section describes the scope, purpose, and the vision for the future state of quality in the organization. This section could also include definitions of key quality terms, and goals for the overall QI program or QI council. These questions may help guide your organization in developing the purpose.

1. What is the mission/vision/goals of quality within the organization?
2. What is the current quality culture within the organization and where do you want it to be?
3. Why is there a need for QI within the organization?
4. What is the scale of QI in the organization?

II. Structure of QI program, including resources, roles, and responsibilities

This section describes how the health department will provide the oversight and direction for QI activities. Additional information to include:

- Membership and rotation of the QI oversight group – include the members' staff position
- An explanation of the roles and responsibilities of specific leaders and staff
- Staffing and administrative support
- Budget and resource allocation for conducting QI activities such as staff designated to work on QI activities and data analysis resources
- Link to the agency's performance management system (if in place)

Items that could be included as attachments in this section include QI Council Charter, QI organizational chart,

III. Process for identification of QI efforts

This section should describe the process that will be used to identify and prioritize quality improvement activities that will be done in the coming year. This section could also include information on how the improvement projects connect with the health department's strategic plan, organizational vision/mission or organizational performance measures. This section may include a template for QI project requests.

IV. Goals, objectives and measures

This section should include the overall goals, objectives and time-framed measures for the organization that will be tracked during the upcoming year. These should focus on organizational goals, not specific projects and could be based on the QI maturity tool assessment results. The following should be included:

- Define the performance measures to be achieved.
- For each objective, list the person(s) responsible (an individual or team) and time frame associated with targets
- Identify the activities or projects associated with each objective and describe the prioritization process used

This section could be included or expanded in a work plan or similar document.

VI. Monitoring progress and results of goals, objectives, and measures

This section should describe the organization's approach to how the quality improvement plan is monitored, including:

- How data are collected and analyzed
- Process for reporting progress toward achieving organizational goals and objectives
- What actions may be taken to make improvements based on progress reports and ongoing data monitoring and analysis

VII. Training plan

Include in this section the 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—e.g., position-specific QI training (MCH, Epidemiology, etc.)

If details are known, you can list them here or in an attached training plan. Details may include who is conducting the training, how often they will be offered, how training needs are identified, etc.

VIII. Communication plan

This section should describe the communication plan for any/all quality improvement efforts conducted in the organization. Within the communication plan, the following can be included: descriptions of the timing, the mechanisms being used, person(s) responsible, frequency, and targeted audiences for all communication efforts. The Communication plan can include how successes will be promoted and staff efforts recognized. Some examples may include the following:

- Quality Improvement newsletter
- Story boards displayed publicly
- Recognition wall at agency
- Board of Health meeting updates
- Staff updates during meetings or through email
- How the QI Oversight Team will communicate with staff (e.g., sharing of meeting agendas and minutes)

IX. Evaluation of QI plan and activities

This section should describe the process used to assess the effectiveness of the quality improvement plan and activities. This could include:

- Review of the process and the progress toward achieving goals and objectives for the QI plan and QI activities
- Efficiencies and effectiveness obtained and lessons learned
- Customer/stakeholder satisfaction with services and programs
- Description of how reports on progress were used to revise and update the quality improvement plan

More information regarding Quality Improvement, including tools, sample projects and other resources can be found at <http://www.health.state.mn.us/divs/opi/pm/lphap/qiplan/>.

If you would like to view sample plans, please visit
<http://www.health.state.mn.us/divs/opi/pm/lphap/qiplan/moreinfo.html#downloads>.

Based on PHAB Guidance for a QI Plan (Measure 9.2.1) and materials created by Marni Mason of MarMason Consulting.