Quality Improvement Council Charter

This plan has been approved and adopted by the following individuals:

Signature

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Signature

XXXXX: Deputy Chairperson Quality Improvement Council  Date

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Quality Improvement Council Charter

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The New Mexico Department of Health is committed to the ongoing improvement of the quality of services it provides. This Quality Improvement Council Charter serves as the foundation of this commitment.

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- Definitions, Acronyms & Quick Links.

Introduction
A common vocabulary is used agency-wide when communicating about quality and quality improvement. Key terms, definitions and frequently used acronyms are listed alphabetically in Appendix C.
Introduction to The New Mexico Department of Health (NMDOH).

The public health system in New Mexico is unique and diversified. We run a centralized public health system in 33 counties, including the 23 federally recognized tribes, pueblos, and nations within New Mexico, serving clients through four regional public health offices and 54 local public health offices.

Our seven NMDOH facilities provide safety net services for people who require long term care, rehabilitation, and behavioral health treatment. We work closely with providers to support people with developmental disabilities and their families. We are also responsible for the effective and timely response to public health emergencies and to ensure that a variety of health care facilities provide high quality, safe care to people in need.

Our Vision: A healthier New Mexico!

Our mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

Our 10 Strategic Plan Guiding Principles.

• Create accountable programs and engage communities in aligned, collective impact partnerships to achieve optimal population health status.

• Achieve health equity by addressing the social determinants of health, partnering with communities to reduce health disparities, and applying a health in all policies philosophy.

• Promote access to person and community centered health and wellness by aligning and integrating public health, behavioral health, oral health, and primary care.

• Expand healthier community strategies that work.

• Gather and analyze data for meaningful use.

• Shift resources from clinical services to population health investments.

• Empower and educate individuals in self-responsibility for their health.

• Recruit, train, cross-train, and retain a talented workforce.

• Respect cultural assets, wisdom, and beliefs.

• Promote a culture of excellent customer service.
THE PURPOSE OF THE QUALITY IMPROVEMENT COUNCIL

The Quality Improvement Council (QIC) Vision: A sustainable culture of quality across all divisions and facilities.

The QIC is charged with developing and advancing a Department-wide culture of quality. In alignment with the Department’s vision, mission, and strategic plan, the QIC facilitates and supports the use of Quality Improvement strategies and approaches throughout the Department.

The primary purpose of the QIC is to:

- Establish foundational policies, principles, and expectations that support a quality culture at the Department;
- Promote a culture of excellence and excellent customer service;
- Develop infrastructure to support Department-wide Quality Improvement (QI);
- Develop and implement the Department’s Quality Improvement Plan;
- Develop and implement a plan to develop workforce Quality Improvement competencies; (The Workforce Development Plan)
- Promote and support the principled use of Quality Improvement tools; and
- Prepare an annual Quality Improvement Report;
- Review the QI Council Charter annually that will be signed into force by the Quality Improvement Council Chair and Co-Chair no later than the 15th of December of each year. Emergency clauses and amendments to the Charter can be enacted on a more frequent basis as the need arises (refer Charter Clause XII).

THE SCOPE OF THE QIC

The QIC is responsible for promoting QI efforts and for challenging, and empowering NMDOH employees to participate in the ongoing process of QI. The Council’s work is not intended to replace the existing quality improvement and program evaluation; rather it is to support leadership and staff by providing training, resources, and structures to support quality improvement efforts performed by leaders and staff.

The QIC promotes quality improvement throughout the Department’s facilities and public health programs, and supports recognition of both individual and team accomplishments. The QIC members are responsible for helping create a quality improvement culture. In this culture, employees use quality improvement principles and tools in their day-to-day work, with support and guidance from the QIC.
THE WORKFORCE DEVELOPMENT PLAN

The Workforce Development Plan is linked to one of the guiding principles of the agency’s Strategic Plan, that being to recruit, train, cross-train, and retain a talented workforce. Training and development of the workforce is a major part of a comprehensive strategy towards agency quality improvement. This document should be read in conjunction with the QIC Charter and the QI Improvement Plan.

