2020 - 2022
Quality Improvement Plan

Colorado Department of Public Health and Environment

COLORADO
Department of Public Health & Environment

CONTENTS

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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: Advancing Colorado's health and protecting the places we live, learn, work and play.

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 for a full list of common terms used).

Improvement Methodology

Lean is the primary improvement methodology used at CDPHE and has been the standard since 2011. 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 CDPHE intranet (Quality Improvement/Lean) or website: https://www.colorado.gov/pacific/cdphe-lpha/tools-and-resources.

Culture of Quality at CDPHE

The state of Colorado and CDPHE distribute an annual Employee Engagement Survey (the state distributes the survey in odd years and CDPHE generally on even years). The state Employee Engagement Survey asks questions related to quality improvement including questions on efficiency, effectiveness, customer service, innovation and Lean. The survey CDPHE sends to staff includes 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)*. January 2017 was the first time staff were asked about the QI culture and in early 2019 were asked the question a second time. In 2015, the initial 'QI culture' assessment was completed with a subset of CDPHE staff and included surveying just the QII Council members. See below for a snapshot of the results from 2015-2019 on the current culture of QI.

Employee Engagement Survey results: QI/Lean Culture + Efficiency Index

Below are charts that show the results from 2016 and 2019's employee engagement survey. In 2015, the QI Council reported the majority of CDPHE staff were in 'Phase 3' (Informal QI Activities).

What best describes the QI or Lean culture within your Division? (% of staff)
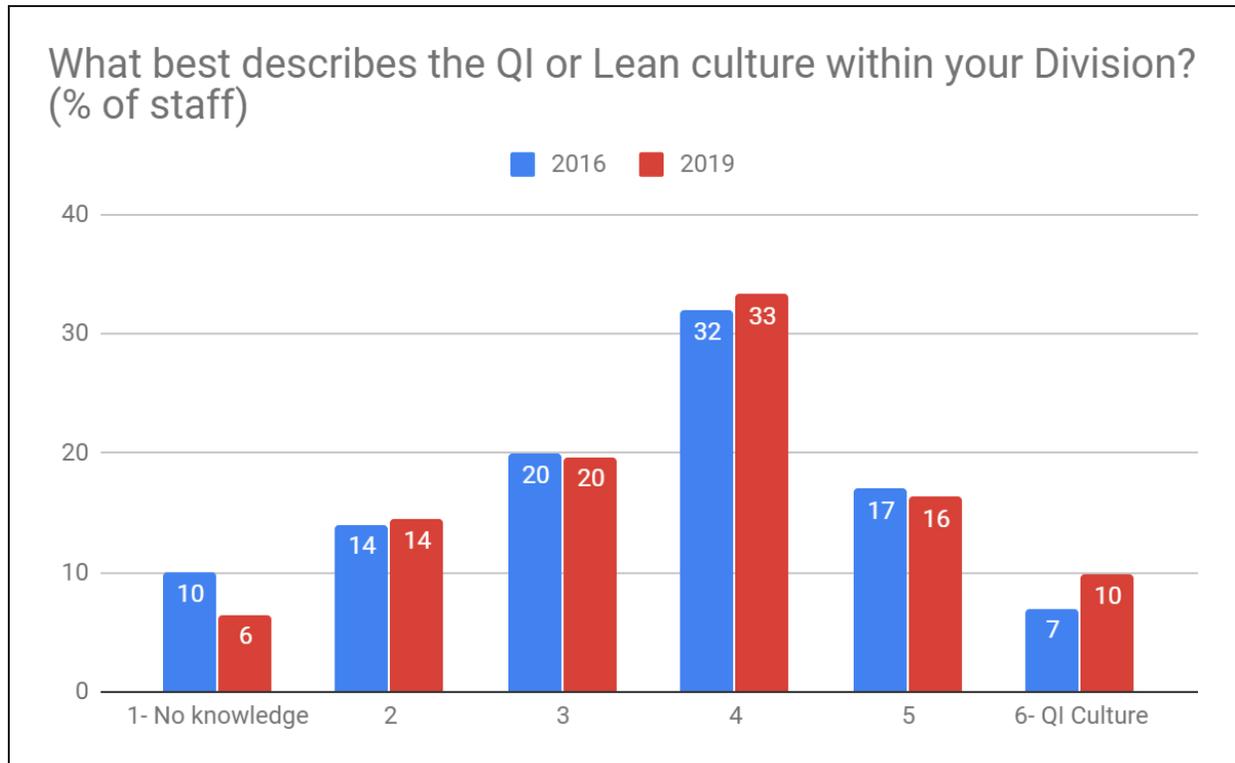
Legend:

- 1 - No Knowledge of QI: Staff and leadership are unaware of QI and its importance.

