



Cabarrus Health Alliance Quality Improvement Plan Updated February 2012

Purpose: The Cabarrus Health Alliance Mission is *To Achieve the Highest Level of Individual and Community Health through Collaboration*. The Cabarrus Health Alliance Board and leadership have a duty to carry out the mission of the Cabarrus Health Alliance in a manner that ensures laws and regulations of the state of North Carolina and Cabarrus County ordinances are upheld, that clinical care is provided according to the current standard of care, and that population health programs are conducted for demonstrated community need, with attention to the requirements of funders and the recommendations of relevant advisory bodies.

Board Quality Improvement Goals: All programs and services of the Cabarrus Health Alliance are carried out with respect to five guiding principles and Quality Improvement Goals adopted by the Board in 2003. The Board reviews, adjusts, and approves these goals annually. The Public Health Director is responsible for the achievement of the Board's overall Quality Improvement Goals. The principles used to set these goals are:

- **Access:** each program has an access to care or service goal that reflects federal, state, or local standards.
- **Efficiency:** each program has an efficiency standard based on national, state or local standards.
- **Customer Service:** The Board sets a standard for customer satisfaction based on quarterly reviews and surveys and adjusts this standard as needed.
- **Financial Performance:** Each program is expected to maintain balanced revenues and expenses according to the current budget. Selected programs are required to set and achieve a budget goal of excess revenues over expense.
- **Employee Longevity:** The Board is committed to hiring and maintaining well qualified employees committed to long term employment with the CHA. The Board sets a goal for employee turnover and adjusts this standard as needed.

The 2012 Quality Improvement Goals set by the board are as follows (chart attached for reference):

1. **Meet or exceed established standards** for customer access to services within each service area
2. **Meet or exceed customer satisfaction** rating of 96% (Excellent/Very Good)
3. **Maintain expenses** at or below approved budget. **Maintain or exceed revenue** projections of approved budget
4. **Meet established standards for productivity** (# persons seen and served) within each service area
5. **Maintain unavoidable employee turnover** rate at 17% or less.

After the Board sets its annual Quality Improvement Goals, the CHA's 13 major programs are required to set annual program goals and outcome measures that are congruent with the Board's goals, measure their compliance with the five Board goals and report the results to the Public Health Director and Board on a quarterly basis. An annual assessment of the overall achievement of agency goals is conducted and reported to the Board at the close of each fiscal year.

Individual Work Plans and Performance Review: The QI Goals are further used to guide employees in the development of their Individual Work Plans (IWP) each year. The IWP is one component of the CHA employee performance measurement system. Each employee's achievement of the IWP goals is measured through the individual performance appraisal process conducted in July of each year.

Program Operational Indicators: In addition to the Board Quality Improvement Goals and the attendant measurement process, each major department has its own internal performance goals and indicators that are measured weekly and reported to either the Public Health Director or Medical Director. These performance indicators support and document the achievement of the overall goals but are more operational in nature and give program managers the information needed to make changes at the microsystem level.

Program Specific Quality Improvement Models: Selected programs have adopted a quality improvement process required by funders or selected for that particular program. These improvement processes include the following methods: development of goals and objectives, selection of measures, collection of data, analysis of data, determination of an action plan for improvement, and monitoring of newly designed processes and procedures for effectiveness at predetermined intervals. The model used most often in the CHA Quality Improvement Program is the Institute for Healthcare's Model for Improvement. This model was selected for use in all clinical services programs in 2001 and has been institutionalized within the Clinical Services Division's programs. In 2010 the CHA introduced Lean methodology into its QI processes.

Quality Improvement Council: To facilitate the QI process throughout the programs and departments of the CHA, the Leadership Team developed a Quality Improvement Council. Comprised of volunteer representatives from each major department, the QI Council 's objectives are to::

- Link quality improvement to strategic objectives within the organization
- Provide an organizational vision that incorporates quality improvement
- Articulate and communicate quality as a part of the organization's core values

Council members survey staff for quality improvement project ideas, prioritize projects, and assist with implementation. One of the Council members is appointed to serve as the liaison to the Leadership Team.

Funder Oversight and Quality Assurance: Program reviews and site visits by funders are another component of our QI Plan. Each program is responsible for annually reviewing and updating as necessary its program specific policies and procedures. Each program is also responsible for quality assurance audits that accompany this program review process and for providing the documentation required for the program audit or review.

