Kane County
Health Department

KANE COUNTY HEALTH DEPARTMENT
2011 QUALITY IMPROVEMENT PLAN

I. Purpose

The purpose of the 2011 Kane County Health Department (KCHD) Quality Improvement Plan (QI Plan) is to provide context and framework for quality improvement (QI) activities at the Kane County Health Department.

Policy Statement: KCHD will implement a quality improvement plan for all of its programs, interventions, and processes as a part of the agency's performance improvement system. The QI Plan will assure public health excellence in promoting and protecting the health of people living in or visiting Kane County.

II. Definitions

Continuous Quality Improvement (CQI): An ongoing effort to increase an agency's approach to manage performance, motivate improvement, and captures lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts seek "incremental" improvement over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle (PHAB Acronyms and Glossary of Terms, 2009).

Performance Management: The strategic use of performance standards, measures, progress reports and ongoing quality improvement efforts to ensure an agency achieves desired results. In public health, the ultimate purpose of these efforts is to improve the public's health by actively using performance data (Turning Point, 2003).

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 Improvement (QI): An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization (PHAB Acronyms and Glossary of Terms, 2009).

Quality Improvement Committee: Agency-wide committee, organized by the Health Data and Quality Coordinator and the KCHD Leadership Team, to carry out QI activities, namely PDCA cycles. The QI Committee objectives include supporting PDCA cycles occurring at the section level, developing and facilitating All Hands meetings as they pertain to QI. This committee is representative of each division of KCHD, and includes representatives at both staff and leadership levels.

Quality Improvement Plan (QI 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. See also Performance Management (PHAB Acronyms and Glossary of Terms, 2009).

Quality Methods: Builds on an assessment component in which a group of selected indicators (selected by an agency) are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. These quality methods are frequently summarized at a high level as the Plan-Do-Check-Act (PDCA) or Shewhart Cycle (PHAB Acronyms and Glossary of Terms, 2009).

Quality Tools: Tools designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing (The Public Health QI Handbook, Bialek et al, 2009). Tools used by KCHD are outlined in the Public Health Memory Jogger (Public Health Foundation, 2007) and the Public Health QI Handbook.

Strategic Planning, Program Planning and Evaluation: Generally, Strategic Planning and Quality Improvement occur at the level of the overall organization, while Program Planning and Evaluation are program-specific activities that feed into the Strategic Plan and into Quality Improvement. Program evaluation alone does not equate with Quality Improvement unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented (PHAB Acronyms and Glossary of Terms, 2009).

III. Overview of Quality

In 2008, KCHD was awarded a grant by the National Association of City and County Health Officials (NACCHO) through the Accreditation Preparation and Quality Improvement Demonstration Sites Project. Resultant from that grant award, KCHD completed a self-assessment using the Operational Definition Prototype Metrics Assessment Tool, analyzed the scores, and identified priority areas to address through a Quality Improvement process. The agency leadership team received training on PDCA from a consultant as well. In addition, KCHD completed a QI project to improve the external display of data for the Community Action Plan, the result of which was Vital Signs, an annual report to the community on the status of the Community Action Plan. This project was led by the agency's Quality Improvement/Process Improvement Committee (QI/PI Committee).

As the self-assessment also indicated that Domain 9 of the standards (Evaluate and continuously improve process, programs, and interventions) was an area for improvement, the QI/PI Committee began work to remedy this gap during 2009 and early 2010. This included an inventory of current

quality initiatives within programs, training on and initial development of logic models for programs and began work to develop goals, objectives, and performance measures at the program level. In addition, all-staff training on PDCA was completed in March 2010. The final meeting of this committee occurred in June 2010.

From July to November 2010, planning and implementation of a large-scale agency-wide reorganization took priority, and a restructured KCHD began work to move forward on initiatives regarding Quality Improvement. This restructure included the creation of a Health Data and Quality Coordinator (HDQC) position, charged with coordinating all QI efforts within the agency, and assuring the agency is working toward application for accreditation.

