
Policy Memorandum Number 41

Subject: Quality Improvement Program

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I. PURPOSE

To establish a policy and procedures for quality improvement (QI) activities within the Delaware Division of Public Health (DPH).

II. POLICY/POSITION STATEMENT

DPH has an inherent interest in improving the programs and services it provides to its stakeholders. DPH will evaluate its key programs, processes and services toward improving their effectiveness, efficiency, outputs, outcomes and customer satisfaction. DPH desires to establish a culture of quality within the division; this culture will be achieved through continuous improvement at the division level ("Big QI") as well as the program ("small qi").

During the inception of this policy, the Division of Public Health is at the beginning stages of QI with some staff trained in QI tools and methods. The division will establish a QI Council to identify and monitor both Big QI and little "qi" projects. The division will develop a training curriculum to train DPH staff in basic methods and tools. DPH leadership will foster a culture of quality through emphasis and inquiry.

III. APPLICABILITY/SCOPE

This policy is applicable to all employees in DPH and as such each employee will have a quality improvement statement placed in their respective performance plan. The following statement or similar language will be used in all employee performance plans: ***"Learn and practice continuous quality improvement methods to improve service to your customers and public health."*** Practicing continuous quality improvement methods can be as simple as surveying your customers (see Appendix E) and as elaborate as being a member of a division-wide quality improvement team, being a member of the quality improvement facilitator team or being a member of the quality improvement council.

The work of the DPH QI program will primarily address the programs, services and processes of the Division of Public Health. In special circumstances, work may involve processes that involve DPH and external public health partners/stakeholders.

Note:

The Quality Improvement Council (QIC) is not a review and approval body for section improvement projects. It provides QI guidance and assistance to all of DPH and makes sure resources are available to ensure successful quality improvement activities.

IV. DEFINITIONS

AIM Statement: A brief set of statements that clarify the goal or purpose of a quality improvement project. The statements answer the questions: *What are we trying to accomplish; how and what do we need to measure to know that a change is an improvement; and what changes can we make that will result in improvements?*

Big QI versus little qi: Big QI denotes the macro effort toward quality improvement at the department or division level, while little qi represents small, limited quality improvement efforts at the program or process level.

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, and outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle, also known as the Plan-Do-Study-Act (PDSA) cycle.

Metrics: A collection of terms used in setting goals, indicators, measures, standards, baseline and benchmarks. The metrics are defined during the Plan phase of PDSA and are vital in monitoring the progress of a quality improvement project.

- Measure – a basis for comparing performance or quality through quantification
- Indicators – a measure which helps quantify the achievement of a goal; end result which lets us know if we are achieving a goal; measurable; refers to populations, whether or not they receive services
- Standards – an established level of performance or quality; the minimum acceptable measurement expected or desired
- Goal – broad, general statement of what will be achieved and how things will be different; what it takes to reach the vision (may not be measurable)
- Benchmark – target to be reached; a near-term standard with which an indicator or particular performance measure is compared; a level of performance established as a standard of quality
- Baseline – an initial measurement of population or program
- Performance measure – a measure of how well a program is working; work performed and results achieved; its efficiency and effectiveness; refers to client population/those who receive services; may relate to knowledge, skills, attitudes, values, behavior, condition, or status, (e.g., % of patients who keep appointment)

PDSA/PDCA: The Plan – Do – Study (Check) – Act method is the most widely used, simple approach for use in quality improvement projects. The terminology of PDSA and PDCA may be used interchangeably. When described as the PDSA Cycle, the method is a continuous effort of repeated iterations of PDSA. DPH endorses the PDSA method or approach for QI projects given its universal application; however, DPH encourages the use of other models when appropriate for a specific QI project.

