

USAPI Regional QA-QI-PM Program Standards & Staff Competency Standards for Health Agencies

Introduction

The improvement of health services is an essential and challenging responsibility of every one working in a health agency. The variety of approaches that can be taken to improve services includes increased funding, training of health workers, and the introduction of new processes and technology. Quality assurance (QA), quality improvement (QI) and performance management (PM) are all techniques where explicit standards and corresponding measurable indicators are developed and used to guide ongoing improvement efforts.

For success and sustainability, QA-QI and PM programs must have certain elements in place. QA-QI (and PM) Officers must have skills needed to run a successful program, and senior leaders and unit managers must have and practice skills needed to get benefit out of the program. Frontline staff must also have knowledge about their roles and operational features of their quality programs.

Developing standards for programs and staff can be useful in the following ways:

- To demonstrate to health agency leaders what things must be in place for their quality programs to be successful
- To highlight the need for health agency unit supervisors and staff to become knowledgeable and to participate in quality program activities.
- To help organize efforts to strengthen quality programs (i.e. as the basis for identifying and addressing gaps)
- To guide quality-related training initiatives.

Quality program and staff competency standards for the USAPI are best developed by professionals whose jobs are to improve the quality and performance of their agencies. The draft essential program element standards listed below were identified by QI officer and health agency managers in the region based on their experiences working with QA and QI programs that are in existence now, and ones that have failed to endure in the past. They were collected during the 1st and 2nd annual USAPI QA-QI-PM workshops and during QA-QI consult visits by Dr Durand to health agencies in the region. Competency standards were derived from the US Council on Linkages between Academia and Public Health Practice.¹

¹ Core Competencies for Public Health Professionals The Council on Linkages between Academia and Public Health Practice (adopted May 3, 2010). Available at: http://www.phf.org/resourcestools/documents/core_public_health_competencies_iii.pdf

Part I: QA-QI Program Elements Assessments

A health agency must establish a formal QA-QI program that has certain elements in place in order to function properly and be sustained. In the table, “Core Elements” are the things that need to be in place for a QA-QI-PM program to operate well.

| Core Element |
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| 1. Agencies should have a dedicated QA-QI-PM officer with the primary responsibility for coordinating and maintaining the QA-QI-PM program (as opposed to placing all responsibility for QA-QI-PM programs as “add-ons” to other staff). |
| 2. QA-QI-PM <u>Officers</u> must have <u>advanced</u> competencies needed to promote the application of QA-QI-PM techniques (see Table 2 below); |
| 3. Other health agency staff, in particular supervisors and managers, must have basic QA-QI skills and actively participate in the QA-QI program (see Table 2 below); |
| 4. QA-QI orientation training is required for all new agency employees. |
| 5. QA-QI programs should be active in all of the units of the health agency, including as appropriate—hospital wards, outpatient clinics, public health programs, administrative units, support units (lab, housekeeping, etc.) |
| 6. QA-QI-PM Officers report to a QA-QI-PM Committee at least every 2 months. The QA-QI-PM Committee has influential members who provide forceful support to the QA-QI-PM program and officer. (The Committee can be separate or the same as the agency’s most senior leadership group); |
| 7. QA-QI-PM should be included in routine agency senior leadership meetings. |
| 8. A staff member’s participation in QA-QI program activities and his/her unit’s results should be included as one component of the employee’s annual performance evaluation; |
| 9. QA-QI programs should be supported by provisions for team and/or individual staff and for supervisor consequences. These consequences may include recognition, training opportunities, step increases, awarding of bonuses to units or individual staff, job counseling, or re-assignment to alternative work roles; |
| 10. Agencies should have unit policy and procedure manuals (also known as standard operating procedures) for all clinical, administrative and support units. that are reviewed and updated at least every 5 years; |
| 11. QA-QI-PM programs themselves should also have a written program plan (and/or policy and procedure manual); |
| 12. Client and/or stakeholder satisfaction is measured routinely as part of quality assessment; |
| 13. A formal incident report (sometimes called “system improvement report”) procedure is actively used. The procedure assures that a staff member who submits an incident report is informed about the action taken in response to the report; |
| 14. Agencies should have a procedure that is actually being used for adopting new (or amended) policies and procedures and integrating them into existing manuals; |
| 15. Agency policy and procedure manuals should be readily available to all staff in password-protected electronic form. |
| For Performance Management Units Only: |
| 16. PM Officers should be included in agency strategic planning; |
| 17. Agency strategic plans should have performance management plans developed for them |

Part II: QA-QI-PM Competencies

Competencies are knowledge, skills and attitudes that allow someone to perform specific tasks or functions. In order to obtain the benefit of QA-QI-PM in a health agency, it is necessary for general agency staff to have basic competencies related to QA-QI-PM; for QA-QI-PM officers to have advanced competencies; and for PM officers to have additional skills related to strategic planning and program/project evaluation.

