



Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, Denver, CO, 80246
303.692.2000 <https://www.colorado.gov/cdphe>

2015-2016 Quality Improvement Plan

Colorado Department of Public Health and Environment

Completed October 2015

CDPHE Executive Leadership Team approval date: 10/29/2015

CONTENTS

I. Culture of quality

Quality Improvement Defined

Culture of Quality at CDPHE

Quality Improvement Structure

Performance Management System

III. QI Training

IV. Goals and Projects

Goals and Objectives

Quality Improvement Projects

Implementation of QI Projects

V. Implementation and Monitoring

Performance Monitoring and Reporting

VI. Communication

Communication Plan

VII. Evaluation of the QI Plan and Activities

VIII. Sustainability

IX. Appendices

Appendix A. Key Terms

Appendix B. State of Colorado Lean Model

Appendix C. CDPHE Quality Improvement Council Charter

Appendix D. QI Project Scoping Document

Appendix E. CDPHE QI Council 2015-16 Work Plan

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 QI methodology of choice. Lean is a systematic approach to continuous improvement, applying principles and tools identify and eliminate waste. Lean is driven by the idea of removing waste as a result of two important beliefs that align with the goal to be effective, efficient, and elegant state government:

- Waste is disrespectful of humanity because it wastes scarce resources, and
- Waste is disrespectful of individuals because it asks them to do work with no value.

See Appendix B for a summary of the State of Colorado Lean Model.

CULTURE OF QUALITY AT CDPHE

In the spring of 2015, the QI Council assessed the culture of quality at CDPHE using the *Roadmap to a Culture of Quality Improvement* produced by the National Association of County and City Health Officials (NACCHO). They concluded that CDPHE's **current culture of quality** was most in line with phase 3 (Informal or Ad Hoc QI activities) as described by the following characteristics:

- Discrete QI efforts are practiced in isolated instances.
- Data is used but not consistently across divisions. Data is not used routinely for decision-making.
- Staff views QI as extra work.
- There is general lack of knowledge across the board about QI.

Despite these observations, attendees recognized many positive attributes related to QI at CDPHE. There has been energy in the past around QI activities/projects, as well as an investment in training and capacity building. There has been a high number of successful projects conducted in the past with documented results.

The QI Council created the 2015-2016 work plan (see Appendix E. [CDPHE QI Council 2015-16 Work Plan](#)) based on the best practices listed in the Roadmap in order to meet short term goals that include:

- 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*:

“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 leadership 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 write 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 C. CDPHE Quality Improvement Council Charter](#)).
- Staff within the Office of Planning, Partnerships and Improvement (OPPI) are budgeted to 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.

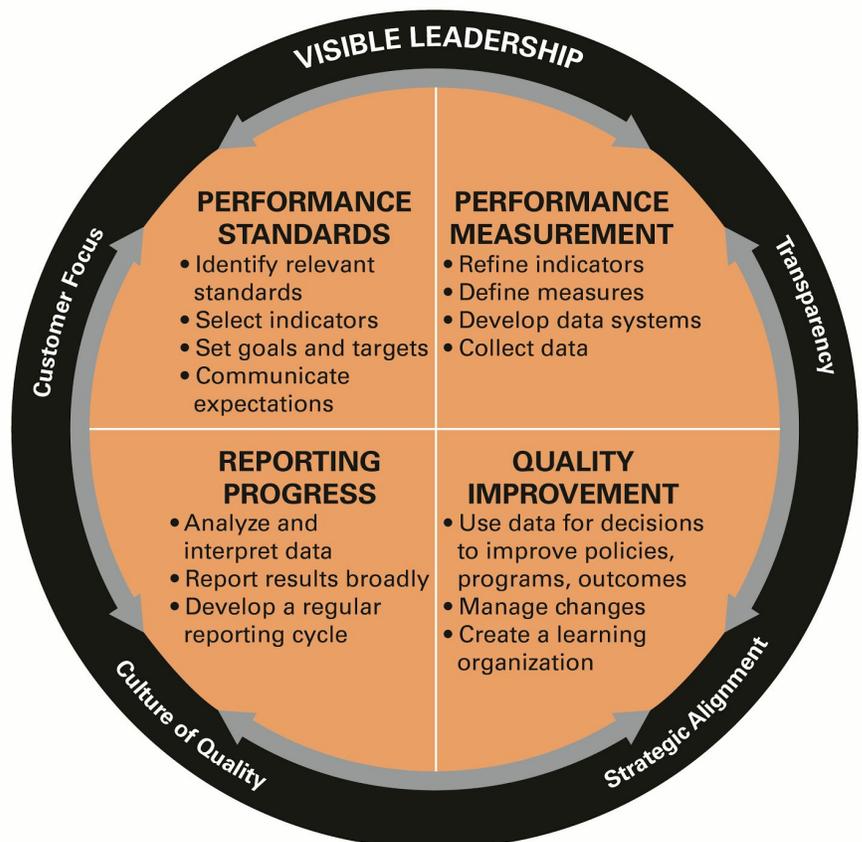
- **Managers/supervisors** are expected to have a basic understanding of QI (definition, purpose, basic concepts). They will lead by example and foster a culture of continuous QI within their sections, units and program areas. This includes addressing QI training needs; referring any potential cross-section/unit/program 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 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 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