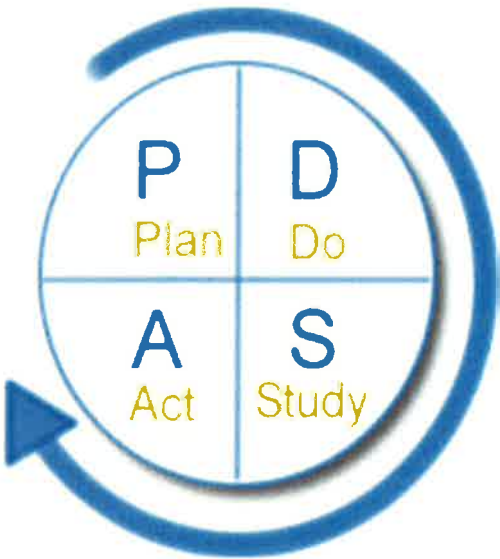


Figure 1. PDSA Model

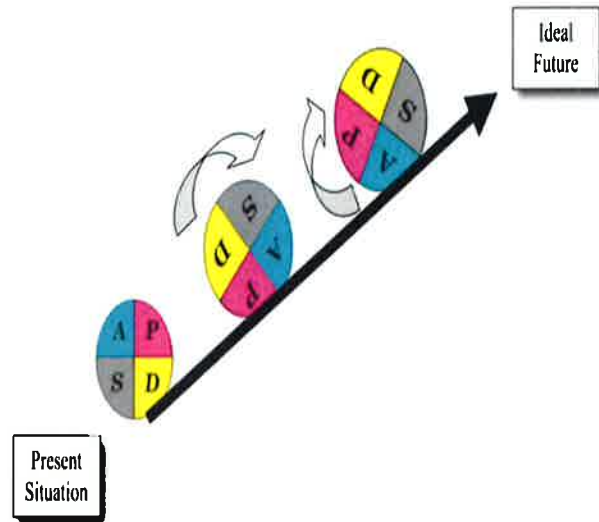


Figure 2. PDSA Cycle of Continuous Improvement

Quality: An essential characteristic or attribute of a product, program, service, or process that helps determine the level of excellence or intrinsic value. Quality is essentially determined by the end-user or customer of the product; given the subjective nature of customer satisfaction, quality can vary from customer to customer. Quality can be expressed in a range from low or poor quality to high quality.

Quality Assurance (QA): A process that measures compliance with a previously established standards and expectations.

Quality Improvement (QI): 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 Methods: A variety of practices exist to assist in quality improvement efforts. The PDSA/PDCA or Shewhart Cycle was popularized by W. Edwards Deming during the post-WWII effort to reindustrialize Japan. Other popular methods include Lean, Six-Sigma, Lean Six-Sigma, DMAIC (define/measure/analyze/improve/control), Performance Excellence (4th Generation Management), Model for Improvement, and Malcolm Baldrige National Quality Standards.

Quality Improvement Plan (QIP): The plan outlines the structure, roles and responsibilities, and activities to improve performance in DPH (appendix D). The QIP is guided by division policies and strategic direction found in its mission and vision statements, in its strategic plan, and its health improvement plan. It also identifies specific areas of current operational performance for improvement.

Quality Improvement Tools: A variety of tools used to identify how processes, programs, and services can be improved. Tools include flow charts, cause-and-effect diagrams, Pareto charts, scatter diagrams, control/run charts, brainstorming, logic models, SWOT analysis, and numerous others.

V. QI STRUCTURE

DPH will establish a QI Council (QIC) to carry out the provisions of this policy and will be guided by the QIC charter (see Appendix A). The QIC will be comprised of members as follows:

Composition: The QIC will be representative of the division. Permanent member terms will not be limited, except as determined by the Division Director. General members will serve at least a 2 year term. Membership will include the following, except as may be determined by the QIC to meet specific needs.

Permanent Members

- Deputy/Associate Deputy Director – Council Chair
- Chief of Administration
- Chief of the Office of Performance Management

General Members

- Eight nominated by the DPH Leadership Team; selected by the director

Others members as determined by the Director

Roles, Responsibilities and Functions: The QIC will be responsible for the following:

- Development of the division's Quality Improvement Plan (QIP)
- Regularly meeting on a quarterly basis to review the progress of quality improvement efforts
- Establishing standards for quality improvement team charters, minutes, and reports
- Regularly reviewing the reports of the quality improvement teams
- Annually reviewing and updating the QIP and this policy as needed
- Other activities as determined by the QIC needed to foster a culture of quality, to improve the efficiency, effectiveness, outcomes and satisfaction of customers.

Staffing and Administrative Support: A Deputy will function as the QIC chair, but defers the day-to-day activities to the Chief of the Office of Performance Management (OPM). The staff of the OPM will be responsible for assuring development of agendas, completion of minutes and assembly of packets for QIC Meetings.

Resource Allocation: Resources for support of this QIC will be budgeted as part of the Office of Performance Management Budget. Resources needed to fund specific QI efforts will remain the responsibility for the individual sections.

