Quality Improvement Plan

▸ Quality Improvement (QI) Plan

Based on PHAB Guidance v1.0 for a QI Plan (Measure 9.2.1) and materials created by Marni Mason of MarMason Consulting.

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Overview

Quality improvement (QI) in public health is the use of a deliberate and defined improvement process like Plan-Do-Study-Act (or PDSA), which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.[1]

A **quality improvement plan** is a basic guidance document that describes how a health department will manage, deploy, and review quality. It also serves to inform staff and stakeholders of the direction, timeline, activities, and importance of quality and quality improvement.[2]

Purpose

The quality improvement plan describes what a health department is planning to accomplish, and should be updated regularly to reflect what is currently happening in QI at your health department. The quality improvement plan provides written credibility to the entire Quality Improvement process, and is a visible sign of management support and commitment to quality throughout the health department.[3]

The Public Health Accreditation Board (or PHAB) writes in its standards and measures guide that "to make and sustain quality improvement gains, a sound quality improvement infrastructure is needed. Part of creating this infrastructure involves writing, updating, and implementing a health department quality improvement plan. This plan is guided by the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan."[4]

Deliverable: 2010-2014

As part of Minnesota's 2010-2014 Local Public Health Assessment and Planning cycle, every community health board submitted a complete quality improvement plan to the Public Health Practice Section at MDH in March 2015. Public Health Practice Section staff reviewed submitted plans against the requirements of PHAB and provided feedback on strengths and areas for improvement.

Participants

The quality improvement plan is typically developed and implemented by an internal oversight team of 7-10 members who serve as QI leaders for the organization, often called a Quality Council or QI Advisory Team. There is no specific requirement on who is on this team from the organization, but it often is comprised of both senior leaders and front-line staff. This helps to ensure that the organization has both a top-down and bottom-up approach to QI. Members of this team should be well-versed in

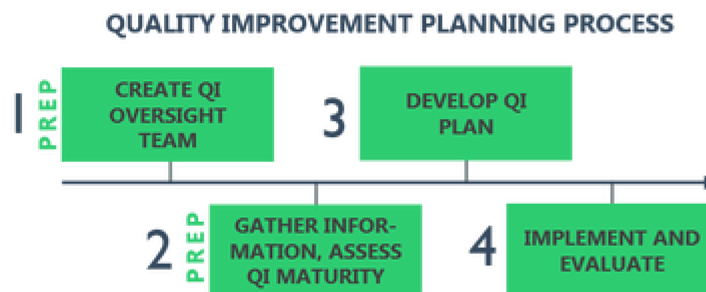
QI principles, methods and tools and are expected to serve as QI champions for the organization and will be responsible for the development, implementation, monitoring and evaluation of the QI plan.

MDH Support for Process

Staff from the QI Unit in the Public Health Practice Section at MDH are available to provide consultation and technical assistance for community health boards as they form their QI teams, write and implement their QI plans, initiate QI projects, and monitor and evaluate their QI efforts. Tools, templates, and other supporting materials are available below. All guidance has been designed to assist community health boards meet the national public health standards developed by PHAB.

How to Do It

There is no standard process or requirement for how to develop a quality improvement (QI) plan. **Steps 1-2** listed below are suggested steps to help prepare for writing a QI plan. **Step 4** provides the national public health guidance for what should be included in a QI plan.



1. Create QI Oversight Team [Pre-Plan Preparation]

Identify key leaders and staff to be Quality Improvement (QI) champions for the health department. Ideally, these individuals should have training, knowledge and experience with QI, but at a minimum they need to be committed to leading QI efforts and helping others get involved and interested. If training is needed, visit Training and Webinars by Date for available training opportunities from MDH.

The typical size of this group is 5-10 members and it may be an ongoing leadership team, or a mix of leaders, managers, and front line staff. It is encouraged that this team be comprised of representatives from both leadership and front line staff to allow for the engagement of staff and to facilitate the reach of QI throughout the health department.

Primary responsibilities may include:

- Learning QI methods and tools and modeling for others at agency
- Reviewing, evaluating, and approving the agency QI plan annually
- Encouraging and fostering a supportive QI environment
- Championing QI activities, tools and techniques
- Selecting and supporting agency QI projects

Develop a charter outlining the structure, roles, and responsibilities of this team. The charter will be a central piece of the QI plan.

