A Structure to Support Quality Improvement Implementation

The institutionalization of quality improvement requires a clear delineation of oversight roles and responsibilities and accountability for the implementation of QI activities. The specific organizational structure for implementing quality improvement activities can vary greatly from one facility to another, and will evolve over time as the program matures. Organizations in more centralized environments will structure quality improvement activities differently than those who operate in more decentralized environments. There is no "correct" or "best" structure; an effective structure for quality improvement may combine many forms, such as a quality department, quality improvement teams at facilities, or an oversight committee. Whatever form the quality improvement structure takes, institutionalization requires mechanisms to ensure oversight, coordination, delegation of roles and responsibilities, and accountability:

- **Oversight** – Any description of structure must address where the responsibility for oversight of quality improvement activities lies. This oversight includes both leadership support (developing strategic direction, setting priorities, follow-up, monitoring of progress) and technical oversight for quality improvement efforts.

- **Coordination** – The very nature of quality improvement implies that it will be implemented in a variety of settings, circumstances and levels of an organization. The structure must also define how the different components and levels of a quality improvement program fit together and how they will be coordinated and synchronized. For example: because activities run across specific service delivery and administrative programs, coordination with technical experts and with those implementing specific programs is critical for effective standards development, monitoring and improvement. Lastly there must be coordination between the core quality activities (defining, measuring and improving quality) and the strategic goals of the hospital.

- **Roles and Responsibilities** – The true structure for quality is manifested in how the roles and responsibilities for performing quality improvement activities are divided and/or delegated within the organization. Eventually, responsibilities for quality should appear in routine job descriptions for individuals, as well as in the scope of work for organizational units.

- **Accountability** – With a maturity of quality improvement programs, every individual becomes accountable for results and responsible for quality. However, in the early stages of development, it may be useful to clearly outline the specific duties, lines of reporting and accountability for results to ensure that quality improvement activities are duly implemented and that there is necessary time allocated for staff participation in quality improvement. During the initial state of development, it may be important to have some individuals solely devoted to quality improvement working within a designated “Quality Unit” that focuses on quality...
improvement training and capacity building. During this stage a visible organizational location for quality improvement with explicit leadership support may be useful to boost awareness of quality issues and improvement methods and grant recognition of their importance.

As quality improvement becomes more integrated into the job descriptions (roles and responsibilities) of staff throughout the organization, the type of oversight required shifts as does its location. Routine management structures such as management/shared governance committees may assume daily oversight of quality improvement activities and the role of the designated Quality Unit may become more focused on the development of standards. In other situations, early quality improvement activities may be coordinated through a more umbrella-like structure as the program is taking shape. Accountability holds both for results achieved and for the resources used to achieve those results.