THE QUALITY IMPROVEMENT PLAN

The QIC is charged with developing an annual Quality Improvement Plan that utilizes and integrates the NMDOH Strategic Plan, Public Health Accreditation Board (PHAB) Standards and Measures, and other accreditation standards as applicable, for developing and implementing a quality improvement program using evidenced-based organizational practices, programs, processes, and interventions. This Plan is linked to one of the guiding principles of the agency’s Strategic Plan, that being to gather and analyze data for meaningful use and to promote a culture of excellent customer service. This QI Plan should be read in conjunction with the QIC Charter and the Workforce Development Plan.

QUALITY IMPROVEMENT PROJECTS

The QIC will review and store QI projects provided by NMDOH employees. The QIC will review the QI project, which should be provided using the designated NMDOH QI Project Summary Report (Appendix B), and suggest QI tools appropriate to the project, and provide any other suggestions, guidance, or support requested by the submitting employee(s). More elaborate storyboards are encouraged and appreciated, but if time/resources are at issue, a minimal summary using the QI Project Summary Report, will help the Department and future projects/staff for internal history and sharing, and to fulfill accreditation requirements.

COMMUNICATION

All NMDOH staff have access to, and can communicate new QI ideas through, the Idea Portal on the agencies intranet CHILEnet site. These ideas are then allocated to the relevant division or facility for responses to staff about how their ideas may be addressed. The QIC will communicate any other QI related messages through CHILEnet, which is accessible to all NMDOH employees. Communication may also be made over email and through the Accreditation Newsletter, and other avenues as appropriate.
Employees who are aware of and engaged in the QI plan are more likely to support it and be invested in its success. Time may be scheduled in regular meetings to include updates such as how the QI plan is being implemented, including progress on training activities, and QI implementation.

Communicating with staff about the QI plan and projects will create a supportive culture for quality improvement. Communications to staff will include drawing connections for staff between the work they do every day and improvement work they may already be doing. This will encourage them to see QI as integrated into a larger process of quality that can save time and resources for all rather than as an added responsibility. Also, peer testimonials describing QI successes and benefits will be used as a communication strategy to gain buy-in. These strategies will encourage grassroots support and empowerment to complement leadership support for QI.

COUNCIL STRUCTURE, MEMBERSHIP AND RESPONSIBILITIES

QIC members will be representative of each of NMDOH’s divisions to assure that QI is spread throughout the Department and to avoid isolated QI efforts. QIC members will be nominated by their respective Division Director to serve on the Council. Each NMDOH division is expected to appoint one employee to serve as a designated member and another to serve as an alternate member who can attend meetings for when the designated member is present. The QIC membership will also consist of a representative appointed by their respective Director from Facilities (with an alternate) and a QI Catalyst member appointed by their respective Director (with an alternate). QIC members will serve 2-year terms. At the conclusion of a member’s term, the Director of that member’s Division shall nominate a new QIC member, or shall nominate the same member to serve another term. QIC members are expected to attend all QIC meetings. If a member misses two consecutive meetings, or more than three meetings in a twelve month period, then the member will be considered to have resigned from the Council. The member’s term will automatically end, and the Director of the Division represented by the member will be requested to nominate a new member. A Division’s alternate member may attend any meeting, and may represent the Division in the designated member’s absence. If the Division’s alternate attends on behalf of the designated member, then the designated member will not be considered absent.

The QIC will have a Chairperson and a Deputy Chairperson. The NMDOH Accreditation and Quality Improvement Coordinator shall be the Chairperson and this position shall be permanent. The Deputy Chairperson will be elected by the QIC from the QIC membership. The Deputy Chairperson will serve for one (1) year and may be re-elected to serve multiple terms.

In the event the second Co-Chair resigns prior to the end of their elected term, the QIC shall elect a new Co-Chair at the next regular meeting. If the first Co-Chair resigns, the QIC shall elect a temporary first Co-Chair to serve until a new Accreditation and Quality Improvement Coordinator is on-boarded.
QIC Chairpersons are responsible for:

- Following up on assignments to QIC members; and
- Assuring that meeting minutes are being recorded and disseminated for the QIC.
- Scheduling, convening, and facilitating the QIC meetings;
- Developing and facilitating the agenda for the QIC meetings;

The QI Council Chairperson acts as the intermediary to the QI Council’s Sponsor which may be any one of the Senior Management team who serve a one-year term minimum. The sponsor is nominated by the Senior Management Team or Office of the Secretary. The QI Council Sponsor serves as a liaison for the QIC to the Cabinet Secretary and other Senior Managers. The QI Council Sponsor has the option to attend any and all QIC meetings, and will coordinate with the Accreditation and Quality Improvement Coordinator to communicate activities between the QIC, Senior Management, and the Office of the Secretary.