VI. TRAINING

The OPM will provide or arrange for QI training. OPM will also provide just-in-time training to teams organized to carry out a quality improvement project. As appropriate, OPM may provide training during orientation and other appropriate venues, such as conferences and meetings.

VII. IDENTIFICATION OF QI PROJECTS

Quality Improvement projects are encouraged at all levels – division-wide, section, bureau, office teams. Projects can be identified through an array of means, including suggestions, survey results, reports, team brainstorming, and others. Initial projects are suggested to be narrow in scope to better ensure staff gain experience. Complex projects are not discouraged.

The Office of Performance Management (OPM) will periodically send a 'DPH-All' email reminding DPH staff they can make suggestions directly to the QIC via OPM or through their supervisory chain. These emails provide an excellent method of disseminating success stories.

QI projects will be submitted through OPM following the QI Project Submission Flow Chart (appendix B) and using the QI Project Submission Form template (appendix C).

Identified division level sponsored QI projects will align with one of the DPH strategic priorities or be considered a level 1 essential activity by the QIC. Additionally, when a project aligns directly to a specific strategic goal or objective or is considered a level 1 essential activity, it should be noted on the DPH QI Plan table.

For each QI project – generally little “qi” project – identified, a quality improvement team will be appointed, as appropriate. Successful quality improvement projects are best accomplished through members with knowledge and experience of the processes, programs or services involved. Team members should include staff directly involved in the process.

The OPM will provide training to the team sufficient to carry out the quality improvement project. Basic training will include an introduction to the PDSA methodology and flowcharting. Depending on the nature of the project, training on other tools will be provided such as cause-and-effect diagrams, check sheets, Pareto charts, control/run charts, histograms and scatter diagrams.

The QI team should generally follow the steps of the PDSA Cycle as identified in Figure 3 below. The QI Specialist/Facilitator or other technical expert will work with each QI team.

