



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH QUALITY IMPROVEMENT PLAN

Striving for Excellence Daily in Everything We Do

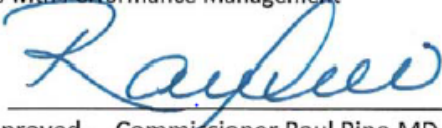
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Approved - Commissioner Raul Pino MD, MPH Date 02/21/19

Introduction

Purpose of the Quality Improvement Plan

The Connecticut Department of Public Health (DPH) Quality Improvement Plan (QI Plan) serves as an evolving guidance document that describes how DPH defines, manages, deploys, assures and monitors quality improvement throughout the organization, and identifies the processes and activities that will be put into place to ensure that quality services are consistently provided.

The plan also describes the overall management approach to quality planning and improvement and the performance management framework employed by DPH. It outlines a performance management plan aligned with the DPH vision and mission, its Strategic Plan, its State Health Improvement Plan and the maintenance of national accreditation. Additionally, this plan provides an annual work plan which includes activities that builds our infrastructure in continuous pursuit of quality.

The QI Plan details how we approach quality improvement in DPH. It also demonstrates our commitment to excellence and the delivery of quality services to the people of Connecticut. It is only through the careful measurement and monitoring of the effectiveness, efficiency and quality of the services we provide that we can be accountable and assured that we are providing the very best possible public health service to the state of Connecticut and its residents.

Development of the QI Plan

This plan reflects the second such plan developed, the first one was initially published in 2014 but was revised with substantive changes and reissued in 2015. While the Public Health Accreditation Board (PHAB) sets a minimum standard of updating the QI Plan every five years, DPH has again made significant improvements to the infrastructure supporting QI efforts and, as such, a need to revise early was determined. This also aligns the development of the QI Plan with the release of the updated organizational strategic plan which was published in January of this year.

In the intervening four years, an annual QI work plan reflecting goals and strategies in support of the agency priorities, outlined in the Strategic Plan, was developed and progress was tracked and reported to the Public Health Strategic Team and senior staff. This allowed agile management of efforts to create a culture of QI, responding to the agency needs in real time.

The 2019 QI plan was a collaborative effort largely driven by the Quality Improvement Council (QIC), a volunteer committee of sixteen agency staff members representing all areas and staff levels in DPH. They conducted an environmental scan to identify emerging issues, resources and barriers to QI activity. This environmental scan can be found in Appendix A. They proposed a reorganization of the QIC based on this environmental scan and finally, they drafted QI objectives for 2019 in direct alignment of the strategic map developed by DPH senior staff and the Public Health Strategic Team along with external partners.

Alignment with Key Department Initiatives

As already noted, this QI Plan is guided by, and supportive of, the vision, mission, and values of the department and aligns with the Strategic Plan, the State Health Improvement Plan and accreditation efforts.

Vision

Healthy People in Healthy Connecticut Communities

Mission

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

Values

Performance-based - We learn from our past efforts and use performance measures and data to focus our future efforts.

Equitable - We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

Professional - We respect and uphold the high standards, skills, competence, and integrity of our professions.

Collaborative - We work together and with others who share a similar vision for the mutual benefit of the community.

Accountable - We are responsive and transparent to the public in our actions and communications.

Innovative - We are creative and seek out new ways to solve problems.

Service-oriented - We respect, listen and respond to our customers.

While all these values describe a quality organization, three do so explicitly: performance-based, accountable and service-oriented.

Strategic Plan Priorities

The DPH Vision, Mission, and Values are all supported through the agency's strategic plan. The Central Challenge, or focal point of the department's strategy asserts that DPH will: *Improve Health in Connecticut through Collaboration, Accountability and a Focus on Health Equity*. The department's continued commitment to QI is evidenced in the cross-cutting priority: *Use Performance Management and Quality Improvement to Improve Process and Outcomes*. Other quality-related priorities in the Strategic Plan include: *Strengthen Capacity to Improve Population Health and Promote a Culture of Customer Service*. Each of these priorities is being addressed by a workgroup or council that has been established or engaged through the strategic planning process. A copy of the most current DPH strategic map can be found in Appendix B. The annual work plan for the Quality Improvement Plan aligns with the Strategic Plan and can be found in Appendix C.

State Health Improvement Plan

[Healthy Connecticut 2020: State Health Improvement Plan \(SHIP\)](#), was published and disseminated in March 2014. The plan is based on findings from the [Healthy Connecticut 2020: State Health Assessment \(SHA\)](#) and serves as a roadmap for promoting and advancing population health and ensuring all people in Connecticut have the opportunity to attain their highest potential for health. The Connecticut Health Improvement Coalition, a large body of representatives from diverse local, regional and statewide entities whose policies and activities can influence health, advised and contributed to all aspects of Plan development and implementation activities. Healthy Connecticut 2020 is organized into seven broad focus areas that were each assigned to an Action Team (a network of system partners) that work to coordinate more efficient, targeted and integrated health improvement efforts. Consistent with the DPH values of *performance based* and *accountable*, objectives and performance measures for each of the seven focus areas were developed and are monitored through the use of the [Healthy Connecticut 2020 Dashboard](#) described later in this document. The Dashboard ensures that the State Health Improvement plan is integrated into the performance management system for DPH.

Accreditation

CT DPH achieved national accreditation through the Public Health Accreditation Board (PHAB) in March 2017. PHAB assesses health departments against a set of standards that define expectations for all public health departments. The purpose of national accreditation is to continuously improve the quality of services and accountability of health departments to their stakeholders and communities. This Quality Improvement Plan seeks to assure that CT DPH is a performance based organization by meeting the standards and measures in Domain 9 of the PHAB standards. Further, CT DPH sees the entire accreditation process as one that identifies opportunities for improvement across all the essential public health services.

In March 2018, PHAB reviewed DPH's annual report that reflected on the current state of performance management and quality improvement efforts. Their review noted thoughtful action by DPH to move toward a fully integrated quality improvement culture with staff at all levels of the agency participating.

The alignment of these key initiatives is shown in a graphic entitled *Connecticut Department of Public Health Performance Management System: How it all Ties Together to Achieve Excellent Performance* in Appendix H.

A Culture of Quality Improvement

In preparing to update the strategic plan, the Department's Public Health Strategic Team and Senior Staff were called upon to reassess the DPH culture of quality improvement. The *Roadmap to a Culture of Quality Improvement* developed by the National Association of County and City Health Officials¹ (NACCHO), originally used by DPH in 2013, was again employed. After careful consideration, the group unanimously agreed that Exit 4 (of 6) most accurately represents the agency's current state. While this

¹ Roadmap to a Culture of Quality Improvement: A Guide to Leadership and Success in Local Health Departments, National Association of County and City Health Officials, <http://qiroadmap.org/>

reflects no change in progress from the last review, it is believed that this is likely due to a deeper QI understanding of those polled.

Based on another assessment tool employed in 2013, *Six Ingredients of a Quality Culture* developed by the Public Health Foundation, efforts were undertaken over the last five years to improve staff empowerment and capability in order to strengthen the culture of quality. Specifically, a leadership development program has been instituted in DPH which promotes collaborative leadership and empowerment of staff. This program has evolved to focus on coaching models to support professional growth designed and implemented by staff. In addition to these efforts, a full day seminar providing an 'introduction to supervision at DPH' was made mandatory for all those currently supervising or in positions that could be called upon to supervise. The content of this training emphasizes the need to build a climate of empowerment, a culture of accountability, a fully utilized diverse workforce and a roadmap to collaboration and teamwork. It is believed that these all represent essential characteristics of a culture of QI.

QI/PM activity is further promoted among leadership via the DPH requirement that all managers include at least two priority objectives from the QI and PM focus areas in their annual Performance Assessment. These priority areas include, but are not limited to

- Maintaining core operations, looking for opportunities to improve intended outcomes, efficiencies and a shared system of accountability.
- Create, utilize, and update dashboards to monitor progress of work activities
- Incorporate QI into program operations
- Identify revenue enhancement/cost containment strategies
- Identify and utilize electronic/automated processes

The manager must document activity/progress around the selected priorities in their annual review.

In addition to leadership development, increased training opportunities, described later in this document, provide staff with exposure to various quality improvement tools and techniques. Again, new methods of initiating/implementing QI projects and tracking progress and impact have resulted in broader engagement across the agency. Staff leadership of QI workgroups and committees has been institutionalized and has resulted in an increase in voluntary participation and engagement. Finally, a new Excellence in QI award given to teams or individuals was developed to reward/reinforce improvement effort as well as results.

DPH Performance Management System

Performance Management Framework

The DPH has adopted the *Turning Point Performance Management* framework as the underpinning for performance improvement work in the department. This framework was developed by the Turning Point Performance Management National Excellence Collaborative in 2004 and has been adopted widely by public health practitioners around the country.² The framework, updated in 2013, is organized around each of the four components of a performance management system including:

² From *Silos to Systems: Using Performance Management to Improve the Public's Health*, prepared by the Public Health Foundation for the Turning Point Performance Management Excellence Collaborative, 2003.

1) Performance Standards, 2) Performance Measurement, 3) Reporting of Progress, and 4) Quality Improvement (Figure 1)

Performance Standards

In addition to setting standards based on industry standards or best practices, staff are encouraged to determine the customer or population needs, developing programs or services that meet their needs, establishing goals to meet the needs and using evidenced based or proven processes that can work under the existing conditions.

Performance Measurement

Performance measurement assures that we are setting standards then measuring and monitoring performance to know when we are and are not meeting targets.

