



# **Public Health**

Prevent. Promote. Protect.

## **Quality Improvement Procedures**

*For the*

### **Montgomery Township Health Department**

*Also Serving the Boroughs of Hopewell, Pennington, and Rocky Hill*

*Approved by their Respective Boards of Health, May, 2016*

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## Overview:

The Montgomery Township Health Department has embraced the concept of continuous quality improvement (QI), and will ensure the principles of QI will be implemented throughout the organization. MTHD has adopted the **Plan, Do, Study, Act (PDSA)** QI methodology. We will use this methodology throughout the department on an ongoing basis to develop a culture of quality. This approach will allow MTHD to better serve both its customers, and its employees. This plan will provide a framework for the selection of QI projects, launch the formation of a QI team, and instill a culture of QI throughout the agency. The implementation of this plan will help MTHD in its efforts to become nationally accredited, and achieve its strategic priorities set forth in its Strategic Plan.

## Structure:

### **Multi-Functional Subcommittee to serve as Quality Improvement Council**

MTHD will establish a QI Council in order to select QI projects and monitor ongoing QI projects. The council will provide MTHD's staff with clear guidance and organizational support. Additionally, the council will review the department's operation and identify areas in need of improvement.

#### *QI Council activities:*

- Meet quarterly
- Identify areas in need of improvement
- Determine specific projects to be implemented
- Evaluate the progress of QI projects
- Make recommendations to staff regarding ongoing projects
- Discuss major incidents experienced by the department for hotwash and improvement

#### *Council members and their duties:*

##### 1. Health Officer

- Chair council meetings
- Provide overall vision for council activities
- Offer direction for QI program activities
- Recognize successful QI projects in staff meetings
- Review project activities
- Offer input on projects to be conducted
- Report departmental QI activities to the Board of Health

##### 2.. Health Educator

- Oversee QI program and review project activities
- Offer input on projects to be conducted
- Encourage staff to incorporate QI principles into their job duties
- Schedule Annual QI Training for staff
- Provide guidance to QI teams during ongoing projects

3. Board of Health Representatives/Staff representative
  - Review project activities
  - Offer input on projects to be conducted
  - Appoint a member to record minutes during QI council meetings

**The Multi-Functional Accreditation Support Subcommittee will serve as the department's QI Council.** This group will be comprised of

- up to 3 MT Board of Health members,
- 1 representative from each Borough's Board of Health
- Health Educator
- staff representative, and
- Health Officer (ex officio)

The Council will meet quarterly to review the department's QI activities, suggest future projects, discuss staff concerns, and aid other improvement activities at the department. Membership on the Council will be on a rotating basis, and members will serve a term of 3 years. The term limits will be staggered to avoid a complete turnover of group members

## **Quality Improvement Teams:**

For each QI project undertaken by MTHD, a QI team will be established. The teams will consist of 2-3 members, based on area of expertise. Each QI team will collaborate on **projects identified through the Performance Management/QI process**. Specific QI team duties include:

- Apply QI principles to the identified area in need of improvement
- Team should meet monthly during the project, and document with an agenda, minutes, and action items with due dates.
- Provide monthly progress reports to the Health Officer
- Present project results to the QI Council
- Incorporate successful project outcomes into departmental operations
  
- Projects may be short-term (up to 3 months duration) or annual (8 to 12 months duration).

## **Annual QI training for Staff**

Annual training will include a basic understanding of the PDSA cycle and the Department's policies and procedures related to QI. Trainings may include: Rutgers On-Line QI Training; Ohio State On-line QI Training, hands-on training using the *Public Health Memory Jogger* (published by the Public Health Foundation), or similar.

## **Quality Improvement Documentation:**

All QI teams will use the *Montgomery Township Health Department QI Planning Template* (adapted from *NJ Collaborative for Excellence in Public Health, 2010*) to document their process.

Completed projects will be documented using the NJCEPH storyboard template, These documents will be submitted to the Health Officer for presentation to the QI Council.

## **Quality Improvement Project Selection:**

Project selection will be conducted by the QI council in consultation with staff. Projects will be selected based on data from customer satisfaction evaluations, program evaluations, or as problem areas in the department's operation become apparent.

Additionally, projects will be selected based on data collected through the department's **Performance Management system**, linked to strategies and interventions to address the strategic priorities contained in the department's **Strategic Plan**. This allows us to implement QI activities department-wide and infuse a culture of quality throughout our operations.

The decision to begin a project will be made based on data and customer focus, including both external and internal customers.

**A schedule of QI projects to be completed will be developed annually** as an appendix to this plan.

## **Quality Improvement Communication:**

Updates on MTHD's QI activities will be included in the Township's quarterly newsletter, posted on the four municipalities' websites, and shared in Annual Report.

In addition, QI updates will be included on the agenda for each monthly staff meeting, and each of the regularly scheduled Boards of Health meetings.

## **Quality Improvement Recognition**

All MTHD staff members participating on QI teams will be recognized for their efforts. Staff members will be recognized at the Annual Joint Meeting of the Boards of Health, and with letters of commendation upon successful completion of designated projects.

## **Evaluation:**

This plan will be evaluated by the QI council on an annual basis during one its regularly scheduled meetings. The evaluation will determine if the aspects of the plan are being followed, and if any improvements or revisions are necessary. This will include reviewing the activities and outcomes accomplished by each QI team. Team leaders will be encouraged to provide any lessons learned during their projects and any suggestions they may have to improve the plan or program.

The annual evaluation will be documented in the meeting minutes, and any changes made to the plan as a result will be approved by the QI council.

## Montgomery Township Health Department QI PLANNING TEMPLATE

**DATE:**

**AIM STATEMENT:**

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**Objective #1:**

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**(PLAN)**

Activities/tasks <b>(DO)</b>	Target Date	Responsible Party/ies	Measures <b>(STUDY)</b>		Status Update, Notes & Next Steps <b>(ACT)</b>
			Process	Outcomes	

**Objective:** What you PLAN to do: Complete a template for *each separate objective attached to your aim statement.*

**Activities / Tasks:** What you will DO: Describe the specific task attached to your objectives.

**Measures:** What you will STUDY: Attach at least one measure to each task/activity and indicate the data source if needed.

**Status Updates / Next Steps:** How you will ACT based on your outcomes: This should include a description and rationale for any revisions in the plan, including revisions to target dates. *All entries should be dated and initialed.*

## APPENDIX A—Glossary of Terms

**Continuous Quality Improvement (CQI):** A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies use of a formal process (PDSA, etc.) to “dissect” a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

**Plan, Do, Study, Act (PDSA, also known as Plan-Do-Check-Act):** An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. (Embracing Quality in Local Public Health: Michigan’s QI Guidebook, 2008)

**Quality Assurance (QA):** Guaranteeing that the quality of a product/service meets some predetermined standard.

**Quality Improvement (QI):** Raising the quality of a product/service to a higher standard.

**Quality Improvement Plan:** A plan that identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QI Plan may also be in the Strategic Plan. (PHAB Acronyms and Glossary of Terms, 2009)

**Quality Culture:** QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)

**Storyboard:** Graphic representation of QI team’s quality improvement journey.