

QUALITY IMPROVEMENT AND QUALITY ASSURANCE



Definition of Quality Assurance and Quality Improvement

Quality Assurance - “a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met”¹

Quality Improvement - “Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (R. Bialek, L. M. Beitsch, A. Cofsky, et al, unpublished data, 2009)”²

The Difference Between Quality Assurance, Quality Improvement and Evaluation

The terms Quality Assurance (QA) and Quality Improvement (QI) are frequently interchanged which makes it difficult to understand the differences between these terms. This “interchangeability” also creates confusion when applying quality concepts to our work. Public Health frequently uses QA methods when reviewing client records against a standard quality indicator tool, to assure quality services are maintained according to set standards (e.g., federal, state, American Academy of Pediatrics, etc.). Quality Assurance processes allow us to identify flaws in processes that prevent us from achieving set standards. Once the flaws are identified, we can then initiate QI processes through models such as Plan, Do, Check and Act (PDSA) to improve or eliminate the flaws identified by the QA processes. Click on the below presentation for an overview defining quality, QA, and QI in Public Health.³

A presentation slide with a white header and orange footer. The header contains the National MCH Workforce Development Center logo and the text "Advancing Health Reform Implementation". The main content area has a yellow background with the text "Module V" and "Quality in Public Health" at the top, and "Defining Quality" in the center.

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In addition to the importance of understanding the difference between QA and QI, we need to also understand how QA and QI relate to evaluation. Evaluation assesses work at defined data points such as comparing client record review data between quarters or years. The following diagram taken from the American Public Health Association, Quality Improvement in Public Health: It Works! fact sheet on page 4, shows the relationship between QA, QI and evaluation.⁴

Quality Improvement	Quality Assurance	Evaluation
<p>Defined: A prospective and proactive examination of existing processes and making measurable improvements.</p> <p>Self regulating to create a culture of continuous improvement.</p> <p>Implemented by staff at all levels.</p> <p>Ongoing dynamic process that entails conducting in-depth examinations of problems to uncover root causes, as well as identifying and implementing interventions specifically aimed at addressing the root causes.</p> <p>Interventions are monitored by collecting data in quantifiable, numeric terms, to monitor expected outcomes.</p> <p>This process seeks to exceed expectations and always sets the bar higher.</p>	<p>Defined: A planned, systematic review of a process; sometimes includes quality control, which is focused on reviewing the outputs, or products of a process.¹⁵</p> <p>Driven by government regulations in many cases.</p> <p>Implemented by managers.</p> <p>Preformed on a periodic or scheduled basis.</p> <p>Operates on a Pass/Fail basis.</p> <p>Can inform or drive QI when a deficiency is exposed and corrective action is needed.</p>	<p>Defined: A systematic application of scientific methods to assess the design, implementation, improvement, or outcomes of a program.¹⁶</p> <p>Informs and/or drives QI efforts, but doesn't include a method to measure improvements.</p> <p>Assesses a program at a moment, or moments, in time.</p> <p>Uncovers needs, doesn't define solution.</p>

To view the complete American Public Health Association, Quality Improvement in Public Health: It Works! fact sheet, visit: https://www.apha.org/~media/files/pdf/factsheets/qi_in_ph_it_works.ashx

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Statutory Requirements for Quality Improvement and Quality Assurance in NC Public Health Departments

Chapter 130A. Public Health. Article 1. Definitions, General Provisions and Remedies. Part 1. General Provisions, 130A-1.1 (a) (6) and (7) Mission and essential services

Chapter 130A. Public Health. Article 1. Definitions, General Provisions and Remedies. Part 1. General Provisions, 130A-1.1 (a) (6) and (7) Mission and essential services addresses the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina to include, among other requirements, the promotion of the availability and accessibility of quality health care services through the private sector; and providing quality health care services when not otherwise available. Also, under 130A-1.1 (b) (7), there is a requirement to evaluate the effectiveness, accessibility, and quality of personal and population-based health services.

https://www.ncleg.net/enactedlegislation/statutes/pdf/bychapter/chapter_130a.pdf

CHAPTER 46 - LOCAL STANDARDS, SECTION .0100 - GENERAL SECTION .0200 – STANDARDS FOR LOCAL HEALTH DEPARTMENTS

CHAPTER 46 - LOCAL STANDARDS, SECTION .0100 - GENERAL SECTION .0200 – STANDARDS FOR LOCAL HEALTH DEPARTMENTS addresses the requirement for local health departments to implement a quality assurance program assessment in accordance with:

10A NCAC 46 .0203 QUALITY ASSURANCE

A local health department shall establish, implement, and maintain written policies to assure quality in all administrative, environmental, clinical, and educational services and activities mandated by the Commission which are contracted for or provided by the local health department. Policies shall include:

- (1) Provisions for a periodic program assessment to be conducted at least once per year which shall include:
 - (a) A review of appropriate clinical and non-clinical records.
 - (b) Development of a corrective action time-table for making necessary improvements.
 - (c) Representation in the quality assurance program of each discipline involved in service provision.
 - (d) A review of appropriate state or local reports and statistics.
 - (e) Documentation of review findings.
 - (f) Documentation of corrective action.
- (2) Provisions for staff development and training opportunities.

