



Public Health
HEALTH AND HUMAN SERVICES

Quality Improvement Plan

North Carolina Division of Public Health

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1. Purpose, Mission and Vision

a.) Purpose

The North Carolina Division of Public Health (DPH) Quality Improvement (QI) Plan serves as a comprehensive document that describes how DPH will guide the development, implementation, monitoring and evaluation of cross-sectional efforts to build a culture of continuous quality improvement throughout the organization. The QI Plan provides a framework for the DPH QI Council to use to enhance the culture of quality throughout DPH and assist with Public Health Accreditation Board (PHAB) accreditation efforts. It focuses on the central themes of advancing a culture of quality: leadership; QI structure and infrastructure; continuous quality improvement (CQI) projects; capacity building; customer satisfaction; communication; accreditation; and recognition of QI efforts.

The QI Plan outlines DPH's broad QI goals, objectives, and provides a realistic annual work plan for achieving those goals and objectives. Because of the efforts outlined in this plan, DPH will be better able to protect, maintain and improve the health of all North Carolinians.

b.) DPH Mission and Vision

Working for a healthier and safer North Carolina – Everywhere, Every day, Everybody.

North Carolina Public Health (NCPH) works to promote and contribute to the highest possible level of health for the people of North Carolina. Our entire statewide system of public health – local, state and private sector – has dedicated professionals who carry out our mission every day through a wide range of essential programs and activities touching the lives of everyone in our state.

2. Quality Improvement

DPH is committed to a culture of quality improvement (QI) to enhance our organization's performance and achieve desired results. A high-performing, quality improvement organization actively changes the way business is done by:

- Focusing on the needs of the customer;
- Using data to analyze problems and performance concerns;
- Involving employees who understand and are impacted by the improvement opportunity;
- Developing solutions and improvements based on analysis;
- Engaging customers and stakeholders;
- Implementing improvements based on data;
- Monitoring and evaluation performance; and,
- Continually making improvements over time.

Quality Improvement is a continuing cycle of measurement, analysis, and improvement.
(Refer to **Appendix A. DPH Quality Council Definitions**)

3. Current State of QI at NC DPH

A mature culture of quality is exhibited by an organization when QI is fully embedded into the way business is done across all levels, sections/branches, and programs. Leadership and staff are fully committed to quality, and the results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that root causes of problems are always identified. (*Roadmap to a Culture of Quality Improvement*, National Association of County and City Health Officials, Fall 2012).

In the fall of 2011, DPH leadership assessed the division's CQI maturity status based on the "How CQI Oriented Are You" survey, which was sent to all staff. The survey results indicated that DPH's **culture of quality** at that point in time could be described as follows:

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

Despite these observations, Council members have recognized several strengths related to CQI at DPH. There has been advancement in the areas of QI activity/projects and capacity building via the QI 101 and QI Advisor programs, as well as incorporating aspects of QI into programs in order meet grant standards and requirements.

In fall of 2015, the DPH QI Council again measured CQI maturity via an all-employee survey. Results from the 2015 survey failed to indicate an increase in the agency QI maturity score since 2011 (refer to **Appendix B. NC DPH CQI Culture Orientation Survey Results**). The QI maturity score corresponds to Phase 3 of the aforementioned *Roadmap to a Culture of Quality Improvement*.

In order to establish a **short-term vision for CQI at DPH**, Council members were asked what they would like the agency to look like a year from now in terms of QI. Responses included:

- We know who our customers are and we ask them how we are doing.
- There is an increase in employee QI aptitude.
- There is an increase in the number of QI champions in the sections/branches.
- Complaints are seen as opportunities for improvement.
- Leaders (at all levels) talk about QI.
- Survey respondents don't have to answer "I don't know" to the QI questions.
- Procedures are documented.
- Improvements are documented.