Tips

In order to build organizational expertise and engage staff members, it can be helpful to have terms for team members (anywhere from one to three years) and stagger when members leave the team.

You may have staff with QI experience from another county department, local company or community college—have them participate on the team.

Charter Examples

Go To: Examples of QI Council Charters

2. Gather Information and Assess QI Maturity [Pre-Plan Preparation]

Gather information on what QI activities, efforts, and work have previously been implemented at the health department. These do not have to be formal QI projects, but can be other efforts to improve the work of the health department. The purpose of this step is to assess where the health department currently is in terms of QI efforts and process. This will help with the writing of the QI plan by outlining the structures and processes that are currently in place and can for formalized.

Gathering Information: Summary of Current QI Practices (DOC)

Assess QI Maturity at the Health Department

It is important that the oversight team have a sense of the department's commitment to quality improvement and how it relates to organizational goals. Developing a culture of quality in the organization goes beyond conducting individual QI projects, and typically takes place over time. An assessment can help the team identify key areas for quality improvement and determine if staff and leadership need additional education or training around the concept of QI.

This assessment is not required, but can help guide the QI oversight team in identifying key areas to focus efforts and set organizational goals around QI. If the QI oversight team or health department leadership decides to do this assessment, there are a few options:

1. Key leader(s) at health department completes assessment survey
2. QI oversight team completes assessment survey
3. Assessment survey given to all staff at health department (this option is recommended to give the best data regarding the health department's culture of quality)

The Public Health Practice Section has made the following survey tools available to all community health boards:

Organizational QI Maturity (PDF)
This 50-question survey was developed to evaluate the Robert Wood Johnson Foundation Multi-State Learning Collaborative (MLC). In 2009, 2010, and 2011, the University of Southern Maine administered this survey to top officials in all sixteen participating states (including Minnesota). Since that time, the survey has been used repeatedly in Minnesota at the state and local levels. If you need assistance with administering this survey, please contact Public Health Practice Section staff.

Organizational QI Maturity: 10-Question Subset (PDF)
An alternative option is to complete the QI maturity index, which is a 10-item subset of the full QI Maturity Tool. This shorter list of questions was developed by the Minnesota's Public Health Research to Action Network to represent the key domains of QI maturity. These questions have been incorporated into Annual Reporting as Local Public Health Act performance measures. Community health boards will report on them annually beginning 2013. This will enable the SCHSAC Performance Improvement Steering Committee to monitor the QI maturity of Minnesota's local public health system. The 10-question index could also be used to create a QI maturity score for an individual health department or community health board. If you need assistance with administering this survey, please contact Public Health Practice Section staff.

For more information on the QI Maturity Tool, visit:

> Assessing quality improvement in local health departments: results from the Multi-State Learning Collaborative
> Journal of Public Health Management and Practice, June 2012

> Measuring quality improvement in public health: the development and psychometric testing of a QI Maturity Tool
> Evaluation and the Health Professions, Jan.-Feb. 2012

This assessment can also be used as baseline data to measure the change in the culture of QI at the health department if tracked over time. It is recommended that the health department tracks progress on an annual basis.

Assess Using the QI Roadmap

The National Association of County and City Health Officials (NACCHO) developed the QI Roadmap in partnership with local health departments and QI consultants who worked with local health departments, in 2011.

> Roadmap to a Culture of Quality Improvement
> NACCHO

The Roadmap describes six elements of a QI culture. Included with the Roadmap is guidance for moving through the six elements to the goal of a comprehensive quality culture within the health department. There are specific strategies and resources for moving from one phase to the next phase. Community health boards could use the Roadmap to assess their current culture around QI individually, or within the QI council, leadership team, or advisory group.

If you need assistance on how to use this tool, please review the QI Roadmap website and/or contact staff from the MDH Center for Public Health Practice.

3. Develop Quality Improvement Plan

The previous steps have provided the foundation of information needed for the content of a QI plan. The next step is to take the information gathered and write a **QI plan**, which will outline the process and foundation for QI at the health department. Each community health board submitted this deliverable to MDH in March 2015.

