



# DHSS Quality Improvement Plan

**Assessment:** Each Division in the Department was asked to submit 1-3 names of staff that would become members of the Department wide Quality Improvement Committee (see QI Policy for definition of QIC members and their responsibilities). The first meeting of the QIC was spent assessing the Departments culture of quality. The group used NACCHO's Roadmap to QI Culture assessment tool to gauge where the Department currently is with regard to QI. The Roadmap is a general guide to provide direction and identify a non-exhaustive list of tangible strategies and resources for building a culture of QI. The QI Roadmap provides health departments with guidance on progressing through six phases or levels of QI integration; 1) no knowledge of QI; 2) not involved with QI activities; 3) informal or ad-hoc QI activities; 4) formal QI activities implemented in certain areas; 5) formal, agency wide QI; 6) culture of QI. For each phase, the Roadmap presents common organizational characteristics, strategies, and resources for transitioning to the next phase.

During the assessment process, the following barriers to a culture of QI within DHS were identified:

- While leadership understands QI, some staff members do not.
- Competing priorities impede interest in QI among leadership and staff.
- Some staff may fear the change that happens when QI is implemented.
- There is dedicated staff for QI at the department level but not at the division level.
- Staff members are beginning to understand QI concepts but may not know it by that terminology.
- Staff may be threatened by QI if we are not careful to call it; "fix the problem, not blame the person."
- Few QI training opportunities exist for staff and most training is held centrally. Some staff members have benefited from on-the-job QI experience/training.
- QI problems are inconsistently addressed; the department tends to be reactive instead of proactive with regards to QI.
- Access to data or lack thereof may be a fiscal issue or a unit may lack that type of staff expertise.
- While department programs consistently use data for decision making, some challenges exist with external partners and contractors.
- Resources and staff time allocated for QI are very limited.
- Redundancies and variations in processes are common.
- Staff infrequently share lessons learned across the department (silo-ed sharing of results).
- Staff may view QI as an added responsibility.
- Staff will be concerned about uncovering negative performance when we get to the point of adding to performance expectations.
- Staff may be frustrated if efforts do not result in immediate improvement.
- Advanced QI training is limited.
- There are a few QI champions who are able to lead QI projects and mentor staff and loss of a champion often results in regression.

Based on the results of the assessment, the QIC determined that DHSS is currently at phase 3 of the roadmap, where ad-hoc QI activities are happening in various areas of the Department, but there is no formal, agency-wide QI that leads to a culture across the Department.

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## DHSS Quality Improvement Plan, 2015

<b>Goal: Increase Employee Empowerment and Commitment to Quality Improvement</b>	
Objectives	Measure
<p>1. By July, 2015, develop a formal QI process for AOSA and SOSA staff across the Department.</p> <p><i>A formal QI process will include a plan for Division and Department-wide meetings to identify QI projects.</i></p>	<p>The number of QI project identified through the process</p>
<p>2. By November 2015 increase the number of staff trained in quality improvement from 450 (November count) to 550.</p> <p><i>The Journey to Improvement training will continue for DHSS staff. As noted in Goal 3, Objective 2 below, an online training will be identified and made available to all DHSS staff.</i></p>	<p>Number of Staff Trained</p>
<b>Goal: Increase Leadership Commitment to Establishing a Culture of Quality within DHSS</b>	
<p>1. By December, 2015, unit leaders will select performance measures that will show staff progress towards important measures.</p> <p><i>Quality improvement should be based on data that shows a need. The identification of important unit measures will ensure that data is being gathered and analyzed so that QI can be targeted towards the areas of greatest need.</i></p>	
<p>2. By March, 2015, Executive leaders will identify one QI project per year that will be evaluated and followed up on by the QI Committee.</p> <p><i>QI projects occur throughout DHSS on a unit level. By collecting one QI project for each Division in the Department, the QIC can track the progress of that project and offer support and technical assistance when needed.</i></p>	<p>Number of QI projects identified by each Division.</p>
<b>Goal: Assure the DHSS Infrastructure leads to a Culture of Quality Improvement</b>	
<p>1. By December, 2015, identify or develop a tracking mechanism to assure progress towards performance measures and to be able to identify “pain points” that could benefit from a QI process.</p> <p><i>A unified Performance Management database will set organizational objectives across all levels of the Department, identify indicators to measure towards</i></p>	<p>Identification of a tracking system that would meet the needs of the Department</p>

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<p>achieving objectives, identify responsibility for monitoring and reporting and identify areas where achieving objective requires focused QI processes.</p>	
<p>2. By July, 2015, identify/develop an online training on QI.</p> <p>With the continuing emphasis on quality improvement in public health, many states and public health organizations have developed online training. The QIC would like to identify some already developed training that would also be effective at providing DHSS staff with a basic understanding of QI.</p>	<p>Number of staff taking the online training</p>

**Measuring, Monitoring and Reporting:** Measuring, monitoring and reporting of progress on the goals and objectives of this plan is the responsibility of the QI Council. Progress will be presented regularly at Executive Management Team meetings.

Progress on the QI Plan should be discussed with the QIC and recommendations for improvement activities should be sought if targets are not being met. Revisions and updates to the Plan should also be discussed and made. The Quality Plan will be updated annually by the QI Council.

**Communications:** DHSS will communicate its shared vision of quality through consistent messages at Program, Section, Bureau and staff meetings. Linkages between quality improvement and strategic priorities such as strategic planning, public health improvement planning, public health accreditation, empowerment, workforce development, and program evaluation should be communicated by managers at all levels.

All employees are encouraged to communicate messages about Quality through the following mechanisms:

- Monthly Staff Meetings
- Monthly Strategic Planning Team meetings
- Monthly Senior Management Team meetings
- Submissions to the DHSS Snapshot Newsletter
- Presentations at Bureau and Section meetings

Newsletter articles, storyboards, and posters highlighting the progress made by the Division on developing a culture of Quality should be published to help make all employees aware of the role they play in delivering quality services to the public.