- 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.

- 3 - Informal QI Activities: QI efforts are practiced occasionally throughout the department, often without consistent use of a formal QI process.

- 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.

- 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.

- 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 are of QI efforts are communicated internally and externally.
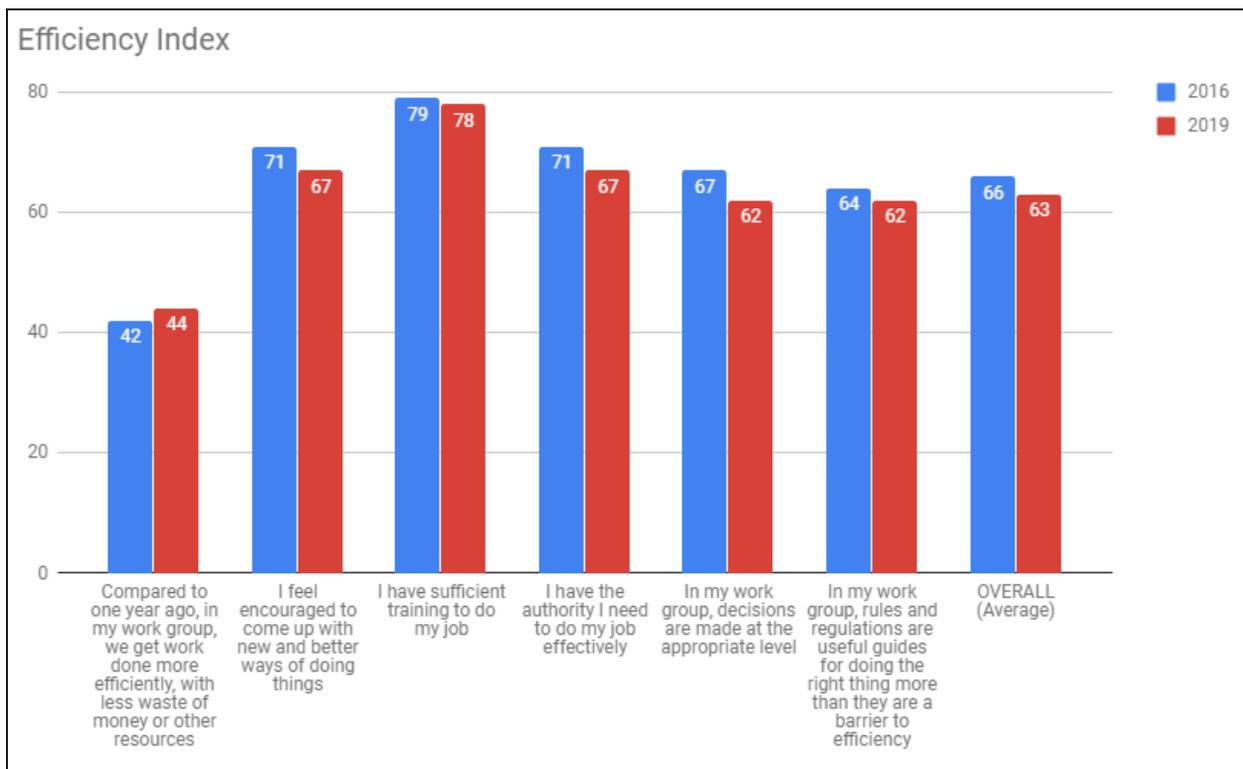
In the Roadmap to a Culture of QI, Phase 4 (Formal QI Activities Implemented in Some Programs) is described as having the following characteristics:

- 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 goal of the QI Council is 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**
- 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.	- 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.

Efficiency Index

	2016	2019
Compared to one year ago, in my work group, we get work done more efficiently, with less waste of money or other resources	42	44
I feel encouraged to come up with new and better ways of doing things	71	67
I have sufficient training to do my job	79	78
I have the authority I need to do my job effectively	71	67
In my work group, decisions are made at the appropriate level	67	62
In my work group, rules and regulations are useful guides for doing the right thing more than they are a barrier to efficiency	64	62
OVERALL (Average)	66	63

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 Director and Executive Director Advisory Group (EDAG)* will demonstrate active and visible support for continuous QI and will approve the department's QI Plan. At least one member from the Executive Advisory Team will be on the QI Council, and currently that is the **Chief Operating Officer.** See the department's org chart as needed.