The PHAB standards and measures also provide a very detailed list of what should be included in a QI plan:

> Standard 9.2: Requirements for QI Plans (PDF)

Tips

Remember to start where your health department is at. If you have the capacity to do one QI project each year, start with that. Your QI plan should be useful and relevant to your health department and you can work to build off of it during the next year, as you will update it annually.

For examples of QI plans, visit: Examples of QI Council Charters

4. Implement and Evaluate

Within the written QI plan, the health department should have developed a work plan or action plan for how to implement the work needed to meet the goals. Within the QI plan examples linked on this website, there are various ways shown that health departments monitor and track their progress. It is important to remember to track progress in all areas (e.g., training, communication, QI culture), not just related to specific QI projects.

As progress is monitored, report to key stakeholders as needed or desired (e.g., staff, customers, general public, community health board). Outline how this will be done in the communication plan. Along with this, share lessons learned and celebrate successes. This can be done through storyboards or other similar formats:

Storyboard Template (PPT)

The QI plan should be reviewed, evaluated and updated annually by the QI oversight team.

Review Checklist

- Plan is dated within the past year
- Describes the current culture of quality and/or the desired future state of quality in the organization and how this culture aligns with the organization's mission/vision
- Notes key elements of the QI team's governance structure
- Includes glossary of key quality terms (common vocabulary)
- Describes employee QI training
- Outlines how organizational QI initiatives and results will be communicated to staff
- Describes how improvement initiatives are to be identified and/or prioritized
- Describes goals, objectives and measures with responsible person(s)/team(s) and time-framed targets identified for the various components of the plan
- Describes monitoring of plan: Data collection and analysis process
- Describes monitoring of plan: How actions will be taken to make improvements based on progress reports
- Describes monitoring of plan: How progress will be reported on the stated goals and objectives
- Describes process to assess effectiveness of the plan

The review checklists for the strategic plan, community health improvement plan (CHIP) and quality improvement (QI) plan are based on the PHAB standards and other state and national resources. MDH recommends that, whether or not a community health board is actively considering accreditation, they consult the PHAB standards as a point of reference as they engage in the assessment and planning process. The standards serve as a guide for demonstrating accountability to stakeholders, improving the quality of work, enhancing credibility and increasing staff morale. Fulfilling the MDH assessment and planning requirements, however, is not a guarantee of meeting the PHAB standards for the purposes of accreditation.

The checklists for the strategic plan, community health improvement plan (CHIP) and quality improvement (QI) plan are based primarily on the PHAB standards, as well as NACCHO guidance and MDH local assessment and planning guidance.

QI Glossary

Aim Statement: An aim statement is a written, measurable, and time-specific description of the accomplishments the team expects to make from its improvement efforts. *More Information: Aim Statements*

Brainstorming: Creatively and effectively generates a high volume of ideas on a given topic, in a non-judgmental way. *More Information: Brainstorming*

Cause and Effect Diagram: See Fishbone Diagram

Check Sheet: A method of recording and compiling data from archives or observations, to detect trends or patterns. *More Information: Check Sheets*

Control Chart: Helps to monitor, control, and improve process performance over time by studying variation and its source. *More Information: Control Charts*

Critical Path: The sequence of activities during a project that, if one is delayed, will delay the entire project. *More Information: Gantt Charts*

Fishbone Diagrams: A fishbone diagram helps team members visually diagram a problem or condition's root causes, allowing them to truly diagnose the problem rather than focusing on symptoms. *More Information: Fishbone Diagram*

Flowchart: Flowcharts identify the steps and sequence of events in a process so as to minimize duplication, address problem areas, and standardize work. *More Information: Flowcharts*

Force Field Analysis: A technique that helps organizations investigate the balance of power in resolving an issue, by pitting the "pros" and "cons" of a situation against one another. *More Information: Force Field Analyses*

Gantt Chart: A way of scheduling a project's activities, which shows the most efficient way of organizing/sequencing activities, to maximize output in the shortest reasonable time. *More Information: Gantt Charts*

Histogram: Summarizes process data over a period of time, and presents frequency in the form of a bar graph. *More Information: Histograms*

Impact Objective: An objective intended to measure a program's impact on participant attitudes, behaviors, or knowledge. *More Information: SMART Objectives*