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



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 recently all of the Divisions/Offices updated the dashboard measures and started using a shared Google sheet to house the measures.

In addition, the Performance Management Team is working to establish a performance management software that can replace the current Excel based system used to track the annual plan and dashboards. Currently about 225 measures are tracked on the CDPHE Dashboard from all of the divisions and offices. Of those measures, about 45 are reported to the Governor's Dashboard (which is a new dashboard created in 2015).

CDPHE will realize the following benefits of a performance management system as it matures:

- Organizational alignment and the ability to identify, examine and address issues with department-wide implications
- Increased ability to use data to communicate
- Targeted improvement efforts resulting in increased effectiveness and efficiency
- Increased customer satisfaction
- Ultimately, improved health outcomes for all Coloradans

III. QI TRAINING

Past QI/Lean training at CDPHE includes Lean Green Belt and Lean Deployment Manager classes. In addition, online QI/Lean training resources are available through the Office of State Planning and Budgeting as well as past training platforms (ex. BMGI training resources).

The focus for 2015-16 training is to provide the following to these two audiences:

1. QI project leaders - project leaders (with previous training) will receive a 'refresher' class on Lean/QI and will then receive individual coaching as they facilitate a QI project in their work area. In addition, a monthly QI project support meeting will be held that will provide feedback, support and training to those actively engaged in facilitating projects.
2. All CDPHE Employees - will receive the opportunity to participate in an online basic Lean/QI training that will focus on core concepts and a basic set of tools.

Training needs will be evaluated and updated and adapted as needed to continue to meet the needs of the department.

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 E. [CDPHE QI Council 2015-16 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. 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:

- Develop a Project Scoping document that outlines how the team will operate and what it will accomplish (refer to Appendix D. [QI Project Scoping Document](#))
- Use the appropriate problem solving tool (ex. A3 Problem Solving Tool, 5S, etc.)
- Document key steps of the process and results
- Report out on QI projects to the QI Council (and other audiences as needed)

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 monthly. In addition, a report on the QI Plan will be prepared annually and communicated broadly across CDPHE, with specific reports to the Executive Leadership Team, Leadership Team, and Senior Management Team.
- The process to monitor and report on cross-divisional projects will be determined by the QI Council this year. The QI Council will also determine the best way to evaluate the QI efforts at CDPHE.

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 2015-16 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)

VII. EVALUATION OF THE QI PLAN AND ACTIVITIES

The QI Council will work with our evaluation experts on the Council to develop an effective way to evaluate the QI activities and culture at CDPHE. The evaluation will likely entail some of the following elements, although the final evaluation plan will be created during 2015-16.

- Assessing the achievement of QI Plan goals and objectives
- Assessing the completion of the annual QI Council Work Plan
- Percent of Divisions/Offices with QI projects in progress
- Total number of QI projects across CDPHE (cross-divisional and within divisions)
- Assessment of the QI culture at CDPHE

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. QI Project Scoping Document](#)

[Appendix D. CDPHE Quality Council Work Plan](#)

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. STATE OF COLORADO LEAN MODEL

Introduction to Lean

Overview

Lean is a systematic approach to continuous improvement, applying principles and tools to identify and eliminate waste. While Lean was popularized in Japan, Taiichi Ohno, the father of the Toyota Production System, claimed he learned all he needed to know from three distinctly American concepts: the Indy 500, Ford’s River Rouge Plant, and supermarket distribution. Toyota consolidated years of thinking into a systematic approach that is relevant not just to factories, but to business processes as well. The president of Toyota’s support for the program was driven by the idea of removing waste as a result of two important beliefs that align to our goal of effective, efficient, and elegant state government:

- Waste is disrespectful of humanity because it wastes scarce resources; and
- Waste is disrespectful of individuals because it asks them to do work with no value.

