PREPARING A WRITTEN DESCRIPTION OF A DIVISION/UNIT QUALITY IMPROVEMENT SYSTEM:
A WORKING "TEMPLATE"

A. CONTEXT:

There are four possibilities with respect to a written description of a quality improvement system:

1. **Your division/unit already has a Quality Improvement System (or a partial system) and a written description of it...**

    If so, you may want to review this document to see if your division/unit description or plan contains all the necessary elements...you may also want to review it for additional ideas for your system.

2. **Your division/unit has a Quality Improvement System (or a partial system) but not a complete written description of it...**

    If so, you may want to employ this "template" in the process of writing up a description.

3. **Your division/unit does not have either a functioning Quality Improvement System or a written description...**

    If so, you should initiate the process as described in leadership meetings with OPIA/OPI staff and in this template and give someone in authority in your division/unit the responsibility to develop a written description as proposed herein. This template, and other documents (noted above), should be used as a guide.

4. **Your division/unit does not have a Quality Improvement System but *does* have a written description of what the system will be...**

    If so, this document may be useful as a comparison for your existing document and may be useful in assessing whether your proposed system is complete.

B. APPROACH:

This template can be followed, in sequence, to produce a written description of your Quality Improvement System that will be both useful to you and to other Department components. As noted, this template follows general CQI approaches as well as the specific DHS principles-based approach. However, depending on the size, nature, and structure of your division/unit, other ways to organize your quality management description may also be useful. What is here is seen as a *basic guide* for divisions/units to begin to organize to meet standards around quality improvement, however, what is contained herein is not necessarily a hard and fast prescription.

This template is organized as a series of "two-sided" tables. The larger blocks on the left side contain blocks of specific content of the different sections. The smaller tables on the right hand side provide additional "suggestions" that might be useful to divisions/units.

C. DOMAINS:

This template is structured around eight (8) basic *domains* of interest in CQI or other quality management efforts. Each domain is briefly described below and will be useful in structuring the sections of a written description of your Quality Improvement System.

1. **Mission** – The current mission statement of your division/unit.

2. **Structure** – An overview of your division/unit (as least as it pertains to quality management).

3. **CQI Plan** – A very general overview of how your division/unit intends to achieve quality management goals. This part of the description could eventually be expanded to become a technical division-wide or unit-wide Quality Improvement Plan.

4. **Goals and Objectives** – This domain collects any current quality goals/objectives as well as specific target opportunities that will be addressed in conjunction with OPIA/OPI staff.

5. **Satisfaction** – An overview of the constituencies and possible methods of identifying satisfaction with the services and supports offered by the division/unit.

6. **Assessment and Data Collection** – A general description of any assessment tools, data collection strategies, databases, or potentials for same in your division/unit; it would also be good to include a description of the division/unit MIS.

7. **CQI Reporting** – This describes, as best as can be understood at the outset, how CQI information will be reported both within and external to the division/unit.

8. **Action Plans** – How the division/unit may go about developing means to address identified quality problems.

Each of these is addressed in the template that follows.

QUALITY IMPROVEMENT SYSTEM DESCRIPTION "TEMPLATE"

The goal of this template is to help a division/unit create a general written description of their (actual/proposed) Quality Improvement System. In many cases, other policies and procedures of the division/unit may be referenced and identified without being fully described and included. Written descriptions of systems as envisioned here could be under 20 pages in length.

1. MISSION	Notes/Comments/Suggestions

In this section, provide the mission of your division/unit, consisting of statements that describe the purpose and overall goals of your division/unit. Include statements of values and visions as available.
 	
Sample Mission Statement:
 	
The **(name of division/unit)** exists to provide a continuum of integrated human services and supports to citizens of New Jersey who experience personal, economic and social problems in order to relieve various constraining conditions as well as to develop and enhance the individual productivity and family life of those receiving services and supports. The **(name of division/unit)** is dedicated to improving the well-being of the New Jersey citizens its serves.
 	
The primary responsibility of **(name of division/unit)** is to help individuals or families become self-sustaining and improve the quality of life of those it serves. The **(name of division/unit)** staff members provide a continuum of services and supports that are available to help individuals at all levels and stages of their problems.
 	