The Office of Policy and Accountability staff will provide administrative oversight support to the committee.
QIC MEETINGS & TEAM NORMS

The QIC shall meet regularly on the second Thursday of every month. With appropriate advance notice, additional meetings may be scheduled as needed. In-person attendance is encouraged and preferred; understanding this may not always be feasible for all members, alternative methods to support participation will be arranged for those who cannot attend in person (e.g., Skype). Meetings shall be guided by an agenda, documented by meeting minutes, and held in accordance with this Charter. Each meeting should provide QIC members an opportunity to introduce items for discussion and decision making.

The QIC is a safe venue in which to propose and share QI projects for the Department. The Council strives for consensus on all decisions and agrees to abide by vote in absence of consensus. The QIC promulgates communication about QI issues that matter to NMDOH. The QIC structure is designed to communicate simply, clearly, effectively and efficiently. QIC members are expected to be accountable to the Council. This includes participating in discussions during meetings, completing assignments on the Council’s behalf and respecting each other’s time and ideas.

REPORTING

Reporting is done on an annual basis and as required by the Office of the Secretary. The QI Council will complete an annual report using the provided template (Appendix A). This annual report must be completed by the first day of December every calendar year. The Annual Report will be provided to the QIC Sponsor, Senior Management, and the Cabinet Secretary.

DECISION MAKING

Items requiring a decision of the QIC shall be brought to the QIC for discussion. Any member may bring an item before the QIC for discussion during a regularly scheduled QIC meeting. After discussion, the QIC members present for the discussion may elect to place the item on the subsequent meeting agenda for decision or further discussion. When making decisions, the QIC shall encourage dialogue and strive for consensus, but a simple majority of the members in attendance shall suffice. Only the designated member, or the alternate member (but not both), may vote in any decision. A Co-Chair may bring items before the committee by circulation to the membership outside a regularly scheduled meeting. Any such item shall be placed on the next regularly scheduled meeting for discussion and decision.

AMENDMENTS TO THE CHARTER

The QIC Charter is a living document intended to guide the QIC in its operations. Amendments to the QIC Charter may be proposed by any QIC member at a monthly QIC meeting. Amendments proposed at one meeting if shared before the meeting can be voted on at that same meeting or otherwise shall be voted on at the next regularly scheduled meeting.
Appendix A

QI Council Annual Report

On this template, you will report on the health department’s activities related to quality improvement. This annual report must be completed by the first day of December every calendar year. The QI Council Annual Report will be provided to the QIC Sponsor, Senior Management, and the Cabinet Secretary.

### Quality Improvement Plan

1. How has the health department implemented and/or changed its Quality Improvement (QI) Plan over the past year? (Word Limit: 500)

### QI Culture Phase

2. Which of the following most accurately characterizes the QI culture in the health department? (See [http://qiroadmap.org/assess/](http://qiroadmap.org/assess/) for a description of these phases. Place an X in the column to the left of the phase that best applies.)

| Phase 1: No knowledge of QI | Phase 2: Not involved with QI activities | Phase 3: Informal or ad hoc QI | Phase 4: Formal QI implemented in specific areas | Phase 5: Formal agency-wide QI | Phase 6: QI Culture |
Quality Improvement Culture

3. Has there been a change in the health department’s phase of QI culture in the past year? If so, what has changed and why? (Word Limit: 500)

4. The table below lists several characteristics of a QI culture. Please complete the table below to indicate one concrete step the health department has taken over the past year to improve each characteristic listed and one step it plans to take next year. (See http://qiroadmap.org/assess for a description of these characteristics.) (Word Limit: 100 words per row)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Steps Taken This Year</th>
<th>Steps Planned for Next Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
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<tr>
<td>QI Catalysts</td>
<td></td>
<td></td>
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<tr>
<td>QI Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Engagement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quality Improvement Projects

5. Please provide a brief overview of QI projects conducted this year. (Word Limit: 500)
6. Select one QI project to describe in greater detail below.

