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2017-2018 Quality Improvement Plan

Colorado Department of Public Health and Environment

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Questions or Comments: Contact the Office of Planning, Partnerships and Improvement at 303.692.2350

I. CULTURE OF QUALITY

The Colorado Department of Public Health and Environment’s (CDPHE) Quality Improvement (QI) Plan will guide the development, implementation, monitoring and evaluation of efforts to build a culture of continuous quality improvement throughout the department. A QI culture will ensure CDPHE staff are able to fix problems and bring greater value to customers (both internal and external) in order to achieve the CDPHE mission: To protect and improve the health of Colorado’s people and the quality of its environment.

QUALITY IMPROVEMENT DEFINED

Quality improvement in public health is the use of a deliberate and defined improvement process 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 (see [Appendix A. Key Terms](#)).

LEAN METHODOLOGY

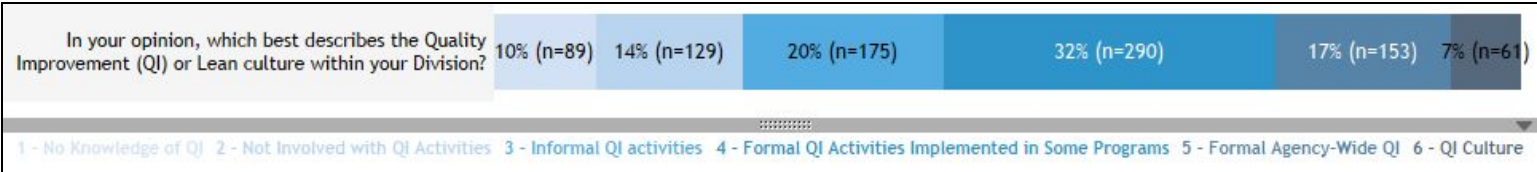
The State of Colorado and CDPHE have selected Lean as the primary QI methodology. Lean is a systematic approach to continuous improvement, applying principles and tools to identify and eliminate waste. It was developed in the private sector by Toyota Production System and has been adapted within CDPHE to best meet the needs of those working in state government. Lean management is based on two pillars:

- Respect for people
- Continuous Improvement

More information on Lean and the tools and techniques used at CDPHE can be found in the [SOLVE Guide](#) (published by the Colorado State Lean Program in 2016) or on the website: <https://www.colorado.gov/pacific/performance/management/lean-program>.

CULTURE OF QUALITY AT CDPHE

In January 2017, a CDPHE Employee Engagement Survey was distributed to all staff that mirrored the State of Colorado’s Employee Engagement Survey (conducted every other year by an outside vendor). Included in the survey was a question to assess the QI culture at CDPHE, using the 6 phases in the *Roadmap to a Culture of Quality Improvement (from the National Association of City and County Health Officials)*. This is the first time all CDPHE staff have been asked this question as the initial ‘QI culture’ assessment was done in 2015 with only the QI Council members (who rated CDPHE as being in Phase 3, Informal QI activities). The overall response for 2016 shows the majority of those surveyed say CDPHE’s **current culture of quality** was most in line with **Phase 4** (Formal QI Activities Implemented in specific areas). See the snapshot below and [Appendix D](#) for additional details on the results:



Phase 4 (Formal QI Activities Implemented in Some Programs) is described as having the following characteristics:

- Employees in certain areas of the agency have knowledge, skills and abilities to complete formal QI projects.
- Basic and advanced level QI training/resources are available based on employee needs, i.e., QI training goals in workforce development and QI plans are being met. Opportunities for application exist in many parts of the agency.
- Employee engagement in QI initiatives is incentivized and successes are celebrated.
- Performance data are used by supervisors and employees to evaluate individual performance and implement improvements.
- Employees understand the value of QI but may still view it as an added responsibility.

The initial QI work plan, created by the QI Council in 2015 was based on the best practices listed in the Roadmap in order to meet the short term goals:

- We know who our customers are and we ask them how we are doing.
- There is an increase in employee knowledge of QI concepts.
- Staff are more involved in QI/problem solving
- Leaders (at all levels) talk about QI.
- QI projects are more aligned with the department’s strategic plan.
- Improvements are tracked and sustained.

The work of the QI Council and annual work plan is intended to move us towards a QI culture (Phase 6) with the following human and process characteristics as described in the *Roadmap to a Culture of Quality Improvement*:

QI Culture Characteristics (Phase 6)	
“Human” Characteristics	“Process Characteristics
<ul style="list-style-type: none"> ■ People are highly valued in the organization. ■ Ongoing QI trainings and resources are provided. ■ QI knowledge and skills are strong across majority of staff. ■ Problems are viewed as “gold” by all staff. ■ “Top-down” and “bottom-up” approach to QI is prevalent. ■ All staff are completely committed to the use of QI to continuously improve daily work. ■ Solidarity among staff is strong, and staff turnover tends to be low. ■ The organization is viewed as a QI expert in the field. 	<ul style="list-style-type: none"> ■ A fully integrated performance-management system is in place. ■ Progress is routinely reported to internal and external customers. ■ QI competencies and action plans are incorporated in job descriptions and performance appraisals. ■ QI is integrated into all agency planning efforts, and all efforts align with strategic goals. ■ Data analysis and QI tools are used in everyday work. ■ Customer is the primary focus. ■ Innovation and creativity is the norm. ■ Agency operations are outcome-driven. ■ Return on investment is demonstrated. ■ Emerging issues are viewed as opportunities to use QI, rather than reason to avoid QI. ■ Agency shares successes and contributes to the evidence base of public health.

II. ORGANIZATIONAL STRUCTURE, ROLES, AND RESPONSIBILITIES

QUALITY IMPROVEMENT STRUCTURE

Engaging in continuous quality improvement is expected at all levels across the department. Key roles and responsibilities for QI include:

- The **Executive Leadership Team (ELT)** will demonstrate active and visible support for continuous QI and will approve the annual QI Plan. At least one ELT member will be on the Quality Improvement Council.
- The **Quality Improvement (QI) Council** will provide support to department leadership in building a culture of continuous QI throughout the organization. The QI Council will provide input to the annual QI Plan, provide leadership and direction for QI efforts at CDPHE, and implement the activities in the annual work plan. The Council will also provide support and guidance for building QI capacity, for communicating about QI activities, promoting resources and recognizing QI efforts and successes (see [Appendix B. CDPHE Quality Improvement Council Charter](#)).
- The **Office of Planning, Partnerships and Improvement (OPPI)** staff provide support for QI across CDPHE. The Director of OPPI is responsible to help set the strategic direction of QI across the department as well as provide consultation, facilitation, coaching and training regarding QI as needed. OPPI's Performance Improvement Specialist and Administrative Assistant are also budgeted to provide support for QI efforts including, but not limited to: meeting support, QI project tracking, communication and website updates, QI project assistance, and assessment and evaluation of QI activities.
- **Division/Office Directors** are expected to have a basic understanding of QI (definition, purpose, basic concepts), to lead by example, and to foster a culture of quality within their respective divisions/offices. This may include: assessing and addressing QI training needs, referring potential cross-divisional QI opportunities to the QI Council, encouraging managers/supervisors to integrate QI into their daily work, supporting a division/office quality council/team, and recognizing those who contribute to QI efforts. Division/Office Directors are responsible for using the performance management system to help manage the work of their division/office.
- **Managers/supervisors** are expected to have a basic understanding of QI (definition, purpose, basic concepts). They will lead by example and foster a culture of continuous QI within their sections, units and program areas. This includes addressing QI training needs; referring any potential cross-section/unit/program QI opportunities to Division/Office Directors; encouraging staff to use QI tools and integrate QI into their daily work; and recognizing those who contribute to efficiencies and cost savings. Section/Unit/Branch/Program managers and supervisors should use performance measures to make data driven decisions. They are expected to identify and put forward opportunities for improvement and empower staff to do the same.
- **All employees** should be empowered and encouraged to continually look for ways to **improve their work**, share those ideas with their colleagues and supervisors, and to contribute and adapt to change. Employees will participate in QI initiatives, as needed.

