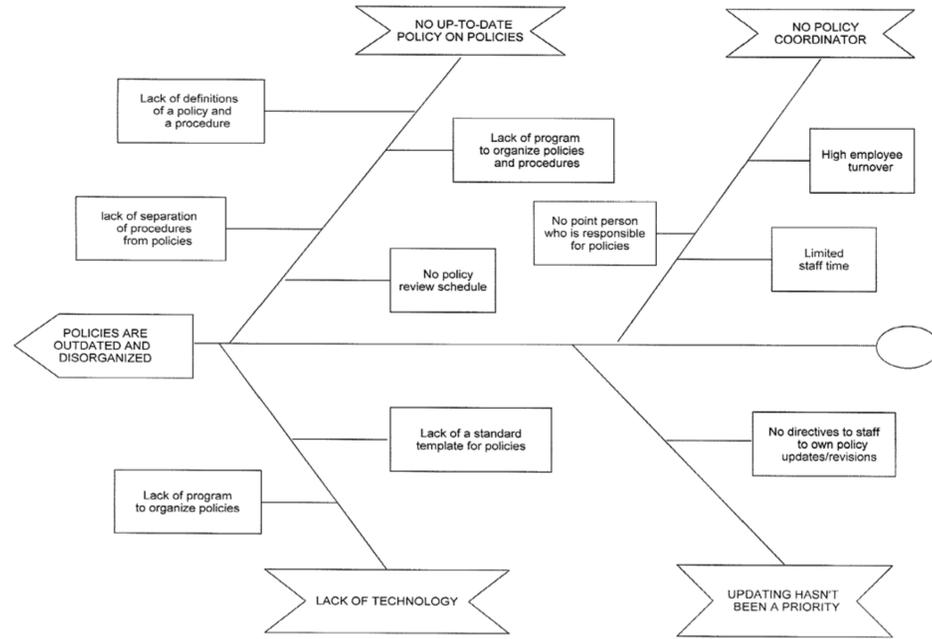


At the beginning of this project the policies and procedures (P & P) of the Lexington-Fayette County Health Department (LFCHD) were found in multiple locations, in multiple formats, and some hadn't been updated in nearly 20 years.

The Quality Improvement (QI) steering committee chose policy organization as one of the three QI projects for LFCHD for 2012. LFCHD received a \$5,000 grant from the Kentucky Department for Public Health (DPH) to assist in project completion with a deadline of September 30, 2012.

A QI policy project team (QI team) was developed consisting of 7 team members from various departments throughout LFCHD. The QI team's first action was to use an Ishikawa (fishbone) diagram to get to the root causes of our policy problem.



Once the root causes of the P&P problem were identified, an AIM statement was developed:

An opportunity exists to improve the Lexington-Fayette County Health Department (LFCHD) policy development, review and revision processes beginning with the collection and organization of all LFCHD policies into one centralized electronic file system and ending with a clearly defined policy development, review and revision process. The baseline measurement is defined as the following metric: All LFCHD policies will be collected from different locations and filed in one central location and a policy review schedule developed by 9/30/2012.



Quality Improvement Story Board

Policy management & organization

Team members: Drew Beckett, Carla Basanta, Virginia Glasper, Michelle Donaghy, Ralph McCracken, Jessica Cobb, Jeanette Alvarez

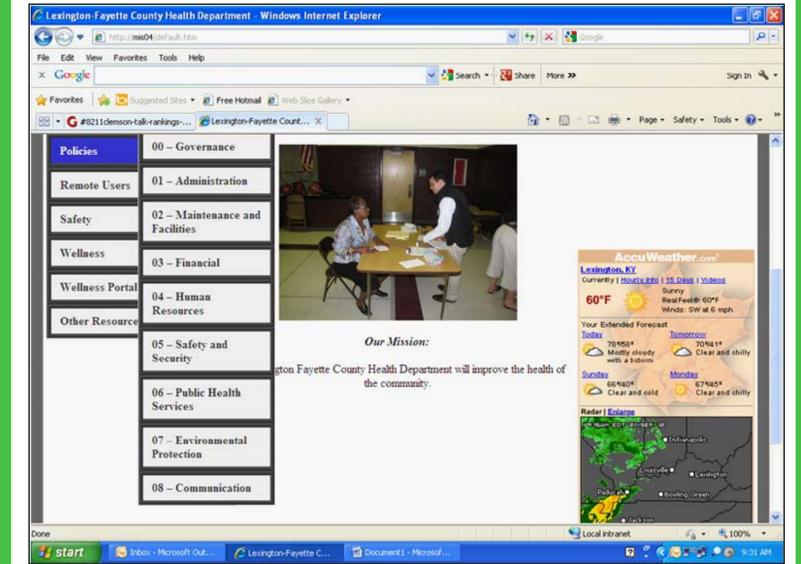
The QI team set out to identify all existing policies and found them in 4 different locations. The team could not determine which policies were active or those that had been rescinded so they started from scratch and created a list of all policies. A total of 242 policies were identified of which 118 were identified by the QI team to be rescinded for the following reasons: a program had been discontinued, they were replaced with a new policy, or were simply no longer applicable to LFCHD. All policies were scanned and uploaded onto the LFCHD shared drive (N: drive) so that the entire QI team had access to the same policies.

The QI team worked diligently to update the old Policy on Policies (00-00) to put in place new procedures for policy development, approval and organization. This policy also clearly outlined duties for a policy coordinator to oversee the policy management process.

The QI team determined the best way to organize and manage LFCHD policies was to place all of them into a Microsoft Access database. The entire QI team received full-day training on Microsoft Access and created a P&P database after the training. The P&P database is housed on the LFCHD N: drive so that all QI team members can make corrections to and approve the database.



A location has been developed by LFCHD staff so that all employees have access to all existing LFCHD P&P. The QI team decided that the best location for this P&P listing was the LFCHD employee intranet homepage.



The new Policy Management Policy was signed and approved by the LFCHD Board of Health Chairperson on September 12, 2012. This policy includes the requirement of an annual review of all policies, proper policy format, and the appointment of a Policy Coordinator to track this entire process.

The Microsoft Access database is fully operational and includes policy approval dates, dates of last review and/or revision, next required revision date, and an actual signed copy of all policies.

In the future, the QI team will develop job responsibilities for the Policy Coordinator and reconvene in September 2013 to ensure that an annual review and/or revision of all P&P has taken place.

