

## **SECTION 1.0 POLICY STATEMENT, PURPOSE and SCOPE**

### **Sec. 1.1 Policy statement**

Tarrant County Public Health is committed to continuously improving all aspects of its operations by systematically evaluating the quality of the programs and processes to deliver high quality services to the communities we serve.

### **Sec. 1.2 Purpose**

Continuous Quality Improvement (CQI) 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 the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Tarrant County Public Health (TCPH) CQI initiatives consist of two parts; the overall policy and the CQI plan. The policy states the importance of continuously improving quality in services and the way TCPH conducts processes. The implementation plan contains the procedures or basic guide on how TCPH will manage, deploy, and review quality throughout the organization. The main focus is on how TCPH will work through the process of quality improvement at an overall department wide level as well as specific program levels.

### **Sec. 1.3 Scope and Periodicity**

The Performance Management (PM) \ CQI Core Team is tasked with developing the annual CQI plan, with guidance from the Leadership Team (LT). They will also assist in implementing CQI methodology throughout the organization. The PM\CQI Core Team will oversee all aspects of the Performance Management System (PMS) and establish the specific processes, schedules and reporting methods that govern the creation and usage of the CQI plan.

All CQI committee members are responsible for conducting quality improvement activities. The CQI Plan is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. The CQI Plan is a living document and needs to be revised on a yearly basis to reflect accomplishments, lessons learned, and changing organizational priorities.

This policy is to be reviewed annually by the PM\CQI Core Team with subsequent

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

review (prior to submission for approval) by the Leadership Team. Once approved, this policy supersedes any/all previous versions. However, the most recently approved version remains in effect, in spite of declared periodicity, until a new version is approved by the Public Health Director.

**SECTION 2.0 QUALITY IMPROVEMENT PROCEDURES**

**Sec. 2.1 CQI Leadership and Committee**

CQI identifies and reduces risk to TCPH and clients; evaluates performance; measures progress towards goals; improves client outcome; and is required by funding agencies. In order to incorporate CQI into the structure of TCPH, it is important that an environment exists that enables the initiation, growth, and continuity of quality activities.

**Sec. 2.1.1 CQI Leadership**

The key to the success of the CQI process is leadership. CQI requires top management to be actively involved to ensure oversight, coordination, delegation of roles and responsibilities, and accountability.

1. The Director charges the CQI Committee, at the beginning of the year, with carrying out the purpose and scope of CQI projects at TCPH.
2. The Leadership Team will review, evaluate and approve the CQI plan annually.
3. The Leadership Team will support and guide implementation of quality improvement activities.
4. The Leadership Team will schedule the CQI Chair to report quarterly at one of the Leadership meetings.
5. The Director will share quality improvement activities with the Commissioner's Court at least once per year as a means of reporting and seeking input into ongoing quality management initiatives.
6. The Director, Medical Director, Associate Directors, and Division/Program Managers will attend and participate in the final CQI meeting in November and any other meetings when available.

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

TCPH Leadership Team	
Director	Medical Director
Associate Director for Environmental Health and Disease Control	Associate Director for Community Health Promotion
Associate Director for Prevention and Public Health Planning	Business Manager

**Sec. 2.1.2 CQI Committee and Rotation**

The CQI committee is responsible for conducting quality improvement activities and for promoting, training, challenging and empowering TCPH employees to participate in the CQI process.

1. The CQI Committee will consist of approximately 20 members, representing all division and program areas and a cross-section of each level of the organizational chart, including administration, division managers, program managers and program staff.
2. Members will serve on the CQI Committee a minimum of two years, acknowledging that in some cases, the primary staff for a program maybe one or two employees who work directly with the program area; if for some reason the CQI Committee member cannot attend the meetings an alternate should be identified by their manager and/or supervisor.
3. Ad hoc members (representing Compliance Officer, Public Information, Health Equity, Workforce Development, and the Delivery System Reform Incentive Payment (DSRIP) will engage in CQI activities on an as-needed basis.
4. The CQI Committee meets bimonthly (every other month) and consists of at least one representative from every division/program.

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

<b>Continuous Quality Improvement Committee Officers and Members</b>	
Chairperson	Health Informatics
Co-Chairperson	HIV Administration
Leadership Representative	Laboratory
	Planning and Policy
Adult Health Services	Preventive Medical Clinic
Customer Services / Fiscal Services	Public Health Preparedness
Chronic Disease Prevention	Travel Health
Community Health Promotion (Immunizations, Nurse Family Partnership, and BCCCP)	Tuberculosis Control
Environmental Health	Women Infants and Children
Epidemiology	Ad-Hoc Members

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

**Sec. 2.2 Roles and Responsibilities**

**Sec. 2.2.1. TCPH Leadership Roles and Responsibilities**

<b>TCPH Leadership Roles and Responsibilities</b>
Provide leadership for the department CQI vision, mission, strategic plan and direction.
Within available funding, assure all the staff has access to resources to carry out CQI projects and training.
Advocate for a culture of CQI, as well as including quality in messages and presentations to staff, internal and external partners.
Promote a CQI environment (learning environment) for the department.
Apply CQI principles and tools to daily work.
Participate in ongoing CQI training.