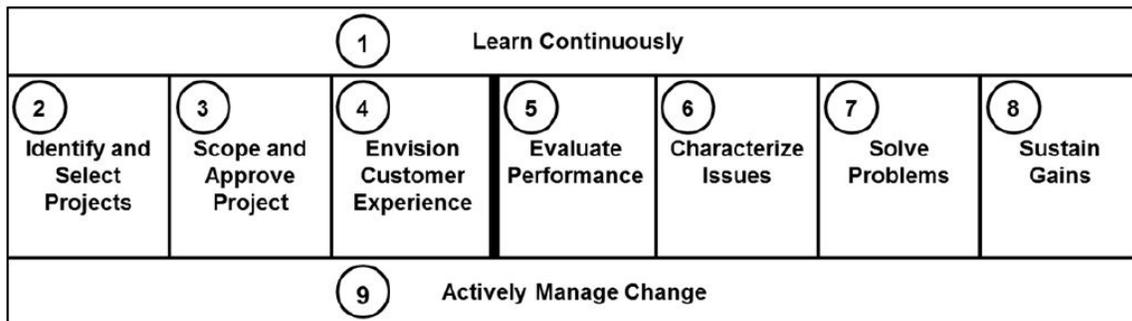
While the list of Lean tools is long, there are just five guiding principles:

1. **Define value** – *value can only be defined by the customer;*
2. **Map value streams** – *documenting information and material flow that provide the product or service citizens require;*
3. **Create continuous flow** – *internally having everything ready as needed for a symphony of service or production;*
4. **Implement pull** – *provide a product or service only when it is needed and no earlier; and*
5. **Strive for perfection** – *relentlessly chase perfection through error proofing and continuous evaluation and improvement.*

Throughout your training you will be introduced to a number of principles, methodologies, and tools. To help organize all the different components of Lean and to assist you in taking the right action at the right time, the State of Colorado has developed its own Lean Model. As you are introduced to each topic, you will also learn how to apply the information within context of this framework.

Before we dive into individual topics, please take time to review the model in greater detail.

State of Colorado Lean Model



Key Information

- ✓ 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.

Additional Resources

Book: [Extreme Government Makeover](#) by Ken Miller
 Book: [Lean Thinking: Banish Waste and Create Wealth in Your Corporation](#) by James P. Womack, Daniel T. Jones
 Article: <http://www.lean.org/WhatsLean/Principles.cfm>

Introduction to Lean (cont'd)

State of Colorado Lean Model

This model will help you understand how Lean components relate and work together to form a continuous improvement cycle.

1 - Learn Continuously

Lean is comprised of a multitude of principles, methodologies, and tools. While you will be armed with the basic tools you need to get started, you will need to continue to refine and deepen your knowledge. Lean cultures are based on continuous improvement and your development is no exception. Leaders in a Lean organization will be expected to continue their learning through self-guided materials or additional course work.

Operationalize Lean

Sponsors, champions, and Lean project leaders work together to operationalize Lean. Operationalizing Lean is not confined to project completion; it also includes daily management and on-going process evaluation. Sponsors and champions will assist project leaders as they execute projects by guiding the project approach, offering insight, and asking probing questions.

This process is broken into (7) main phases to help compartmentalize the tools and methodologies, but some tools may span across phases. As you continually advance your Lean knowledge and experience, you will begin to see the ways you might leverage a practice in more than one area.

2 - Identify and Select Projects	3 - Scope and Approve Projects	4 - Envision Customer Experience	5 - Evaluate Performance	6 - Characterize Issues	7 - Solve Problems	8 - Sustain Gains
<ul style="list-style-type: none"> Identify potential value streams and service areas that could benefit from a Lean approach Prioritize these opportunities based on criteria 	<ul style="list-style-type: none"> Complete project scoping, clarifying opportunity, targeted outcomes and project boundaries Gain leadership approval for scope, resources, and schedule 	<ul style="list-style-type: none"> Specify value in the customer's eyes Articulate the intended customer experience to guide Lean teams' efforts 	<ul style="list-style-type: none"> Clarify customer and strategic needs Establish performance baseline Narrow focus to key areas that impact process performance 	<ul style="list-style-type: none"> Identify and quantify defects and errors impacting performance Isolate root causes and prioritize problems 	<ul style="list-style-type: none"> Solve problems as a group Implement new methods for executing processes Enhance efficiency through workplace organization and cooperation 	<ul style="list-style-type: none"> Change the process and workplace to retain gains Establish monitoring of improved processes Engage all levels in process ownership and improvement
<p><u>Topics</u></p> <ul style="list-style-type: none"> Project Selection 	<p><u>Topics</u></p> <ul style="list-style-type: none"> Project Scoping SIPOC 	<p><u>Topics</u></p> <ul style="list-style-type: none"> Gaining Customer Perspective and Feedback Envision Customer Experience 	<p><u>Topics</u></p> <ul style="list-style-type: none"> Value Stream Map Lean Process Metrics Value Add v. Non-Value Add 8 Wastes 5 Government Process Pitfalls 	<p><u>Topics</u></p> <ul style="list-style-type: none"> Process Flow Diagram Check Sheet Histogram / Pareto Cause & Effect / Fishbone 5 Whys Spaghetti Chart 	<p><u>Topics</u></p> <ul style="list-style-type: none"> 5S Kaizen A3 Workload Balancing Product Family Matrix Cellular Flow Kanban 	<p><u>Topics</u></p> <ul style="list-style-type: none"> Visual Management Techniques Mistake Proofing Lean Daily Management (QDIP) Sustainment Checklist