Quality Improvement

Quality improvement is taking action when we are not meeting targets by looking for causes, using quality improvement methods to make changes and assuring that the changes are making a difference.

Reporting Progress

Finally, reporting progress is accomplished through multiple visual management tools, most notably the HCT2020 dashboards.

The Healthy Connecticut 2020 Performance Dashboard (www.ct.gov/dph/dashboard) is a web-based application that operationalizes the performance management system. The purpose of the dashboard is two-fold. First, it provides a mechanism to publicly display progress in meeting the *Healthy Connecticut 2020 State Health Improvement Plan* objectives, including the actions of DPH programs to meet those objectives. Second, it is being adopted as a performance management tool among program staff and supervisors to monitor the work of programs within DPH to identify both successes and opportunities for improvement.

The dashboard depicts, in a simple visual format, how the residents of Connecticut are faring in areas such as heart disease, obesity, obtaining vaccinations, exposure to environmental risks, and many more as identified in [Healthy Connecticut 2020 State Health Improvement Plan](#). Other important program indicators and measures not included in the SHIP (e.g., laboratory, administrative) were placed on the DPH Intranet. Currently, there are more than 309 population indicators and over 289 performance measures in the dashboard.

The Performance Dashboard is built on the concepts of [Results Based Accountability](#)[™] and specifically displays:

Results - (or outcome or goal, e.g. All Connecticut children are lead free) is a population condition of well-being for Connecticut children, adults, families and communities, stated in plain language

Population Indicators - (e.g., prevalence of lead poisoning in children under 6 years of age) identify the health status of Connecticut residents for which DPH, other state and local agencies, and community partners all share responsibility.



FIGURE 1: TURNING POINT PERFORMANCE MANAGEMENT SYSTEM FRAMEWORK, UPDATED BY THE PUBLIC HEALTH FOUNDATION, 2013

Performance Measures - (e.g., percent of children under 3 years of age tested for lead) tell us whether DPH interventions that affect population indicators (e.g., prevalence of lead poisoning in children) are achieving objectives and if our agency's actions are helping to improve health.

Strategies – (e.g. provide funding to local health departments to do outreach activities) are those that DPH and its partners are using to improve health to meet targets for improvement.

The Performance Dashboard is dynamic and is updated on a continuous basis. Staff from the Public Health Systems Improvement (PHSI) office provides training for all DPH staff on [Results Based Accountability™](#), developing program performance measures and how to use the dashboard as a management tool.

Implementation of the DPH Performance Management System

With the adoption of the Performance Dashboard as a performance management tool, DPH seeks to enhance the number of programs participating in developing and utilizing the dashboards. A Dashboard Quality Improvement (QI) Project was initiated in April 2016 to identify ways to improve the process of Dashboard implementation and training, with the goal of ultimately improving Dashboard participation and use. DPH Public Health Systems Improvement (PHSI) invited internal partners to review the current state and propose a future state of the Dashboard. Focus groups were conducted to assess any barriers the programs encountered with completing their Dashboards. The focus groups highlighted the concerns of putting up indicators and performance measures that are outside the program's control, potentially reflecting poorly on the program/agency.

At the conclusion of the Dashboard QI project the implementation plan included a revised training, 1:1 technical assistance to help programs identify meaningful measures and emails to remind programs to update and review their Dashboard. This aided in the agency's goal to increase the number of programs with Dashboards. Since April 2016, the percent of programs with a Dashboard has increased 21 percentage points.

With an increase in the number of programs with a dashboard, the focus turned to the utilization of the dashboards to monitor progress and make data driven decisions as a part of the performance management system. In an effort to increase the meaningful use of Dashboards, facilitate the development of key performance indicators, and ensure that what is being measured is the most appropriate, representatives of sections met with the Commissioners and members of Public Health Systems Improvement to have a conversation. As a result of these conversations several improvements were made.

- The web based platform that the dashboards are maintained on was updated to better accommodate the graphics and improve the user interface
- A revised Dashboard Discussion Form was developed and implemented to facilitate the use of the dashboard as a performance management tool
- One to one technical assistance is being offered to facilitate documentation of QI efforts in alignment with dashboard data

Sharing a Common Quality Language

It is vital to share a common understanding of quality-related terms and use consistent language throughout DPH to be clear in communications and to assure that all staff are working towards a common goal of excellence. The quality vision is an aspirational, succinct statement describing our commitment to the provision of quality services.

DPH Quality Vision Statement

DPH: striving for excellence daily in everything we do

DPH staff articulated how they would realize this vision in an expanded statement. “In support of the Department’s mission, we are committed to providing high quality public health services to those we serve. Staff will be supported and empowered to strive for excellence every day and equipped with systems and tools to integrate quality into everything they do. We will use data to monitor, evaluate, communicate and make adjustments to continuously improve the quality of our work to the benefit of our employees and those we serve.”

The DPH quality vision and expanded statement are tools all staff can use to assure a common overall understanding of quality for the organization.

A glossary of commonly used quality and performance terms can be found in Appendix D. As it is central to the performance improvement work of the department, the definition used for quality improvement is provided here.

Quality Improvement— In public health, quality improvement (QI) is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI 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.³

Additionally, since CT DPH employs quality assurance and quality control practices throughout the laboratory, the tumor registry, and its many regulatory functions, it is important to describe the relationship between quality assurance and quality improvement. Quality assurance measures compliance against certain required standards.⁴ Quality improvement methods can be used when non-compliance is noted to achieve best practice level performance.

³ http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx

⁴

<http://www.hrsa.aquilentprojects.com/healthit/toolbox/HealthITAdoptiontoolbox/QualityImprovement/whatarediffbtwqinqa.html>

Structure for the Implementation of Quality Improvement

The following describes the organizational structure employed to align all strategic initiatives (Strategic Plan, State Health Improvement Plan, accreditation, performance management) and to assure a deliberate, coordinated and continuous process to maintain and improve the health of the population of Connecticut. These structures also facilitate involvement of DPH staff across the department, with the effect of enhancing communication and understanding at all levels of the agency.

Office of Public Health Systems Improvement

Charge

The Office of Public Health Systems Improvement (PHSI) is responsible for directing, managing and coordinating all strategic planning, public health improvement planning, quality improvement and performance management and public health accreditation efforts for the department. The unit is staffed by a full-time manager, a full-time performance improvement manager, a full-time accreditation coordinator, a full time Health Equity Director and contracted staff (as funding allows) to assist with public health improvement planning and monitoring, workforce development, and performance management and quality improvement.

Responsibilities

- Provide staff support to the Public Health Strategic Team (PHST) and the Quality Improvement (QI) Council
- Provide technical assistance to QI Teams and DPH staff carrying out QI initiatives
- Monitor all quality improvement projects
- Coordinate and/or provide training on quality improvement tools and methods
- Coordinate and monitor strategic planning and implementation
- Coordinate and monitor *Healthy Connecticut 2020* State Health Improvement Planning and implementation
- Coordinate all accreditation planning and activities
- Develop and monitor the performance management system
- Manage the *Healthy Connecticut 2020 Dashboard*
- Assist DPH staff and programs in the development and monitoring of performance measures
- Develop, monitor, implement and update the agency Quality Improvement Plan
- Develop and assist in the implementation of a systematic process to assess and improve internal and external customer satisfaction
- Assist in the development and implementation of a workforce development plan

Budget

Funds for quality and performance management activities sit primarily within the Commissioner's Office/PHSI budget. State funds currently support a full-time manager, and a Performance Improvement Manager in part. Preventive Health and Health Services Block Grant and other federal grants are used to support the agency-wide activities of the Performance Improvement Manager in part, a full-time Accreditation Coordinator, and contracted staff for state health improvement planning, workforce development, and quality and performance activities. Department leadership is supportive of performance improvement initiatives and assists in identifying existing funds to support activities like QI training, leadership development, or the *Healthy Connecticut 2020 Dashboard*. Lean training and Kaizen events are supported through funds from the Connecticut Office of Policy and Management, at the direction of the Governor.

Public Health Strategic Team

Charge

The Public Health Strategic Team (PHST) leads and assures the alignment of all major planning and strategic initiatives including: organizational strategic planning, state health assessment and health improvement planning, accreditation, and quality and performance management, to maintain and improve the health of Connecticut.

Responsibilities

- Advise on the development of future organizational strategic plans, state health assessments and health improvement plans over time.
- Identify agency priorities in development of the Strategic Plan and State Health Improvement Plan (SHIP) and support implementation and monitor achievement of those priorities.
- Consider strategic and health improvement priorities identified through strategic initiatives when making budgetary and policy decisions.
- Promote the use of data to drive decision-making and to plan and monitor programs.
- Provide leadership and support DPH staff to carry out requirements to achieve and maintain accreditation.
- Advise on emerging public health issues and work in these areas.
- Advise on DPH's approach to pursuing innovation.
- Promote and help strengthen collaborative working relationships across the agency.
- Promote a culture of quality throughout the organization by serving as role models, creating and communicating performance expectations, encouraging training, and empowering staff to make necessary changes to improve quality.
- Advise on and support ways to enhance progress with and staff ownership of the performance management system.
- Assist in the development and implementation of the performance management system and performance dashboard and promote their use.
- Advise on quality improvement projects that address agency-level priorities.
- Monitor implementation of the Quality Plan and make recommendations for change.
- Advise on development of customer service feedback system, and review data and recommend strategies to enhance customer service (internal and external).

Structure

- The PHST is staffed by Public Health Systems Improvement who coordinate meetings, develop agendas, and create meeting summaries.
- Meetings take place monthly for approximately 1.5 hours at a regularly scheduled time set well in advance.
- Longer meetings may be required periodically to complete specific tasks such as strategic planning or agency priority setting.