PERFORMANCE MANAGEMENT SYSTEM

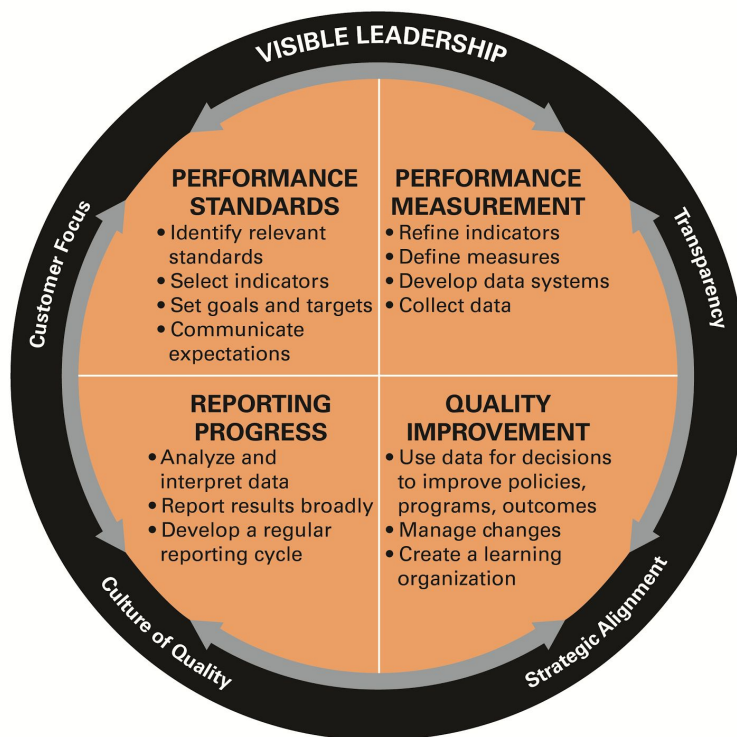
A fully functioning performance management system that is completely integrated into a department's daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused QI processes (refer to Appendix A. [Key Terms](#)). The Public Health Performance Management Framework shows these parts of the performance management system, as well as the foundational elements listed around the circle that are needed to support this work.

In 2011, Governor Hickenlooper and his administration adopted and promoted Lean as the process improvement methodology of choice. In addition, the State Measurement for Accountable, Responsive, and Transparent Government (SMART) Act was passed in 2012 (and revised in 2013) to formalize a performance management system in Colorado by providing broad parameters for the key elements of performance management:

planning, management, data collection and reporting, and evaluation. The Performance Management Team at CDPHE was established to implement the SMART Act and in the past year has made great progress across the division to advance performance management. The following are highlights of progress made in the last year:

- Alignment of all health and environmental metrics (outcome and lead metrics) in the Governor's Dashboard (to the department's strategic plan and Shaping a State of Health - Colorado's State Public Health Improvement Plan).
- Using Tableau, a data visualization software, to create a dashboard (pulling for multiple data sources) for the state Public Health Improvement Plan, the CDPHE Strategic Plan, and for each division and office.
- Centralized location for measures to be tracked using a department-wide google sheet (with tabs for each division).
- Started monthly Performance Reporting Forums in September 2016 which provide updates to department leadership on progress on the strategic plan and division/office performance updates. A recent survey provided feedback that almost all participants of the Forums (presenters, leaders or audience members) found the meetings to be very valuable and liked that they were able to hear succinct updates about programs across the department.
- Held at least one meeting with each division/office regarding performance management to provide technical assistance with measure development or dashboard creation and to promote using performance management as a way to use the data to start conversations within their division.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



III. QI TRAINING

As the culture of quality begins to grow at CDPHE, staff are becoming increasingly aware and interested in how to approach and think about their work differently. CDPHE saw an increase in demand for QI training during the 2016-17 year, with 90 QI Project Leaders being trained between January 2016 - June 2017.

The focus for 2017-18 training is to provide the following:

1. **QI Project Leaders** - staff interested in facilitating QI projects will receive a **2-day training** on Lean/QI and will then receive individual coaching as they facilitate a QI project in their work area. This training is also being created in an online format with the help of the Rocky Mountain Public Health Training Center and will be rolled out in fall 2017.
2. **All CDPHE Employees** - will have the opportunity to participate in a monthly **90-minute** Introduction to QI/Lean at CDPHE training. Staff also have access to free online basic Lean/QI training that focuses on the core concepts and a basic set of tools (BMGI training resources) on the QI Intranet page.
3. **Supervisors/Managers** - work will be done with the Office of Human Resources to find the best way to provide training and support to supervisors and managers (likely through the supervisor training program). The focus of the training will be on change management and leading and engaging teams in making changes and improvements in their work.

Training needs will be evaluated and updated to continue to meet the needs of the department and additional resources will be sought after to help augment the current program. For the upcoming year, the department will focus on adding more training and support for change management ('the people side of change') and procured a Prosci organizational license in 2017 that will help with these efforts.

IV. GOALS AND PROJECTS

GOALS AND OBJECTIVES

In order to assess and monitor progress in advancing the culture of quality at CDPHE, the QI Council updates the QI Plan annually. Within the QI Plan are the goals, strategies and activities of the annual work plan (see [Appendix C. CDPHE QI Council 2017-18 Work Plan](#)).

QUALITY IMPROVEMENT PROJECTS

The QI Council will encourage and provide support for the identification and implementation of QI initiatives (cross-department and within Divisions/Offices). Priority will be placed on projects that align with the agency's strategic priorities, existing goals, and/or identified gaps based on performance data. Currently, there is not a formal process in place for prioritizing, selecting and initiating cross-divisional QI projects and this will be a focus area for 2017-18. Throughout the next year, the CDPHE QI Council will determine the role of the Council related to QI projects. It is anticipated that this will lead to work on developing a standardized procedure for prioritizing and guiding the initiation of these projects.