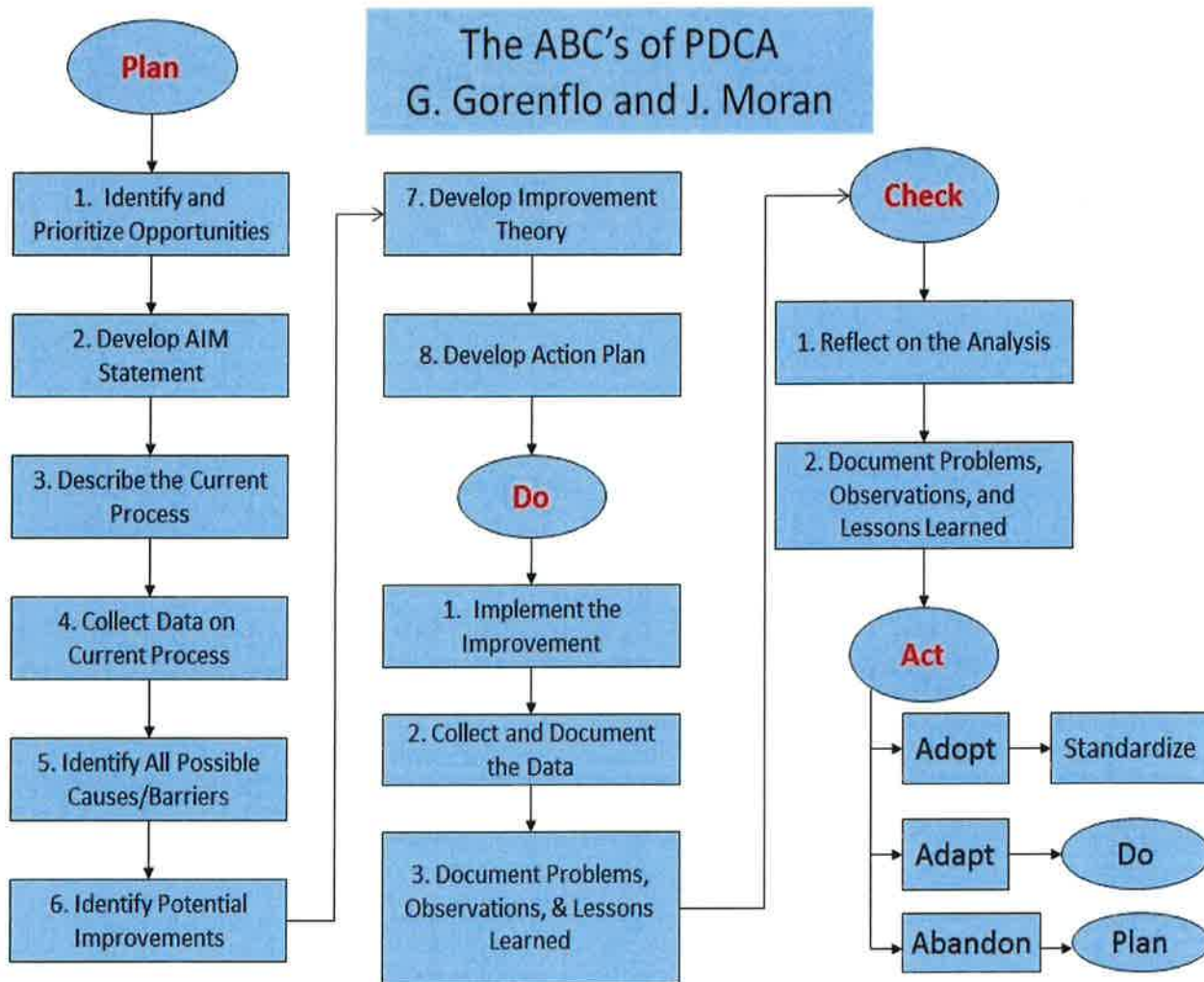


Figure 3. G. Gorenflo and J.Moran, Public Health Foundation

Goals, objectives and measures: Each QI Team should define the performance measures of the project by developing an AIM statement. The AIM statement answers three questions:

--The first question, "*what are we trying to accomplish?*" provides the overall goal of the project.

--The second question, "*how and what do we need to measure to know that a change is an improvement?*" provides clarity on measurement including the focus on data collection and evaluation.

--The third question, "*what changes can we make that will result in improvements?*" provides the focus on developing specific objectives.

Collectively, the AIM statement provides the direction the QI Team takes during the PLAN phase of the PDSA cycle.

VIII. DOCUMENTING, MONITORING AND REPORTING

The QI Team will maintain an electronic or hardcopy planning and status report that documents the steps completed or planned. The QIC will establish standard templates for use in documenting and reporting the status of the project. The QIC will accept the QI project storyboard template as the mechanism for QI project team leaders to document and provide project status updates to the QIC. Each QI Team establishes its schedule for meetings but provides updated status reports to the OPM prior to QIC meetings. The project is reviewed during the QIC meeting.

At the conclusion of the project, the QI Team will submit a final report and/or storyboard documenting the effort.

IX. COMMUNICATION AND CELEBRATION

The QIC will determine opportunities to communicate progress of quality improvement efforts. Success stories provide positive feedback to the members of the QI Team and inspire others to get involved in QI efforts.

X. QI PROGRAM REVIEW

On an annual basis the QIC should assess the effectiveness of the Public Health Quality Improvement Policy and Plan program and make revisions based on lessons learned during the year.

XI. EFFECTIVE

- A. This policy is effective upon date of signature.
- B. This policy will be adjusted accordingly, based on any future decisions by the DPH Director and Leadership Team.
- C. This policy supersedes all other Division policies, directives, or rules related to the subject.

APPENDIX A

Division of Public Health (DPH) Quality Improvement Council Charter

In order to institutionalize quality improvement practices in DPH, this charter provides the framework and guidance to implement a Quality Improvement Council in DPH.

Mission Statement

The Quality Improvement Council (QIC) is chartered by the DPH Leadership Team to manage and guide division-wide quality improvement activities. The QIC will be a division resource providing guidance on quality improvement matters and will manage and assign activities to the Quality Improvement Team.

Responsibility

The Quality Improvement Council is responsible for:

1. Establishing division policy, procedures and plans for quality improvement processes and projects for the Division of Public Health
2. Selecting and supporting quality improvement projects
3. Monitoring and tracking of division quality improvement projects
4. Promoting and communicating quality improvement activities
5. Identifying “best practices” and sharing/promoting successful efforts
6. Encouraging and fostering a supportive quality improvement environment and champions quality improvement activities, tools and techniques

Process

1. The QIC reviews proposed projects, returns the project to the submitter for additional information or to manage at a lower level, or adds to the list of division level sponsored quality improvement projects.
2. The QIC approves of division level projects, prioritizes them and informs the leadership team.
3. The QIC will provide project management technical assistance and oversight.
4. Projects prioritized as Level 1 will be tracked by the QIC and will review/report progress, benchmarks, milestones, resource constraints and results at each QIC meeting.
5. Projects ranked as Level 2 or Level 3 will be reported quarterly.