Before the mission statement, it would be a good idea to include, on division/unit letterhead, a cover page that provides the name, address, phone, fax, and e-mail contact of the division/unit Director and other key staff and components of the division/unit.
	Mission statements should be the most basic guide and description for a division/unit. Mission statements should include:
	
	- division/unit values
	- who is served
	- how they are served
	- where they are served
	- general location(s)
	    - service
	    - office locations
	
	Some hold that mission statements should be short and succinct (e.g., one sentence) that captures the overall mission of the division/unit.
	
	However it is conceived, place it here.

2. STRUCTURE	Notes/Comments/Suggestions
When describing this part of the system, a more detailed description of the provider division/unit should be provided. The length of this section will depend on the size and complexity of the division/unit. In brief, this section should *expand* on the mission statement provided above. This section should include clear statements and definitions of the organization's structure and processes showing how responsibility is assigned to management/supervisory individuals. This section should include	*This section should allow readers to understand the size, nature, scope, approach, and other details of your division/unit.* *This section is an opportunity to convey "who you are" to the reader and provide some details as to the size and scope of your division/unit.*

things like:	*It is likely that much of this information is currently available in either division/unit brochures, web pages, and so forth. When information is available, simply identify it, provide very brief description and attach copies as appendicies.*

things like:

1. **Table of organization for the division/unit**
2. **Listing and brief description of the programs and services offered**
3. **Locations of services**
4. **Populations served**
5. **Brief history of the organization (as relevant)**
6. **Highlights and unique elements of the division/unit**

3. DESCRIPTION OF CQI PLAN

Notes/Comments/Suggestions

In this section, present an overview of the Quality Improvement system employed now, or envisioned for the future, by your division/unit. This description should outline the *structure and process elements* included in your quality improvement system. Examples of each of these are shown below (there may be more):

Description of QI Plan or System

POSSIBLE
Structural Elements **of QI System**
DHS Practice Principles
Overall QI Committee/Sub-Committees
Dedicated QI Staff
Database - MIS Description
QI Table of Organization
Measurement System(s) Employed
Listings of Outcome Measures
Description of Time Frames
Reports and "Action Memo" System
Relevant Policies

POSSIBLE
Process Elements **of QI System**
Leadership role
CQI Working Group(s) Functioning
Analysis System (e.g., PDSA)
Process for Selecting Indicators/Measures
Tables of Responsibilities (who does what?)
QI Flow Charts (Data, Reports)
Relevant Procedures

Detail your division/unit's QI approach in this section.
Need some help? Try typing "CQI Plan" or "Continuous Quality Improvement" into an internet search engine...

This section of your description should lay out your division/ unit's CQI System. That is, describe what you do to improve quality and how you do it. If your division/unit has not done this yet, then begin, in this section, to envision what your division/unit may do. Refer to other division/unit policies and procedures as needed.

If your division/unit has met with OPI and set priorities or selected areas of concern, outline them here.

You might try using the lists of structural and process elements at left to form sub-sections in your written description....