IMPLEMENTATION OF QI PROJECTS

Project teams are expected to:

- Utilize the SOLVE Guide (or something similar) and document the projects using the standard project documentation (or another format if needed). Standard templates and tools are available on the QI/Lean Intranet page.

- Track the QI projects on the centralized Lean database available on the QI/Lean Intranet page.

V. IMPLEMENTATION AND MONITORING

PERFORMANCE MONITORING AND REPORTING

- The QI Council will review and update the QI Plan annually, as well as monitor progress on the work plan at the quarterly meetings. In addition, progress on the QI Plan will be provided to leadership and communicated broadly across CDPHE as needed. Specific updates will be provided to Executive Leadership Team, Leadership Team, Senior Management Team, and all divisions/offices (upon request).

VI. COMMUNICATION

COMMUNICATION PLAN

Clear and consistent communication is critical to building a culture of continuous quality improvement throughout CDPHE. The Communication Plan serves to outline the strategies and activities the Quality Council will engage in to regularly communicate QI within CDPHE. A final communication plan will be created and implemented in 2017-18 with a focus on:

- Developing key messages around QI and performance management
- Utilize the current communication mechanisms already in place at CDPHE: email, Today's Broadcast, Wolk's Words, the CDPHE Intranet page, the lobby bulletin board and signs around campus.
- Promote and acknowledge QI projects to increase visibility of project team and the QI efforts happening at CDPHE
- Promote the QI Council members and their work and involvement with QI
- Tracking and documenting QI projects and improvements efforts across CDPHE
- Encouraging submission to the national database of QI projects on the Public Health QI Exchange (www.phqix.org).
- Encourage QI Council members to report QI updates at division/office/program meetings.
- Provide regular (at least quarterly) updates to the Executive Leadership Team, Leadership Team, and Senior Management Team.
- Promote QI tools, resources, and trainings through the CDPHE intranet and internet (as needed)
- Encourage staff to submit projects for the Tom Clements Better Government Award (from the Governor's office)

VII. EVALUATION OF THE QI PLAN AND ACTIVITIES

The QI Council has evaluated our efforts in several ways in the past year and will continue to enhance those efforts as needed to evaluate the QI activities and culture at CDPHE. Results of the evaluations done so far are found in [Appendix D. 2016-17 QI Annual Report](#). Currently, the following evaluations have taken place and will continue into the future:

- QI culture:
 - Assessment of the QI culture at CDPHE (all-staff survey)
 - Employee engagement survey information (annual survey): Effectiveness Index, Efficiency Index, Elegance (customer satisfaction) Index, and Lean and Innovation questions
- QI Projects:
 - Total number of QI projects across CDPHE (cross-divisional and within divisions)

- o Percent of Divisions/Offices with QI projects in progress
- QI Council:
 - o Assessing the completion of the annual QI Council Work Plan
 - o Meeting evaluations

VIII. SUSTAINABILITY

As with all large change initiatives, the strategies used each year will be adapted based on the successes and failures of the previous year, the feedback received from customers, and the evaluation and assessment results. The *Roadmap to a Culture of QI* will continue to be used as the primary guide to ensure progress is being made in our efforts to establish and maintain a QI culture at CDPHE. As the infrastructure is put in place, more staff are trained, and communication channels are improved, it is likely we will see exponential growth in the amount of QI projects that the department takes on as the ability to utilize QI/Lean for improvement is further developed. Building in an evaluation component, closely tracking progress on the work plan, and making improvements based on feedback will ensure that the program continues to evolve and improve over time to ensure customer needs are met and value is added to CDPHE customers and employees. In addition, alignment of the major plans (Strategic Plan, Community Health Assessment, Public Health Improvement Plan and Workforce Development Plan) will continue to be a focus as these plans are updated and improved.

IX. APPENDICES

[Appendix A. Key Terms](#)

[Appendix B. CDPHE Quality Improvement Council Charter](#)

[Appendix C. CDPHE QI Council 2017-18 Work Plan](#)

[Appendix D. 2016-17 QI Annual Report](#)

APPENDIX A. KEY TERMS

Accreditation: Accreditation for public health departments is defined as: 1. The development and acceptance of a set of national public health department accreditation standards; 2. The development and acceptance of a standardized process to measure health department performance against those standards; 3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and 4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011)

Alignment: Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Baldrige National Quality Program, 2005).

Continuous Quality Improvement (CQI): Continuous Quality Improvement (CQI) is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. The primary goals are to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. (Centers for Disease Control and Prevention, National Public Health Performance Standards Program and Public Health Foundation. (2007). *Acronyms, Glossary, and Reference Terms*).

Customer Satisfaction: Customer or client satisfaction is the degree of satisfaction provided by a person or group receiving a service, as defined by that person or group. (www.businessdictionary.com/definition/customer-satisfaction.html).

Data: Data are factual information (as measurements or statistics) used as a basis for reasoning, discussion, or calculation. Information in numerical form that can be digitally transmitted or processed. (<http://www.merriam-webster.com/dictionary/data>)

Goals: Goals are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.)

Lean (as defined by State of Colorado): Lean is a systematic approach to continuous improvement that aims to make processes more efficient, effective, and elegant by eliminating waste. The Lean methodology can be summarized into five key principles but is supported by numerous tools and techniques. The State of Colorado Lean model will help provide a framework for all Lean tools and methods.

Mission statement: A mission statement is a written declaration of an organization's core purpose and focus that normally remains unchanged over time. Properly crafted mission statements (1) serve as filters to separate what is important from what is not, (2) clearly state which markets will be served and how, and (3) communicate a sense of intended direction to the entire organization. (BusinessDirectory.Com. "Mission Statement" [online]. No date [cited 2012 Nov 8]. <http://www.businessdictionary.com/definition/mission-statement.html>)

Objectives: Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. (Turnock, B.J. (2009). *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett.)

Performance Management: Performance Management uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

Performance Management System: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives

on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)

Program Evaluation: Program evaluation is defined as the systematic application of social (or scientific) research procedures for assessing the conceptualization, design, implementation, and utility of social (community) intervention programs. (Rossi PH, Freeman HE, Lipsey MW. (1999). *Evaluation: A Systematic Approach* (6th ed.). Sage: Thousand Oaks, CA.)

Public Health Infrastructure: Public health infrastructure denotes the systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources. (Turnock, B.J. *Public Health: What It Is and How It Works*. 4th ed. Sudbury, MA: Jones and Bartlett; 2009)

Quality Assurance: Quality Assurance consists of planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled. (American Society for Quality).

Quality Improvement (QI): 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. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health*. *Journal of Public Health Management and Practice*. January/February 2010)

Quality Improvement Plan: The Quality Improvement Plan is a basic guidance document indicating how the department will manage, deploy, and review quality throughout the organization. The main focus is on how we deliver our products and services to our customers and how we ensure that we are aligned to their needs. The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently. Over time, the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned document. Initially, however, the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization. (Kane T, Moran JW, and Armbruster S. (2010). *Developing a Health Department Quality Improvement Plan*. Public Health Foundation. Online: http://www.phf.org/resourcestools/documents/developing_a_quality_improvement_plan.pdf).