Membership

- Senior staff (executive and upper level managers) by title and position are considered ex-officio members of the PHST to facilitate broad agency engagement in developing and monitoring strategic initiatives
- All meetings are mandatory for ex-officio members. If absence is unavoidable, the ex-officio member is responsible for reviewing meeting materials producing all work product requested of

membership and disseminating outputs from the meeting as outlined in the DPH internal communication protocol.

- In addition to the ex-officio members, the PHST is comprised of approximately 15 to 20 voluntary strategic thinkers from all levels of the agency recruited as members-at-large from across DPH. The inclusion of staff from across the agency widens the circle of communication and engagement.
- At large members should be able to commit to attending meetings on a regular basis and be able to carry out the responsibilities of the PHST.
- At large members will serve a minimum of one year term, but may extend their term with approval of the leadership. Terms will alternate to assure continuity.

Considerations for Involvement

- Looking for Innovation – strategic, creative, and innovative thinkers
- New ideas grow from different points of view – people who will introduce variety into the process
- External partners are invited to participate periodically to provide input and assistance with activities such as strategic planning or agency priority setting.

Subcommittees

Subcommittees may be formed as standing committees or ad hoc committees as needed to complete substantive work around various topics like customer service, workforce development, SHA/SHIP development, etc. Subcommittees will report back to the PHST on activities and accomplishments.

Quality Improvement Council – Standing Subcommittee

The Quality Improvement Council assists in operationalizing quality improvement throughout DPH. It serves in an advisory and supportive capacity to the Department of Public Health (DPH) and specifically to the Public Health Systems Improvement (PHSI) office and performance management staff to assure a culture and practice of performance management. Further the council serves in an advisory capacity relative to maintaining accreditation and preparing for reaccreditation. The council takes direction from leadership and collaborates to assure that quality improvement projects and training align with other strategic initiatives such as: organizational strategic planning, state health improvement planning, accreditation and performance management to maintain and improve the health of the population of Connecticut.

Workforce Development – Standing Subcommittee

The Workforce Development Subcommittee exists to strategically develop a competent workforce to perform public health duties within the Department. It does so through: assessment of public health competencies of staff, the creation and implementation of a workforce development and training plan, the coordination of intern and mentorship opportunities and succession planning. The Committee is comprised of staff from throughout the Department who assist in implementation of workforce related activities. The Committee takes direction from, and collaborates with, the PHST to assure workforce related activities align with other department strategic initiatives.

Quality Improvement Council

Charge

The purpose of the Quality Improvement Council (QIC) is to serve in an advisory and supportive capacity to the Department of Public Health (DPH) and specifically to the Public Health Systems Improvement (PHSI) office and performance management staff to assure a culture and practice of performance management. Further the council serves in an advisory capacity relative to maintaining accreditation and preparing for reaccreditation. The council takes direction from leadership and collaborates to assure that quality improvement projects and training align with other strategic initiatives such as: organizational strategic planning, state health improvement planning, accreditation and performance management to maintain and improve the health of the population of Connecticut.

Responsibilities of Co-Chairs

Work collaboratively with the Performance Improvement Manager (PIM), acting as the Strategic Advisor, to:

- assist in ensuring that the QIC comports with the tenets of the charter
- set attainable annual goals and track progress towards same
- facilitate monthly meetings and related discussions
- schedule meetings and prepare agendas and
- take minutes or seek a minute taker at meetings

Responsibilities of Membership

- Ensure representation at every QIC scheduled event; not limited to, but including monthly QIC meetings and associated subcommittee meetings
- Assist in the promotion of a culture of quality improvement in their own units and throughout the organization by serving as champions, role models, and by using a variety of communication channels to increase the visibility of quality improvement
- Acquire knowledge of quality improvement models, such as, but not limited to Plan Do Study Act, Just Do It, and Lean, and seek learning opportunities as appropriate
- Present annual goals to the PHST in December for the upcoming year
- Advise PHST on training and communication needs specific to promoting the tools and concepts of quality improvement
- Plan and assist in the delivery of staff quality improvement training
- Assist in the monitoring of quality improvement projects
- Provide guidance and technical assistance to quality improvement teams as time allows
- Monitor quality improvement projects in DPH through presentations to the Council
- Support and advise the department in activities to maintain accreditation and prepare for reaccreditation in 2022.
- Contribute to the ongoing refinement of the agency Quality Improvement Plan
- Develop and assist in the implementation and sustainability of a systematic process to assess and improve internal and external customer satisfaction
- Advise DPH in the implementation and monitoring of the CT DPH Dashboard

Structure

- The council is co-chaired by two volunteer representatives from the DPH confirmed by the council. The selected co-chairs will serve a two-year term beginning in January of alternating years. The co-chair term may be extended by up to two years under justifiable circumstances

deemed by both co-chairs and the department's PIM and with a majority vote by the QIC members.

- The PIM for the DPH will serve as a standing member of the QIC in the role of Strategic Advisor. S/he will support the co-chairs in all leadership activities and will serve as the liaison to the Commissioners' office for time sensitive decisions and direction. The PIM shall serve as a co-chair if only one DPH staff person is selected as chair.
- Meetings will take place every month at a regularly scheduled time which best accommodates the membership, with the schedule set well in advance.
- Members should be representative of the DPH with representation from each branch or section and from different levels within the organization.
- Members should have, or have an interest in attaining, basic knowledge or skills in quality improvement.
- Members should be able to commit to attending meetings on a regular basis and be able to carry out the council responsibilities.
- Membership will range from 15 to 20 members.
- Members will serve a minimum two-year term beginning in January but may extend their term with approval from the council.
- Meetings and QI Council activities are supported by PHSI staff, including, but not limited to, the Accreditation Coordinator, Dashboard Coordinator, and Workforce Development Coordinator.

Subcommittees

In effort to promote efficiency in executing the QIC's scope of work, and in order to focus members' time and attention in alignment with interests and expertise, subcommittees were developed. The subcommittees are each led by a QIC member and to meet in person and/or communicate via e-mail at least once per month. Each subcommittee has developed objectives and strategies for the QI Workplan in support of the agency's strategic priorities and overall quality vision.

Customer Service Subcommittee

Charge is to develop internal and external customer service policies and procedures to establish and improve upon overall customer service measures

Training Subcommittee

Charge is to identify QI training needs and update training curriculum

Promotion Subcommittee

Charge is to develop QI communication strategies and incentives around the agency (including administering the Excellence in QI Award)

Data/Metric Subcommittee

Charge is to ensure data is being used effectively for quality improvement projects and performance management

Quality Improvement Teams

Charge

Quality improvement teams convene to address specific quality improvement projects. Their work is time-limited and focused on specific improvements. They may receive support from the Quality Improvement Council, PHSI, or peers with quality improvement experience.

Teams may form on their own to initiate projects or be convened via the PHST when addressing projects of significant impact or strategic importance to the department. Projects are initiated by staff at all levels of the organization. See Project Identification and Initiation Process beginning on page 21 for details.

Connecticut Health Improvement Planning Coalition

Charge

The Connecticut Health Improvement Coalition is a large advisory, advocacy and action body comprised of leaders from Connecticut organizations, who serve as community ambassadors and who will inform the overall implementation of the *State Health Improvement Plan* by sharing information from key networks and groups to facilitate action.

Membership

Coalition members represent diverse local, regional and statewide organizations and agencies involved in addressing public health from a variety of perspectives.

Roles & Responsibilities

- Participate in Action Teams and provide information from key sectors or constituencies to help inform action plan development
- Implement key *State Health Improvement Plan* strategies
- Inform Coalition Advisory Council and Action Teams on sustainability opportunities
- Inform Advisory Council on optimum communication strategies
- Inform on existing initiatives and local priorities which align with *State Health Improvement Plan* objectives
- Act as ambassadors and educators on *State Health Improvement Plan* and implementation initiatives

Working Principles

- Collaboration, partnership and integrated approaches
- Data and evidence-driven decision making
- Open communication and transparency in all activities
- Work collaboratively, as a unified entity advocating for the interests of all Connecticut residents
- Support discourse, learning and leadership in health improvement

Term of Commitment

- Membership is open to interested organizations and individuals and documented with completion of the Coalition Membership form or email request
- The Coalition will host periodic conference calls between January and December

Advisory Council of the Connecticut Health Improvement Coalition

Charge

The Advisory Council of the Connecticut Health Improvement Coalition provides guidance and oversight/management of the *State Health Improvement Plan*, including coordinating implementation timelines and reporting/communication strategies in conjunction with DPH Leadership.

Membership

The Advisory Council is comprised of approximately 30 Connecticut leaders, representing cross-sector entities that have a direct or indirect impact on health or determinants of health.