4. GOALS AND OBJECTIVES	Notes/Comments/Suggestions
To be useful, CQI goals and objectives need to be outcome based, measurable, and consistent with the organization's direction and purpose (i.e., its Mission and Vision statements). In this section you should describe the general, overall goals of your division/unit QI System. As with any goal-based system, there can be many levels of sub-goals or objectives. It is not necessary to list *every single* department or program objective. Rather, be sure to describe the overall division/unit goals with respect to quality improvement. **AN ALTERNATIVE:** If your division/unit has begun working with OPIA/OPI on developing quality opportunities, first include what has been selected in this process here, followed by any existing quality goals/objectives that your division/unit has been working on in the past. [**SAMPLE**] **SPECIFIC** *Overall Goal / Objective / Measure* ***Overall Goal:*** The division/unit will improve the quality of life for the individuals it serves by achieving important life goals as described in the Life Plan of the individual IHPs. ***Objective***: The division/unit will improve the number of IHP objectives "achieved" by 10% in a year, with at least 5% increases achieved in each 6-month period. ***Measure:*** Review of 10% sample (minimum of 20) IHP documents after 6 months and 12 months; determine "objectives achieved" rate compared to baseline.	*Pick a standard way to word your goals and stick with it. Give a hint as to outcomes and how they will be measured.* *You won't be able to know **all** of the goals in advance so include a description of how goals/ objectives are or will be determined in your system.* *The "samples" at left are for illustrative purposes. It may be appropriate to list the Overall Goals only. Also, it may be a good idea to identify an "area" for each goal.*
5. SATISFACTION	Notes/Comments/Suggestions
The division/unit should have policies and procedures in place that assure the assessment of satisfaction among those it serves (and among other constituencies or groups associated with the organization). If no such policies or procedures exist, their development may be part of an initial goal or QI activity. This part of the QI System needs to be described showing how satisfaction is assessed among the various constituencies served by the division/unit (e.g., individuals served, provider staff, families, community representatives, contractors, Division/unit staff and any other constituent groups the division/unit includes). It is best to assess satisfaction both "internally" and "externally" with divisions and units determining the appropriate groups.	*There are commercially available survey instruments for various populations covering "satisfaction" and "quality of life" which may be used. However, often just as effective are "home-made" measures, interview systems, which are often just as acceptable if carefully prepared.*

Details described should include the following: • How satisfaction is assessed in each group (e.g., periodic written questionnaires, phone surveys, individual interviews, etc.)? • Who is responsible for assessing satisfaction? • Whether any standardized/commercial "quality of life" or "satisfaction" instruments are employed, and if they are used in conjunction with various other indicators. • The frequency of assessment (including any parameters of any "sampling methods" that may be used). • How satisfaction is reported & included, in the QI System, etc.	*There are many resources… here's a few to start with:* *American Society for Quality* *www.asq.org* *Agency for Healthcare Research and Quality www.ahrq.gov* *American Quality Management Mall www.americanquality.org*

6. ASSESSMENT AND DATA COLLECTION

Notes/Comments/Suggestions

Depending on the goals and objectives established for the quality improvement system, the specific assessment methods and data collection methods should be specified here. Thus, this section is for listing the specific *process* and *outcome* measures in your system.

One way to determine if an activity produces a viable quality improvement measure is if the measurements are actually *provided to* and *used* by those in management to make decisions. Thus, if data are collected, stored in a computer, tallied, but never included in reports that anyone actually reads, then they are not (yet) quality improvement measures.

The goal in CQI is to extract measures from the data collected in the normal course of your operations so that individuals who need to make management decisions have *more and better* information on which to make them.

If there are identifiable, well-recognized, accepted measures of process or outcomes in your department/unit, then describe them in this section, and perhaps give an example of how they are computed and used.

If *no* such measures already exist in your division/unit, then you may enter in this section measures taken from the projects jointly developed with OPI staff. If that process hasn't yet commenced yet in your division/unit, then you should enter a listing of potential measures that your division/unit could develop and use in the future.

Here are some questions to help identify human service quality measures:

The heart of modern quality management is the reliance on solid data to help inform decisions.

"Data" need to be included in the system, and methods need to be included that make use of the data. However, the term "data" can include other forms of information...such as qualitative information from interviews...the occurrence of "sentinel events" (i.e., one-time events that speak to quality...for example, deaths, fires, or even falls in a nursing home…).

Divisions/units need to develop proactive approaches (many of which may already exist) to collect data and create quality improvement measures…

What is the nature of your division/units individual service plan…does each service recipient have an official record that is complete? A plan that is up-to-date and outcome focused and serves as the driving force for services offered to the consumer?

Are there any ongoing internal and/or external satisfaction surveys?

Comment: "Satisfaction" is emerging as an important indicator of quality in many settings; in most DHS service settings, there are many groups or constituencies that must be assessed in addition to the person/family receiving the services/supports. Divisions and units need to develop ways to assess satisfaction from these various groups and should provide a general description in this section.

A basic set of measures can be developed to demonstrate that applicable regulatory and reporting standards are met.

The QI System must include a way to monitor and assure that the division/unit is meeting applicable regulatory standards. Describe the processes whereby your provider division/unit assures that standards are met and how such processes "fit" into the QI System.