Thus far in 2011, KCHD has been working to remedy the gaps identified in Domain 9 of the Public Health Accreditation Board (PHAB) standards by training staff on QI techniques and tools, in order to allow staff to actively participate in section-level QI projects. Training has and will occur monthly at all-staff "All Hands" meetings and at separate section meetings in between on the following schedule:

- January 2011 (All Hands): An overview of QI, Accreditation, and refresher on PDCA was completed. Groups met in respective sections and brainstormed potential improvement projects; they were also surveyed on their needs regarding training on QI tools.
- Jan-Feb 2011: Sections each met separately with HDQC, who facilitated the selection of a project. Teams were trained on and developed Aim Statements for their projects.
- February 2011 (All Hands): Training on Flowcharts and Cause & Effect Diagrams was completed, as each section had selected a project and developed their Aim Statement. Groups met in their PDCA workgroups and created macro-level Flowcharts and basic Cause & Effect Diagrams. HDQC also discussed with workgroups the gathering/development of baseline data analysis.
- Feb-Mar 2011: Sections each met separately with HDQC, who facilitated the further development of Flowcharts (to intermediate or micro level) and trained groups on use of 5 Whys to determine root causes.
- March 2011 (All Hands): Training on Force Field Analysis was completed, and PDCA workgroups created a Force Field Analysis for their project. They then selected which root cause analysis tool (Force Field Analysis or Cause & Effect Diagram) was a better fit for their project.
- Mar-Apr 2011: Section leadership met with HDQC to discuss progress on collection of baseline data, refinement of Aim Statement (as necessary), and any remaining details to complete prior to brainstorming potential solutions.
- April 2011 (All Hands): All staff will receive training on completion of PDCA Storyboards and be given opportunity to begin documenting their efforts on the PDCA projects.
- Apr-May 2011: HDQC will meet with PDCA workgroups individually to facilitate next steps in project, assure timelines are being kept, and provide training and support as necessary.
- May 2011 (All Hands): All staff will receive training on data collection, analysis, and display with the support of KCHD Epidemiologist staff. Staff will receive training on run charts, Pareto charts, and check sheets.
- May-Jun 2011: HDQC will meet with PDCA workgroups individually to facilitate next steps in project, assure timelines are being kept, and provide training and support as necessary.
- June 2011 (All Hands): A summary of the training completed in early 2011 will be provided in a quiz show format, where teams will be able to compete and share their collective learning.

Teams will also present storyboards that are representative of where their PDCA project is in the process.

The KCHD quality improvement plan is also a part of the larger Performance Management system strategy. KCHD has begun work to implement the Public Health Foundation/Robert Wood Johnson Foundation's "Turning Point: Collaborating for New Century in Public Health" as a model for performance management. This system ties together four components to improve the public's health: identification and/or development of standards, defining and collecting data on measures, regularly reporting progress on these measures, and utilizing QI to manage change and improvement.

Additionally, KCHD staff has solicited the support of the Kane County Health Advisory Committee (HAC) through the development and implementation of the QI and Accreditation framework and this plan. The HAC is comprised of representatives from healthcare and academia and serves to provide consultation and support to KCHD as well as be a liaison to the Kane County Board.

- January 2011: An overview of the plan for QI and Accreditation was shared with the group. Feedback was solicited from this advisory group regarding QI implementation and maintenance within their agencies.
- March 2011: An updated was provided to the group on progress regarding implementation of QI efforts. In addition, a questionnaire on accreditation was completed with the group, to not only solicit recommendations regarding KCHD's pursuing of accreditation, but to learn how it has been done in their organizations.
- May 2011: A framework of performance management and the Turning Point system was provided to the group, and feedback solicited about the implementation of such a system at KCHD.

In the second half of 2011, the goals relative to QI at KCHD will include 1) on-going facilitation and support by the HDQC and members of the QI committee to assure that PDCA projects are moving forward and documented, 2) development of a more comprehensive QI plan for 2012 that ties in the Strategic Plan, Community Health Assessment and Community Health Improvement plans that are being developed in 2011, 3) collection and/or creation of evidence for accreditation standards related to QI, and 4) increased learning about QI for the members of the QI Committee, so that they are better able to support and facilitate PDCA projects within their sections. In addition, the Kane County Health Advisory Committee will participate in Kane County Board Committee of the Whole meetings with the KCHD Executive Director from May to September 2011, to discuss issues related to quality.

