AIM WORKSHEET

NAME OF ORGANIZATION: Public Health Solutions District Health Department
Intends to: Revise and document the process for developing and maintaining policies and procedures such that it reduces problems with access and credibility.
By (date): 9/30/2013
Who: All Staff
Because: Through the beta test for the PHAB accreditation process, the PHS major failings included inadequate documentation of policies and procedures as well as overall department decision making. The availability of grant funds from NDHHS provided us with an opportunity to engage in a quality improvement project. Of the many areas in which such a project could be done, we chose to improve the policy and procedure process within the PHS.
Our goals include:
• Provide staff with a policy format
• Provide staff with a format for a policy manual: to place all policies/procedures in one centralized location, for implementation of staff made policies/procedures, to be able to change policies/procedures, for all employees to be able to access to policies/procedures, and to enable an evaluation process of policies/procedures
• To establish a process for documentation of policies/procedures
• To reduce costs associated with new employee orientation/training
• To increase the access to resources on how to do a procedure
• To increase staff work efficiency
• To increase staff knowledge of public health policies
• To better services provided to population served

Fundamental Questions for Improvement

What are we trying to accomplish?
PHS is trying to accomplish a systematic process for developing, storing, maintaining currency and accessing policies/procedures which enable accreditation and high quality department operations

How will we know that a change is an improvement?
Through staff feedback
Staff Meetings
Director evaluation
BOH oversight
Meeting accreditation standards related to policies, procedures, and documentation

What changes can we make that will result in an improvement?
Organization of policies
How we train existing employees
How we orient new employees
Cut costs
Improvement of quality of programs and services

Checklist of required/desired characteristics of process

- Singular policy format
- Centralized location of policies
- Consistency
- Ability to use for orientation of new staff
- Use manual for training of current staff
- Ability to have direction when employees are absent/leave
- Policies are organized
- Up-to-date legally
- Able to protect staff legally through having the documentation of policies
- Improvement of services provided
- Improvement of job output
- Evaluation
- Decrease in time spent on staff instruction how to do something
- Decrease in money spent on training
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FORCE-FIELD ANALYSIS: QI

POTENTIAL USES: QI PROCESS CHANGE

- To explore what is currently going right and what is going wrong
- To explore any opposition to change
- To understand the extent of opposition
- To identify pros and cons of options for change

- Update policies, centralize policies in a manual, and use a singular format for policy development

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Affinity Chart QI

**Communications Issues**

**Staff**
- Failure to use the singular format
- Failure to put staff made policies into new manual
- Failure to have all staff participate in process change

**Director & BOH**
- Failure to accept and use the process change
- Failure to encourage staff to participate
- Failure to evaluate/review and update policies

**Process Issues**

**S-Drive**
- Technical Problems
- Staff ability to make changes to policies
- Access

**Other Issues**

**Time**
- # of individuals involved
- Acceptance and use of process
- Future development and follow through
The need for policies and procedures is identified by staff.

Depending on the level of authority under which it will be used, it is approved by me and/or the Board of Health.

Dates of drafts, revisions and approvals are recorded.

These are drafted based upon research of existing and evidence-based materials.

Draft is circulated to staff and others as appropriate for comment.

They are stored on the shared drive for staff reference.

Staff
- Orientation
- Time Commitment
- Follow Through

Director
- Assessment
- Oversight

BOH
- Oversight
- # reached

People within District
- Effect?
- Better Service

QI: Process Change involving Policies

Unintended Changes
- Tech Problems
- Best Process

Universal use
- Format

Accessibility
- Review of Process/Policy

S-Drive
- Staff
- Director
- BOH

Front Office
- S-Drive

Evaluation
- Universal use
- Staff Computer
- S-Drive

Evaluation
- Evaluation
- Evaluation

Oversight
- Oversight
- Oversight

Orientation
- Orientation
- Orientation

Follow Through
- Follow Through
- Follow Through

Unintended Changes
- Unintended Changes
- Unintended Changes

Staff
- Staff
- Staff
- Staff

Director
- Director
- Director
- Director

BOH
- BOH
- BOH
- BOH

People within District
- People within District
- People within District
- People within District

Effect?
- Effect?
- Effect?
- Effect?

Better Service
- Better Service
- Better Service
- Better Service

Review of Process/Policy
- Review of Process/Policy
- Review of Process/Policy
- Review of Process/Policy
Flow Chart of Changed Process

1) The need for policies and procedures is identified by staff, BOH, or outside evaluator.

2) The need for the policy is recognized, the authority for the policy is designated (Board or staff), and people affected by the policy are identified for involvement. Legal or program references cited and documented. Policy drafted with references and the people that drafted policy. These are drafted based upon research of existing and evidence-based materials.

3) Policy is vetted or reviewed by those who will be involved in implementing the policy. Director review and Legal or clinical review as appropriate. Sign off by director or Board as appropriate. Depending on the level of authority under which it will be used.

4) All medical policies related to medical treatment must have medical consultant review and those with potential legal impact or compliance requirements review as directed by director.

5) Whether exempt/non-exempt consideration for attorney review.

6) Consult the director for who else needs to review the policy.

7) Draft is circulated to staff and others as appropriate for comment.

8) Review by staff affected by policy and changes made as necessary with directors approval.

9) Policy is sent to director and a copy is saved on the author’s computer.

10) Depending on the level of authority under which it will be used, it is approved by Director and/or the BOH.

11) Dates of drafts, revisions, and approvals are recorded, and date of policy revision is added to the policy review calendar.

12) Director or designee adds policy to restricted folder of all policies.

13) Director or designee adds policy to manual in the front office and on the shared folder.