



## GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

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[www.gtchd.org](http://www.gtchd.org)

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### Quality Improvement Policy

#### **Purpose:**

To promote a culture of quality within the Grand Traverse County Health Department (GTCHD) that includes an organization-wide philosophy of continuous quality improvement in programs, service delivery, and population health outcomes.

#### **Policy Statement:**

GTCHD will objectively, systemically, and continuously assess, assure, monitor, evaluate, and improve the quality of processes, activities, programs, and services provided. This requires establishing agency-wide and/or specific program goals, objectives and measures (performance indicators), and includes training staff in Quality Improvement methods and tools.

#### **Procedure:**

1. A Quality Improvement plan will be developed and implemented, with progress monitored and reported.
2. Members of GTCHD Leadership and Management teams, as well as key Staff Positions will serve on the Performance Management Team and will be responsible for overseeing the Quality Improvement process including but not limited to:
  - a. Members and roles of Quality Improvement teams involved in Quality Improvement processes
  - b. Methods to select Quality Improvement projects, monitor progress, determine outcomes, evaluate the process, and report results
  - c. Goals, objectives, and timelines for conducting Quality Improvement activities
  - d. Methods for training new and existing staff in Quality Improvement methods
  - e. Empowering staff to suggest Quality Improvement projects to the Performance Management Team and conduct Quality Improvement projects within their division
  - f. Link Quality Improvement to Performance Management, Strategic Planning, and the Community Health Improvement Plan

## **Definitions**

Performance Management System: A fully functioning Performance Management System that is completely integrated into health department daily practice at all levels includes:

- 1) Setting organizational objectives across all levels of the health department,
- 2) Identifying indicators to measure progress toward achieving objectives on a regular basis,
- 3) Identifying responsibility for monitoring progress and reporting, and
- 4) Identifying areas where achieving objectives requires focused quality improvement processes (PHAB Acronyms and Glossary of Terms. 2013).

Plan-Do-Check/Study-Act: A four-stage problem solving model for improving a process or carrying out change. It is based on the scientific method of hypothesize, experiment, evaluate. There are nine steps within the four stages:

Plan:	Getting Started Assemble the Team
Do:	Examine the Current Approach Identify Potential Solutions Develop an Improvement Theory Test the Theory
Check/Study:	Check/Study the Results
Act:	Standardize the Improvement or Develop a New Theory Establish Future Plans

Quality: In public health terms, quality is the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy (Public Health Quality Forum, US Department of Health and Human Services).

Quality Improvement: Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, 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 efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (PHAB Acronyms and Glossary of Terms. 2013).