9 - Actively Manage Change

Lean is founded on the idea of continuous improvement, so your organization and team will be improving processes frequently. This change will be beneficial, but it can be difficult as it requires adjusting to a new way of doing things. You will need to understand your stakeholders, develop and execute a communication plan, conduct training, and prepare to manage feedback and resistance.

More resources are available online at:

<https://sites.google.com/a/state.co.us/colorado-performance-management/performance-planning-and-lean>

APPENDIX C. CDPHE QUALITY IMPROVEMENT COUNCIL CHARTER



Quality Improvement Council Charter

Rev. 07.2015

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 two, one-hour meetings held each month. QI Council members will be asked to attend both meetings. The first meeting of the month (QI Council Members only) will focus on planning and reviewing progress on the annual QI work plan. The second meeting of the month (QI Council Members and all QI Project Leaders) will involve QI project report outs and QI training.

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
QI Project Leader
<ul style="list-style-type: none"> ● Facilitate QI project teams and projects ● Attend QI project report out meetings (held monthly) as needed ● Update the QI Project Tracking List

6. REPORTING

The QI Council Chair will provide updates on activities monthly 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.

APPENDIX D. QI PROJECT SCOPING DOCUMENT



Quality Improvement Project Scoping Document

PROJECT/INITIATIVE NAME:		
OPPORTUNITY STATEMENT: (Why is this important to the organization)		
TARGETED OUTCOMES:		
SCOPE LIMITATIONS: (Where are the boundaries?)	IN SCOPE	OUT OF SCOPE
EVENT ATTENDEES AND STAKEHOLDERS:	NAMES AND ROLES	
EXECUTIVE SPONSOR:		
PROCESS OWNER:		
LEAN FACILITATOR:		
CORE TEAM MEMBERS:		
EXTENDED TEAM MEMBERS:		
CUSTOMER GROUPS:		
PROJECT METRIC(S): (Typical metrics include impact on quality, time, and cost)		
INITIATIVE WORK PLAN STEPS:	TIMELINE AND ACTIVITIES	
SCOPING DATE:		
GATHER BASELINE METRICS (Timeframe):		
MEETING DATES:		
TARGETED IMPLEMENTATION DATE (“Go-Live” Date):		
SUSTAINMENT MILESTONES (30, 60, 90 Day Follow-up):		

APPENDIX E. CDPHE QI COUNCIL 2015-16 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
	Create the QI Plan for CDPHE	OPPI/Heather Weir	9/30/2015
	Develop and implement a QI/Lean staff training plan.	OPPI/Leslie Akin	12/30/2015
	Develop a centralized listing of QI resources on intranet.	OPPI/Heather Weir & Leslie Akin	9/30/2015
Goal - Staff across CDPHE participate in QI projects			
Strategy	QI projects are executed, tracked and communicated across CDPHE		
	Activities	Who (program/person)	By when
	Create centralized place to track QI projects	OPPI/Leslie & Heather	10/31/2015
	Implement the QI projects identified in the annual Department Implementation Plan	OPPI/Heather Weir	6/30/2015
	Develop and implement a communication plan to recognize QI/Lean projects	OPPI/Heather Weir	6/30/2015
	Identify a process to address simple QI projects ('just do its')	OPPI/Heather Weir	7/1/2015
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
	Align CDPHE Dashboard with the Governor's Dashboard measures	Performance Management Team/Heather Weir	8/31/2015
	Create a reporting structure for Division/Office staff to review dashboard with CDPHE leadership	Performance Management Team/Heather Weir	12/31/2015

Goal - All Divisions/Offices provide outstanding customer service			
Strategy	Implement the Customer Satisfaction Policy across CDPHE		
	Activities	Who (program/person)	By when
	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
	Create an online customer satisfaction training and implement with all CDPHE employees.	Customer Service Workgroup/Vicky Lane	6/30/2016
	Update the phone tree and topical resource directory.	Customer Service Workgroup/Maria Zepeda-Sanchez	6/30/2016