Council Members

- Are action oriented
- Are in central positions that can facilitate change
- Are influential opinion leaders that provide expert advice
- Are committed to health equity
- Have a proven track record for collaborative problem solving and conflict resolution

Role & Responsibilities

- Advise on implementation and coordination of plan activities
- Review and advise on refinement to plan objectives and strategies
- Serve as advocates for policies and system changes that can prevent or reduce health risk behaviors and lead to improved health outcomes
- Advise on a governance structure and decision making roles
- Plan for sustainability and succession, and provide recognition
- Assist with identifying and engaging diversified funding streams
- Make strategic linkages
- Act as ambassadors and educators on the *State Health Improvement Plan* and implementation initiatives

Working Principles

- Collaboration, partnership, and integrated approaches
- Data and evidence driven decision making
- Open communication and transparency in all activities
- Work collaboratively, as a unified entity advocating for the interests of all Connecticut residents
- Support discourse, learning, and leadership in health improvement

Term and Time Commitment

- 3 year term
- Quarterly meetings and periodic conference calls

Action Teams of the Connecticut Health Improvement Coalition

Charge

Action Teams of the Connecticut Health Improvement Coalition are created for implementation of the *Healthy Connecticut 2020: State Health Improvement Plan* (SHIP). They will develop and implement annual Action Agendas and report progress quarterly to the Advisory Council of the Connecticut Health Improvement Coalition. In developing Action Agendas, the Action Teams may prioritize objectives and strategies, and identify and recommend refinements to the *Healthy Connecticut 2020: State Health Improvement Plan*. Action Teams may also create subcommittees to identify specific strategies and action steps for a prioritized objective, and/or address issues that require concentrated subject matter expertise.

Membership

Action Teams are comprised of Connecticut Health Improvement Coalition members and/or others with subject matter expertise in focus areas of the *Healthy Connecticut 2020: State Health Improvement Plan*. In most cases, Action Team members are already engaged in initiatives related to their assigned focus area. Each Action Team will have a Lead Convener(s).

Lead Convener Roles & Responsibilities:

- Understand the larger, strategic direction of Action Team priorities and how your organization's work contributes to this.
- Organize and orient Action Teams; schedule or request assistance to schedule Action Team meetings
- Assist and facilitate Action Team to review progress via the HCT 2020 Performance Dashboard in meeting priority strategies
- Assist and facilitate Action Teams to identify and complete action steps for implementation of priority strategies.
- Report progress and make recommendations to the Advisory Council
- Recruit organizations and existing networks currently engaged in work related to the Focus Area
- Act as ambassadors and educators on the SHIP and implementation initiatives.

Action Team Member Role:

- Participate in prioritizing 1-3 objectives for the focus area
- Participate in identifying 1-3 strategies for each priority objective, and specific partners that will implement the strategies, either as a lead, an implementation partner, or as a support partner.
- Catalog initiatives already underway and map to SHIP objectives and strategies (major initiatives that do or could have state-wide relevance or applicability)
- Communicate activities to your coalitions/organizations/program, and ensure alignment/refinement of their work to the Action Agenda.
- Make recommendations for refinement of prioritized objectives and strategies.
- Provide input on communication strategies
- Develop and inform strategic linkages to other Focus Area strategies
- Act as ambassadors and educators on the SHIP and implementation initiatives

Partner Responsibilities

Partners may be Action Team members or others that have the subject matter expertise, credibility, and are positioned or aligned so that they perform the actions that implement the strategies on the Action Agenda. Partners will be identified by Action Teams to:

- Implement or coordinate implementation of Action Steps
- Identify issues and progress to the Action Team and/or Lead Conveners
- Inform strategic linkages and diversified funding streams
- Advise on communication strategies
- Act as ambassadors and educators on State Health Improvement Plan and implementation initiatives

Working Principles

- Collaboration, partnership, and integrated approaches
- Data and evidence-driven decision making

- Open communication and transparency in all activities
- Work collaboratively, as a unified entity advocating for the interests of all Connecticut residents
- Support discourse, learning, and leadership in health improvement

Frequency of Meetings

Action Team meetings will occur at least quarterly, in order to review progress and update an Action Agenda by November 30th of each year.

Prioritizing Value to the Customer

CT DPH continues to prioritize customer service as evidenced by both its stated value of *Service-oriented - We respect, listen and respond to our customers* and its strategic plan priority of *Promote a Culture of Customer Service*. Policy has been developed defining standards for internal and external customer service and establishing a systematic process to consider customer feedback on programs and interventions.

Internal Customer Service

In response to the findings of a 2016 employee satisfaction survey that suggested room for improvement in the ability to conduct business with other DPH branches, sections or units, the QIC Customer Service (CS) Subcommittee focused the members' attention on the development of an internal customer service policy. An internal CS goal was established:

DPH will provide quality customer service as evidenced by

- Mindful interactions
- Clear and courteous communication(s)
- Timely and thorough responses
- Continuous quality improvement of customer service
- Consistent service to all

Standards were defined in a written policy that was signed and executed in May, 2018.

External Customer Service

Following the success of the Internal CS policy development, the QIC CS Subcommittee turned their attention to the development of an external customer service policy. The external CS goal is that DPH staff shall strive to embody the following attributes when providing service to the people we serve in Connecticut:

- Accessibility
- Clarity
- Courtesy
- Knowledge
- Helpfulness
- Timeliness
- Overall Satisfaction

Standards were defined in a written policy that was signed and executed in February, 2019. Training around the delivery of customer service was developed and piloted with the funding and support of the Yale New Haven School of Public Health, Office of Public Health Practice, Workforce Development and Distance Learning. Funding to roll out to the entire agency is being sought.

Customer Feedback

Implementing a consistent and systematic process for the regular consideration of customer feedback on programs and interventions for the improvement of population based health promotion, protection, and improvement efforts is an ongoing developmental process that has been operationalized at various degrees and within various programs throughout the agency as innovation has been inspired. Focus groups, surveys, program evaluations and listening sessions have all been conducted by various programs in effort to better understand the customer needs so as to provide the most effective service.

The QIC and its subcommittees are working to standardize the collection and use of customer feedback to drive measureable change in our high performance culture of quality improvement.

Internal Customer Feedback

Promoting a culture of customer service includes the strategic priority to enhance customer service knowledge and skills through education, clear expectations, modeled behaviors and evaluation. Work began with assessing the current culture and measuring internal customer satisfaction.

The Plan Do Study Act (PDSA) model of process improvement will be used to evaluate the implementation and effectiveness of customer service strategies working to continuously improve service delivery. Adherence to standards will be evaluated periodically by leadership with support from PHSI and impact measures will consider staff morale and collaborative efforts within and between department sections.

External Customer Feedback

The External Customer Service policy has been promulgated and includes an agency-wide standard to collect external customer service feedback in the form of a survey link to be placed strategically through agency communications. Implementation of this survey is intended for the spring of 2019 and results are scheduled for analysis on a quarterly basis. The survey will collect and report customer satisfaction with DPH staff related to the following areas: Accessibility, Clarity, Courtesy, Knowledge, Helpfulness, Timeliness, and Overall Satisfaction.

This system will include at a minimum:

- A prominent link on the DPH home web page to a satisfaction survey soliciting and recording customer feedback
- Staff will have a link in the signature block of their emails that takes customers to the same satisfaction survey.
- Survey data will be analyzed at the section level so as to also allow for department-wide customer service feedback trends; personal identifiers received will not be considered.
- The QIC CS subcommittee will review the data at least once per tracking the results/trends in an internal dashboard that will be displayed on the DPH Intranet.
- Analysis of this data will be used to identify quality improvement opportunities related to programs and interventions, guide training development for areas not meeting the standards, and system improvement activity if inefficiencies or inconsistencies are noted in compliance with standards.

It is anticipated that with the analysis of customer feedback, stratified by departmental sections and services, new insights will be gained that shine light on specific areas within the agency that show need for process assessment and improvement.

Project Identification and Initiation Process

As DPH strives to be a performance-based organization, all staff members are encouraged to identify and initiate quality improvement projects to improve processes, create efficiencies, increase effectiveness and improve health outcomes. Quality improvement projects may range from high level, department-wide initiatives to smaller programmatic improvements. Small scale quality improvement projects can be extremely valuable and may serve as the basis for larger successes.

Projects may be **identified** through a range of methods including but not limited to:

- Directives from governing entity, e.g. the state legislature mandated the use of Lean to improve a process involving four state agencies, including DPH and several community partners
- Data revealing shortfalls in meeting program or health outcomes, e.g. review of Performance Dashboard demonstrated trending away from benchmark resulting in intentional change in approach
- Staff observation of situation that needs correction, e.g. an administrative process internal to the agency was improved to facilitate timely communication of incidents to necessary parties in order to mitigate negative health impact
- Formal evaluations that recommend improvements, e.g. non-compliance with contractual obligations results in automation of process and restored compliance
- Large-scale planning processes, e.g. the priority objectives developed as a result of the development of the Strategic Plan
- Examining daily processes that staff know can be improved upon, e.g. those “Just Do It” activities where the problem is recognizable and the solution is easily identified/agreed to and implemented, e.g. administrative process that required paper and electronic entry of identical data was converted to electronic entry only

Projects may be **initiated** at various levels within the organization. While formal mechanisms are in place to seek approval and obtain leadership support and oversight, it has been observed that an organic process has evolved over the last four years that bypasses these formal avenues. In casual conversation with staff from all levels of the organization, improvement activity was being shared, but not necessarily labeled or documented as such. This is a positive finding in that staff appear to be taking the initiative and working to employ QI principles across the agency. DPH will work on capturing and measuring the quality improvement work conducted by programs through technical assistance, incentives and awards.

The formal process for seeking approvals from appropriate parties will continue to be promoted. Projects initiated at the program, section and branch levels, that address improvements at those levels shall be approved by the program manager, section and branch chiefs.

Projects that address DPH high priority issues that align with the agency Strategic Plan, the State Health Improvement Plan and/or which have significant agency impact and or impact multiple programs or services or agencies should be initiated and/or approved by the Public Health Strategic Team (PHST).