Defined competencies are useful:

- to develop or identify training programs that meet needs for specific knowledge and skills;
- to assess QA-QI-PM competencies of individual staff members in order to match them with training activities that can address their gaps;
- as a tool for self-assessment and career development.

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| <u>Elementary Level</u> (for entry-level, front-line staff) |
| 1. Be familiar with their job description and be able to locate an updated copy. |
| 2. Be familiar with their work unit policy and procedures and be able to locate an updated manual |
| 3. Know what system improvement reports (incident reports) are for, and how to submit one |
| 4. Know how to participate in unit QA and QI activities |
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| <u>Basic Level</u> (for managers, supervisors and experienced staff) <i>All of the elementary level competencies above plus-</i> |
| 1. Understand basic terminology used in QA-QI; |
| 2. Understand basic concepts of QA-QI, such as: |
| - the focus on teamwork rather than individual performance, |
| - the focus on processes and systems, rather than blaming of individuals, |
| - the role of the QA-QI officer |
| - the importance of identifying and addressing the <u>root causes</u> of problems, |
| - Plan-Do-Study-Act (PDSA) cycles |
| 3. Understand proportions, percentages, bar charts and line charts when they are used to present performance results; |
| 4. Be able to propose numerous strategies to solve problems; |
| 5. Be familiar with agency and unit policies & procedures; |
| 6. Know how to submit and (for managers) respond to incident reports; |
| 7. Know how to recognize the need for and to propose changes in policies and procedures; |
| 8. Understand quality measures that are being used to assess unit's performance; |
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| <u>Advanced Level</u> (for QA and QI officers) <i>All of the elementary and basic level competencies above plus-</i> |
| 1. Facilitate formation and smooth functioning of teams to address quality issues; |
| 2. Be able to collect objective information about processes, standards and incidents- using direct observation and by non-leading interviews of clients and health workers (in doing QA surveys, for example); |
| 3. Manage a QA-QI-PM program (follow QA-QI program policies and procedures; follow activities schedule; convene team and committee meetings on schedule; submit reports on time) |
| 4. Accurately judge what problems are suitable for the use of QA-QI-PM techniques, and which are not; |

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| 5. Assist teams and QA-QI Committee to perform root cause analysis using QI tools such as fishbone diagrams; |
| 6. Assist teams and QA-QI Committee to construct and use process diagrams to help re-design work processes; |
| 7. Assist units to develop or locate job aids that can assist them in the tasks they perform; |
| 8. Teach unit teams to run PDSA cycles; |
| 9. Develop measurable indicators to guide quality and performance management interventions; |
| 10. Use bar charts, run diagrams, radar charts, traffic light diagrams and quality dashboards to communicate progress with regard to quality and performance indicators to agency clients and staff; |
| 11. Teach unit teams and QA-QI committee to consider a wide variety of strategies for problem solving; |
| 12. Prepare reports that are clear and action-oriented; |
| 13. Use “elevator talks” to deliver key messages to agency leadership in support of quality and performance improvement efforts; |
| 14. Know how to recognize the need for new or revised policies and procedures |
| 15. Be able to draft new unit policies & procedures; |
| 16. Know how to post revised policies to a password-protected, electronic, intranet-based manuals |
| 17. Facilitate an active, positive system improvement report (i.e. incident report) process; |
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| <u>Additional Advanced Level (for Performance Managers)*</u> All of the basic and intermediate competencies above plus- |
| 1. Facilitate strategic planning groups; |
| 2. Prepare a strategic map or logic models to display goals and objectives simply and clearly; |
| 3. Prepare a performance management plan to monitor and work toward agency strategic goals and objectives; |
| 4. Implement agency strategies for continuous quality improvement |
| 5. Implement mechanisms to monitor and evaluate programs for their effectiveness and quality |
| 6. Use evaluation results to improve performance |
| 7. Prepare a balanced scorecard or performance dashboard to display progress toward agency goals and objectives; |
| 8. Facilitate a community health assessment and health improvement planning process; |
| 9. Understand requirements for Public Health Accreditation Board (PHAB) accreditation; |
| 10. Assist health agency staff in assembling the documentation needed to apply for PHAB accreditation. |
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* (Based upon “Core Competencies for Public Health Professionals” The Council on Linkages between Academia and Public Health Practice, adopted May 3, 2010. Core Competencies for PI Managers from NPHII.