- The *Office of Strategy and Performance (OSP) staff (6.0 FTE within the Administration Division):*

  - The **Director of OSP** 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, QI Council meeting leadership and support, QI project tracking, communication and website updates, QI project assistance, and assessment and evaluation of QI activities.

  - The **Accreditation and Preventive Block Grant Manager** is the Accreditation Coordinator for the department and oversees and coordinates all efforts related to accreditation and reaccreditation in addition to managing the Preventive Health Block Grant and Innovation Mini-Grants program.

  - The **Performance Management and Data Visualization Specialist** coordinates efforts related to performance management (selecting measures, creating dashboards, coordinating efforts around strategic plan reporting to the Governor's Office, and supporting the Tableau Users Group).

  - Three staff within the OSP specialize in improving and supporting technology projects for the Administration Division. These staff focus on providing technology solutions that help to drive efficiency and effectiveness and ensure that staff and customer needs are being met by working closely to support programs within the Admin Division on their various workflows and processes.

- The *Quality Improvement (QI) Council* will provide support to the department by building a culture of continuous QI throughout the organization. The QI Council will provide input to the QI Plan, advise the Office of Strategy and Performance and department leadership on the direction of QI efforts at CDPHE, and implement the activities in the QI 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).

- **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 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.

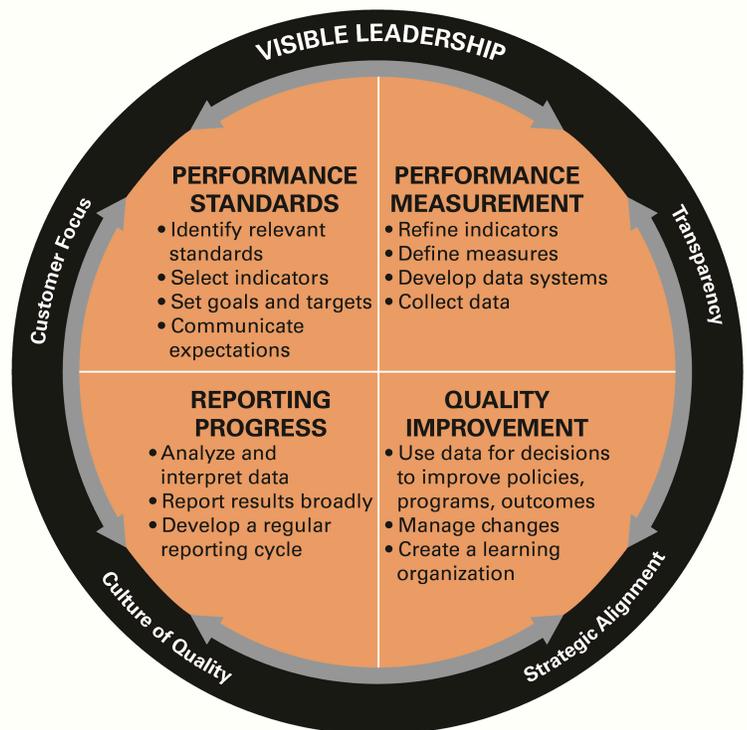## PERFORMANCE MANAGEMENT SYSTEM

A fully functioning performance management system that is completely integrated into a department's daily practice at all levels includes:

1) setting organizational goals across all levels of the department,

2) identifying indicators to measure progress toward achieving goals on a regular basis,

3) identifying responsibility for monitoring progress and reporting, and

4) identifying areas where achieving goals requires focused improvement efforts (refer to Appendix A. Key Terms).

The Public Health Performance Management Framework (figure to the right) 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.