IV. Governance

a. Organization Structure

QI Committee: The QI Committee will assure the carrying out of QI efforts and activities, which include: development and evaluation of an annual Quality Improvement Plan, preparing to meet PHAB accreditation standards relative to QI, developing and evaluating PDCA projects. Committee members will also be asked to plan and participate in QI training activities, and to become skilled in the implementation of QI tools.

KCHD Leadership Team: The KCHD Leadership Team will support the efforts of the QI Committee by implementing QI activities within Divisions and Sections, and contribute to the development and implementation of agency-level QI activities. Leadership Team members will also be asked to participate in QI training activities, become skilled in the implementation of QI tools, and to provide concrete feedback and evaluation of QI training and PDCA projects.

Kane County Health Advisory Committee: The Kane County Health Advisory Committee will provide bi-directional support to the QI efforts of the agency, providing consultation and feedback to KCHD staff regarding QI efforts, and both informing the Kane County Board about QI and making recommendations on policy change.

Kane County Board/Board of Health: The Kane County Board, which includes the role as the Kane County Board of Health, will provide oversight of QI efforts by the agency, as well as set policies to facilitate implementation of this plan and activities included therein.

b. QI Committee Membership and Rotation

QI Committee members will be representative of each of the three Divisions/Offices of KCHD, and will assure that each Section within the Division/Office is represented. In addition, each Division/Office will select one member of the Leadership Team and two members of the staff to participate (for a total of nine members, including the HDQC, representing the Office of Community Health Resources).

In 2011, Committee members were selected based on their expressed interest in committee participation and their level of involvement with the selected PDCA for their section. In this initial iteration, Committee members will serve so long as their PDCA project is on-going. Once completed, Division Directors may select to replace the committee member with another member of the staff, so long as each Division/Office has three representatives, one from the Leadership Team, and two from staff, and that both Sections are represented. The Health Data and Quality Coordinator will always be a member of the committee, serving as its facilitator.

QI Committee members will serve a term no longer than two years. Committee members will be expected to attend regular monthly meetings (1-2 hours per month), assist in development of QI trainings, provide presentation on PDCA projects at All Hands meetings, and work with section leadership to support facilitation of PDCA work.

c. Roles and responsibilities

Executive Director
- Provide leadership for department vision, mission, strategic plan and direction related to QI efforts.
- Allocate of resources for QI programs and activities, assuring staff has access to resources to conduct QI projects and training.
- Promote a CQI learning environment for KCHD.

- Advocate for a QI culture, both to staff and external customers, through presentation and messaging.
- Report on QI activities to the Board of Health, Public Health Committee and Health Advisory Committee.
- Request the review of specific program evaluation activities or the implementation of QI projects.
- Review and provide final approval on documents such as the QI Plan, QI Policy.
- Apply QI principles and tools to daily work.

Division Directors
- Facilitate the implementation of QI activities at the Division level.
- Support Assistant Directors and Supervisors in QI activity work.
- Participate in QI project teams as requested or required.
- Facilitate the development of QI project teams.
- Provide staff with opportunities to share results of QI efforts (findings, improvements, lessons learned).
- Communicate with Assistant Directors and Supervisors to identify projects or processes to improve and assist with development of proposals for QI projects.
- Document QI efforts.
- Communicate regularly with Executive Director and Health Data and Quality Coordinator to share QI successes and lessons learned.
- Provide feedback to develop annual QI Plan.
- Identify staff for QI Committee and staff training needs (communicated to HDQC).
- Encourage program staff to incorporate QI concepts into daily work.
- Apply QI principles and tools to daily work.

Assistant Directors and Supervisors
- Facilitate the implementation of QI activities and an environment of CQI at the program level.
- Participate in and facilitate the development of QI project teams.
- Assure staff participation in QI activities.
- Orient staff to the QI Plan processes and resources.
- Provide staff with opportunities to share results of QI efforts (findings, improvements, lessons learned).
- Document QI efforts.
- Determine messages to communicate selected QI activities and results to staff, the public and other audiences (via Public Information Officer and with the support of the HDQC).
- Keep Division Director apprised of QI activities.
- Initiate problem solving processes and/or QI projects.
- Encourage staff to incorporate QI concepts into daily work.
- Apply QI principles and tools to daily work.