The process for initiating a quality improvement project is described for staff in simple terms in the Quality Improvement Conversation Starter (See Appendix E) and in the QI Project Flow (Appendix G) and JDI Project Flow (Appendix F). Once initiated, all projects large or small will be tracked and monitored (see Monitoring the Quality Improvement Plan and Activities Section beginning on page 27 of this document). Such tracking will allow DPH to monitor the progress and growth towards becoming a performance-based organization and to track improvements made. Furthermore, such monitoring can

enhance collaboration between QI teams and avoid duplication of efforts. The QI Council and PHSI staff provide technical assistance to quality improvement teams as needed. Opportunity to share effort is provided through presentation to the QIC, PHST and executive leadership, as well as via the Lunch and Lean events that invite staff engaged in QI activity to share with their peers, the challenges and successes encountered with their improvement efforts.

Quality Improvement Methods and Tools

DPH promotes the use of the Plan, Do, Study, Act (PDSA) approach to quality improvement and training is available to all staff on the model. There are many additional tools and techniques used within the PDSA framework, some of which are listed below.

Problem Identification

- Value Stream Mapping
- Lean 8 Waste Identification
- PICK Chart
- Fishbone
- Cause and effect diagrams
- Process Flow Maps
- Prioritization Matrices
- Performance Management/Dashboard
- Gemba Walks

**Staff working to define a project are encouraged to use the standard DPH team charter which includes a project aim, team members' roles and responsibilities, performance measures and project scope.

Problem Solving

- Lean Kaizen
- Design Thinking
- Brainstorming
- Project/implementation plans
- Key Performance Indicators

Sharing the Work

- Just Do It Database
- Project Tracker
- Storyboards
- PowerPoint Presentation
- Lean Report out
- Reviews w/ QIC, PHST, Executive Mgrs.
- Lunch and Lean
- Dashboards

Whatever tools are used, teams are reminded how their work aligns with the performance management framework embraced by DPH. PHSI staff is available to provide technical assistance to teams in the use of tools and in carrying out the PDSA process. In the end, it is the improvements that are made that matter and it is key that the tools selected work for the teams.

Quality Improvement Training and Support

In an effort to promote a culture of QI, DPH recognizes that staff need an understanding of, and an ability to use, QI theories, models and tools. DPH currently tracks the number of staff who have taken training in support of QI/PM activity and is maintaining a Dashboard that reflects completion rates of introductory courses. DPH is also working to build dashboards reflecting increased QI/PM offerings at the intermediate and advanced level. These numbers will be reported in the DPH Performance Dashboards. This data will also be used to inform decisions about ongoing training strategies. Currently 879 QI/PM related courses have been completed by DPH staff.

PHSI works with the QIC Training Subcommittee to identify training needs and coordinate/provide training on quality improvement and performance management for all staff. Some of the training that have been and/or continue to be offered are as follows:

Introductory Training				
Title	Description	Target Audience	Type	Status/Registration
New Employee Orientation	This is a 1 day orientation to the agency's programs, services, and policies. It also includes a brief overview of the agency's plans including the Strategic Plan, SHIP, Quality Improvement Plan, Workforce and Development Plan, accreditation activities, customer service, teamwork and organizational competencies including quality and performance management.	Mandatory for all new staff	In person	DPH New Employee Orientation – Course ID 1076443
CT DPH, A High Performance Organization	This is a tutorial for all new staff to orient them to the agency's culture of quality and performance management in DPH.	Mandatory for all staff within 6 months of hire every 36 months after for all staff.	Online	CT DPH, A High Performance Organization – Course ID 1059810
Introduction to the Performance Management System IT Application at the CT DPH	This provides an overview and demonstration of DPH's performance management IT application, and how it is used in DPH. After completing this course, the participant will: <ul style="list-style-type: none"> • Understand the basic components of the performance management system framework • Be familiar with the new performance management IT software • Be able to see the capability of the application to showcase the work of DPH programs 	Performance Dashboard license holders	In person	Introduction to the PM Management System IT Application at the CT DPH - Course ID#1049161

Introductory Training				
Title	Description	Target Audience	Type	Status/Registration
Developing and Updating a Program Dashboard	An online tutorial on performance management, offering direction on how to use the Healthy Connecticut 2020 Dashboard.	All staff	Online	Under development
Lean Basics	This is a three-hour Lean Basics course that provides an overview of Lean and tools and techniques for process improvement.	All staff	In person	Offered periodically through the Governor's Office – registration announced through DPH Performance Improvement Manager
Basic Tools of QI	This tutorial highlights the role of QI in the DPH Performance Management model and illustrating the PDSA model of QI.	All staff	Online	Under development
Advanced Training				
Title	Description	Target Audience	Type	Status/Registration
Quality Improvement Hands on Training and Coaching	PHSI staff provides technical assistance, coaching and mentoring to individuals and teams working on quality improvement projects.	DPH programs working on a QI project	In person	Available by appointment
Lunch and Lean	This series is sponsored by the Quality Improvement Council to support DPH's ongoing efforts in sharing best-practices and success stories in quality and performance improvement. DPH programs and staff success stories are showcased including innovative approaches to overcoming obstacles and meeting measure requirements and target dates.	All Staff	In person	DPH Lunch and Lean Series - Course ID# 1081151
Results Based Leadership Advanced License Holder Training	Results Based Leadership conducted a webinar-based training. This training facilitated advanced training for dashboard license holders to increase skills and learn more in-depth functionality of the system.	Performance Dashboard license holders	Online	Results Based Leadership Advanced License Holder Training - Course ID# 1059239
Micro Learning Opportunities	The Training Subcommittee of the QIC is developing micro-learning "nuggets" to bring greater clarity and understanding of QI and Lean, terminology and processes, to agency staff. These will be produced and distributed to the agency at large. These courses will be designed to be	All staff	Online	Under development

	useful for presenting the concepts to groups, such as at a staff meeting, and can also be readily utilized by individuals.			
Kaizen Continuous Improvement Events	This is an intensive, hands-on, week-long event for DPH programs that have identified the need for a rapid cycle process improvement.	Staff involved in significant process improvement projects	In-person	Scheduled through the DPH Performance Improvement Manager
Leadership Development	This course is offered through Leadership Greater Hartford (LGH) as funds allow. It is a five-day program that explores personality types in the workplace, teaches the five exemplary leadership practices and shares successful strategies for leading change in an organization. Each participant receives a report of their 360-degree evaluation and develops a leadership development plan based on its findings in collaboration with a leadership coach. Participants explore the connection between leadership and quality services and are encouraged to serve as role models for other staff in this area. Peer coaching, organizational climate and other leadership topics may also be provided to supplement leadership development.	All staff	In person	Offered periodically
Specialized Training				
Title	Description	Target Audience	Type	Status/Registration
Results Based Accountability	As previously noted, the <i>Healthy Connecticut 2020 Dashboard</i> is built on the concepts of Results Based Accountability .™ All program staff contributing to the dashboard are being trained in these concepts so that they can develop program performance measures that align with population indicators and articulate the connection between daily work and health outcomes.	Program Staff	In person	Offered periodically
Public Health Strategic Team (PHST) Orientation	The PHST leads and assures the alignment of all major planning and strategic initiatives including: organizational strategic planning, state health assessment, state health improvement planning, accreditation, and performance management. New members join the PHST on an annual basis and an orientation is provided.	New members of the PHST	In person	Offered as needed

Introduction to Supervision	<p>The most successful employee can become stymied by the challenges in the role of supervisor. This training will help the “super worker” transition successfully into the role of “supervisor”. Participants will consider the potential impact of supervision on the culture of the workplace; the role and responsibility of a supervisor and the skills and resources a supervisor may capitalize upon to increase his/her success. After completing this course, the participant will be able to:</p> <ul style="list-style-type: none"> • Identify four elements of a positive workplace • Define the role of the supervisor in creating the desired work culture • Understand the impact of the supervisor on the environment and the people in it for potential success • Name three tools to execute the role of the supervisor 	All DPH Supervisors	In person	CT DPH – Introduction to Supervision - Course ID# 1077518
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Excellence in Quality Improvement Award

The Connecticut Department of Public Health Excellence in Quality Improvement Award is presented annually to an individual or team of agency employees who have demonstrated a commitment to quality improvement by incorporating QI activity into his/her/their daily practice. The agency is dedicated to improving the quality of the work, processes, and outcomes of the essential services we perform, and this award serves to recognize and award these efforts. All DPH staff are encouraged to nominate those individuals or groups who have exemplified the characteristics necessary to cultivate a continuous improvement organizational culture. The QIC Promotion Subcommittee is charged with administering and overseeing the award.

Annual Goals, Objectives and Measures

The overall Quality Improvement Plan outlining the DPH approach to performance management will be updated as needed. Each year an annual work plan will be developed with clear goals, objectives, measures and activities designed to move us closer to institutionalizing performance management in DPH. The goals are drawn from the DPH organizational Strategic Plan. The strategic map with prioritized objectives is in Appendix A. The annual QI work plan with specific objectives, activities, and measures is in Appendix C.

Monitoring and Evaluating the QI Plan and QI Activities

The PHSI staff is responsible for implementing and monitoring the overall Quality Improvement Plan, the annual work plan, and quality improvement activities occurring throughout DPH.

Strategic Objectives

The QIC conducts an annual review of each of the current Implementation Worksheets designed to track the progress of objectives and key activities needed to accomplish strategic priorities identified in the strategic map. These worksheets reflect efforts in support of the QI Plan, the creation of a QI culture and specific QI activity around health outcomes. The primary focus of this review is to assess:

- The status of each result/progress to date
- Barriers being encountered to progress
- Expectations of progress in the coming months
- How results are reflected in the Dashboards, and
- How the QIC can support this work

Members of the QIC will report progress on major milestones to the PHST on a quarterly basis. If barriers are encountered in reaching these milestones, the QIC with the assistance of the PHSI office will look to the PHST for support and recommendations. If significant change to infrastructure around QI/PM practice occur then the QI Plan will be modified.