Project Ranking Definition

- **Level 1** projects are **Essential** activities with the division's highest level of commitment which may require current activities or resources to be adjusted.
- **Level 2** projects are **Important** activities, which are very important but must be considered against other ongoing activities if funds or resources are not sufficient.
- **Level 3** projects are **Beneficial** activities, which are beneficial to division programs, but will only be pursued if they do not infringe upon higher level priorities.

Membership

The QIC will be chaired by the DPH Deputy or Associate Deputy Director and permanent members will include the Chief of Administration and the Chief of Performance Management. Nominated members will include three additional leadership team members (section chiefs); two members of the Quality Improvement Facilitator Team; and, three front line members of the DPH team. New members will be nominated by the leadership team and invited to participate. Insofar as possible nominated members should include representation from Northern and Southern Health Services.

Nominated members will serve minimum of two years and be replaced on a staggered time frame for continuity and to develop experience and expertise with this quality improvement function.

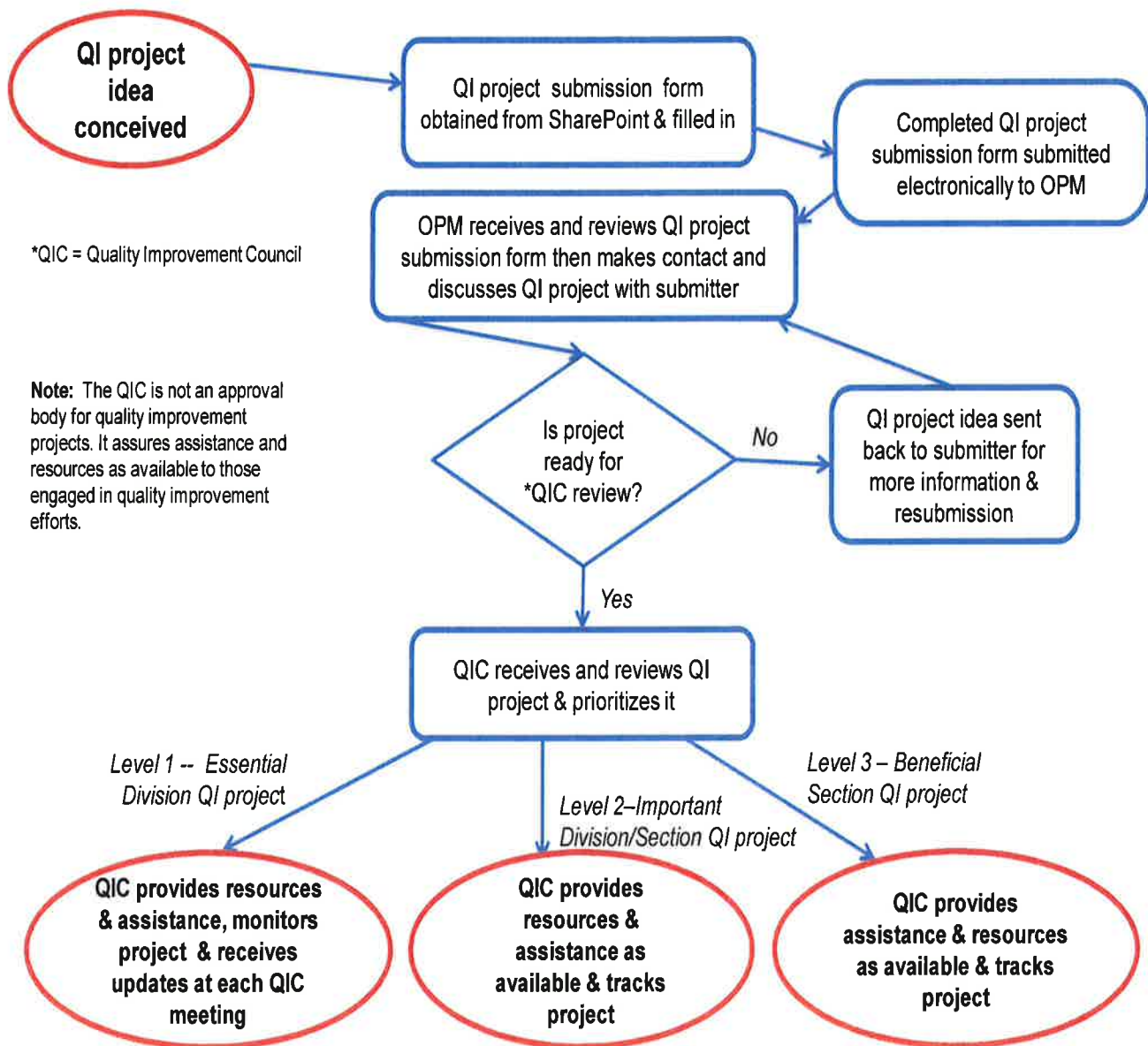
Meetings will be held at least every two months and generally last one hour.