Health Data & Quality Coordinator (HDQC)
- Coordinate, support, guide and define QI department-wide.

- Develops the annual QI plan and evaluation with the input of the QI Committee and Leadership Team, assuring that it meets PHAB accreditation requirements.
- Counsels QI Committee members on the implementation of the QI program.
- Provides training, consultation, and technical assistance to QI project teams, the QI Committee and for other staff.
- Convenes and facilitates the agenda and meetings for the QI Committee.
- Works with the Leadership Team to define and document QI issues.
- Support Assistant Directors and Supervisors in development of messages to communicate QI activities to staff, the public and other audiences.
- Assures communication of QI project results.
- Documents all QI-related activities.
- Evaluate staff regarding QI participation and training needs.
- Integrate QI principles in KCHD policies/protocols.
- Implements other strategies to develop a "culture of QI".
- Apply QI principles and tools to daily work.

All KCHD Staff
- Participate in the work of at least one QI project, as requested by division directors, assistant directors, or supervisors.
- Collect and report data for PDCA projects.
- Identify areas needing improvement and suggest improvement actions to identified areas (with direct supervisor and supported by the use of data), especially as they pertain to agency goals and mission.
- Develop an understanding of basic QI principles and tools by participating in QI training.
- Report QI training needs to supervisor and/or HDQC.
- Apply QI principles and tools into daily work.

Quality Improvement Committee
- Provide QI expertise and guidance for QI project teams.
- Provide QI training to new and existing staff.
- Serve as liaison between program-level QI project and agency, providing updates at All Hands meetings.
- Assist in development of agency QI activities.
- Review annual QIP prior to approval.
- Advocate for QI and encourage a culture of learning and QI among staff.
- Apply QI principles and tools to daily work.

Kane County Health Advisory Committee
- Provide consultation and feedback to KCHD staff regarding QI efforts
- Inform the Kane County Board about agency QI efforts
- Make recommendations to Kane County Board on policy change regarding QI
- Participate in orientation regarding QI efforts and assist in development of QI orientation materials for Kane County Board/Board of Health

Kane County Board/Board of Health
- Provide oversight of QI efforts by the agency
- Set policies to facilitate implementation of the QI plan and activities
- Participate in orientation of QI efforts

V. Staff Training

In 2011, QI training will be provided to all KCHD staff in an effort to build the culture of QI agency-wide and to build on existing QI learning. At the end of the year, the HDQC will provide a summary of QI training and participation to the QI Committee and KCHD Senior Management.

Training for 2011 will include the following topics:
- QI and Accreditation Overview
- PDCA and project selection
- Aim Statements
- Flowcharts
- Root Cause Analysis (5 Why's, Cause & Effect Diagrams, Force Field Analysis)
- Development of storyboards
- Data collection, Analysis and Display (including run charts, Pareto charts, and check sheets)
- Brainstorming and Affinity Diagrams

Training for current staff will occur via All Hands meetings, Division and/or Section meetings, and/or in Team Meetings/PDCA project workgroups. This training will be done to facilitate current PDCA projects, and provide a strong QI skill set for all KCHD staff.

New employees will be provided orientation to QI by the HDQC and/or direct supervisor, and will be assigned to a PDCA workgroup. An introduction to QI tools will be provided by the HDQC within the employee's first six months of employment.

In addition, following development of the agency's Community Health Assessment, Community Health Improvement Plan and Strategic Plan, KCHD's Leadership Team will receive training on development of meaningful goals, objectives and performance measures that align with the Strategic Plan and programmatic objectives, so that these can be developed at both the agency and program level for 2012.

Finally, new members of the Kane County Board/Board of Health will receive information on the KCHD's QI policies and activities as a part of their new board member orientation.

VI. Description of QI Project Selection

As 2011 is the first year in which QI projects have been implemented at the program level, and in order to fully develop skills relative to quality improvement strategies, techniques and tools, each Division participated in a brainstorming session in January 2011 to list potential projects for improvement. Based on this brainstorming session, and with the input of the Division's Leadership Team, each Section selected a PDCA project that was fairly simple, meaningful to the group, and as much as possible, met existing goals and/or strategies of the Section.

