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| ***POLICY AND PROCEDURE*** | |
| **SUBJECT/TITLE:** | Quality Improvement (QI) |
| **ORIGINAL DATE ADOPTED:** | 11/01/2010 |
| **DATE REVIEWED/REVISED:** | 01/16/2018 |
| **APPROVED BY HEALTH OFFICER:** |  |

# A. PURPOSE & BACKGROUND

The intent of this document is to establish a policy and procedure for quality improvement (QI) activities within the Berrien County Health Department.

To promote a culture of quality within the local health department that includes an organization-wide management and staff philosophy of continuous quality improvement (QI) in programs, service delivery and population health outcomes.

BCHD has an interest in systematically evaluating and improving the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction. To achieve this culture of continuous improvement, QI efforts should target the department-level (“Big QI”) as well as the program- or project- level (“Small QI”).

# C. PROCEDURES & STANDARD OPERATING GUIDELINES

The majority of BCHD Quality Improvement will be done through use of the Plan – Do – Study – Act (PDSA) sequence. This sequence guides the overall process for the entire QI project, and is able to be used in small & iterative “rapid cycle improvement” changes.

This policy covers QI activities conducted by BCHD, including:

1. Agency Quality Improvement Plan
2. Quality Improvement Team (QI-Team)
3. Staff Quality Improvement Training
4. Quality Improvement Plan
   1. The BCHD Quality improvement Plan (QIP) will be reviewed annually by the QI-Team and updates will be submitted to the Health Officer for approval and implementation. The QIP will include the following components:
      1. Purpose and scope of Quality Improvement activities
      2. Goals and objectives with quantifiable and time-framed measures
      3. Responsible person(s) for each objective
      4. Description of Quality Improvement projects
      5. Description of process to evaluate the effectiveness of Quality Improvement activities
5. Quality Improvement Team (QI-Team)
   1. **Purpose** The QI-Team will guide QI efforts at BCHD. Examples of those efforts include: Developing a comprehensive “Quality Improvement Plan”; preparing to meet local health department accreditation standards related to QI; and, developing and evaluating rapid cycle quality improvement tests. QI-Team members will also be asked to plan and participate in a number of QI training activities. QI training will likely include some independent study along with multiple trainings at BCHD or other sites.
   2. **Membership** The QI-Team will consist of 12 to 15 members, representing a cross-section of each level of the organization, including: administration, managers, program supervisors and program staff. Additional staff department-wide will be engaged in QI-Team activities and projects on an as-needed basis.
   3. **Member Requirements** QI-Team composition will be evaluated annually. Current members will evaluate their desire & capacity to continue service on the team. Additionally, all staff will receive an update on the QI –Team activities and departmental role and will be provided opportunity to join the team on an annual basis. All QI-Team members must have approval from their immediate supervisor to begin or continue membership. QI-Team members will be expected to prepare for and attend regular monthly meetings (approximately 1.5 hours per month), participate in QI trainings and engage in QI projects & activities with other BCHD staff.
6. Staff Quality Improvement Training
   1. All new and existing staff will receive basic QI training to prepare them to lead or assist with QI projects in the agency. Training and other QI information will be provided through:
      1. Online QI training
      2. In-person “classroom” training facilitated by BCHD Team member or external trainer
      3. Hands-on training
      4. New employee orientation

# D. GLOSSARY OF TERMS

N/A. Terms defined within BCHD Quality Improvement Plan

# E. CITATIONS & REFERENCES

For Reference:

* BCHD Quality Improvement Plan

# F. APPENDICIES & ATTACHMENTS

N/A

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