Interrelationship Digraph: Interrelationship digraphs identify and analyze relationships among critical factors that impact an issue so as to hone in on key drivers and outcomes. *More Information: Interrelationship Digraphs*

Kaizen: A Kaizen event is a facilitated group effort that looks closely at a process to target wait time, duplicative work, and other waste that makes your job more difficult than it needs to be. *More Information: Kaizen Events*

Lean: Lean thinking comes from the Japanese manufacturing industry and has been applied to many industries including health care and public health. The idea is to work smarter, not harder. *More Information: Lean*

Line of Sight Model: See Logic Model

Logic Model: Logic models illustrate how a project, program, or policy is understood or intended to produce particular results. *More Information: Logic Models*

Mission Statement: A mission statement allows a group to work toward a common purpose, in a unified manner. For help in creating or assessing a mission statement, visit:

- Community Engagement: Mission Clarity
- Community Engagement: Developing a Mission Statement

Multivoting: See Nominal Group Technique

Nominal Group Technique: A way of coming to a consensus based on the relative importance of issues or solutions. *More Information: Nominal Group Technique*

Objective: A measurable benchmark against which an organization can measure its progress toward a goal. *More Information: SMART Objectives*

Outcome Objective: An objective intended to measure a program's quantifiable progress against benchmarks, grounded in measurable data. *More Information: SMART Objectives*

Pareto Chart: Focuses on the problems that offer the greatest potential for improvement by showing their relative frequency or size in a descending bar graph. *More Information: Pareto Charts*

PDSA: Plan-Do-Study-Act: Also called Plan-Do-Check-Act (PDCA). An iterative, four-stage problem-solving model used for improving a process or carrying out change. *More Information: PDSA*

Performance Improvement: The concept that a process can be measured and then modified to increase efficiency, efficacy, or output.

Performance Management: A method of working together to ensure that goals are achieved efficiently, best using an organization's resources.

Prioritization Matrix: A tool that can help an organization make decisions by narrowing options down by systematically comparing choices through the selection, weighing, and application of criteria. *More Information: Prioritization Matrices*

Process Objective: An objective intended to measure the steps an organization takes in working toward meeting a goal. *More Information: SMART Objectives*

Quality Improvement: Quality improvement (QI) methods and tools are resources for increasing the efficiency and effectiveness of public health processes and activities.

Quality Improvement Collaborative: A partnership between the Local Public Health Association, MDH, and the University of Minnesota School of Public Health, intending to build a cultural of continuous quality improvement within the state's public health system.

Radar Chart: Radar charts show the gap between current and optimal performance for a variety of factors related to organizational or team performance. *More Information: Radar Charts*

Rapid Cycle Improvement: See PDSA

Run Chart: Tracks data over time to identify trends or patterns. *More Information: Run Charts*

Scatter Diagram: Tracks data to identify the relationship between two variables. *More Information: Scatter Diagrams*

Smart Chart: A communication tool, used to help organizations plan communications strategies. *More Information: Smart Chart*

Social Network Analysis (SNA): A method to assess the informal staff relationships that exist in an organization, with the end goal of using pre-existing relationships to build stronger teams and useful redundancies. *More Information: Social Network Analysis*

Steering Committee: A group that prioritizes an organization's or program's goals and business objectives.

Strategic Planning: The process of defining an organization's mission, vision, and values, and translating them into actionable goals. *More Information: Strategic Planning*

SWOT: Strengths-Weaknesses-Opportunities-Threats. A tool used to analyze the internal and external factors that might contribute to an organization's success or negatively impact its work. *More Information: SWOT*

Tree Diagram: A planning tool that helps link goals and sub-goals to activities. *More Information: Tree Diagrams*

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[1] Riley WJ, Moran JW, Corso LC, Beitsch LM, Bialek R, & Cofsky A. (2010). Defining quality improvement in public health. *Journal of Public Health Management and Practice 16*(1), 5-7.

[2] Kane T, Moran J, & Armbruster S. (2011). Developing a health department quality improvement plan. Washington, DC: Public Health Foundation.

[3] Ibid.

[4] Public Health Accreditation Board. (2011). Guide to national public health department accreditation version 1.0. Measure 9.2.1