The **longer-term vision for QI at DPH** is achieving the definition of a culture of quality (as described above) and as characterized by the following "human" and "process" characteristics based on Phase 5 of the *Roadmap to a Culture of Quality Improvement*:

“Human Characteristics”	“Process Characteristics”
<ul style="list-style-type: none"> • Several QI champions exist throughout the agency to mentor staff. • Sharing of best practices and lessons-learned is common throughout the agency. • Charts, graphs, newsletters, storyboards, or other visuals illustrating improvement may be displayed throughout the organization. • The majority of staff understands how and why QI should be used in daily work, and resistance is minimal. • Staff continuously uses QI tools and techniques to improve work. 	<ul style="list-style-type: none"> • Standardized processes are in place throughout the agency. • Progress and outcomes related to QI and strategic goals are reported widely and routinely. • Problem-solving and decision-making are data-driven and collaborative throughout organization. • Detailed operational plans are being used and linked to agency strategic plans and State Public Health QI plan. • QI plan is fully implemented, evaluated, and revised annually. • Customer satisfaction is assessed systematically. • A formal performance management system is fully in place. • Resources and staff time are consistently allocated for QI. • Redundancies and variations in processes are minimized throughout the agency.

4. Performance Management System

Performance management at DPH is the practice of using data for decision-making by establishing results and standards; using data for measurement; monitoring and communicating progress toward those results; and engaging in quality improvement activities when desired progress is not being made. Quality improvement is an essential component of this broader system.

DPH 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 division-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 North Carolinians

See **Appendix C DPH Strategic Plan**.

5. Quality Improvement Structure at DPH

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

- The *Division Management Team* (DMT) will demonstrate leadership support for continuous quality improvement. The Public Health Division Director is the executive sponsor of the QI Council.
- The *DMT* is also responsible for annually approving the QI Plan. DMT will refer any cross-section quality improvement opportunities to the Council for consideration and/or required action.
- DPH's *Quality Improvement Council* will provide support to DPH leadership in building a culture of continuous quality improvement throughout the organization. The Council will be a source of leadership and direction for cross-section quality improvement efforts at DPH. The Council will also provide support and guidance for building capacity for QI on all levels, communicating and sharing QI activities and resources and recognizing QI efforts and successes (refer to **Appendix D. DPH Quality Improvement Council Charter**).
- DPH executive leadership is expected to have a basic understanding of quality improvement (definition, purpose, basic concepts), to lead by example, and to foster a culture of quality within their respective sections/offices. This may include; assessing and addressing QI training needs; referring potential cross-section QI opportunities to the QI Council; encouraging managers/supervisors to integrate QI into their daily work; and recognizing those who contribute to quality, efficiencies and cost savings. DPH executive leadership is responsible for using performance measures to manage the work of their section/office. Identified opportunities for improvement should be acted upon or referred to the DPH QI Council or other appropriate QI group or committee.
- Section chiefs, branch heads, managers and supervisors are expected to have a basic understanding of quality improvement (definition, purpose, basic concepts). They will lead by example and foster a culture of continuous quality improvement within their sections, units and program areas. This includes addressing QI training needs; referring any potential cross-section/unit/program QI opportunities to DMT and/or QI Council; 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/Program managers and supervisors should use performance measures to make data driven decisions. They are expected to identify and put forward opportunities for improvement.
- All employees are expected to continually look for ways to do their work better, share those ideas with their colleagues and supervisors, and to contribute and adapt to change. Employees are expected to participate in quality improvement initiatives, as needed.

6. Quality Improvement Projects

The QI Council will encourage and provide support for the identification and implementation of cross-section QI initiatives. Priority will be placed on projects that align with the DPH's strategic priorities, existing goals, accreditation requirements, and/or identified gaps based on performance data. Additional projects will be identified and/or initiated, as resources allow.

a.) Identification and Prioritization of QI Opportunities/Projects

The QI Council has developed a Project Tool that will be used as part of a process for a process for prioritizing, selecting and initiating cross-section QI projects. Throughout the next year, the Council will potentially identify cross-sectional QI opportunities through one or more of the following avenues:

- DMT and section chief/branch head requests
- Other organization-wide assessments and/or surveys, such as the culture survey
- DPH headline program performance measure data
- Monitoring of DPH-level projects for those that have the potential to impact other program areas
- Analysis of proposals, ideas, work in progress and/or completed projects in the Quality dashboard
- Publishing guidance regarding submitting potential QI projects to the Council for sponsorship and facilitation