What is the process for review of Incident Reports and analysis of trends and attempts at remediation. Is there a clear-cut process for review of investigations and analysis of trends in incident data?

In some parts of DHS, the reporting and tracking of incident reports is being clarified and expanded. Divisions and units, that aren't already, need to begin to work toward becoming included in this system. In the meantime, it may be a reasonable CQI goal to, for example, improve the quality of data that eventually will enter the system. ,

*Comments: Divisions/units need to 1) develop systems to **track** incident reports and their investigations (as simple as official "book entries" for divisions/units with few incident reports to a more sophisticated computer based database system, recognizing that eventually all divisions/units will become part of the DHS system) and 2) to **analyze trends** in the production of incident reports and their investigations (e.g., a monthly committee that, reads, categorizes, rates, and tracks common elements of incident reports and investigations over time and makes recommendations to management for changes in policy/procedures).*

What are the processes and outcomes associated with staff training and staff development that could be used to maintain and improv work skills and quality services.

Divisions/units need to develop adequate staff training programs to meet minimum health and safety concerns (e.g., First Aid, CPR) in addition to specific training programs needed depending on the persons served by the division/unit.

Is there a formalized process for staff feedback in the division/unit with respect to CIQ or other quality/management data?

Continuous Quality Improvement systems, by nature, need to be circular and include feedback loops. These need to be described showing how action plans for change can be developed and implemented.

The processes that a division/unit uses to track and analyze incident reports and their investigation can vary depending on the size of the division/unit and the frequency of incidents filed. Also, some divisions/units may already be included in the DHS incident MIS system.

Feedback is a critical part of quality systems using modern CQI methods... without "feedback" there is no CQI...

Comment: The best QI System in the world is useless if it doesn't produce information that actually changes the way people do their jobs in a way that improves quality. Clear feedback mechanisms should be built into the system and designated in the written description of the QI System.	
Are fire safety and risk management aspects included in the operations of the division/unit? Do they produce identifiable CQI measures? Describing this part of the QI System is more complex than other areas and thought needs to be given about how to structure sub-sections to include the content detailed in items 6.1 through 6.10. As noted earlier, agencies have latitude in structuring their QI Systems, however, each of these items must be included.	*Divisions/units should consider enhancing committees on:* *- Compliance* *- Risk Management* *- Safety* *- UIR Oversight*

7. CQI Reporting

	Notes/Comments/Suggestions
Any management system used to improve quality that is based on data must also have clear-cut reporting systems. It is important for divisions/units to develop and describe these systems in advance. In this part of the description of the QI System, attempt to answer these questions: ***"What data sources will support conclusions, decisions, and action plans in each area of quality improvement?"*** **and** ***"How will these data be collected and reported within the division/unit?"*** It is important that the provider division/unit be able to actually collect, or aggregate, the data in the various areas of Quality Improvement. There are many methods for recording and reporting data. Some very simple graphical and tabular formats (i.e., graphs and tables) exist for reporting quality data. Division/unit staff responsible for the QI System need to explore these methods. The reporting system must include regular quality reports that provide a summary of assessment and data collection including a review of the outcomes described in 6.1 to 6.10 above, and the other elements of the overall quality system.	*The reporting system is how "communication" occurs in the quality system. Of critical importance is communicating "findings" of the system to individuals who can make changes based on those findings.* *Thus, the collection of information and data lead to decisions for change that are implemented through some form of "Action Plan" (see #8 below).*

8. Action Plan

	Notes/Comments/Suggestions
Just as a reporting system (#7) is critical to the functioning of a QI System, so too is an "action planning" system. The "action plan" system is how the actual changes are made to improve quality. The action plan system can be envisioned in a number of ways	*This step may be the most critical in a QI System and involves "closing the loop" so that problem procedures and methods are actually changed to produce improved quality.*

(e.g., "Action memos," e-mail systems, group meetings, etc.) but need to include a way to assign and track tasks including the timelines and the person(s) responsible for implementing the changes and improvements. The specific approach to "taking action" to improve quality is what needs to be described.	*The critical question to answer here: "How does change take place?*

End of Template

NOTES: