Department of Health and Senior Services
Quality Improvement Guidance

This Quality Improvement Guidance is meant to provide staff with a basic understanding of what QI is, how and why it is initiated at DHSS, and its importance to the overall performance management of the Department. This guidance is an addition to QI Policy 15.3.

I. DEFINITIONS:

AIM Statement: A tool used to restrict the problem statement to a discrete issue on which the improvement team will focus. It directs the team attention to the real issue so it does not spend time addressing extraneous issues.

Brainstorming: A tool used to establish a common method for a team to generate a large number of ideas in a short period of time. A brainstorming session includes defining the issue or problem, asking for and sharing ideas, capturing and recording input analyzing all ideas and collaborating to organize ideas into categories or identify themes.

Check Sheet: A tool that helps record and organize observations to determine how often specific events are occurring.

Fishbone Diagram: A tool, sometimes also called a cause and effect diagram identifies possible causes of a problem and encourages the team to consider possible causes that might not be readily apparent

Measure: A basis for comparing performance or quality through quantification.

Pareto Chart: A tool that can help determine which of the causes of a problem most frequently lead to the problematic outcome. This chart displays data in columns, organized from most to least frequent.

Performance Management: The strategic use of performance measures, standards, progress reports, and ongoing quality improvement efforts to ensure that the Department achieves desired results. The ultimate goal of these efforts is to improve the services to the public by actively using performance data.

Plan-Do-Study-Act (PDSA): An ongoing, four-stage, problem-solving model for improving a process or carrying out change. This process is also referred to as Plan-Do-Check-Act (PDCA). PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is repetition. Once a hypothesis is supported or negated, executing the cycle again will extend what has been learned.

Process Map: A diagram of the steps taken to complete a job. It is a useful tool for learning about each step of the process.

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 the Department.

Quality Improvement Committee (QIC): Department-wide committee designed to develop a QI Plan and carry out QI activities. The QIC is representative of all divisions in the Department.

Quality Improvement Plan (QI Plan): A plan that strives to cultivate a culture of quality within the Department by developing goals, objectives and measures of quality enhancement.

Run Chart: A run chart will measure how well your process is working by tracking data on the results of your process over time. Tracking data over time, will show if you're getting the same results and if a change in the process improves results.

II.   IDENTIFICATION OF DEPARTMENT QI PROJECTS

Quality Improvement projects are encouraged department-wide, and should align with one of the four Department strategic goals:
- ensure Missourians are healthy, safe, and informed;
- maximize health and safety outcomes;
- engage and invest in our staff; and
- position resources to ensure maximum outcomes.

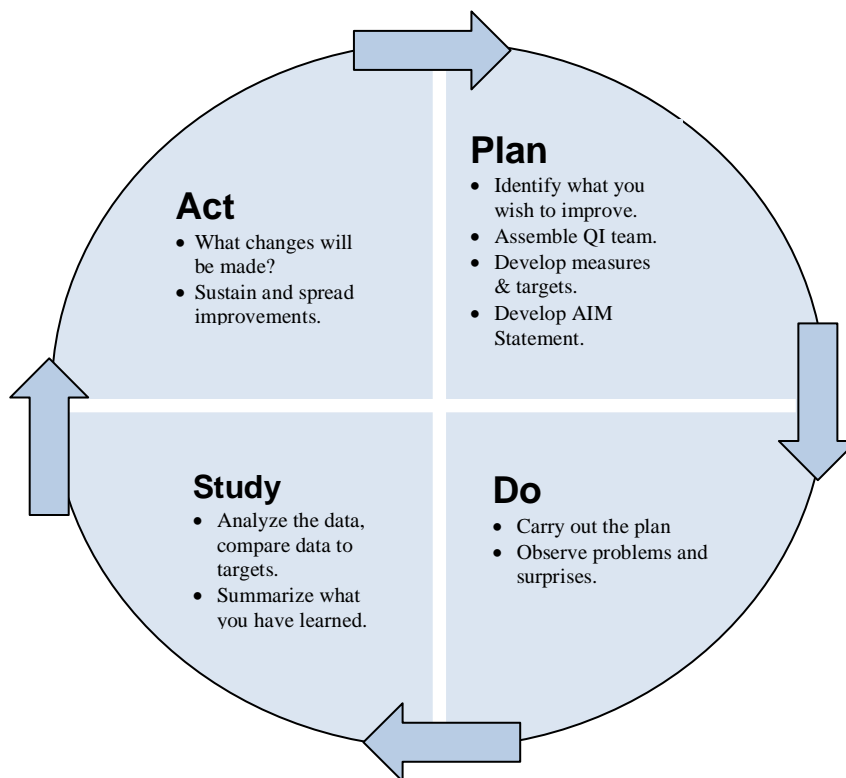Methods to identify areas for improvements include:
- Using an analysis of performance data to identify areas where a public health standard, objective or target is either partially met or not being met
- Identifying an objective in the DHSS strategic plan or Bureau strategic plan that is not being met
- Using results of evaluations of programs or administrative systems and functions
- Surveying employees on processes that need improvement;
- Analyzing internal and external customer data or satisfaction survey data.

QI projects may be initiated formally using the MoRE suggestion form (http://www.more.oa.mo.gov/) or informally within an individual's program, section or bureau. Employees who wish to initiate a QI project that may impact the Division as a whole should seek approval of their Division Director.

III.   QI TOOLS AND TECHNIQUES

The Department promotes use of the PDSA tool for most QI projects. This model should be implemented in the beginning of a new improvement process or when preparing to implement a change. It can be used for both incremental changes and complete redesign activities. It consists of four steps as shown in the diagram below.

PDSA Model

Act
- What changes will be made?
- Sustain and spread improvements.

Plan
- Identify what you wish to improve.
- Assemble QI team.
- Develop measures & targets.
- Develop AIM Statement.

Study
- Analyze the data, compare data to targets.
- Summarize what you have learned.

Do
- Carry out the plan
- Observe problems and surprises.

Other tools that can be used include, but are not limited to: fishbone diagram, Run Chart, Pareto chart, Brainstorming, Process Map, Check Sheet or any other tool that best fits the project. A separate document titled "Embracing Quality in Public Health", is a useful guide to selecting and using quality improvement tools:
http://publichealth.yale.edu/ctriphtc/resources/445_125142_2012_02_28_Guidebook_web.pdf
The Office of Performance Management can also assist in determining the best method to use and provide guidance.

A PDSA flowchart can be found here:
http://dhssnet/qualityimprovement/pdf/pdsaflowchart.pdf

IV.   DEVELOPMENT OF DEPARTMENT QI PROJECTS

QI Teams: For each project identified, a QI Team should be developed, as appropriate. Successful quality improvement projects are best accomplished through members with knowledge and experience of the processes, programs, or services involved, therefore team members should include staff directly involved in the process.

Develop Goals, Objectives, and Measures**:** Development of an AIM Statement provides the QI Team direction during the plan phase of the PDSA cycle. Each QI Team should

define the performance measures of the project by developing an AIM Statement. The AIM Statement answers three questions:

- What are we trying to accomplish?
- What do we need to measure to determine change or improvement?
- What changes can the Department make that will result in improvements?

<u>Documenting, Monitoring and Reporting</u>**:** The QI Team will maintain a copy of the planning and status report that documents the completed or planned activities of the project.

V. COMMUNICATIONS

DHSS will communicate its shared vision of quality through consistent messages at Program, Section, Bureau and other staff meetings. Linkages between quality improvement and strategic priorities such as strategic planning, public health improvement planning, public health accreditation, empowerment, workforce development, and program evaluation should be communicated by managers at all levels.

All employees are encouraged to communicate messages about quality through the following mechanisms:
- monthly staff meetings
- monthly strategic planning team meetings
- monthly senior management team meetings
- submissions to the DHSS Snapshot newsletter
- presentations at Bureau and Section meetings