Strategic Plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne LE, Duncan WJ, and Ginter PM. (2008). *Strategic Management of Health Care Organizations*. Jossey-Bass: New Jersey).

Training: Training for the public health workforce includes the provision of information through a variety of formal, regular, planned means for the purpose of supporting the public health workforce in maintaining the skills, competencies, and knowledge needed to successfully perform their duties. (Institute of Medicine. (2003). *Who Will Keep the Public Healthy?* National Academies Press: Washington, DC).

Values: Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008)

Vision: Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders (Bezold, C. *On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies*. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995)

APPENDIX B. CDPHE QUALITY IMPROVEMENT COUNCIL CHARTER



Quality Improvement Council Charter

Rev. 08.2017

1. PURPOSE OF THE QI COUNCIL

The Quality Improvement (QI) Council is chartered to support staff and leadership at the Colorado Department of Public Health and Environment (CDPHE) in building a culture of continuous quality improvement throughout the organization. The Council provides leadership and direction to work on priorities for department-wide quality improvement (QI) efforts at CDPHE. The Council will also provide leadership support and guidance for: building capacity for QI on all levels; communicating and sharing QI improvement activities and resources; and recognizing QI efforts and successes.

2. GOALS

- CDPHE has a sustainable quality improvement (QI) culture that promotes continuous QI efforts at all levels of the organization.
- Improve staff capacity and skills to improve and promote efficient, effective and elegant programs focused on the customer.
- QI efforts are sustained, recognized, and celebrated throughout the department.
- Public Health Accreditation standards related to QI are met and sustained.

3. GUIDING PRINCIPLES

The Council will operate using the following principles:

- It will ground its work on fostering a culture of continuous QI and promoting the use of QI methods and tools (such as Lean).
- Its decisions will be data-driven and evidence-based, but it will also use and respect people's knowledge and experience.
- It will make the customer perspective central to its decision-making and strive to consistently meet or exceed customer expectations.
- Its processes will be transparent, collaborative and inclusive.
- It will foster engagement and accountability with all persons involved in QI efforts.
- It will focus on learning and improvement rather than judgment and blame, and value prevention over correction.

4. QI COUNCIL STRUCTURE

Appointment: Staff volunteer or are appointed by Division/Office Leadership to serve as a QI Council member.

Membership: The QI Council will include 1-2 representatives from each of the agency divisions and offices and will consist of staff from a combination of directors/managers/supervisors and non-managerial staff. QI Council members will serve for a minimum of a two-year period. No more than half of QI Council members will rotate off the Council in a given year.

Meetings: There will be one meeting held each quarter. QI Council members will be asked to attend these meetings or send a representative.

Selection Criteria for QI Council members:

Members will:

- have an interest in and aptitude for QI.
- commit to help develop and promote quality improvement throughout the department.
- have a flexible and collaborative nature and be willing to be part of a developing concept.
- be available to regularly attend meetings and to complete required work when necessary.
- often have training as a Lean Champion, Lean Deployment Manager or Lean Project Leader (although this is not a requirement for membership).

Staffing: The Office of Planning, Partnerships and Improvement (OPPI) will staff the QI Council and provide both administrative and technical support. Administrative support includes but is not limited to: drafting agendas and minutes, securing meeting rooms, distributing materials and delivering communication, as needed. Technical support includes: drafting an annual work plan and providing consultation, training and facilitation to the QI Council, as needed.

Decision making: Whenever possible, group consensus will be sought when making decisions. If group consensus is not achieved, the group will vote on the decision with members attending the meeting (in person or via phone). The majority vote will decide the outcome of the decision.

Time Commitment: The estimated time commitment for QI Council members will vary, but is anticipated to be two to four hours per month, including meeting time and meeting preparation.

5. ROLES, RESPONSIBILITIES AND SCOPE

Department Leadership (Directors, Supervisors, Managers)
<ul style="list-style-type: none"> • Support and promote QI efforts across the department, divisions, offices and programs • Recognize and encourage staff to lead and participate in QI projects
QI Council Chair
<ul style="list-style-type: none"> • Facilitates meetings and coordinates QI Council operations • Provides new member orientation • Reports on QI activities to the Executive Leadership Team, Leadership Team and Senior Management Team (and other committees/teams as requested) • Coordinates with the QI Council the development of the QI Plan and annual QI Plan Report
QI Council Members
<ul style="list-style-type: none"> • Develop and implement CDPHE’s QI Plan; monitor and report on plan performance; analyze performance gaps and make recommendations for closing gaps • Evaluates and meets training needs within QI Council capabilities; identifies and seeks resources needed to provide additional training • Actively learns about and promotes QI • Serves as a resource and coach for QI projects • Develops operational procedures to support QI efforts (i.e. training materials, tools, etc) • Recognizes, communicates and promotes QI efforts and successes to all staff

6. REPORTING

The QI Council Chair will provide updates on activities to the Executive Leadership Team, Leadership Team, and Senior Management Team as necessary and appropriate.

In addition, each year, the Council will submit to the Executive Leadership Team a report summarizing:

- Progress and accomplishments of the past year (Annual QI Plan Report)
- An updated annual QI Plan.

7. COMMUNICATION PLAN

The QI Council will undertake communications activities each year that will include updating a QI Council Intranet page to house all materials related to the QI Council: the QI Plan, QI Council agendas and meeting summaries and other materials and resources pertaining to the Council. In addition, the QI Council will work with the QI Council Chair and Office of Communications to draft and create a communication plan to highlight QI work and accomplishments in the department.

Charter Action	Date	By	Notes
Draft Approved	5.26.15	Heather Weir	Original Charter
Final draft	7.13.15	Heather Weir	Updated charter with 'decision making' section based on feedback at the first QI Council meeting. Sent to QI Council.
Updated	8.16.17	Heather Weir	Updated meeting frequency and deleted QI Project Leaders from the charter (as they are no longer attending the meetings)

APPENDIX C. CDPHE QI COUNCIL 2017-18 WORK PLAN

Goal - Staff are supported and empowered to make improvements in their work.			
Strategy	Provide staff with training and resources to successfully utilize QI/Lean in their work area.		
	Activities	Who (program/person)	By when
	Continue the quarterly QI Project Leader classes and monthly Introduction to QI/Lean training	Office of Planning, Partnerships and Improvement/Heather Weir	9/30/2018
	Develop and promote the online 'Leading Improvement Projects' training (in collaboration with the Rocky Mountain Public Health Training Center).	Office of Planning, Partnerships and Improvement/Heather Weir	9/30/2018
	Develop a plan for CDPHE to incorporate change management training, support and tools into projects, processes, training programs, leadership, and structure.	Office of Planning, Partnerships and Improvement/Leslie Akin	9/30/2018
Goal - Staff across CDPHE participate in QI projects			
Strategy	QI projects are executed, tracked and communicated across CDPHE		
	Activities	Who (program/person)	By when
	Follow up with Divisions/Offices to make sure they are using the Lean project database.	Office of Planning, Partnerships and Improvement/Heather Weir & Leslie Akin	9/30/2018
	Implement the QI projects identified in the CDPHE 2017-18 Strategic Plan (from Goal 2: Increase CDPHE's efficiency, effectiveness, and elegance, Strategy 8: Implement QI projects): <ul style="list-style-type: none"> Implement the 'Business Process Improvement' project (internal project focus) 	Operations/Chuck Bayard Office of Legal and Regulatory Compliance/Ann Hause	9/30/2018
	<ul style="list-style-type: none"> Implement the 'Business Process Improvement' project (external project focus) 	Operations/Chuck Bayard Office of Legal and Regulatory Compliance/Ann Hause	