The Division of Disease Prevention, as the largest within the Health Department, selected to work on three PDCA projects simultaneously, both as a result of the size of the Division and resultant from the Division's work on a grant project around QI in Public Health Nursing. In addition, the Leadership Team selected to also work on a PDCA project separate from the Section-level projects in place.

Projects selected by the sections were:
- Office of Community Health Resources, Community Health Resources Section: Improve response rates of employee call-down drills
- Office of Community Health Resources, Administration Section: Improve structured spending of grant money
- Division of Disease Prevention, Public Health Nursing Section (High-Risk Infant Follow-up Program): Improve rates of initial home visit completed within 14 days of referral receipt
- Division of Disease Prevention, Public Health Nursing Section (All PHNs): Improve rate of immunization competence for Public Health Nurses
- Division of Disease Prevention, Communicable Disease Section: Improve collection and reporting of immunization data
- Division of Health Promotion, Environmental Health Section: Decrease the number of critical food inspection violation #3 (temperature violation)
- Division of Health Promotion, Community Health Section: Improve pre and post meeting communication in Community Health Section
- KCHD Leadership Team: Improve KCHD financial management system.

As the first PDCA cycles are completed, future project selection will be based on improvement of processes, objectives, and/or performance measures as outlined within programs and that are tied to the agency Strategic Plan and Performance Management system, which will be defined and established in late 2011. After selecting a project, the PDCA workgroup will be expected to complete a QI proposal, to be submitted to the QI Committee for discussion and approval. Each KCHD Section will be expected to be working on at least 1 PDCA project at any time, but may choose to work on multiple projects simultaneously.

VII. 2011 Agency Goals

A. QI Workgroups
  1. Each QI Committee member, with the support of their Section's Leadership Team and the Health Data and Quality Coordinator, will facilitate the development of a project-level PDCA cycle at the Section level.
  2. All KCHD staff will participate in a PDCA workgroup in 2011.
  3. PDCA workgroups will report updates on project progress at least monthly at All Hands meetings and through the development of PDCA Storyboards.
B. QI Projects
  1. All KCHD Sections will complete at least one PDCA cycle during 2011.
  2. PDCA projects will be documented and maintained in an electronic format on KCHD's shared computer drive (S Drive).
  3. A final Storyboard will be completed by all PDCA workgroups to indicate what changes will be made based on project results.

C. Training
  1. KCHD staff will receive QI training during 2011 on the following topics:
    a. QI and Accreditation Overview
    b. PDCA and project selection
    c. Aim Statements
    d. Flowcharts
    e. Root Cause Analysis (5 Why's, Cause & Effect Diagrams, Force Field Analysis)
    f. Development of storyboards
    g. Data collection, Analysis and Display (including run charts, Pareto charts, and check sheets)
    h. Brainstorming and Affinity Diagrams
  2. Following the development of KCHD's Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Strategic Plan, 100% of the KCHD Leadership Team and QI Committee will receive training on development of goals, objectives and performance measures.

D. Recognition
  1. KCHD's Executive Director will recognize high-performing staff, Programs/Sections, and Divisions for advancing QI at KCHD.

E. Promotion
  1. The Health Data and Quality Coordinator will work with the Leadership Team to identify opportunities to present KCHD QI efforts and projects at conferences and in publications.

F. Long-term Goals
  1. As a part of the development of CHA, CHIP and Strategic Plan, the Health Data and Quality Coordinator will work with those involved to develop Quality Improvement goals and objectives that are quantifiable and time-bound, with specific performance measures that are monitored and evaluated at least quarterly, and that goals and objectives are created both at the agency level (10-15) and at the Division level (10-20 per Division).
  2. By the end of 2012, develop Leadership Team and QI Committee members such that PDCA projects can be facilitated independently.
  3. By the end of 2012, have in place a functional "Big QI" strategy and Performance Management system at KCHD.

VIII. Quality Improvement Plan Goals for 2011

National Benchmark/Objective (based on PHAB, Guide to Standards and Measures, Standard 9.2): Implement Quality Improvement of Public Health Processes, Programs and Interventions.

