**CONTINUOUS QUALITY IMPROVEMENT POLICY**

**PURPOSE**

The purpose of this policy is to embed the practice of quality improvement in the operations of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This policy describes the quality improvement aims, principles and expectations applicable to all types of activities undertaken by or on behalf of the organization.

**BACKGROUND**

The **Effective Public Health Practice Standard** in the *Ontario Public Health Standards* (OPHS, 2018) requires that:

8. The board of health shall ensure a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice, and demonstrates transparency and accountability to clients, the public, and other stakeholders. This may include:

a) Identification and use of tools, structures, processes and priorities to measure and improve the quality of programs and services, such as the establishment of a Quality/Practice Committee and/or the development and monitoring of a Quality Improvement Plan;

b) Measurement of client, community, community partner and stakeholder experience to inform transparency and accountability;

c) Routine review of outcome data that includes variances from performance expectations and implementation of remediation plans; and

d) Use of external peer reviews, such as accreditation.

There are no comprehensive or best practice approaches to CQI in public health. There is, however, a substantial body of literature regarding CQI/QI in the health care sector, and the world of business and industry. Quality frameworks have been developed by accrediting or peer-review organizations such as Accreditation Canada (health care sector) or Excellence Canada (broad-based applicability) that can inform CQI in public health in Ontario, and there is also work done by a Locally Driven Collaborative Project through Public Health Ontario that can inform how health units approach CQI.

**SCOPE**

This policy applies to all personnel acting on behalf of the organization and to all activities undertaken by or on behalf of the organization.

**POLICY**

1. \_\_\_\_\_\_\_ engages in a program of continuous quality improvement to maximize organizational effectiveness and efficiency as well as client/customer confidence in the agency.
2. The Medical Officer of Health/Chief Executive Officer develops, implements and evaluates a CQI program that includes the following components:
   1. **A CQI Committee** to support a culture of continuous quality improvement in the health unit. The CQI Committee shall include management and front-line members from a range of \_\_\_\_\_\_\_ teams and public health disciplines. It shall meet regularly to engage in and/or provide advice on activities to increase agency capacity to undertake CQI/QI.
   2. **A multi-year CQI Plan** that articulates specific objectives and related activities to achieve the goal of maximizing organizational effectiveness and efficiency as well as client/customer confidence in the agency. The Plan will be progressive in nature, reflecting the value of improvement from year to year, and/or across planning cycles.
   3. **Client service standards** that articulate the organization’s commitment to provide services that are accessible and timely for clients, community partners and the general public. Client service standards shall include:
      * + Set times for responsiveness to enquiries;
        + Accessibility of programs and services in terms of locations, hours of service, and language; and
        + Provision of public information in a manner that is timely and accessible, in multiple formats.
   4. **Client input processes** that enable clients, community partners and the general public to provide input and feedback on health unit programs and services. Input mechanisms shall be:
      * + both active (e.g., focus groups, service evaluations, consultations) and passive (e.g., phone-line, agency email, general satisfaction surveys); and
        + provided in a manner that is timely and accessible, in multiple formats.
   5. **Quality improvement activities or projects** to improve effectiveness and/or efficiency of agency processes, programs and/or services. QI activities shall be consistent with generally accepted best practice methods (e.g., Model for Improvement, Lean-Six Sigma).
   6. **Quality assurance processes** to ensure compliance with professional and other standards as well as agency policies and procedures.
   7. **CQI orientation** for all employees and Board of Health members to include, at least:
      * + The goals and objectives of the CQI program;
        + The major components of the program; and
        + Ways that individuals can participate in agency CQI/QI activities.

Additional training on CQI may be provided to staff and Board of Health members as appropriate to their role(s).

1. The Medical Officer of Health/Chief Executive Officer provides an annual CQI report to the Board of Health, and additional or periodic reports as appropriate. The annual report summarizes activities, achievements, and relevant ongoing quality issues since the previous report.
2. Continuous quality improvement data and information collected may result in findings being considered privileged and confidential. In such cases, the Medical Officer of Health/Chief Executive Officer seeks legal counsel prior to releasing such data and information outside of the organization

**APPENDIX 1 – Glossary of CQI Terms and Definitions**

**Accountability**

Being responsible and answerable for policies, actions, decisions, programs, and services.

**Aim**

A purpose, intention, or desired outcome.

**Aim Statement**

A relevant, measurable, actionable, and time-bound statement of the expected results of a specific improvement process.

**Audit**

A formal assessment or examination to ensure compliance with established standards of practice or requirements. An audit can apply to an entire organization, function, process, production step, or a financial situation.

**Benchmark**

Assessing organizational performance based on a comparison of similar organizations or past internal performance. Used to inform identification of opportunities to improve performance levels by adapting/adopting strategies, operations, or processes.

**Change Concept**

An idea that serves as a starting point for developing change that is intended to lead to quality improvement. Change concepts can lead to the identification of specific change ideas, which are actionable, defined ideas for process improvement.

**Change Management**

The application of a structured process, and a set of tools or techniques, to manage organizational change. This includes planning and implementing changes; as well as, evaluating the effectiveness of the change.

**Client (customer)**

Can be internal or external to the organization. An internal client represents a recipient (person, group, department, or division) of another’s internal organizational output (product, service, or information). An external client is a person, group, or organization that receives a product, service, or information but is not a part of the supplying organization.