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. Details of CDPHE's Performance Management System can be found on the Performance Management and Dashboards intranet page.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

VISIBLE LEADERSHIP

Customer Focus

Transparency

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
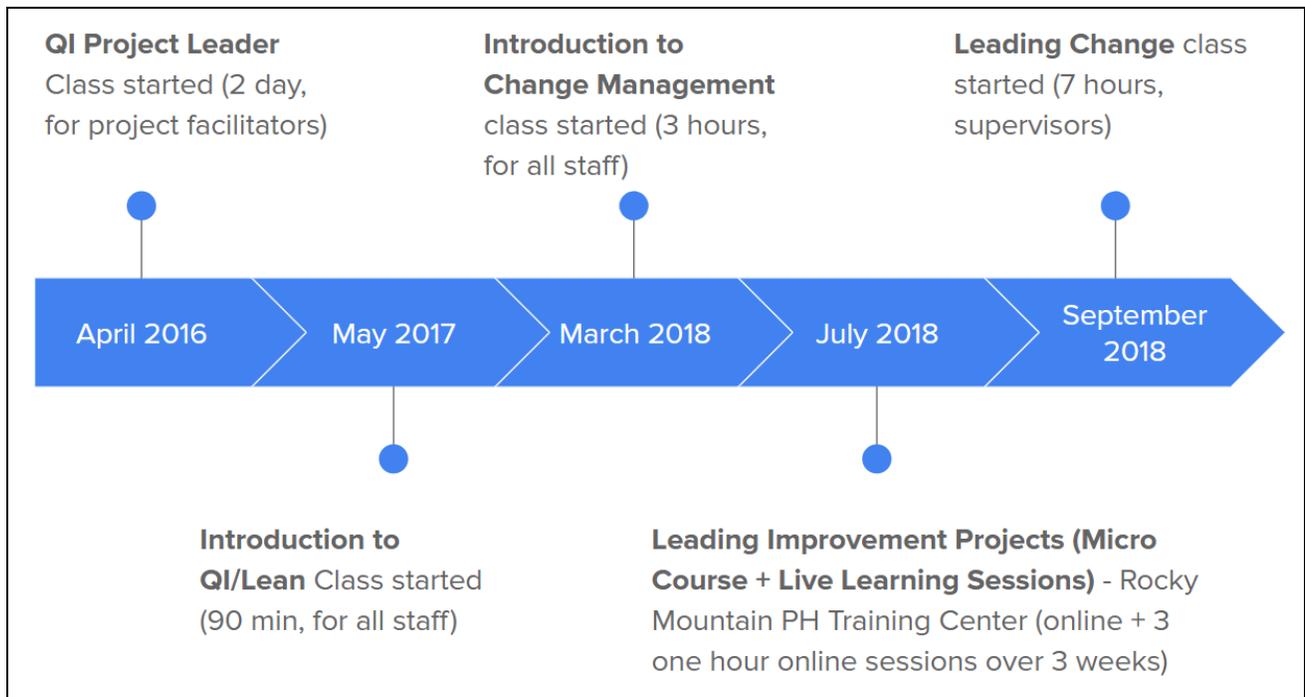- Create a learning organization

Culture of Quality

Strategic Alignment

III. 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. Based on the numbers of staff that sign up for classes, there appears to be continued demand for QI/Lean training and the online Leading Improvement Projects course was also added in 2018 to help meet that demand outside of a traditional classroom. In addition, change management training classes were added in 2018.

The QI Council continues to work with the HR Training Coordinator to evaluate trainings and make updates as needed in order to continue to meet the needs of the department.

TRAINING MILESTONES AT CDPHE

QI Project Leader
Class started (2 day, for project facilitators)

Introduction to Change Management
class started (3 hours, for all staff)

Leading Change class started (7 hours, supervisors)

April 2016 — May 2017 — March 2018 — July 2018 — September 2018

Introduction to QI/Lean Class started (90 min, for all staff)

Leading Improvement Projects (Micro Course + Live Learning Sessions) - Rocky Mountain PH Training Center (online + 3 one hour online sessions over 3 weeks)

The following table shows the current training classes available regarding change management and QI and the number of staff that have completed the classes to date. More details on the Training Stats for Divisions regarding QI and change management trainings are on the intranet.

Training	# and % of staff trained (as of 11/2019)	Details
Introduction to Quality Improvement/Lean (1.5 hours)	192 (15% of staff)	• Class started in March 2017 • Optional class • Offered every other month
Quality Improvement (QI) Lean Project Leader (2 day)	190 (14% of staff)	• Class started in April 2016 • For those interested in facilitating/leading improvement projects • Optional class offered each quarter • 7 (of 11) Divisions have more than 10% of their workforce trained to facilitate improvement projects.
Leading Improvement Projects (Micro Course + Live Learning Sessions)	Data not available	• Class was created by the OSP Director and Rocky Mountain Public Health Training Center • Cost= free • Online toolkit with videos and resources plus 3 live-learning sessions available with the Micro-course
Introduction to Change Management (3 hours)	154 (12% of staff)	• Class started March 2018 • Optional class offered every other month
Leading Change for Supervisors/Managers (7 hours)	178 (54% of supervisors)	• Class started in September 2018 • Required class for supervisors/managers as part of the Supervisory Certificate Program.