One example of a change made that impacted the QI Plan was the recognition of the “Just Do It” QI project. In the review of QI activity across the agency the QIC learned of several QI projects that were experiencing great success but were not being called QI. Just Do It reflects a new method of capturing those everyday improvements being made across the agency.

Quality Improvement Activity

As previously mentioned, to further track QI activity across the agency, visual management tools have been developed for DPH staff to share and view challenges and successes around improvement efforts, as well as, projects in progress via two specific systems.

QI Project Tracker – This captures Lean projects initiated and led by DPH staff. It is available for review by all DPH staff on a shared network computer drive and displays progress towards project goals (or Key Performance Indicators (KPIs)) using red, yellow and green dashboard indicators for quick visual reference. It also provides links to:

- PowerPoint presentations and/or Storyboards used to summarize each project
- Implementation Plans that reflect the specific activity needed to operationalize the recommendations that emerged from the project
- Data on the KPIs demonstrating progress towards the improved state

Just Do It! – This reflects the smaller projects or everyday improvements to daily processes that staff make with supervisor approval. Staff are able to share the effort and impact via a web-based application and then those submissions are exported monthly into an excel database that is maintained on the same shared computer drive, accessible to all DPH staff.

The QIC and PHSI also regularly evaluate whether DPH staff have the following

- an understanding of the QI/PM models, methods and tools
- access to a user friendly platform to share data and decisions around same (dashboards and project tracker/Just Do It);
- leadership skills to lead the change effort necessary to cultivate a QI culture

Customer/Staff Feedback

In addition to evaluating all quality improvement related training, PHSI seeks continuous feedback from staff informally. PHSI staff frequently attend staff meetings throughout DPH to assist them in understanding the performance management system, the SHIP, the strategic plan, accreditation, and the Performance Dashboard. Feedback is sought to determine how best to engage staff in these cross-cutting initiatives.

As described on page 20 in Customer Feedback under Prioritizing Value to the Customer, effort will be made to solicit and track feedback. This data will be reviewed by the Quality Improvement Council and improvement efforts including training and system efficiency projects will be implemented as indicated.

Communication Plan

A communication plan has been developed to 1) assure that DPH staff possess a clear understanding of quality improvement and performance management and become familiar with the tools available to complete quality improvement projects and 2) ensure communicating results to our staff, governing entity, and stakeholders.

Communication activities for the QIC are supported by the Promotion Subcommittee. The mission of the Promotion Subcommittee is to educate DPH staff on performance management concepts and topics, communicate initiatives, trainings and other opportunities available to staff related to QI and promote QI throughout the agency.

Communication relative to quality improvement activities and results takes several forms. The following are examples of how quality improvement and performance management will be communicated throughout the agency:

- A Quality Improvement Tool Kit resides on the DPH intranet. It contains the Quality Improvement Plan, QI tools and resources, as well as examples of completed quality improvement projects.
- A brief communication entitled Q-Tip is emailed to all staff members on a monthly basis. It provides succinct information about quality improvement tools, training and projects. Relevant resources, tools and examples are attached to the emails.
- Programs are invited to present their completed quality improvement projects to fellow DPH staff during the monthly/bi-monthly Lunch and Lean series to support DPH's ongoing efforts in sharing best-practices through peer to peer learning.
- Specific QI projects and results are presented to the QI Council and Public Health Strategic Team.
- Storyboards from quality improvement projects are displayed in hallways for all staff to view.
- The Excellence in Quality Improvement Award, established in 2018, recognizes DPH employees who have demonstrated a commitment to quality improvement in their daily work.
- Updates on quality improvement and accreditation activities are provided periodically at town hall meetings which are open to all staff.
- PHSI staff meets periodically with DPH sections to discuss components of the Quality Plan. These meetings enable small group discussion to help section staff understand how they connect to some of the more strategic initiatives in DPH.

Improvement activity and results are shared with the public and stakeholders via the HCT2020 Dashboards accessible on the DPH public website, and with Local Health Departments through the Accreditation Learning Community, a peer-to-peer learning collaborative of Connecticut health departments that are pursuing national accreditation and reaccreditation. Additionally, DPH programs may share dashboards and improvement activity individually with their stakeholders (e.g., SHIP Coalition, HIV partners).

DPH also participates in the state's annual Lean Showcase at the state capitol. This event is sponsored by the Governor's Office to showcase improvements and cost savings over the past year. DPH staff have both attended and presented at the annual Lean in Government Conference sponsored by LeanCT. The conference is attended by state and community partners from CT and New England neighboring states. It affords all the opportunity to share QI and Performance Management models, learning from each other's successes and challenges. The Governor may also call upon all state agencies to share results of improvement efforts. Given the existing infrastructure at DPH we have been able to share upon request. For new leadership, a transition document is available with details of organizational structure and prioritized activity. It includes information on the department's QI/PM activity and infrastructure. Finally, representatives from the Governor's Office are invited to attend strategic planning and accreditation activities which review quality and performance management activities.

Conclusion

During the past few years, CT DPH has seen tremendous gains in its pursuit to become a performance based organization. The Quality Improvement Plan serves as a key document to guide and enhance agency activities towards managing performance and continuous improvement.

Appendix A –Environmental Scan

On Tuesday, August 7, 2018 the Quality Improvement Council held a half day meeting to strengthen the capacity of the QI membership to lead QI activity throughout the agency and begin the QI planning process necessary to establish a culture of quality improvement in DPH. One activity undertaken was a review of the resources and potential barriers to this effort both internal and beyond the walls of DPH. What follows is the collective input of the QIC membership.

Strengths (internal)

- Visible senior leadership commitment to QI
- Infrastructure that supports QI including
 - Organized QI council with a charter and subcommittees
 - Public Health Systems Improvement Office for facilitation and leadership
- Access to abundant QI information on our intranet (Tool Kit, etc.)
- Core group of QI champions throughout the agency
- Dedicated resources (financial, staff time) to advance QI
- The agency has achieved and is maintaining accreditation
- The agency uses change management strategies when starting something new
- There are people at the agency who are open to change and willing to do things differently
- Ability to gather feedback from both DPH staff and customers
- DPH has partners who are also interested in QI (for example: attendees of the strategic planning meeting 6/27/18)
- The structure of DPH's QIC and its subcommittees
- Awards/recognition/training
- We value transparency and have tools to facilitate that (e.g. the dashboards)
- Availability of project outcomes across the department
- The agency promotes customer service satisfaction & reports on it for some grants

Weaknesses (internal)

- Inconsistent QI knowledge across the agency
- Few procedure manuals on how/what employees do in their jobs
- Limited training for specialized positions; need for more professional development
- Competing priorities: Staff work tied to grant obligations; daily "urgent issues" leave little time for QI
- Funding is inconsistent across programs, supporting silos, discouraging collaboration
- Resistance to change is evident with some staff
- Some supervisors lack leadership skill/ability but are not engaging in leadership development opportunities
- The capabilities of staff are not being fully utilized
- Some staff don't feel empowered to take initiative in improvement activity
- Lack of accountability when directed to institute new "Lean" ways of doing something
- Limited Dashboard involvement; dashboard is assigned to limited few in some areas
- Limited staff resources in some areas

Appendix A –Environmental Scan

Appendix A – Environmental Scan (cont')

Opportunities (external)

- New employees/recruitment = new ideas
- Customer satisfaction
- Governor's Lean initiative
- New software and equipment
- Transition binders
- Best practices from national organizations, state user groups, learning communities, community partners
- Change in state leadership may continue or potentially improve focus on QI activity
- Partnerships with academic institutions especially with resources and skill sets
- Working more collaboratively with other agencies
- Union protections – continuation of projects
- Using dashboard with partners
- PDSAs with grantees