**Client (Customer) Centred**

A focus on the (spoken and unspoken) needs and expectations of the client (customer) related to their experiences with programs and services, as well as their health and well-being.

**Client (Customer) Safety**

Ensuring people who access a program or service have minimal risk of experiencing preventable physical, psychological, emotional, or social harm.

**Community-Centred**

Building confident and connected communities to improve health and reduce health inequities. Community-centred approaches seek to mobilize the assets within communities. This includes strengthening collaborations and partnerships, strengthening volunteer and peer roles, and increasing access to community resources.

**Continuous Quality Improvement (CQI**)   
An overarching management philosophy and/or framework that drives the daily work of all employees towards organizational excellence. It includes the systems and structures of the agency that encourage and support quality improvement work throughout the agency.

**Culture of Quality**

A system of values and beliefs that emphasizes continuous improvement; all staff are committed to quality, and quality improvement is embedded in the work of the organization across all levels and programs.

**Effectiveness**

A measure of the degree to which stated goals and objectives have been achieved.

**Efficiency**

The degree to which an action is successful, while consuming minimal resources and avoiding waste.

**Equitable**

When the quality of a program or service is fair and appropriate, and is not dependent on the individual characteristics of a person.

**Goal(s)**

General statements expressing aspirations for future conditions or intended effects; often stated without measures or timelines.

**Improvement**

The positive effect of a change effort.

**Indicator(s)**

An established concept or set of concepts that represent the measurable degree to which an organization, program, or service is meeting identified outcomes or expectations.

**Key Performance Indicator(s)**

An established concept or set of measures that describe how to determine the degree to which an organization, program, or service is meeting its performance expectations in a specific area.

**Lead time**

The total time – from the client’s perspective – from the start of a process to the delivery of a product or service.

**Lean methodology**

A systematic approach to identifying and eliminating waste or non-value-added steps in a process.

**Learning organization**

An organization that places a high priority on learning and knowledge sharing, in order to provide greater organizational innovation and adaptability, and develop a more responsive workforce.

**Measurement**

The process of quantitatively or qualitatively comparing results with requirements; or demonstrating how well a program, organization, or system is working.

**Objective**

A specific measurable target to be achieved through an intervention.

**Outcome**

The intended end results or benefits of an activity or public health intervention.

**Outcome Measure(s)**

A way to determine the amount of change in awareness, knowledge, attitudes, skills, practices, environments, and policies resulting from the delivery of a program or service.

**Pareto Principle**

An established method of information presentation based on the concept that 80 percent of the total occurrences observed stem from 20 percent of the possible causes. This principle focuses on the causes, factors, or elements that offer the greatest potential for improvement.

**Performance Management**

A systematic process that helps organizations achieve their mission and priorities. Usually includes establishing indicators of success, identifying action items, monitoring progress, and identifying areas for improvement.

**Performance Measure(s)**

Observed results that are used to determine the degree to which an organization, program, policy, or service is meeting process and outcome expectations.

**Problem**

A disruption, failure, inadequacy, or other dysfunction in a system that adversely affects clients, staff, or the system as a whole.

**Problem Statement**

A description of a condition or issue that needs to be addressed or improved upon.

**Process**

The specific actions for completing an identified task, transforming inputs into outputs.

**Process Improvement**

Actions taken to enhance process effectiveness, efficiency, and/or process capability.

**Process Measure**

A way to assess the adherence to, and effectiveness of, steps in the delivery of a program or service. Used to determine if change efforts support intended outcomes or result in quality improvements.

**Population-centred**

Protecting and promoting health and healthy conditions for a targeted or an entire population.

**Quality**

The degree to which public health programs and services increase the likelihood of desired health outcomes and are consistent with evidence-based practice. This may include efficiency, effectiveness, equity, timeliness, transparency, safety, responsiveness, and accountability.

**Quality Assurance (QA)**

Planned and systematic activities undertaken to provide confidence that a product or service will fulfill identified requirements.

**Quality Improvement (QI)**  
The deliberate and defined processes and methods that are used to continuously develop, design, evaluate and change practices and programs to ensure that they are of high quality.

**Quality Improvement Plan**

A formal, documented commitment to meet quality improvement goals, which outlines how improvements in the quality of programs and services will occur.

**Qualitative Data**

A set of non-numeric information that can be collected or gathered from a variety of sources.

**Quantitative Data**

Data concerning information that can be expressed in numerical terms, counted, or compared on a scale.

**Reliability**

Maintaining consistent performance in routine, as well as unexpected circumstances.

**Responsiveness**

Achieved when organizations readily and appropriately reply or react to influences, efforts, or suggestions.

**Root cause**

All identified aspect(s) that are fundamental cause(s) of an issue.

**Safety**

The state of being protected or free from threats, harm, or danger.

**Strategic Direction(s)**

A priority, or set of priorities, under which actions should be taken to achieve the mission, vision, mandate, goals, and objectives of an organization, program, or service.

**Sustainability**

The capacity to maintain performance over the long term.

**Team**

A group of individuals working together toward a specific objective.

**Timely**

The identification of and adherence to a time schedule for an activity, defined using the organization’s best available information.

**Variation**

A change or departure from normal conditions.

**Waste**

Any activity that consumes resources and produces no added value.