IV. GOALS AND PROJECTS

GOALS AND OBJECTIVES

The QI Plan goals and work plan support CDPHE's 2019-2023 Strategic Plan that was approved in June 2019. In order to assess and monitor progress in advancing the culture of quality at CDPHE, the QI Council reviews progress on the work plan quarterly and update as needed. The goals, strategies and activities for 2020-2022 are located in Appendix C. CDPHE QI Council 2020-22 Work Plan.

QUALITY IMPROVEMENT PROJECTS

In addition to the goals, 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. Prioritizing, selecting and initiating QI projects is done within Divisions.

A summary of the projects to date is located in Appendix D. Summary of CDPHE's QI Results and on the QI/Lean Intranet page.

IMPLEMENTATION OF QI PROJECTS

Project teams are expected to:

- Utilize the SOLVE Guide and document 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.
- Utilize effective change management techniques to ensure that people adopt and adapt to changes without leaving anyone behind.

V. IMPLEMENTATION AND MONITORING

PERFORMANCE MONITORING AND REPORTING

- The QI Council will review and update the QI Plan regularly, 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 Director Advisory Group (EDAG), Leadership Team, Senior Management Team, and all divisions/offices (upon request).

BUDGET AND RESOURCE ALLOCATION

- Department-wide resources dedicated to QI and PM include: 6.0 FTE within the Office of Strategy and Performance plus an operating budget to cover training materials and the annual renewal fees for Tableau (the department's data visualization tool used for performance management.
- Twenty-five percent of the divisions/offices across the department have dedicated staff to specifically work on QI, performance management and strategic planning.

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. Communications will:

- Utilize the current communication mechanisms that CDPHE has in place, such as Today's Broadcast, Bending the Curve (Executive Director's messages), the CDPHE Intranet page, etc.

- 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
- Encourage QI Council members to report QI updates at division/office/program meetings.
- Provide regular (at least quarterly) updates to the Executive Director Advisory Group (EDAG), Leadership Team, and Senior Management Team.
- Promote QI tools, resources, and trainings through the CDPHE intranet and internet
- Encourage staff to submit applications for the Tom Clements Better Government Award (from the Governor's office) and other recognitions when able.

VII. EVALUATION OF THE QI PLAN AND ACTIVITIES

The QI Council evaluates QI efforts in several ways. Results of the evaluations done so far are found in Appendix D. Summary of CDPHE's QI Results. Currently, the following evaluations have taken place and will continue into the future:

- QI Culture:
    - o QI culture at CDPHE is assessed via an all-staff survey that asks what phase (based on the Roadmap to a Culture of QI) the department is in.
    - o The annual employee engagement survey asks questions related to effectiveness, efficiency, Lean and innovation that are used to assess changes in the QI culture.
- Customer Satisfaction:
    - o The annual employee engagement survey asks questions regarding employees' perception of customer service (in the past this has been called the 'Elegance Index').
    - o The department has a Customer Service policy (ADM_Customer Service_2.21) that is implemented across the department to ensure a focus on customer satisfaction. The policy acknowledges that due to the size and complexity of the department's structure, there is not a "one size fits all" method for delivering excellent service. However, the policy addresses seven areas that need to be addressed by divisions such as ensuring customer feedback is collected and analyzed and that staff are evaluated annually on customer service competency.
- QI Projects:
    - o The total number of QI projects across CDPHE is measured using the Colorado Lean Database and CDPHE QI Project Dashboard. This measures across the department and by division the number of projects, type of project and how many were completed.
    - o The QI Project Dashboard also shows the percent of Divisions/Offices with QI projects in progress.
- QI Council:
    - o The QI Council assesses progress on the QI Council Work Plan.
    - o Meeting evaluations are used to assess the effectiveness of the QI Council meetings, activities, and participation.

VIII. SUSTAINABILITY

As with all large change initiatives, the strategies used will be adapted based on the successes and lessons learned 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 2020-22 Work Plan](#)

[Appendix D. Summary of CDPHE's QI Results](#)

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).

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 the 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.