	<ul style="list-style-type: none"> Pilot funding 'innovation mini-grants' that would financially support improvement/innovation projects across the department. 	Office of Planning, Partnerships and Improvement/Leslie Akin	
	<ul style="list-style-type: none"> Optimize and automate administrative workflows (such as the Personnel Action Form). 	Office of Legal and Regulatory Compliance/Ann Hause	
	Implement the communication plan to recognize QI/Lean projects.	Office of Planning, Partnerships and Improvement/Heather Weir & Leslie Akin	9/30/2018
Goal - Dashboards and performance measures are used in all Divisions/Offices			
Strategy	Ensure alignment of all measures/metrics across CDPHE		
	Activities	Who (program/person)	By when
	Continue to sponsor and support the monthly Performance Reporting Forums.	Office of Planning, Partnerships and Improvement/Cambria Brown & Heather Weir	9/30/2018
	Work with the Performance Management Team to create a standard set of measures (ex. Health equity, QI/Lean, customer satisfaction) to use on all Division/Office dashboards.	Office of Planning, Partnerships and Improvement/Cambria Brown & Heather Weir	9/30/2018

APPENDIX D. CDPHE 2016-17 QI ANNUAL REPORT



CDPHE 2016-17 Quality Improvement Annual Report

I. Overview

This report summarizes the quality improvement activities and accomplishments at the Colorado Department of Public Health and Environment between January 2016 - June 2017. In 2016, CDPHE received full accreditation through the Public Health Accreditation Board and continued to form and establish quality improvement infrastructure (strategic planning, performance management, QI project tracking, workforce development).

This report highlights the major accomplishments, QI projects, the evaluation and assessment results, and progress on the previous work plan.

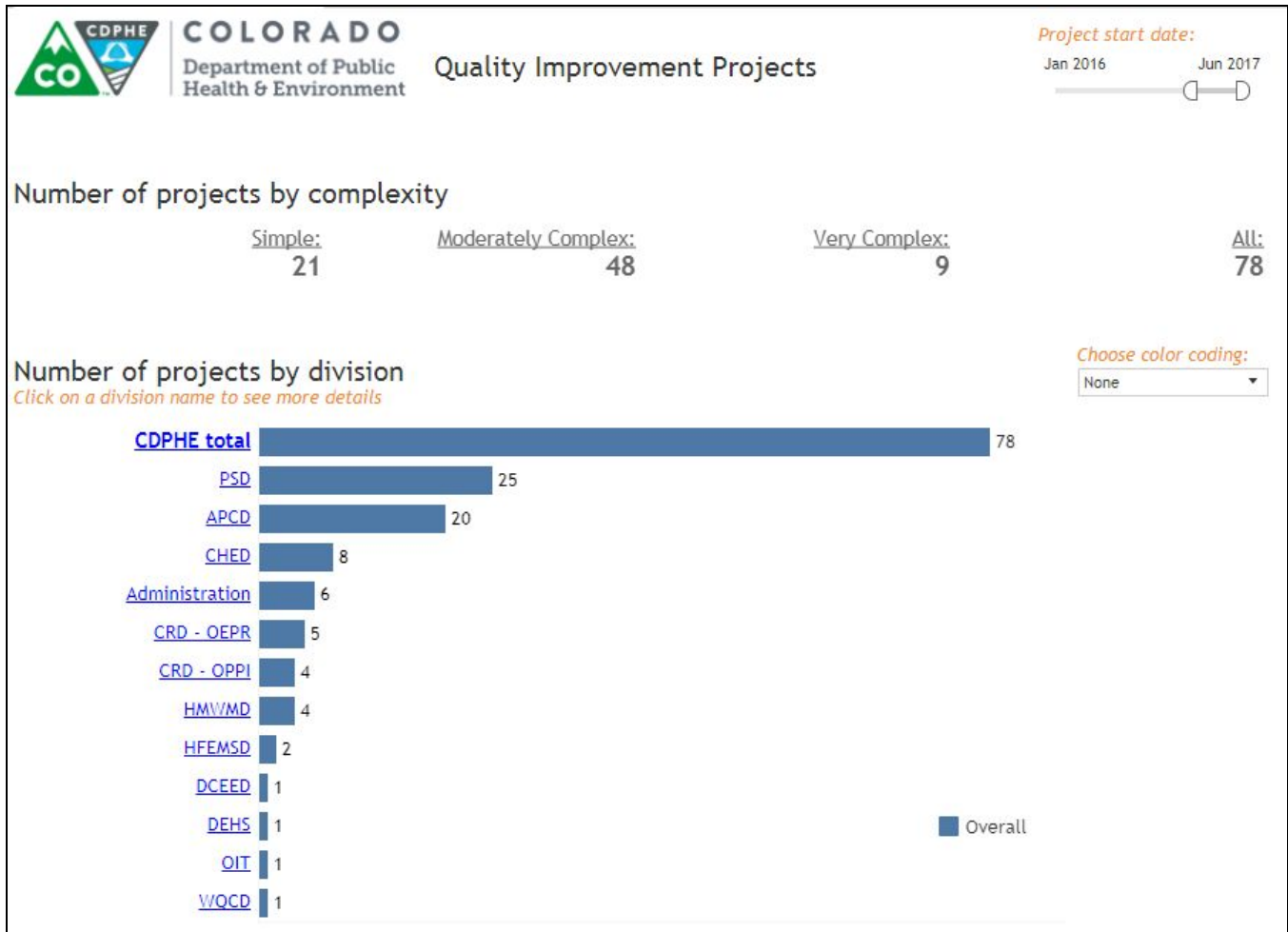
II. Milestones and Accomplishments

January 2016 - July 2017 Milestones and Accomplishments	
January - March 2016 (Q1)	<ul style="list-style-type: none"> Received National Accreditation through the Public Health Accreditation Board on March 8, 2016 Received ASTHO technical assistance to create/implement an Accreditation Sustainability Plan for CDPHE Received 10 hours of technical assistance from Susan Ramsey (Washington State) to learn Performance Management System concepts and operationalization Participated in 6-week QI ECHO Learning Series with Rocky Mountain Public Health Training Center and LPHA's
April - June 2016 (Q2)	<ul style="list-style-type: none"> Feb-April 2016: Conducted stakeholder feedback surveys & discussions that were used in the April Strategic Planning workshop 2016-2019 CDPHE Strategic Plan created to include Strategy 9: Implement quality improvement projects Hired QI Communications intern Hanna Mortimer to conduct QI evaluation Held first QI Project Leader training at CDPHE on April 28-29, 2016 (facilitated by Heather Weir) - 15 staff trained Created 5S Toolkit for use by Divisions
July - September 2016 (Q3)	<ul style="list-style-type: none"> QI Project Leader training at CDPHE on August 11-12, 2016 (facilitated by Heather Weir) - 15 staff trained