Project proposals, requests and ideas will be reviewed at regularly scheduled Council meetings. The Council will encourage and provide support to those projects which align with DPH's mission and strategic goals and which are able to be completed with available resources. Submitters will be asked to submit a request in writing; preferably drafting a Project Charter and sending it to the Council Chair, the Council Facilitator or any Council member for consideration at the next Council meeting (refer to **Appendix E. DPH QI Council Project Description Form**).

b.) Implementation of Cross-Sectional QI Projects

Cross-sectional QI projects may be sponsored by a Council member or non-member and led by staff in the appropriate program area(s). The QI Council will offer project consultation and/or facilitation, as requested and as appropriate.

Project teams are expected to:

- Document the answers to the questions:
 - *What are we trying to accomplish?*
 - *How will we know that a change is an improvement?*
 - *What changes can we make that will result in an improvement?*
- Develop a Project Charter that outlines how the team will operate and what it will accomplish
- Use the Model for Improvement (Plan-Do-Study-Act) or Lean methodology
- Document key steps of the process
- Report results to the Council
- Share documents, tools, lessons learned, etc. with others throughout DPH
- Develop a project summary

c.) Division-Level QI Projects

In order to integrate QI at all levels of DPH, each Section/Branch is responsible for identifying, implementing, monitoring, evaluating and documenting their respective QI projects. The Council plans to maintain a QI project repository, the Quality dashboard, and requests that all Sections/Branches document quality improvement activities on a SharePoint site. The purpose of this documentation is to assess the spread of QI throughout the division, identify QI expertise and experience, create a mechanism for connecting with others engaged in QI, identify projects that have division-wide significance and assist in

communicating and celebrating successes. The QI Council is available to provide additional support and technical assistance as needed.

Quality improvement projects at all levels will be encouraged to follow “project management” principles to provide structure to the activity. This helps ensure clear purpose and scope, commitment of necessary resources, specified timeframes, expected level of effort, management sponsorship and support, clear decision/implementation authority, and anticipated outcomes.

To ensure success, QI project teams should include individuals at various levels including “frontline” staff, program managers, division directors, and other staff or stakeholders/customers. A QI project team may be developed to address a single project or the team may be in place on a long-term basis to address a series of related QI projects over time.

7. Goals and Objectives

In order to assess and monitor progress in advancing the culture of quality at DPH, the QI Council has established goals based on results from the annual CQI Survey Tool, QI Council and DMT members’ vision for quality improvement at DPH, and on recommended transition strategies from the *NACCHO Roadmap to a Culture of Quality*. See Appendix F for information about goal progress, processes, and assignments.

Goal 1	Leadership at all levels communicates the importance and value of quality improvement internally and externally (with stakeholders).
1A	By July 31, 2016, the DPH QI Council will provide the QI Culture Survey results.
1B	By December 31, 2016, the DPH Division Office will articulate the value of quality improvement to DPH staff a minimum of two times, through oral presentations and/or in writing.
Goal 2	Quality improvement is institutionalized into DPH’s structure.
2A	By March 31, 2016, a process for identifying, prioritizing, selecting, monitoring and reporting of cross-sectional QI projects will be developed using the project selection tool.
2B	By December 31, 2017, QI expectations will be outlined in all position descriptions (PDs).
2C	On an ongoing basis the QI Council will have 100% representation from the sections within DPH
2D	DPH will complete 2 QI projects each year
Goal 3	All staff at DPH will have an understanding of QI concepts and practices, including the use of data to make decisions.
3A	By July 31, 2016, the feasibility of requiring QI introduction for DPH staff will be determined.
3B	By December 31, 2016, QI will be incorporated into new employee orientation.
3C	By December 31, 2017, at least two (2) QI training events will be piloted in the division.
3D	A presentation on QI concepts and practices will be required viewing for other DPH staff by June 30, 2018.
Goal 4	Performance measures are aligned with the DPH’s mission, strategic plan, and essential services.
4	By July 01, 2017, QI performance measures will be developed that align with PHAB standards.
Goal 5	DPH seeks and uses feedback from customers for continuous quality improvement.