Office of Performance Management staff will provide administrative support to the QIC.

APPENDIX B

Quality Improvement Project Submission Flowchart

Quality Improvement Project Submission Flowchart



APPENDIX C

Quality Improvement Project Submission Form Template

Today's Date:

Your Name:

Your e-mail address:

Your telephone number:

Suggested Team Leader:

Problem Statement:

Potential Solution Statement (ideal outcome):

Potential Team Members:

This template is available in a fill in the blank form on the DPH SharePoint site, on the Performance Improvement Initiative announcements page.

Make contact with the Office of Performance Management [302-744-5453] once you have completed and submitted this form.

Appendix D

Division of Public Health (DPH) Quality Improvement Plan by Reference

Note: The most current DPH Quality Improvement Plan is located on the Division of Public Health SharePoint site, under the Performance Improvement Initiative tab Shared Documents link, in the Quality Improvement Council file.

Division of Public Health>
Performance Improvement Initiative>
Shared Documents>
Quality Improvement Council file

Appendix E

September 30, 2013

Delaware Division of Public Health (DPH) --- Policy Statement on Customer Feedback

The services we provide every day are for a variety of public health customers. So important are these customers that they are part of our organizational mission and vision.

Mission -- Protect and Promote the Health of all People in Delaware
Vision -- Healthy People in Healthy Communities

Our customers are affected by and influence the quality of those services. Understanding a customer's experience with the public health services is vital to improving those services. To this end, we must seek and use customer feedback to ensure we meet the needs of and ultimately improve the health of Delawareans.

This customer feedback policy statement sets forth expectations on obtaining customer feedback data throughout the Division of Public Health (DPH). Generally a customer can be defined as a user of the services we provide, a public health partner who we collaborate with, and/or a stakeholder who is impacted by public health activities. For example, in our public health laboratory the customers are the individual who is tested and the provider or organization that needs the requested test results in order to make a decision. The partner in this example may be the medical center requesting the laboratory test and stakeholders in this example is anyone who may be indirectly impacted by the test results (all Delawareans). The rest of this policy statement provides key elements to implement customer feedback in public health.

Identify customers

The first step in seeking customer feedback is to identify your customers (including partners and stakeholders). This is no doubt the most important step and requires those delivering the particular public health service to thoughtfully and thoroughly think about and agree on who the customers are.

Seek feedback from customers

Develop and implement a standardized way to seek performance feedback from those impacted by your services on a regular basis. On a "regular basis" means to periodically seek performance feedback from at least **10%** percent of total customers on a yearly basis. This can be done on a weekly, monthly, quarterly or annual basis and may be implemented through in-person/telephone customer contact, via online survey, or paper survey. Below are examples of standardized customer satisfaction questions.

Access: Were you able to obtain our services during a time that was convenient for you?

Usefulness: Did the service provide what you expected?

Appropriateness: Did you receive the service you needed or wanted?

Loyalty: Would you use our services again?

Reliability: Was the information provided to you regarding services accurate?

Courtesy: Were the staff friendly and polite?

Knowledge: Were the staff knowledgeable about the services you received during your visit?

Phone Information: Were you able to call our office for information about our services?

Overall Satisfaction: Were you completely satisfied with the services you received?

Use customer feedback to improve services

Analyzing feedback means to identify strengths and opportunities for improvement. Use information to make immediate service improvements or use a performance improvement process to address more complex opportunities for improvement.

To assist with instituting customer feedback activities in DPH the Office of Performance Management will be providing customer feedback training and support to sections, bureaus and offices implementing customer feedback processes.