	<ul style="list-style-type: none"> ● Implemented centralized QI project tracking using Colorado’s Lean database ● Implementation of Tableau for Performance Management System ● Presentations at Public Health in the Rockies (Breckenridge, Sept 13-16, 2016): <ul style="list-style-type: none"> ○ Building and Sustaining a Culture of Quality ○ Accreditation Panel: Lessons learned from 6 Colorado agencies ○ Accreditation & Health Equity ○ A Performance Management System at Work - Turning Data into Information, and Information into Improvement ● Performance Measure refresh meetings with Divisions ● Implemented/incorporated the State of Colorado’s SOLVE guide for QI Project Leader training
<p>October - December 2016 (Q4)</p>	<ul style="list-style-type: none"> ● QI Project Leader training at CDPHE on Oct 13 & 20, 2016 (facilitated by Heather Weir) - 15 staff trained ● Trained 15 Prevention Services Division staff - QI Project Leader Training - Nov 17-18, 2016 ● Development of Employee Engagement survey for use in QI Plan ● Presentation on 11.15.2016 for Tuesday Talks at CDPHE: Building and Sustaining a Culture of Quality ● Finalized CDPHE Accreditation Sustainability Plan
<p>January - June 2017 (Q1 & Q2)</p>	<ul style="list-style-type: none"> ● QI Project Leader training at CDPHE on Feb 16-17 (facilitated by Heather Weir) - [12] staff trained ● QI Project Leader training at CDPHE on May 11 & 18 (facilitated by Heather Weir) - [13] staff trained ● QI Council analyzed the 2017 Employee Engagement survey feedback related to Lean, Innovation, and the 3 Es (Effectiveness, Efficient, Elegance) and created division specific plans ● Procured a Prosci (change management) Organizational License for the department

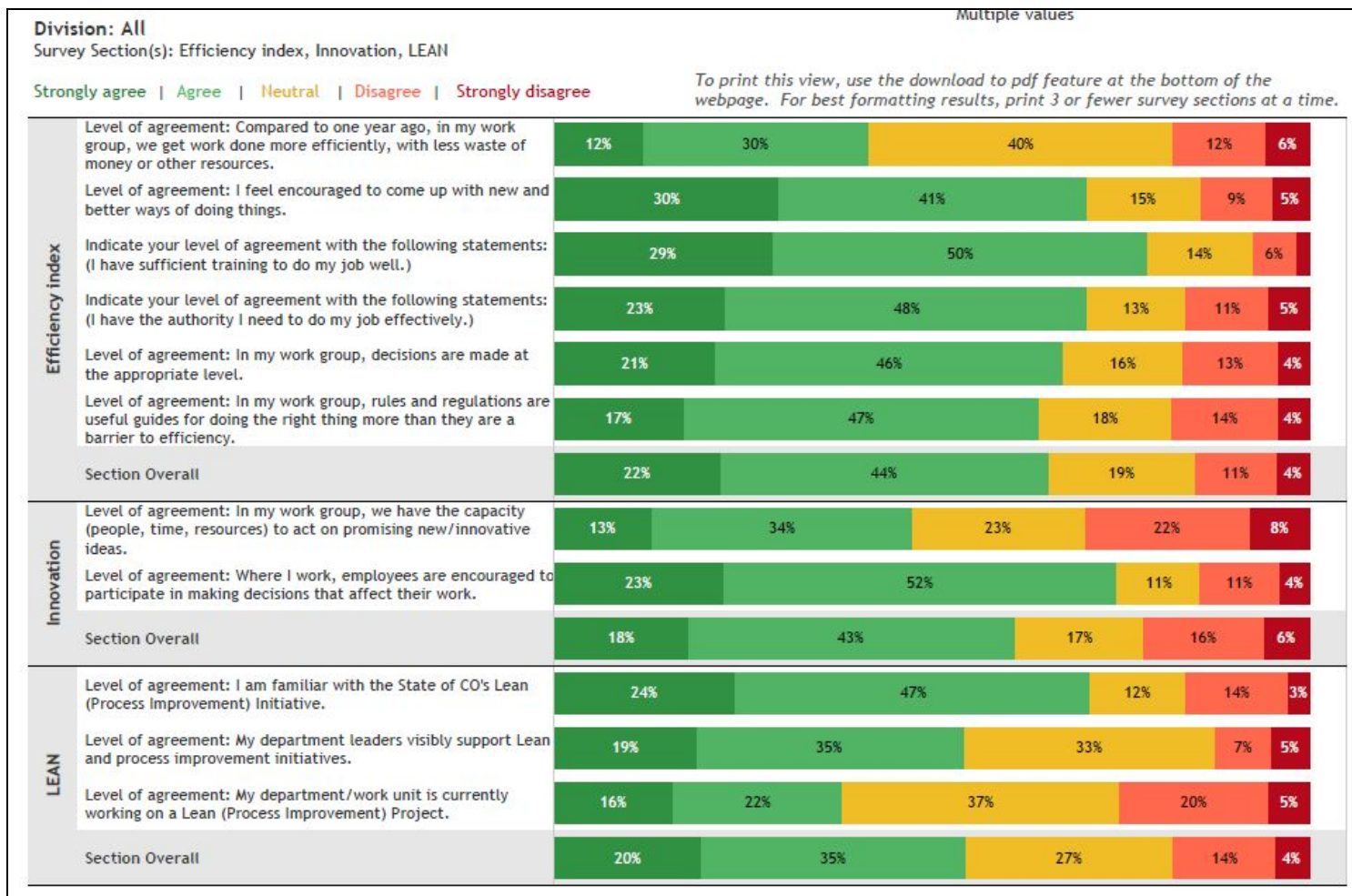
III. QI Project Summary for January 2016 - June 2017

- 80% of Divisions participated in quality improvement efforts
- 78 Total Projects