<u>**Goal 1**</u>: **Establish a quality improvement plan based on organizational policies and direction.**

<u>Objective</u>:   Develop an annual agency QI Plan that seeks to increase staff knowledge of quality improvement and supports development of PDCA implementation, and considers importance of PHAB accreditation requirements moving forward.

<u>Measure</u>:   Signed and documented 2011 KCHD QI Plan.

<u>Key Strategies</u>:   1. Creation of draft QI plan by the Health Data and Quality Coordinator.
    2. Review of QI plan by Assistant Director for Community Health Resources, QI Committee, and Executive Director.

3. 2011 KCHD QI Plan approved by KCHD Executive Director.

Goal 2: Implement quality improvement efforts

Objective: Based on the framework of the KCHD QI Plan, implement PDCA as a QI strategy at KCHD.

Measure: Achieve 100% compliance with development and completion of PDCA projects.

Key Strategies: 1. Health Data and Quality Coordinator will meet with each PDCA workgroup or representative at least twice monthly to provide training, technical assistance and support of PDCA project.

2. Health Data and Quality Coordinator will maintain an electronic database of PDCA project work for each workgroup and assure that it is available on the KCHD shared computer drive (S Drive) for review by all KCHD staff.

3. Health Data and Quality Coordinator will provide at least monthly updates to the Assistant Director for Community Health Resources on progress of PDCA projects.

Goal 3: Demonstrate staff participation in quality improvement methods and tools training

Objective: Provide an adequate level of QI training to all KCHD staff.

Measure: Train 100% of KCHD staff on QI Tools and QI processes as outlined in QI plan.

Key Strategies: 1. Health Data and Quality Coordinator will create and maintain a training log of staff that have participated in QI Training.

2. All staff will participate in a quiz of the material following training, as well as completing an evaluation of the effectiveness of the training/presentation.

3. Health Data and Quality Coordinator will work with Assistant Director for Administration to assure that new employees receive QI training within six months of date of hire.

IX. Communication Strategies

A number of methods will be used to assure that regular and consistent communication occurs regarding QI efforts within KCHD. These methods will include, but are not limited to:

- PDCA workgroup updates at monthly All Hands meetings
- Presentations and training at All Hands, Division, Section and Team meetings regarding QI project updates or QI tools.
- Storyboard presentations at All Hands, Division, Section and Team meetings, as well as display of completed Storyboards in KCHD offices.
- Creation of a recognition system for high-performing staff or QI "Champions".
- At least quarterly e-mail communication from the Health Data and Quality Coordinator to all staff on QI efforts, both within KCHD and in the public health community.
- Inclusion of QI efforts in Health Matters newsletter at least twice in the calendar year, and inclusion in Kane County Board flash reports at least once annually.
- Presentation of the approved QI plan via either e-mail or at a staff meeting, including the expectations of the contributions of all KCHD staff; a link to the plan on the KCHD shared computer drive (S Drive) will also be provided, and KCHD staff will be encouraged to review and provide comment on the document.

X. Sustainability

A. Employee Job Descriptions/Performance Evaluation
   1. Each KCHD job description will include language that the employee will "contribute to a work environment where continuous quality improvements in service and professional practice are pursued".
   2. As a part of the annual performance evaluation, these contributions will be indicated and scored accordingly.

B. QI Plan Evaluation
   1. The QI Plan will be evaluated and revised annually to reflect program enhancements and revisions.
   2. Activities planned for the year are based on recommendations from the annual plan evaluation.
   3. The QI Plan will be reviewed and approved annually by the QI Committee and then submitted to the Executive Director for review and approval.

C. Agency QI Policy
   1. KCHD initially developed a policy regarding QI in 2010. This policy will be reviewed annually by the QI Committee and modified as necessary to reflect changes in QI efforts.
   2. After annual review and approval by the QI Committee, the final policy will be forwarded to the KCHD Executive Director for approval.
   3. The approved QI policy will be maintained in the KCHD policy book.

Approved this __13th__ day of ___June___, 2011.

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Paul Kuehnert, Executive Director

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Julie Sharp, Health Data & Quality Coordinator