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)

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 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).

COLORADO
Department of Public
Health & Environment

Quality Improvement
Council Charter
Rev. 9.2019

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 Strategy and Performance (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)
- 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
- 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
- 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 Advisory Team, Leadership Team, and Senior Management Team as necessary and appropriate.

In addition, the QI Council will submit to the Executive Director an updated QI Plan that will include a summary of work completed.

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	Office of Planning, Partnerships and Improvement (OPPI) Director	Original Charter
Final draft	7.13.15	OPPI Director	Updated charter with 'decision making' section based on feedback at the first QI Council meeting. Sent to QI Council.
Updated	8.16.17	OPPI Director	Updated meeting frequency and deleted QI Project Leaders from the charter (as they are no longer attending the meetings)
Updated	9.12.19	Office of Strategy and Performance Director	Updated logo, changed OPPI to Office of Strategy and Performance, removed annual report requirement

APPENDIX C. CDPHE QI COUNCIL 2020-2022 WORK PLAN

Goal 1: Increase the percent of staff that indicate that CDPHE has a QI Culture or Formal Agency Wide QI system from 26% (2019) to 30% by 2021 and to 40% by 2022.

1.1 Strategy: Support Digital Transformation efforts by facilitating the improvement of processes prior to automation. *(Supports CDPHE Strategic Plan Wildly Important Goal #9)*
   Activities:
- Identify resources to facilitate improvement projects.
- Facilitate improvement projects for all IT applications/projects planned each year.

1.2 Strategy: Provide training and support across CDPHE regarding change management, QI/Lean and performance management.
   Activities:
- Start 'Change Management for Project Managers' class by spring 2020
- Start a 'Change Management for Sponsors' class by spring 2020

   Future Activities (2021-2022):
- Work with HR Training manager to create an online 'Introduction to QI/Lean' class
- Work with HR Training Manager to require "Intro to QI/Lean" class for all employees (include with onboarding checklist).
- Provide Lean training for supervisors/managers.

1.3 Strategy: Improve the QI infrastructure to support department needs.
   Activities:
- Add QI results/metrics to the QI Project Dashboard to better highlight project successes.

   Future Activities (2021-2022):
- Work to increase FTE support across the department for QI/Lean, change management and performance management (both within the Office of Strategy and Performance and within divisions).
- Improve metrics collected on QI projects to strengthen the results and better show the ROI for QI projects across the agency.
- Utilize the updated Roadmap to a Culture of Quality Self-Assessment tool.
- Link agency-level plans (Strategic Plan, QI Plan, Workforce Development Plan, Long Range Financial Plans, etc.)
- Add QI/Lean, change management and program performance management language into performance appraisal process.
- Create standardized language for Position Descriptions regarding QI/Lean, change management and performance management.

1.4 Strategy: Improve teamwork and collaboration across the department
   Activities:
   ● Improve communications to promoting projects and teams, celebrating successes, and sharing best practices.
   ● Start a Communities of Practice for QI/Lean, change management and performance management for department staff to network and learn from each other.
   Future Activities (2021-2022):
      ○ Improve communications across divisions doing similar work to assist in sharing best practices and new innovative ideas.

1.4 Strategy: Improve the adoption and improvement of the department's performance management system.
   Activities:
   ● Support all divisions in creating division-level strategic plans by January 2020.
   ● Meet with each division leadership team to initiate the start of division-level strategic planning.
   ● Support all divisions in creating and using dashboards and reporting forums within divisions to facilitate meaningful conversations about performance data.
   Future Activities (2021-2022):
      ○ Work with Human Resources to provide training, templates and support for programs to use visual management boards.

1.5 Strategy: Improve methods to collect and use customer feedback.
   Future Activities (2021-2022):
      ○ Standardize use of data-collection methods/instruments across multiple programs.
      ○ Establish a standardized, department-wide process for assessing customer satisfaction, implement action plans to improve, and report results.