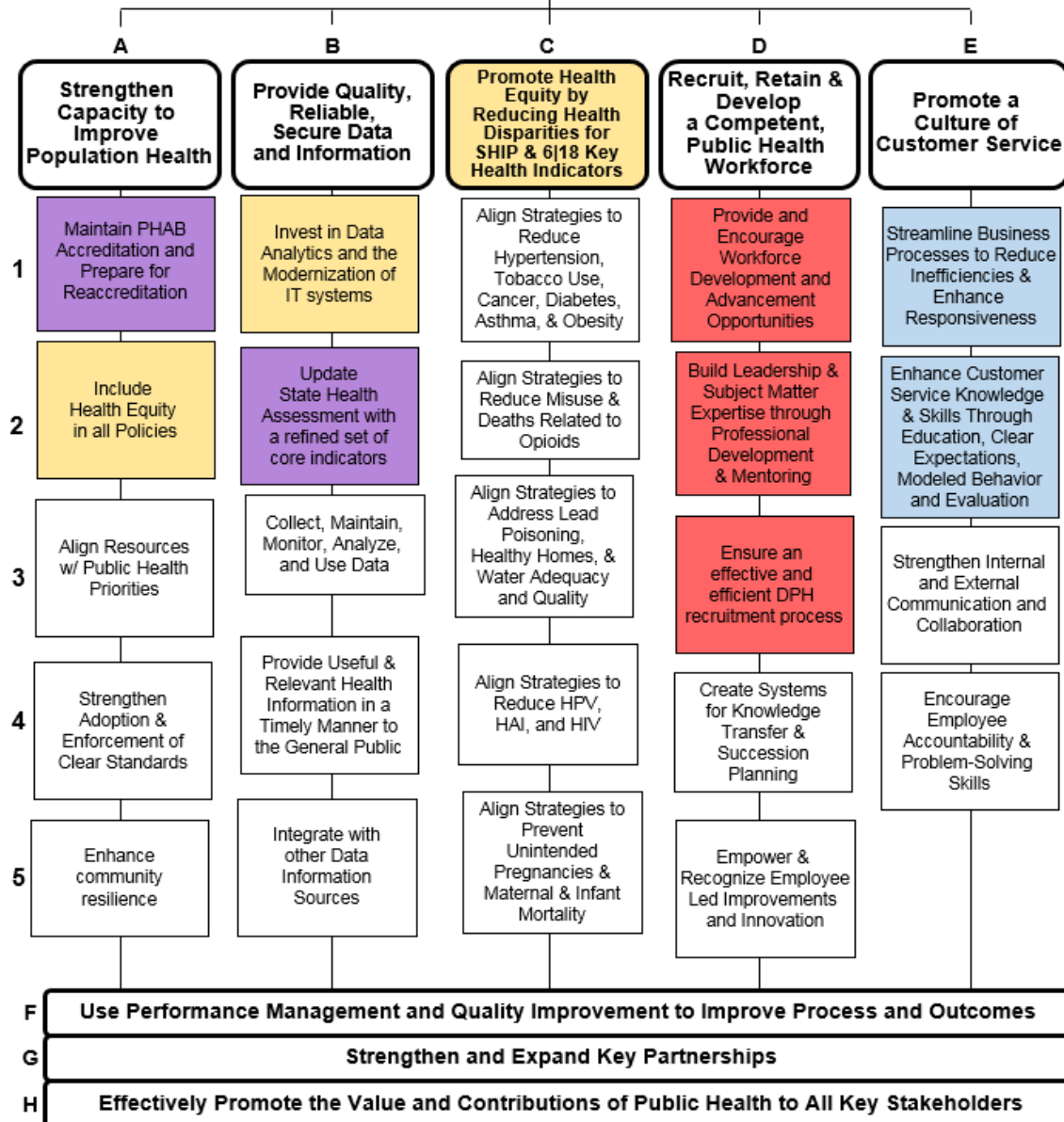
Challenges (external)

- Media coverage with an agenda that is inconsistent with public health messaging
- Possible change in agency, state and legislative leadership which has been supportive of PH QI
- Questionable and diminishing funding
- Changes in federal priorities/expectations
- Fear of layoffs resulting in
 - decrease in staff initiative/innovation
 - increase in staff departure
 - decrease in candidate pools from outside state service
- Challenge with recruitment
- Decreased access to 120 day return retiree leading to decrease in institutional knowledge
- Limited access to 40 hour work week
- Inability to retain staff

Connecticut Department of Public Health Strategic Map: 2019-2020

Improve Health in Connecticut through
Collaboration, Accountability and a Focus on
Health Equity

01/01/2019



Appendix C - Quality Improvement Workplan - 2019

OBJECTIVE # 1	Maintain PHAB Accreditation & Prepare for Reaccreditation (Aligned with Strategic Plan Objective A-2 Maintain PHAB Accreditation & Prepare for Reaccreditation)
PERFORMANCE MEASURE	% opportunities for improvement addressed and completed (out of 37 opportunities for improvement) Target: 75%

Strategies/Activities	Responsible Parties	Time Frames	Measures
1.1 Complete annual report for PHAB	PHSI	January 2019 - March 2019	a) Submission of Section I by March 2019 b) Submission of Section II within 30 days of PHAB acceptance of Section I
1.2 Implement improvements to fill gaps in conformity with PHAB standards for ≥3 measures: a. Measure 11.1.2- Ethical issues identified and ethical decisions made b. Measure 12.2.1- Communication w/ governing entity regarding responsibilities of HD and governing entity c. Measure 2.1.2 – Capacity to conduct/support simultaneous investigations	PHSI, DPH leadership, SMEs	January – December 2019	≥3 opportunities for improvements completed in 2019 a. Policy or set of policies that describe process for addressing ethical issues b. Orientation for governing entity c. Written procedures for conducting simultaneous investigations
1.3 Identify Domain Leads and Team Members for Reaccreditation	PHSI, DPH Leadership	December 2019	Roster of DPH staff for all 12 Domains

Appendix C - Quality Improvement Workplan - 2019

OBJECTIVE # 2	Educate staff on value of quality improvement and promote the implementation of PI projects throughout DPH
PERFORMANCE MEASURE	Improve to Exit 5 of NACCHO's <i>Roadmap to a Culture of QI</i> through self-assessment of Senior Leadership/PHST by January 2020

Strategies/Activities	Responsible Parties	Time Frames	Measures
2.1 Conduct gaps analysis (analyze data)	QIC Promotion Subcommittee	January 2019	Response rate completion
2.2 Improve QI Toolkit on intranet	QIC Promotion Subcommittee	December 2019	# of resources updated/added # of people who use it
2.3 Identify and promote best practices for business processes across programs to streamline and improve	QIC Promotion Subcommittee	December 2019	≥ 6 Lunch and Leans to share best practices
2.4 Develop communication strategy to promote value	QIC Promotion Subcommittee	December 2019	Completed plan # outreach messages, e.g. Q-Tips, etc.

OBJECTIVE #3	Evidence of Data Used in all Programmatic Decision-Making		
PERFORMANCE MEASURE	75% of all dashboards have at least one Dashboard Discussion form completed		
Strategies/Activities	Responsible Parties	Time Frames/Targets	Performance Measure
3.1: Office Hours 3.2: Are We Measuring What Matters? 3.3: Presentations at QIC and Executive Management Meetings	DPH	75% by July 2019	1. % of programs with targets and/or performance measures in a dashboard
3.1: Office Hours 3.2: Are We Measuring What Matters?	PIM and Dashboard Coordinator	20% by July 2019	2. % of programs reporting use of the dashboard as a management tool
3.2: Are We Measuring What Matters? 3.3: Presentations at QIC and Executive Management Meetings	QIC Metrics & Evaluation Subcommittee	Complete by July 2019	3. Develop a data driven decision-making mechanism for pinpointing when a QI intervention is necessary
3.4: QI subcommittees will track respective performance measures and update the council on progress	QI Council subcommittees are responsible for respective performance measures Metrics and Evaluation subcommittee will provide oversight/TA	Complete by July 2019	Review and update progress on this workplan quarterly.

Appendix C - Quality Improvement Workplan - 2019

OBJECTIVE #4	Ensure that DPH staff have access to resources needed to build knowledge and skills in QI		
PERFORMANCE MEASURE	Every program has engaged in a Quality Improvement Project initiated and implemented by staff		
Strategies/Activities	Responsible Parties	Time Frames	Measures
Provide 5-10 minute “micro-learning” opportunities (self-directed or to be shared with peers) that introduce or provide experiential learning around QI tools	CT-TRAIN; QIC; Training subcommittee	December 2019	75% of all sections will use at least 3 in a year
Provide monthly Lunch and Lean programs that promote/support sharing of best-practices and success stories.	QIC training subcommittee and DPH staff volunteers	December 2019	20% of DPH staff will attend at least one L&L session.
Develop recommendations for how to include/enhance PM/QI/PI training in NEOn.	QIC Training Subcommittee; HR	March 2019	By 12/1/2019 NEOn will include an enhanced PM/QI/PI training.
<p>Create forum for cross training (across programs) on projects</p> <p>(ex. Allow for observer/objective team member participation on QI projects with expectation that observer will then lead a future QI team.)</p> <p>Senior leadership will prioritize getting to exit 6 by making time for staff to observe QI projects and lead their own projects</p>	QIC Training Subcommittee; DPH	December 2019	At least 4 active QI project teams will invite one or more staff from outside of the process to sit in and observe the effort.

OBJECTIVE # 5	Implement a customer service system that is responsive to feedback
PERFORMANCE MEASURE	<p>Process Measure for external customer service: Every program has implemented a means to allow customers to provide feedback and tracks trends, identifying opportunity for improvement</p> <p>Impact Measure for internal customer service: ≥10% improvement to employee satisfaction survey results</p>

Strategies/Activities	Responsible Parties	Time Frames	Measures
Develop and deliver internal and external customer service training to improve interpersonal communication and provide tools and techniques to prevent and defuse negative exchanges	PHSI/HR, vendor and/or public online training	June 2019	Pre and post assessment Participation rate
Create a resource list of external customer service feedback tools reflecting the following data elements: medium used, questions asked, when and with whom it is used and rate of feedback received if known (including those already in use at DPH and evidence based tools used nationally) and make available on intranet	ECS subcommittee	March 2019	List is posted on intranet # of programs utilizing a feedback tool
Utilize internal communication protocol to advance internal and external customer service standards, policy and procedure	CS subcommittee(s)	March 2019	Meeting minutes from leadership meetings and various staff meetings will reflect release of CS policy and procedure

Glossary of Terms

Community (State) Health Improvement Plan

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities, coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of that community (Source -Adapted from: United States Department of Health and Human Services, *Healthy People 2010*. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf <http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>)

This definition of community health improvement plan also refers to a Tribal, state or territorial community health improvement plan.