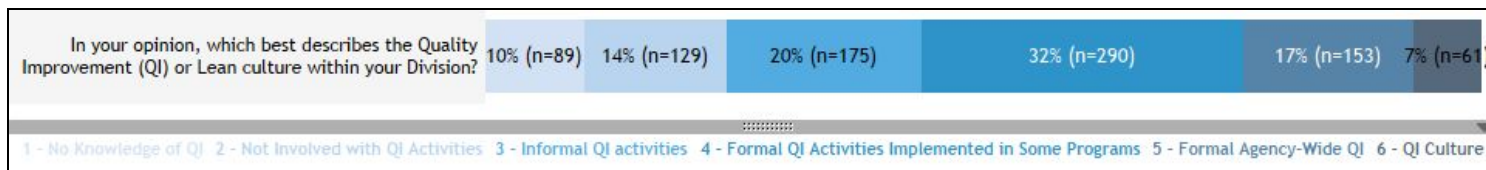


IV. Quality Improvement Assessment Results

In January 2017, a CDPHE Employee Engagement Survey was distributed to all staff and was developed to mirror the State of Colorado’s Employee Engagement Survey (conducted every other year). There was a 66% response rate and the questions were broken up into Dimensions (sections) around the 3 E’s (Efficiency, Effectiveness, Elegance), Engagement, Career Growth/Recognition and Lean/Innovation. Below is the Efficiency Index, Innovation and Lean section summaries for CDPHE as a whole:



Included in the survey was a question to assess the QI culture at CDPHE, using NACCHO's Roadmap to a Culture of Quality Improvement. The overall response for 2016 was as follows:

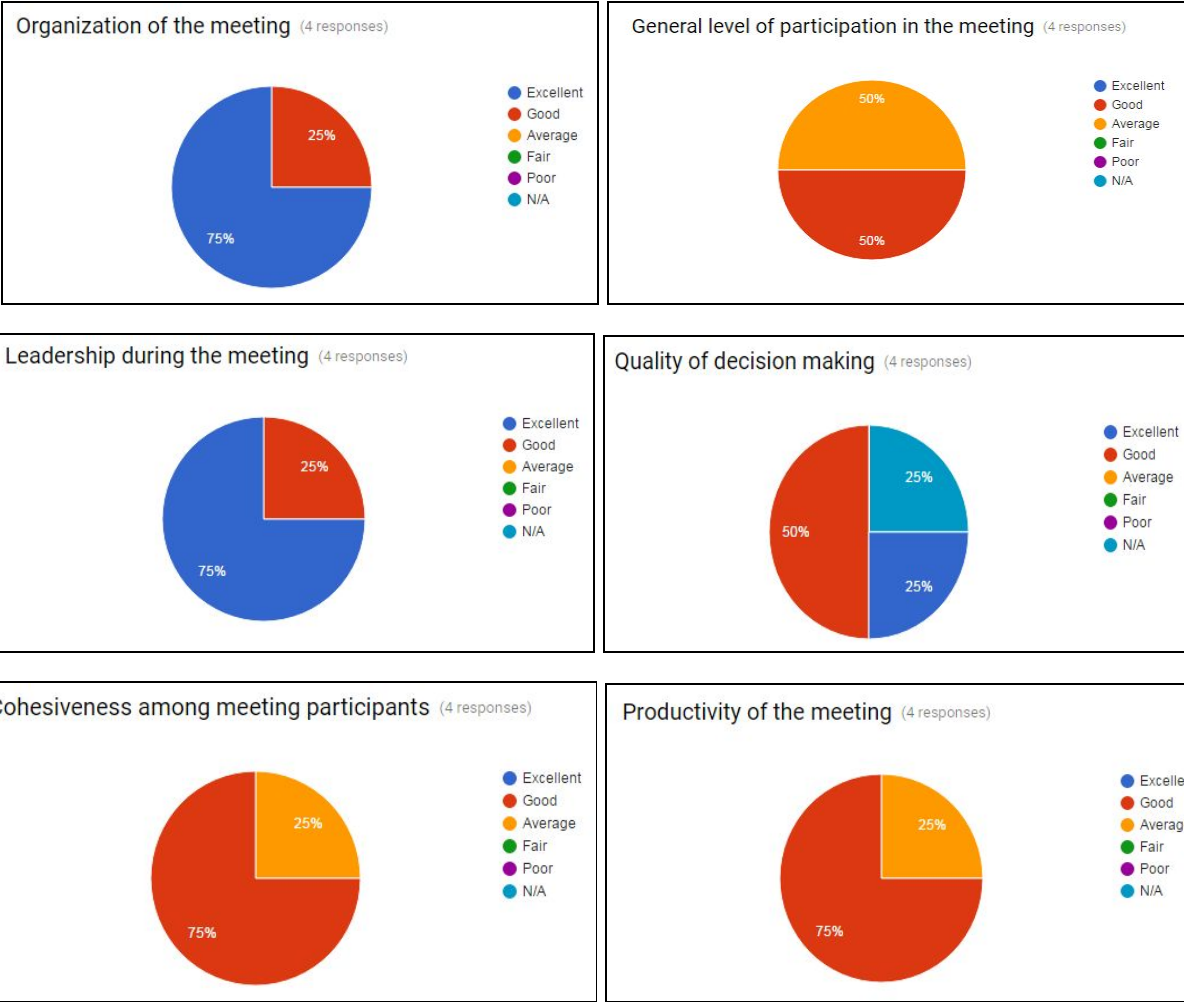


- 6 - QI Culture: QI is fully embedded into the way the department does business, across all levels, divisions and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally.
- 5 - Formal Agency-Wide QI: QI is integrated into the department strategic and operational plans. The Quality Improvement Council oversees the implementation of a QI plan to ensure QI throughout the department.
- 4 - Formal QI Activities Implemented in Some Programs: QI is being implemented in specific program areas, but QI is not yet incorporated into an organization-wide culture.
- 3 - Informal QI Activities: QI efforts are practiced occasionally throughout the department, often without consistent use of a formal QI process.

2 - Not Involved with QI Activities: Leadership understands and discusses QI with staff but does not enforce the implementation of or dedicate sufficient staff time and resources for QI.
1 - No Knowledge of QI: Staff and leadership are unaware of QI and its importance.