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

**Sec. 2.2.2 Division/Program Managers Roles and Responsibilities**

<b>Division/Program Managers Roles and Responsibilities</b>
1. Facilitate the implementation of CQI activities at the Division level.
2. Identify a staff member and alternate to serve on the CQI Committee.
3. Support CQI representatives in their work with CQI activities.
4. Document CQI efforts.
5. Provide feedback to shape annual CQI Plan.
6. Participate in CQI project activities as requested or as required.
7. Facilitate the development of CQI projects.
8. Provide the CQI Committee with opportunities to share quality improvement efforts.
9. Apply quality improvement principles and tools to daily work.
10. Communicate regularly with Director and CQI Committee to share successes and lessons learned.
11. Participate in the development of CQI projects.
12. Participate in ongoing CQI training.

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

**Sec. 2.2.3 CQI Co-Chairpersons Roles and Responsibilities**

CQI Chair and Co-Chairs Roles and Responsibilities
The Chair and Co-Chair will be selected for a two-year term with a staggered rotation. At least one member in the leadership roles (Chair or Co-Chair) must work in an area that services clients.
Coordinate, support, guide and define the overall continuous quality improvement program department wide.
Develop and manage all aspects of the annual quality improvement plan with input from CQI Committee and Leadership.
Assist CQI Committee in addressing problems encountered by project teams.
Provide quarterly briefing updates to Director.
Facilitate CQI meetings.
Integrate continuous quality improvement principles in TCPH policies/protocols (e.g. hiring; performance review; documentation).
Assist continuous quality improvement projects at Director, Division and Program level.
Document all continuous quality improvement related activities.
Ensure communication of continuous quality improvement project results.
Ensure continuous Quality Improvement Plan meets accreditation requirements.
Implement other strategies to develop culture of continuous quality improvement.
Apply quality improvement principles and tools to daily work.
Facilitate the development of ongoing staff training through the formation and chairing of a training sub-committee made up of CQI members.

**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

**Sec. 2.2.4. PM\CQI Core Team**

The PM\CQI Core Team will consist of seven members: Performance Management Chair, CQI Chair, CQI Co-Chair, Administrative support staff, and three current CQI Committee members. The selection of CQI Committee members to serve on the CQI Core Group is selected at the discretion of the CQI Chair and Co-Chair. Tenure will be a minimum of one year.

CQI Core Team Roles and Responsibilities
Review & revise the PM plan, CQI Plan & CQI Policy and project documentation at least annually or as needed.
Develop and provide annual CQI training for the department as per accreditation.
Coordinate CQI bi-monthly meetings.
Provide guidance and support for all CQI projects.
Review and monitor all project documentation and training requirements.
Coordinate CQI Health Quality Week activities.
Develop and submit the Year end PM/CQI Summary Report to LT.

**Sec. 2.2.5. CQI Committee Members**

The CQI Committee will guide and evaluate quality improvement efforts. Each program/division is responsible for having two representatives to serve on the CQI Committee. CQI Committee members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, decisions will be made by majority vote. The CQI Committee is responsible for carrying out quality improvement efforts at TCPH. Members should expect to carry out the following roles and responsibilities.



**Policy Title: Continuous Quality Improvement Policy and Procedures**

Last Reviewed: 2/2015

<b>CQI Member's Roles and Responsibilities</b>
Provide CQI expertise and guidance for project teams.
Serve a two-year term based on a calendar year.
Participate and facilitate continuous ongoing staff training, including department wide meetings and division/program staff meetings.
Attend regular bi-monthly meetings.
Prepare to meet local health department accreditation standards related to CQI.

**Sec. 2.2.6 TCPH Staff Roles and Responsibilities**

<b>All TCPH Staff/ Employees Roles and Responsibilities</b>
Participate in ongoing CQI activities.
Apply CQI principles/ tools to daily work.
Program managers will work with staff to identify program areas for improvement and suggest improvement actions to address identified projects.
Participate in ongoing staff training.

Title of Policy and Procedures: Continuous Quality Improvement (CQI) Policy

Policy Number: 2-20-2015-QUAL-00

Number of Attachments: 0

Area(s) and Employees: Department Wide

# APPROVAL

This Tarrant County Public Health Policy and Procedures document has been reviewed and approved.

This Act takes effect immediately upon the final signature of the Director of Tarrant County Public Health.

Once approved, this policy and procedure supersedes any/all previous versions.

The policy is to be reviewed annually and revised/updated as frequently as needed.

Approved By:

Veerinder Taneja

Veerinder (Vinny) Taneja, MBBS, MPH, Health Director

2/27/15

Date

Guy Dixon

Guy Dixon, Interim Associate Director for Prevention and Public Health Planning

2/26/2015

Date



**Tarrant County  
Public Health**

*Safeguarding our community's health*