

Quality Improvement Council Charter



Revised January 3, 2019

I. PURPOSE OF THE COUNCIL

- i. To create, implement, monitor and evaluate the quality improvement efforts at KDHE and to support the Executive Leadership Team (ELT) in building a culture of continuous quality improvement (CQI) throughout the organization.
- ii. To continue tracking the excellent and innovative work taking place within KDHE and to continue seeking ways to improve upon those successes.
- iii. Ensure that KDHE fulfills its mission through the consistent application of quality improvement processes and tools that result in added benefits to the public health status of Kansans and their environment.
- iv. Uphold the KDHE Mission: To protect and improve the health and environment of all Kansans.
- v. Uphold the KDHE Vision: Healthy Kansans living in safe and sustainable environments.

II. GUIDING PRINCIPLES

The Council will operate using the following principles:

- i. It will ground its work on performance management methodology and employ relevant CQI tools to understand and improve outcomes.
- ii. Its decisions will be data-driven and evidence-based, but it will also use and respect people's knowledge and experience.
- iii. It will make the customer perspective central to its decision-making and strive to consistently meet or exceed customer expectations.
- iv. Its processes will be transparent, collaborative, and inclusive.
- v. It will foster engagement and accountability with all KDHE personnel.
- vi. It will focus on learning and improvement over judgment and blame, and value prevention over correction.

III. MEMBERSHIP STRUCTURE

When a new position is open on the council, the division director will solicit nominees from the bureau directors. Ideally, all levels of staff will be represented on the council. Prior experience in QI is preferred, but not required. Division directors, or other members of the ELT may appoint staff to serve on the Council. ELT will have final approval of the membership of the Council. The voting members of the Council shall be no larger than 14 members. A minimum of 8 members (a quorum) is required in the decision-making process.

The membership shall be comprised of the following voting and non-voting members:

Voting Members:

- i. Council Co-Chairs: The co-chairs must ensure that the Council functions properly, that there is full participation during meetings, that all relevant matters are discussed and that effective decisions are made and carried out. Chairs are elected by a simple majority of council members. Candidates must come from voting members. No two members from the same division may be co-chairs concurrently.

- ii. Communications Representative: The communications representative serves on the Council to advise and assist with quality improvement related communications messaging. They also ensure that all information disseminated is in alignment with agency standards and communications policies and practices. This position is appointed by the KDHE communications director.
- iii. Information Technology Representative: The information technology representative serves on the Council to advise and assist with Council technology needs. They also ensure that all technology requests or needs are in alignment with agency standards and information technology policies and practices. This position is appointed by the KDHE chief information officer.
- iv. Human Resources Representative: The human resources representative serves on the Council to advise and assist with decisions affecting personnel. They also ensure that the training strategy is in alignment with agency standards and Office of Personnel Services policies and practices. This position is appointed by the KDHE human resources director.
- v. Three Division of Environment Representatives: The Division of Environment representatives serve on the Council to represent the voice of the Division of Environment. These positions are appointed by the Director of the Division of Environment.
- vi. Three Division of Public Health Representatives: The Division of Health Representatives serve on the Council to represent the voice of the Division of Public Health. These positions are appointed by the Director of the Division of Health.
- vii. Three Division of Health Care Finance Representatives: The Division of Health Care Finance Representatives serve on the Council to represent the voice of the Division of Health Care Finance. These positions are appointed by the director of the Division of Health Care Finance.

Non-Voting Support/Advisory Members:

Record Keeper: Appointed by the co-chairs. This position documents all QI Council meetings and prepares the minutes for dissemination to the agency. The record keeper may not vote on active motions.

Ex-Officio: Agency secretary, deputy secretaries, Office of the Secretary staff, division directors, and bureau directors may serve on the council as ex-officio members. Ex-officio members may not vote on active motions.

All other agency staff: With supervisory approval, previous council members and any interested staff (e.g. a subject matter expert from the Legal Office) may attend meetings and provide input as nonvoting members.

Committees:

The voting members may form committees and sub-committees as it deems necessary to conduct the business of the QI Council. Committee members may include other KDHE staff not on the QI Council.

Membership Terms:

Co-chairs and members will have staggered two-year terms so that no more than 50% of the total membership will change in any calendar year. ELT can choose to extend membership terms.

IV. MEETING GUIDELINES:

Frequency:

The Council will meet every other month for approximately ninety minutes, or as needed. The Council will establish, at a minimum, team norms

for communication issues, decision-making, participation, attendance, confidentiality, and preparedness for meetings.

V. RESPONSIBILITIES

The Council will draft/review an annual work plan (KDHE QI Plan) to be approved by the ELT with specific activities and timelines to achieve these objectives:

- i. Identify quality improvement projects through performance management system.
- ii. Ensure QI projects are aligned with the agency QI work plan and the agency strategic plan.
- iii. Evaluate, identify, schedule, provide, and/or facilitate QI training for agency staff.
- iv. Provide guidance and/or technical assistance to staff regarding QI projects or initiatives.
- v. Provide easy access to QI materials, tools, and training information.
- vi. Create and maintain a communication plan to disseminate all QI information and activities.
- vii. Recognize individuals for their efforts and success regarding QI initiatives.
- viii. Prepare a report for the ELT in the frequency outlined by the ELT.

The Council's work is not intended to replace the quality improvement and program evaluation responsibilities of KDHE leadership or to replace the quality improvement and program evaluation responsibilities of specific funded activities that already require these features from grant requirements, rather it is to support leadership and staff by providing training, resources, and structures to support quality improvement efforts performed by leaders and staff.

VI. DEFINITIONS

Continuous Quality Improvement (CQI) is an intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. QI efforts include improvement of all processes and programs that have either direct or indirect impact on the quality experienced by both internal and external customers.

Executive Leadership Team (ELT) is KDHE's leadership team, comprised of the state health officer, secretary, division directors, deputy secretaries, director of Communications, and HR director. The ELT is responsible for overseeing agency level QI efforts.

Performance Management (PM) is a systematic process aimed at helping achieve an organization's mission and strategic goals by improving effectiveness, empowering employees, and streamlining the decision-making process. In KDHE, performance management means actively using performance data to improve the public's health and environment, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (From: *Turning Point. From Silos to Systems: Using Performance Management to Improve the Public's Health, 2003*).

Performance Management System is a data tracking tool for tracking progress on objectives and measures in the KDHE QI Plan, state health improvement plan, strategic plan, accreditation sustainability plan, and individual bureau or program level work plans.

KDHE Quality Improvement (QI) Plan is an agency-wide guidance document that identifies and prioritizes specific areas of agency performance for improvement and establishes targets and timelines for carrying out the improvement effort. The QI Plan objectives, measures, activities and outcomes will be documented in the performance management system.

VII. SIGNATURES

 X *Lee A. Norman MD* 

KDHE Secretary