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| 5 | By December 31, 2017, a number of resources with specific examples of how to use customer feedback for improvement will be made available to DPH employees via DPH website. |
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Goal 6	DPH values and recognizes staff quality improvement efforts.
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| 6 | By July 1, 2017, the DMT and the QI Council will review completed QI projects and efforts and determine how employees on successful projects can be recognized for their quality improvement efforts. |
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8. Performance Monitoring and Reporting

- A. The Council will review the QI Plan and all related processes annually to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts. The evaluation will include comparison of actual results to objectives outlined in Section 7. Analysis of gaps in performance will be included in the annual plan updating process.
- B. As outlined in Appendix F, a process for monitoring and reporting of cross-section projects will be determined by the Council. It is anticipated that such QI projects will be monitored by the Council on a regular basis. After a project is initiated, the project lead may be invited to a Council meeting to provide project updates at critical check-in points. Upon completion of these projects, project leads may be asked to share results, lessons learned and opportunities for replicating the project in other areas of the organization with the Council and/or DMT through presentation or submission of a one-page project summary.
- C. The Council will prepare and the Council Chair will present an annual report to DMT which summarizes:
 - Cross-sectional QI projects, including reporting of project data, a summary of barriers to achieving aims, plans for addressing barriers, successes, key learnings and sustainability plans
 - Achievement on the comprehensive CQI Maturity Score and data from the specific ten questions that make up the CQI Maturity Tool
 - A work plan for the next year
 - Any recommended changes to the QI Plan
 - Any recommended changes to the Council's Charter

9. Training Plan

Developing staff capacity and competency to engage in continuous quality improvement is an essential component to building a culture of quality. In addition to Objectives 3A, 3B, and 3C, as outlined above, the QI Council will support the following activities:

- Work with Human Resources management staff to present a 10-15 minute overview of Quality Improvement and Performance Management at DPH new employee orientation.
- QI Council members attend appropriate trainings
- Develop additional QI Advisors to increase capacity to facilitate QI projects
- In addition to QI 101, offer optional QI-related trainings to DPH employees, such as Lean 101 and Process Improvement Measurement.
- Encourage and promote QI trainings to DPH staff and managers/supervisors which are offered by external partners, such as through the Population Health Improvement Partners.
- Encourage networking and learning from others through E-Updates.

10. Communication Plan

Clear and consistent communication is also critical to building a culture of continuous quality improvement throughout DPH. The Communication Plan serves to outline the strategies and activities the QI Council will engage in to regularly to communicate QI within DPH. **Refer to Appendix G: Communication Plan.** They include:

A. Making QI Visible

- Physically display project summaries/storyboards.
- Promote the DPH Quality Council SharePoint site.
- Promote the Quality dashboard.

B. Recognizing Quality Improvement Efforts

- Acknowledge QI project accomplishments /or write-ups on the DPH Intranet homepage.
- Oversee DPH's nomination process for the Governor's Continuous Improvement Awards. Acknowledge these QI projects through the DPH homepage.
- Publicize and archive completed QI projects in the Quality dashboard.


C. Documenting QI Project Activity

- Request cross-sectional QI project teams to develop a one-page project summary upon project completion.
- Strongly encourage cross-sectional QI projects to develop a project summary and document activities in the Quality dashboard.

D. Reporting Regularly on QI Efforts and Achievements

- Provide regular Council updates and annual reports to the DMT.
- Present at section/branch and program-level meetings, as requested.
- QI project (cross-sectional and section/branch/program specific) leads present project summaries/storyboards to the QI Council upon project completion, as requested.

E. Enhancing, maintaining and promoting QI resources and tools

- Promote QI tools, resources, and trainings through links from the DPH home page to the DPH external webpage for QI: **DPH: Quality Improvement & Performance Management** .

F. Organizing and Sharing QI Documents on SharePoint

- Use the QI Council SharePoint site to store documents from the Quality Council and to house the Quality dashboard.

11. Evaluation

The effectiveness of the QI Plan will be measured by the following methods:

- Monitoring the annual DPH QI Maturity Score – biennial evaluation
- Assessing the achievement of QI Plan goals and objectives – quarterly status review/annual evaluation
- Assessing the completion of the annual QI Council Work Plan – quarterly status review/annual evaluation