<http://reports.oah.state.nc.us/ncac/title%2010a%20%20health%20and%20human%20services/chapter%2046%20-%20local%20standards/chapter%2046%20rules.html>

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Article 2. Local Administration. Part 1. Local Health Departments. 130A-34.1. Accreditation of local health departments; board established.

In 2002, the North Carolina Division of Public Health and the North Carolina Association of Local Health Directors undertook an initiative to develop a mandatory, standards-based system for accrediting local public health departments throughout the state. This initiative is based on Article 2. Local Administration. Part 1. Local Health Departments 130A-34.1 Accreditation of local health departments; board established.

https://www.ncleg.net/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_130A/Article_2.pdf

The focus of North Carolina's Local Health Department Accreditation (NCLHDA) is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, assurance, and policy development and the ten essential services as detailed in the [*National Public Health Performance Standards Program*](#). The program focuses on a set of minimal standards that must be provided to ensure the protection of the health of the public but does not limit the services or activities an agency may provide to address specific local needs. NCLHDA does not create a wholly new accountability system; rather it links basic standards to current state statutes and administrative code, and the Division of Public Health and Division of Environmental Health contractual and program monitoring requirements that are already in place.

To support the “basic level of quality” required under NCLHDA, local health departments must evaluate the effectiveness, accessibility, and quality of personal and population-based health services in achieving desired outcomes. Benchmark 27 in the Health Department Self-Assessment Instrument Interpretation Document begins the quality and performance improvement processes for the agency. It is the benchmark that examines the ninth essential service (see 10 Essential Public Health Services below). It explores how the department can appraise its services by looking at how effective those services are, by seeing how easy it is for residents to access those services and by reviewing the overall quality of services. See Benchmark 27 in the Health Department Self-Assessment Instrument Interpretation Document for more information:

file:///H:/Documents/A/HDSAI-Retrospective-Interpretation-Version-6.4_5.8.20.Final_.pdf

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The 10 Essential Public Health Services

“The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake. For the past 25 years, the EPHS have served as a well-recognized framework for carrying out the mission of public health. The EPHS framework was [originally released in 1994](#) and more recently updated in 2020. The revised version is intended to bring the framework in line with current and future public health practice.”⁵

The revised EPHS framework was released on September 9, 2020, as a result of a collaborative effort by the [Public Health National Center for Innovations](#) (PHNCI) and the [de Beaumont Foundation](#), who convened a task force of public health experts, leaders, and practitioners and engaged the public health community in activities to inform the changes. The task force also included experts from federal agencies, including CDC, which were instrumental in establishing and supporting the original EPHS framework. Details about the process to update the EPHS can be found on the [PHNCI website](#), along with accompanying materials.”⁵