	Measures	Desired trend	Baseline	Target
O U T C O M E	Efficiency Index (from the employee engagement survey)	⇧	66% in 2016 63% in 1/2019	66% 1/2020 68% by 7/2023
	% of staff reporting stage 5 or 6 on the QI Culture assessment (formal agency wide QI culture)	⇧	24% in 2016 26% in 1/2019	30% by 2021 40% by 2022
	# of improvement projects implemented related to IT modernization (strategic plan Digital Transformation measure)	⇧	0 in 2019	26 by 7/2020 39 by 7/2023
L E A D	% of BTT project requests that have processes optimized when submitted (strategic plan Digital Transformation measure)	⇧	0 in 2019	10% by 7/2020 90% by 7/2023

Appendix D. Summary of CDPHE's QI Results

QI Project Summary for July 2017 - July 2019

- 60 projects - July 2017 - June 2018 (27 simple, 29 moderately complex, 4 very complex)
  - 9 out of 11 divisions
- 37 projects - July 2018 - June 2019 (10 simple, 20 moderately complex, 7 very complex)
  - 5 out of 11 divisions
- # of Projects since 2011: 419 projects (100% of divisions)

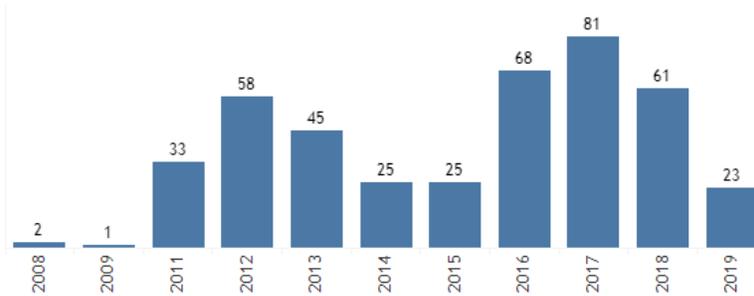See screen shots of the QI Project Dashboard below

Quality Improvement Projects - Details
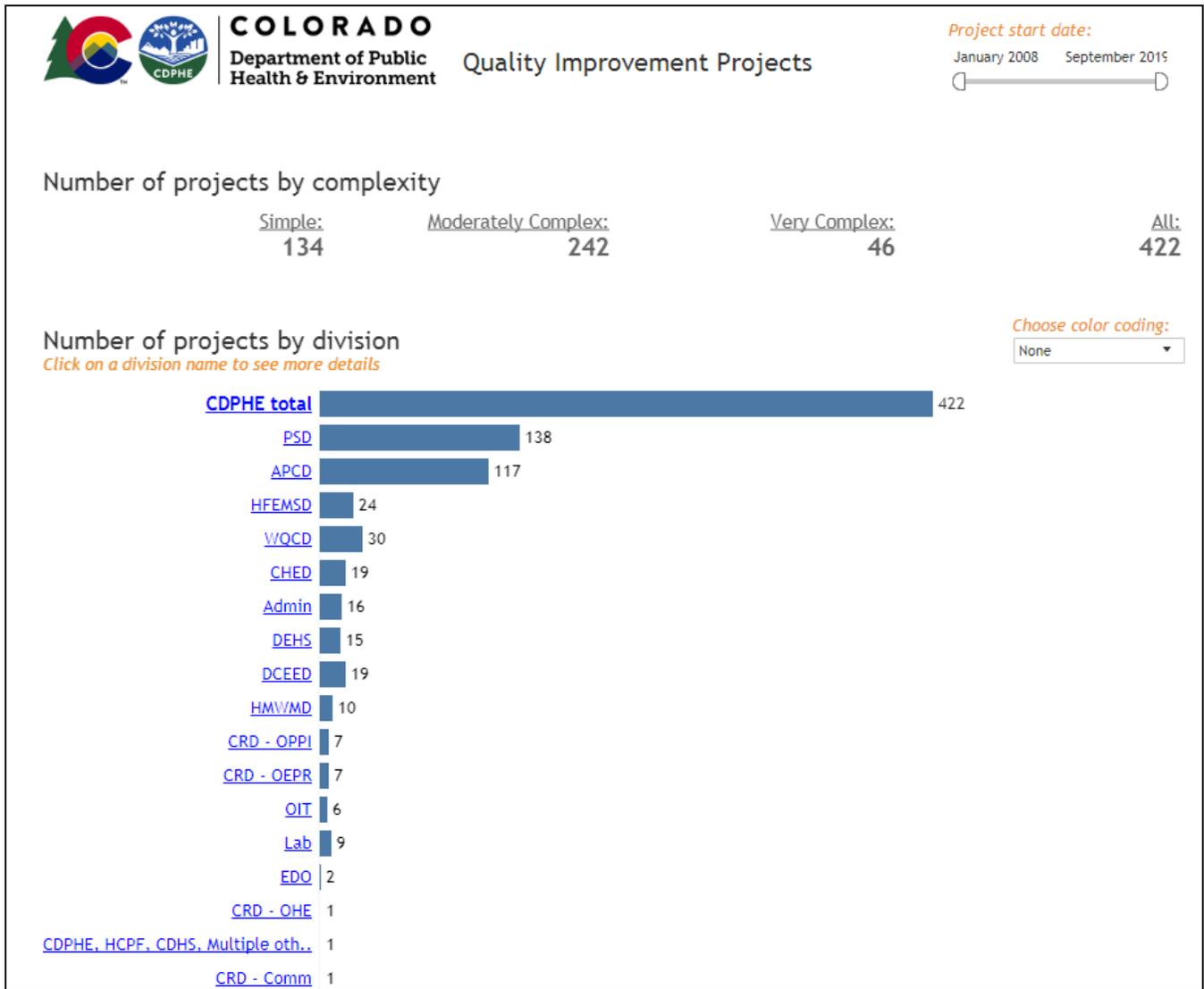
<- back to overview page