- What issue did this QI project address?
- How was that need determined?
- What was the QI initiative’s aim (including the specific measurable goals set for the activity)?
- How was the QI project implemented? What methods and tools were used?
- What are the outcomes of the QI project?
- Does the health department plan to do additional work related to this QI project next year?

(Word Limit: 1000)
Appendix B

Quality Improvement Project Summary Report

Purpose: To summarize key points of quality improvement/planning projects for
- Internal history and sharing; and
- Accreditation requirements.

Note: More elaborate storyboards are encouraged and appreciated, but if time/resources are at issue, this minimal summary will help the Department and future projects/staff.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Leader</th>
<th>Start Date</th>
<th>Implementation Date</th>
<th>Conclusion Date</th>
</tr>
</thead>
</table>

**Project Description/Statement of Work**
- What is the problem? Why is it a priority?

**Analysis Summary**
- What root causes were identified?

**QI Tools Used (Check all that apply)**

<table>
<thead>
<tr>
<th>Flow Charts</th>
<th>Influence Matrix</th>
<th>Data Collection Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility Matrix</td>
<td>Prevention Matrix</td>
<td>5s</td>
</tr>
<tr>
<td>Work Breakdown Analysis</td>
<td>Fishbone Diagram</td>
<td>Affinity Diagram</td>
</tr>
<tr>
<td>Gantt Chart</td>
<td>Pareto Diagram</td>
<td>Customer Needs Matrix</td>
</tr>
<tr>
<td>Force Field Analysis</td>
<td>Histogram</td>
<td>Benchmarking</td>
</tr>
<tr>
<td>Communication Plan Matrix</td>
<td>Cause-Effect Diagram</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Change Summary**
- Briefly describe changes made and how they address either identified root causes or customer needs.

**Measurable Outcome**
- What was the outcome? Were you able to measure it?

**Lessons Learned**
- What would you recommend future teams learn from your effort?
Appendix C

DEFINITIONS, ACRONYMS & QUICK LINKS

DEFINITIONS

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

**Performance** is a measure of how well a process or activity is meeting a desired result.

**Performance Management:** Performance Management is the discipline of applying and reviewing Quality Improvement and Performance.

**QI Catalysts:** NMDOH employees who have been trained to provide QI training, tools, and other resources to assist with a QI project.

**QI Council Sponsor:** A member of NMDOH Senior Management who will serve as a liaison for the QIC to the Cabinet Secretary and other Senior Managers. The QI Council Sponsor has the option to attend any and all QIC meetings, and will coordinate with the Accreditation and Quality Improvement Coordinator and QIC Co-Chairs to communicate activities between the QIC, Senior Management, and the Office of the Secretary.

**Quality Improvement: (QI)** is the strategic, deliberate implementation or management of change to achieve measurable, desirable outcomes. Outcomes may relate to efficiency, effectiveness, performance, or experience, and may apply to people, programs, processes, or services. QI is designed to raise the quality of a product/service to a higher standard.

**Quality Improvement (QI) Tools:** QI Tools are devices, instruments, or mechanisms used in the QI process to help achieve the desired outcome(s). Examples of tools include: Aim Statement; Cause and Effect Diagram; Five Whys; Force Field Analysis; and the PDCA Cycle.

Appendix C (cont)

ACRONYMS:

ASD: Administration Services Division.
DDSD: Developmental Disabilities Services Division.
DHI: Department of Health Improvement.
ERD: Epidemiology Response Division.
MCP: Medical Cannabis Program.
NMDOH: New Mexico Department of Health.
OFM: Office of Facilities Management.
OGC: Office of General Council
PHD: Public Health Division.
SLD: Scientific Laboratory Division.
SHA: State Health Assessment Plan
SHIP: State Health Improvement Plan
SP: Strategic Plan
QIP: Quality Improvement Plan
NACCHO,
OPPD,
PHAB,
SMART

QUICK LINKS

CHILEnet:  http://chilenet/Style%20Library/nmdoh/CHILEnet-logo.png
Quality Improvement Toolkit: http://chilenet/Resources/CHILEnet-Icon-ToolkitQI.png
NB: Refer to the PHAB glossary for additional terms and definitions that may be used in NMDOH documentation.