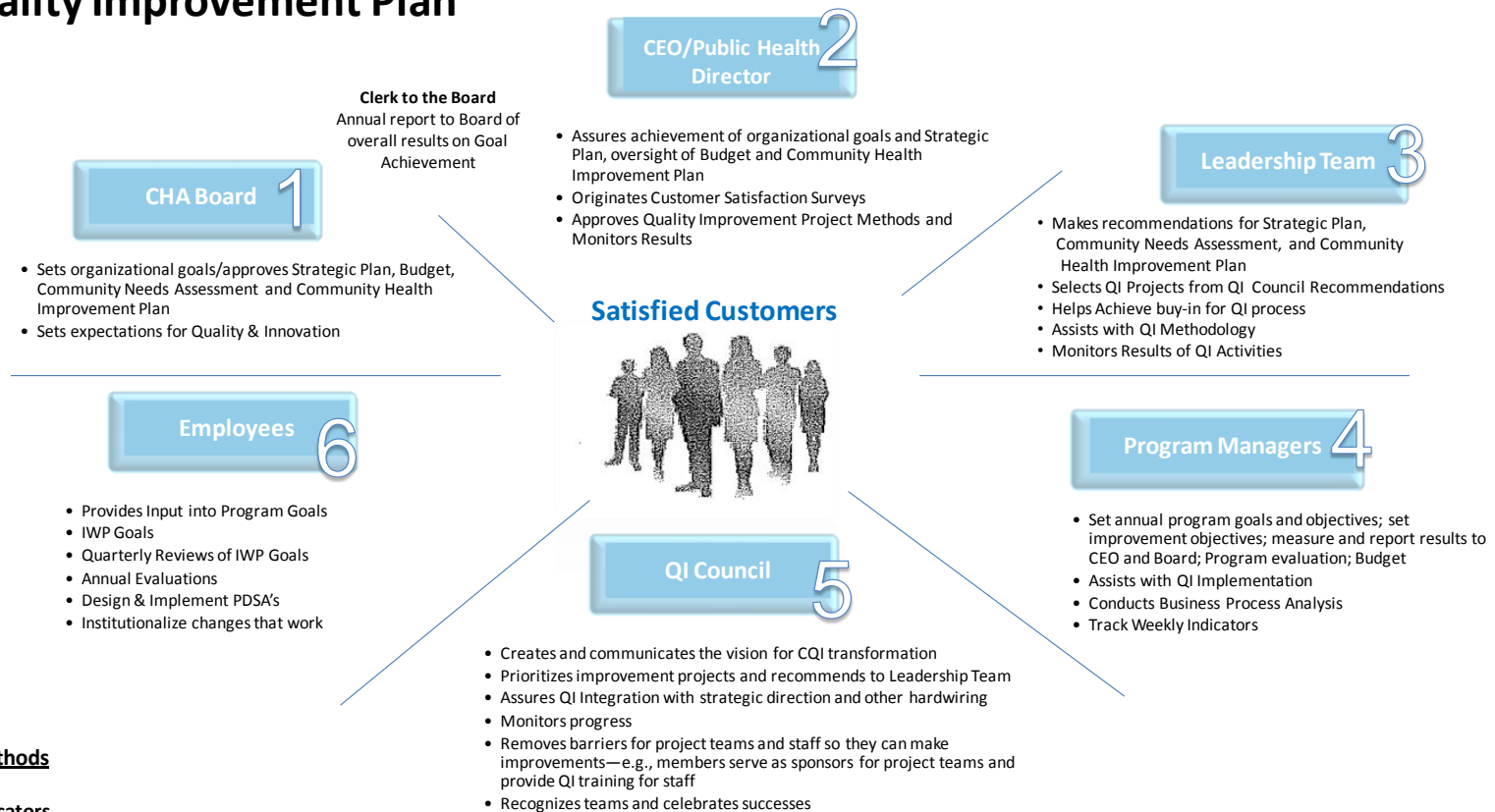
Federal Site Reviews: Occasionally the CHA is selected to represent local health departments in NC in a federal program audit. This is typically the case with clinical services such as Title X Family Planning services. Program managers are assigned responsibility for adherence to these program standards and for providing appropriate evidence during the site review.

Strategic Plan, Program Evaluation and Community Needs Assessments: The CHA uses the community needs assessment process and its own internal program evaluation process as adjuncts to its QI Program. The community needs process is conducted every four years under the auspices of Healthy Cabarrus, with the assistance of community partners and input from the community. Adapted from the NACCHO process cited in Making Strategic Decisions about Service Delivery, the CHA program evaluation process and the CHA Strategic Plan are used to set the CHA annual programmatic direction and budget. Previous quality improvement efforts help inform the processes and policies that derive from the processes.

Role of Leadership: The Leadership Team (which includes the Health Director) have accountability for ensuring compliance with all of the components of the Quality Improvement Plan. It selects quality improvement projects from the list of priorities developed by the QI Council. While each of the major programs is accountable for its own QI functions, the Leadership Team has the primary responsibility for ensuring that QI Goals are achieved. It evaluates the effectiveness of quality improvement activities and recommends changes in the overall QI plan to the CHA Board. The Leadership Team also monitors program specific activities that assist in meeting CHA QI Goals and/ or quality improvement goals mandated by funders or oversight agencies.



Quality Improvement Plan



Quality Methods

- PDSA
- Weekly Indicators
- Model for Improvement
- Customer Satisfaction Surveys
- Business Process Analysis & Redesign
- Lean Strategies

Updated 2.24.2012

Cabarrus Health Alliance Agency Goals/Objectives

FY 2012

GOAL: To improve overall access and efficiency of Cabarrus Health Alliance programs and services.

Name: _____

CHA Objectives	Department Objectives	Individual Objectives	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1. Meet or exceed established standards for customer service access to services within each service area														
2. Meet or exceed customer satisfaction rating of 96% (Excellent/Very Good)														
3. Maintain <u>expenses</u> at or below approved budget. Maintain or exceed <u>revenue</u> projections of approved budget.														
4. Meet established standards for productivity (# persons seen and served) within each service area														
5. Maintain unavoidable employee turnover rate at 17% or less.														