Division: All

Number of projects over time
*Click on a year to filter other charts, click again to de-select*

Year	Count
2008	2
2009	1
2011	33
2012	58
2013	45
2014	25
2015	25
2016	68
2017	81
2018	61
2019	23

Projects by status and complexity

Project Status	Complexity	
Complete	Simple	128
	Moderately Complex	170
	Very Complex	26
In Progress	Simple	6
	Moderately Complex	69
	Very Complex	19
Null	Null	1
Cancelled	Moderately Complex	3
	Very Complex	1

Projects by status and complexity
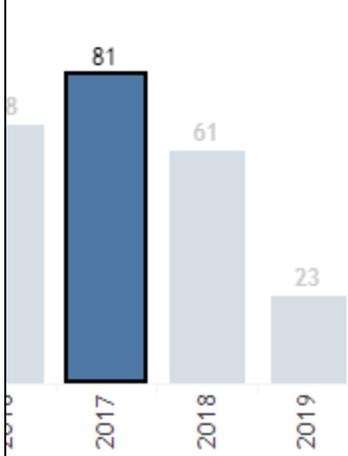
Project Status	Complexity	
Complete	Simple	25
	Moderately Complex	24
	Very Complex	2
In Progress	Simple	2
	Moderately Complex	21
	Very Complex	5
Cancelled	Moderately Complex	2

Projects by status and complexity
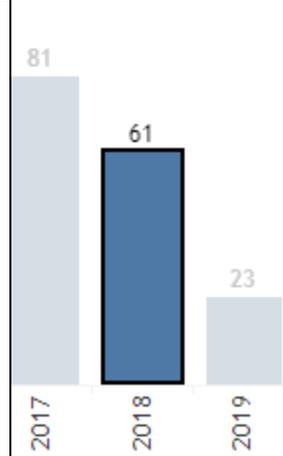
Project Status	Complexity	
Complete	Simple	19
	Moderately Complex	18
	Very Complex	2
In Progress	Simple	4
	Moderately Complex	15
	Very Complex	3

PROGRESS ON 2017-18 QI 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**	**Status**
	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	Completed
	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	Completed
	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	Completed

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**
	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	Completed
	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): ● Implement the 'Business Process Improvement' project (internal project focus)	Operations/Chuck Bayard Office of Legal and Regulatory Compliance/Ann Hause	9/30/2018	Completed
	● Implement the 'Business Process Improvement' project (external project focus)	Operations/Chuck Bayard Office of Legal and Regulatory Compliance/Ann Hause		Completed

		Activities	Who (program/person)	By when	Status
		● Pilot funding 'innovation mini-grants' that would financially support improvement/innovation projects across the department.	Office of Planning, Partnerships and Improvement/Leslie Akin		Completed
		● Optimize and automate administrative workflows (such as the Personnel Action Form).	Office of Lal and Regulatory Compliance/Ann Hause		Completed
		Implement the communication plan to recognize QI/Lean projects.	Office of Planning, Partnerships and Improvement/Heather Weir & Leslie Akin	9/30/2018	In progress
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**
		Continue to sponsor and support the monthly Performance Reporting Forums.	Office of Planning, Partnerships and Improvement/Cambria Brown & Heather Weir	9/30/2018	Completed
		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 Strategy and Performance/Cambria Brown & Heather Weir	9/30/2018	Completed *(completed pilot and decided not to create a standard set of measures)*

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.