



*Missouri Effective Practices Project
(MEPP)*

**Quality, Numbers, and Team: CQI at
Cole County**

Name of LPHA: Cole

Name of Effective Practice: Quality, Numbers, and Team: CQI at Cole County

Overall Description of Program: About 6 years, Marty Galutia and Tom Maddox came to our Department and made a presentation on Generation Management, a business model. They did a lot of work with three areas: quality improvement, the scientific approach and a team approach. The team approach, if done well, will help the process better. Numbers are great, but you must understand the people. The problem was getting everyone to buy into the idea of "quality control". Now, 6 years later, it's a "CQI mentality" and it's the norm.

Essential Skill: Policy Development

Essential Service: Assure Competent Workforce

Knowledge Domain: Health Services Administration

NACCHO Oper Defin: Develop public health policies and plans

Planning Time: 2 to 3 years

Experience/Imp of Program: 4 or more years

Number of staff: 1 full-time staff

Department of Program: Administration/CQI Program

Basis for Need of Program: Defining the customer is so important in public health, but our staff is our customer/client, also. The whole culture of "being monitored" had to be broken down. You need a program review instead of an "audit". The last 5 years it has become a better working model.

Characteristics of the Program: CQI is responsibility of the entire program with a designated point person/committee to make sure everyday elements get done. Every different discipline/department has a CQI representative on the team. We have a template that is updated every year and we have a CQI meeting every month. Each month we determine what was found with CQI, progress made, and whether it was completed. We make CQI a part of the agenda. We use the "Plan, Do, Check, Act" model.

Suggestions for implementation include:

1. Keep a standard agenda and keep using that over and over and include your CQI model on it. Regularly discuss it at the meetings.
2. Use CQI during the Exit Interview Policy (e.g., during an exit interview we found that an impaired client was being allowed to drive after we saw them).

Barriers to Implementation: The entire department must buy-in to the CQI process. You must first get rid of the fear mentality. Employees must take ownership of the department. We had to reduce the myths and the conceptual barriers that went with CQI processes. When I see our staff doing something, I label it as CQI. It now has become part of the culture.

Evaluations: We do a client satisfaction survey every year and because of CQI, it's become much better. We wanted to find out what we needed to change. It's definitely not a one person thing! We wouldn't use a business model for a public health agency. You have to have the talent behind the worker. Evaluation support:

1. In the Staff Satisfaction Survey, our CQI process definitely "delighted our clients". We are making it their health department. The WIC department works 4- 10 hour days to accommodate clients better.
2. Through CQI we found how sometimes clients don't need to come to the department, they could mail in their vouchers.
3. Before our CQI model, anyone could come in and roam the building. Now only employees can come into the upper level of the health department. It's now more secure.
4. We have streamlined and eliminated waste. We identify employee's strengths and fit them with the task better.
5. Every month, we compile a list of the CQI findings and e-mail that out to all employees. They must see that this is a "living" part of the Department.

Geographical Description: 50,000 to 99,999

Target Population: Other (please explain)

Explain Other: Employees/Client Base

Describe Necessary Funding: No budget line item. On a weekly basis we turn in our hours.

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