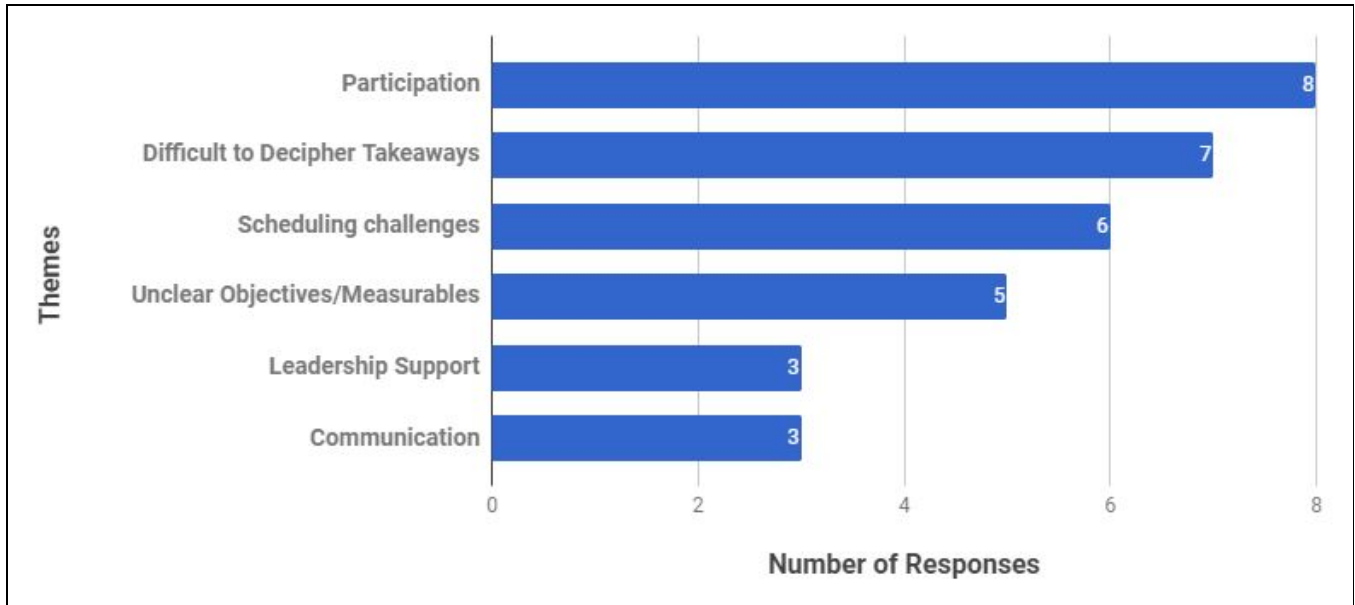
V. QI Council Meeting Evaluation

In December 2015, a meeting effectiveness survey was distributed after a QI Council meeting. The results are as follows:

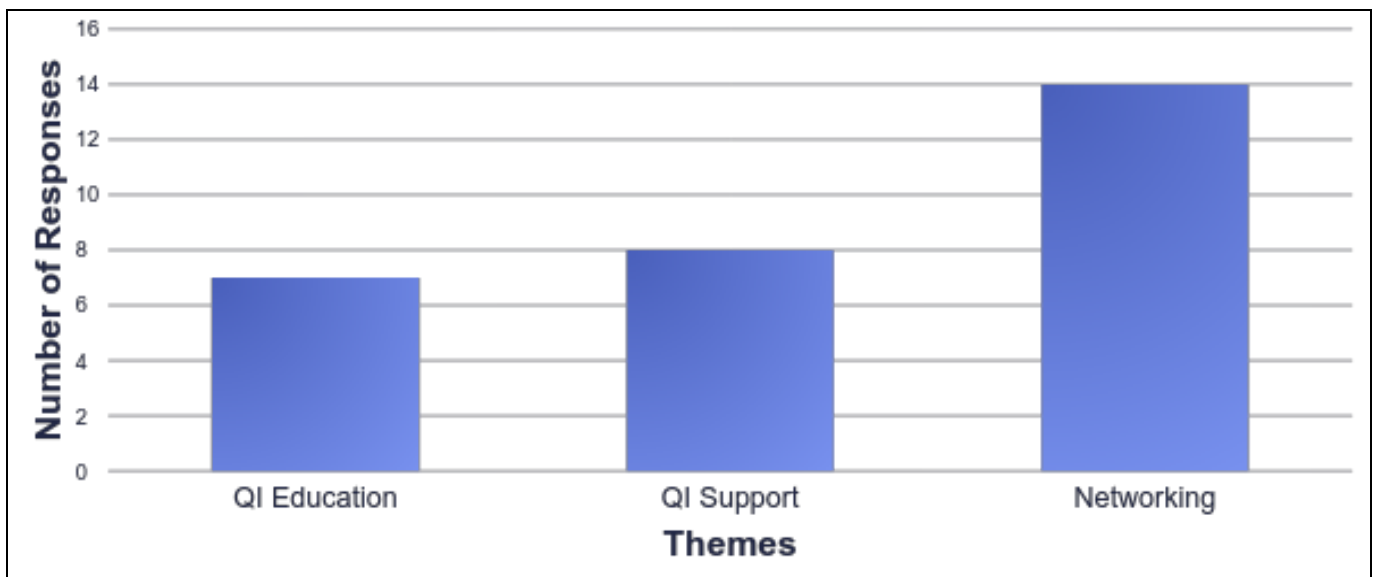


In August 2016, members of the QI Council participated in a survey on the effectiveness of the QI Council meetings.

Barriers of the QI Council were as follows (32 responses total):



Benefits of the QI Council are as follows (29 responses total):



VI. Progress on 2016 QI Work Plan

Goal - Staff are supported and empowered regarding quality improvement				
Strategy	Provide staff with training and resources to successfully utilize QI/Lean in their work area.			
Activities	Who (program/person)	By when	Status	
Create the QI Plan for CDPHE	OPPI/Heather Weir	9/30/2015	Complete	
Develop and implement a QI/Lean staff training plan.	OPPI/Leslie Akin	12/30/2015	Complete	
Develop a centralized listing of QI resources on intranet.	OPPI/Heather Weir & Leslie Akin	9/30/2015	Complete	
Goal - Staff across CDPHE participate in QI projects				
Strategy	QI projects are executed, tracked and communicated across CDPHE			
Activities	Who (program/person)	By when	Status	
Create centralized place to track QI projects	OPPI/Leslie & Heather	10/31/2015	Complete	
Implement the QI projects identified in the annual Department Implementation Plan	OPPI/Heather Weir	6/30/2015	Complete	
Develop and implement a communication plan to recognize QI/Lean projects	OPPI/Heather Weir	6/30/2015	Complete	
Identify a process to address simple QI projects ('just do its')	OPPI/Heather Weir	7/1/2015	Not completed	
Goal - Dashboards and performance measures are used in all Divisions/Offices				
Strategy	Ensure alignment of all measures/metrics across CDPHE			
Activities	Who (program/person)	By when	Status	
Align CDPHE Dashboard with the Governor's Dashboard measures	Performance Management Team/Heather Weir	8/31/2015	Complete	
Create a reporting structure for Division/Office staff to review dashboard with CDPHE leadership	Performance Management Team/Heather Weir	12/31/2015	Complete	
Goal - All Divisions/Offices provide outstanding customer service				
Strategy	Implement the Customer Satisfaction Policy across CDPHE			
Activities	Who (program/person)	By when	Status	
Develop and implement CDPHE's Customer Service Policy, including the development of an intranet site with guidance and support documentation.	Customer Service Workgroup/Joan Sims	6/30/2016	Complete	

	Create an online customer satisfaction training and implement with all CDPHE employees.	Customer Service Workgroup/Vicky Lane	6/30/2016	Not completed
	Update the phone tree and topical resource directory.	Customer Service Workgroup/Maria Zepeda-Sanchez	6/30/2016	Complete

VII. Conclusion

In conclusion, CDPHE has made great strides in the last few years in order to help advance the culture of QI within the department and has paved a path forward for the next year. We anticipate seeing more improvements in the upcoming year and will be focusing more on division-specific plans that will help with culture change deep within the organization. The dedicated leadership and staff within each division are working hard to ensure that CDPHE is able to improve our processes and innovate our work in order to continue to move towards the department’s vision that Colorado will be the healthiest state with the highest quality environment.