10 Essential Public Health Services:

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

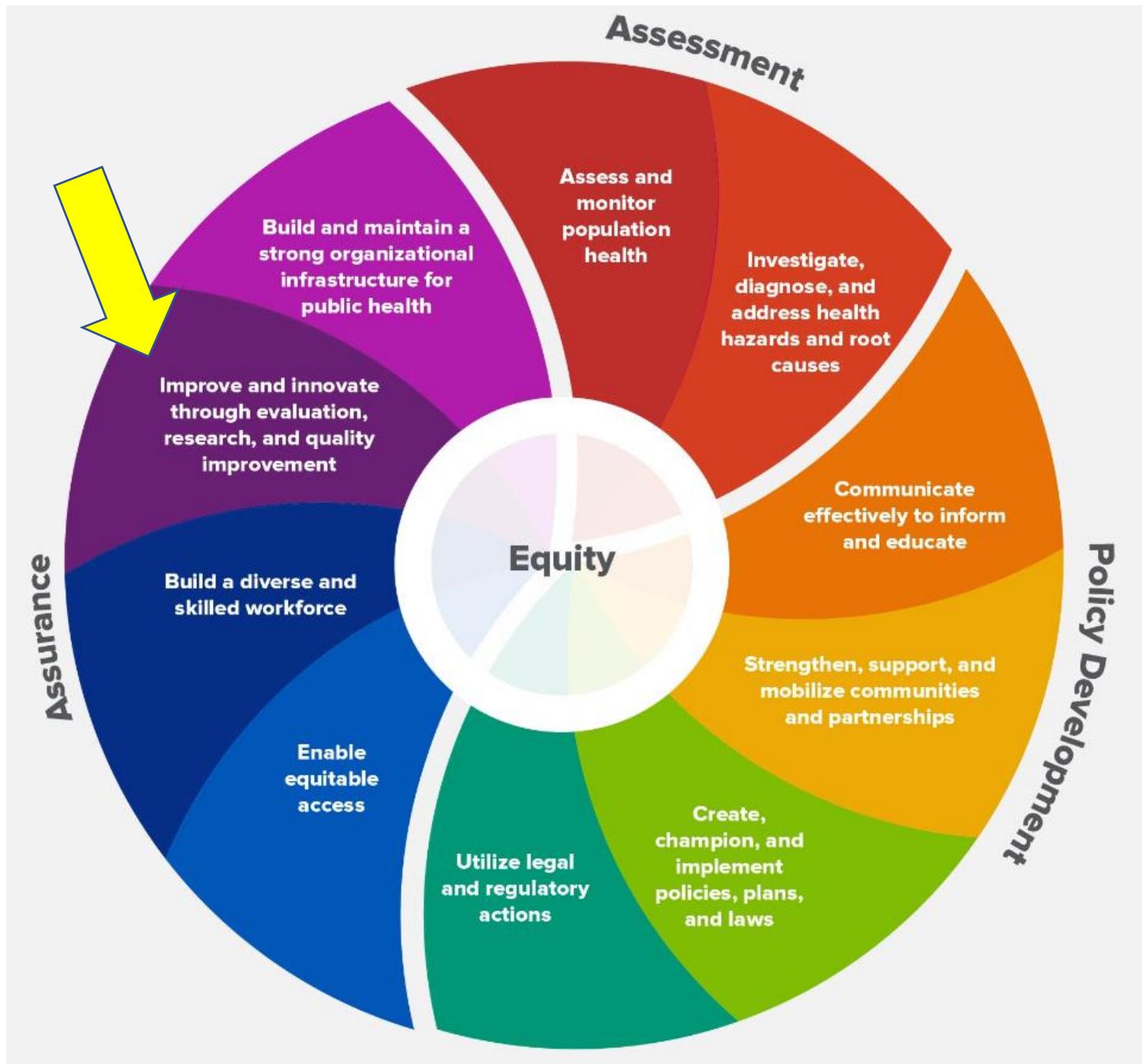
THE 10 ESSENTIAL PUBLIC HEALTH SERVICES, *To protect and promote the health of all people in all communities:*

<https://phnci.org/uploads/resource-files/EPHS-English.pdf>

The following EPHS graphic shows the 10 essential services in relation to Assessment, Assurance and Policy Development, all supporting this work in the context of Equity. There is an essential service specifically for quality improvement in Public Health: “EPHS #9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.”⁵ (Note the yellow arrow on the EPHS graphic indicating EPHS #9.)

(EPHS Graphic Shown on Page 6 Below)

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Quality Improvement and Quality Assurance Resources and Tools

1. Performance Management and Quality Improvement The Public Health Improvement Journey. Content source: [Center for State, Tribal, Local, and Territorial Support](#) Page last reviewed: August 21, 2018
<https://www.cdc.gov/publichealthgateway/performance/journey.html>
2. CDC TRAIN – Courses on Quality Improvement
<https://www.train.org/cdctrain/search?query=quality%20improvement>
3. Institute for Healthcare Improvement – provides resources and tools for improvement initiatives.
<http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx>
4. Roadmap to a Culture of Quality Improvement – A guide to leadership and success in local health departments. NACCHO 2019
<https://qiroadmap.org/culture-to-qc/foundational-elements-for-building-a-qc-culture/>
5. NC Community Health Improvement Collaborative (NC-CHIC) - The NC Community Health Improvement Collaborative (NC-CHIC) is a partnership of local and state public health leaders, hospital leaders, and community-based stakeholders created in 2007 to lead collaborative efforts to measurably improve the health of North Carolinians. <https://sph.unc.edu/nciph/nciph-home/nciph-ph-hosp-collab/>
6. QUALITY IMPROVEMENT U.S. Department of Health and Human Services, Health Resources and Services Administration April 2011 Cited on May 15, 2020 at:
<https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf>
7. *Module V Quality in Public Health Defining Quality*. National MCH Workforce Development Center Advancing Health Reform Implementation
https://www.mchnavigator.org/transformation/documents/QI/defining_quality_transcript.pdf

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Quality Improvement and Quality Assurance References

1. (n.d.). Retrieved June 1, 2020, from [https://www.merriam-webster.com/dictionary/quality assurance](https://www.merriam-webster.com/dictionary/quality%20assurance)
2. Riley, W. J., Moran, J. W., Corso, L. C., Beitsch, L. M., Bialek, R., & Cofsky, A. (2010). Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*, 16(1), 5–7.
3. Farel, A. Module V Quality in Public Health Defining Quality [PowerPoint slides]. Retrieved June 1, 2020 from https://www.mchnavigator.org/transformation/documents/QI/defining_quality_transcript.pdf
4. *Quality Improvement in Public Health: It Works!* (n.d.). Retrieved June 1, 2020 from https://www.apha.org/~media/files/pdf/factsheets/qi_in_ph_it_works.ashx
5. “CDC - Public Health System and the 10 Essential Public Health Services - OSTLTS.” *Centers for Disease Control and Prevention*, 2020, www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html.