Healthy Connecticut 2020 Performance Dashboard: The Performance Dashboard is an online database that displays in a simple visual format, how the residents of Connecticut are faring in health improvement target areas such as heart disease, obesity, obtaining vaccinations, exposure to environmental risks and many more as identified in [Healthy Connecticut 2020 State Health Improvement Plan](http://www.ct.gov/dph/dashboards/HealthyConnecticut2020StateHealthImprovementPlan). www.ct.gov/dph/dashboards

Just Do It

Lean- The core idea of Lean is to maximize customer value while minimizing waste. Simply put, Lean means creating more value for customers with fewer resources. A lean organization understands customer value and focuses its key processes to continuously increase it. <http://www.lean.org/whatslean/>

Performance improvement (or systems performance improvement) is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: <http://www.cdc.gov/nphpsp/performanceimprovement.html>)

Performance management is the practice of actively using performance data to improve the public's health. It involves strategic use of performance measures and standards to establish performance targets and goals. In alignment with the organizational mission, performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice. Performance management includes the following components:

- **Visible Leadership**—senior management commitment to a culture of quality that aligns performance management practices with the organizational mission, regularly takes into account customer feedback, and enables transparency about performance against targets between leadership and staff.
- **Performance Standards**—Establishment of organizational or system performance standards, targets and goals to improve public health practices. (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as “good” or “excellent”). Standards may be set based on national, state or scientific guidelines, by benchmarking against similar organizations, based on the public's or leaders' expectations (e.g., 100% access, zero disparities), or by other methods.

Appendix D

- **Performance Measurement**—Development, application and use of performance measures to assess achievement of performance standards.
- **Reporting Progress**—Documenting and reporting progress in meeting standards and targets and sharing of such information through appropriate channels.
- **Quality Improvement**—In public health, quality improvement (QI) is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, that focuses on activities that address community needs and population health improvement. QI 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. (Source: http://journals.lww.com/jphmp/Fulltext/2010/01000/Defining_Quality_Improvement_in_Public_Health.3.aspx)

A performance management system is the continuous use of all the components above integrated into an agency's core operations (see inset above, right). Performance management can be carried out on multiple levels, including the program, organization, community and state levels.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists, or the percentage of clients who rate health department services as "good" or "excellent").

Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Quality Control is the process for meeting goals during operations (choose measures, measure performance, interpret the difference, take action). (Source Juran, JM, The Quality Trilogy: A Universal Approach to Managing for Quality. Presented at the ASCQC 40th Annual Quality Congress in Anaheim, California, May 20, 1986. pages.stern.nyu.edu/~djuran/trilogy1.doc)

Quality Planning is the process for preparing to meet quality goals (Identify customers and customer needs, develop services to respond, establish goals, develop process to meet goals, prove processes can meet goals under operating conditions. (Source Juran, JM, The Quality Trilogy: A Universal Approach to Managing for Quality. Presented at the ASCQC 40th Annual Quality Congress in Anaheim, California, May 20, 1986. pages.stern.nyu.edu/~djuran/trilogy1.doc)

Results-Based Accountability™ - RBA, is a disciplined way of thinking and taking action that communities can use to improve the lives of children, youth, families, adults and the community as a whole. RBA can also be used to improve the performance of their programs, agencies and service systems. Connecticut Department of Public Health (DPH) has adopted the RBA framework for its Healthy Connecticut 2020 Dashboard and as such, the definitions below are adapted for that purpose.

- A **Result**-(outcome or goal) is a population condition of well-being for Connecticut children, adults, families and communities, stated in plain language.
- **Population Indicator** – (or benchmark) is a measure that helps quantify the achievement of a result. (e.g., prevalence of lead poisoning in children under 6 years of age). It identifies the health status of Connecticut residents for which DPH, other state and local agencies and community partners all share responsibility.
- **A Performance Measure** - (e.g., percent of children less than 3 years of age tested for lead) is a measure of how well a program, agency or service system is working. They tell us whether DPH interventions that affect population indicators (e.g., prevalence of lead poisoning in children), are achieving objectives, and if our agency's actions are helping to improve health.
- **Strategies** –are a coherent collection of actions that have a reasonable chance of improving results. In the dashboard they are those that DPH and its partners are using to improve health to meet targets for improvement.

Appendix D

(Source: Friedman, M Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. Booksurge 1st Edition, 2009

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 the mission, vision, goals and objectives. The plan provides a template for all employees and stakeholders to make decisions that move the organization forward. (Source: <http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>

Visual Management - A communication vehicle that can increase accountability and transparency, illustrate where we are, identify where we are headed and quickly demonstrate where/when attention is needed.

Unless otherwise stated the source of definitions is the Performance Management Self-Assessment Tool June 2013
http://www.phf.org/focusareas/performance/Pages/Access_the_Performance_Management_Self_Assessment_Tool.aspx

Connecticut Department of Public Health

Quality Improvement Conversation Starter

How to Get Started on a Project

The Public Health Systems Office and the Quality Improvement Council track all existing quality improvement and Lean projects. Please note the process for initiation, approval and monitoring of quality improvement projects in the attached [QI Project Flow Sheet](#).

- 1) **If you want to start a project for your program area and would like some help** from the Performance Improvement Managers and/or the QI Council, please answer the questions below and send this page to Laurie Ann Wagner at LaurieAnn.Wagner@ct.gov
 - a. What is the issue or area you would like to see improved?
 - b. Are you willing to take a lead role on the project? Please provide your name and/or any possible team member's names.

- 2) **If you have experience in implementing a quality improvement or Lean project** in your program area and are starting or have started a new one – complete a [QI Team Charter](#), obtain approval from your supervisor/manager and send it to the Performance Improvement Manager, Laurie Ann Wagner – LaurieAnn.Wagner@ct.gov

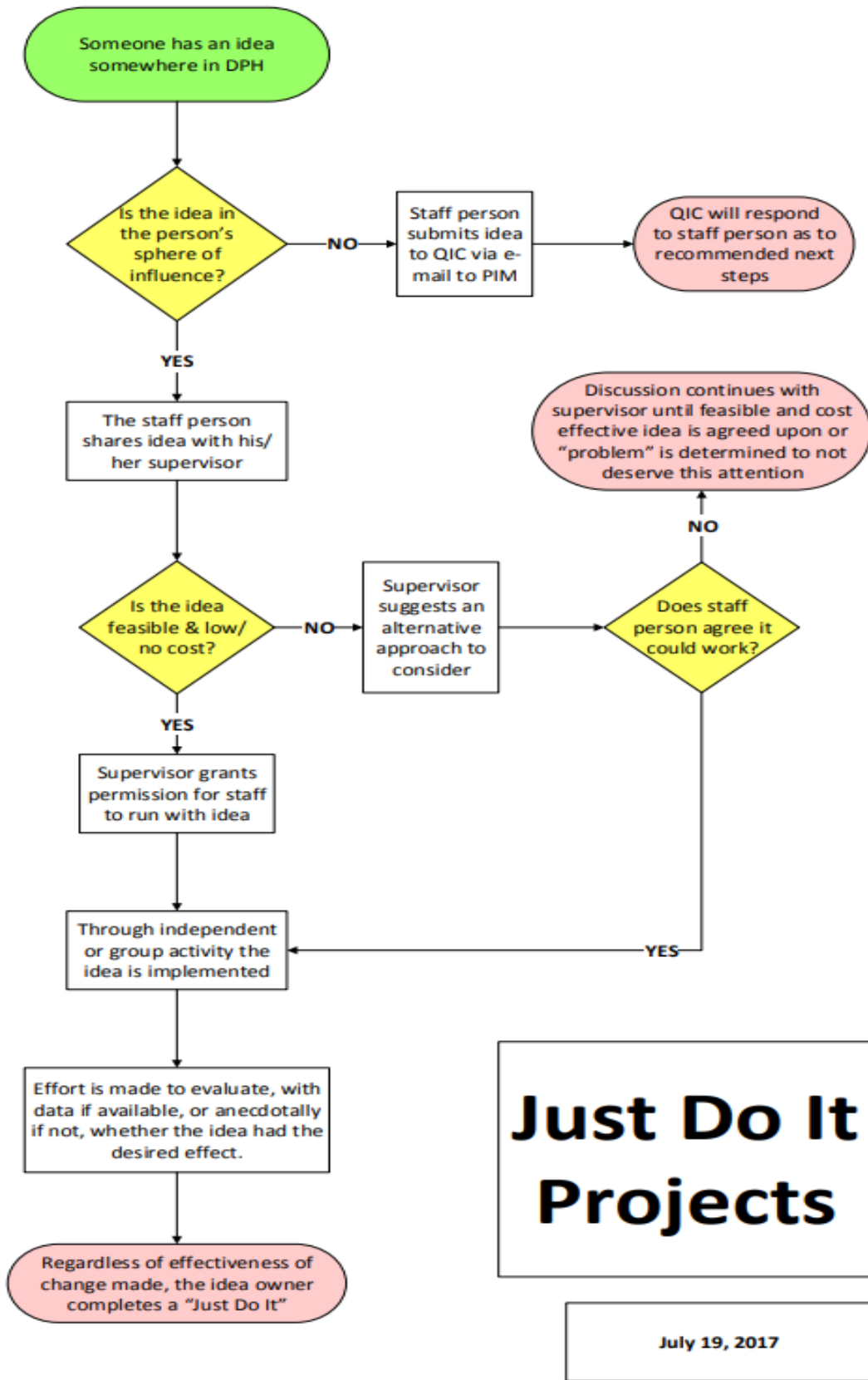
- 3) **If you want to start a project that crosses programs, agencies, or is of strategic importance** it must be approved by the Public Health Strategic Team using the [DPH Quality Improvement Submission Form](#).

Tips for Selecting a Project for Quality Improvement

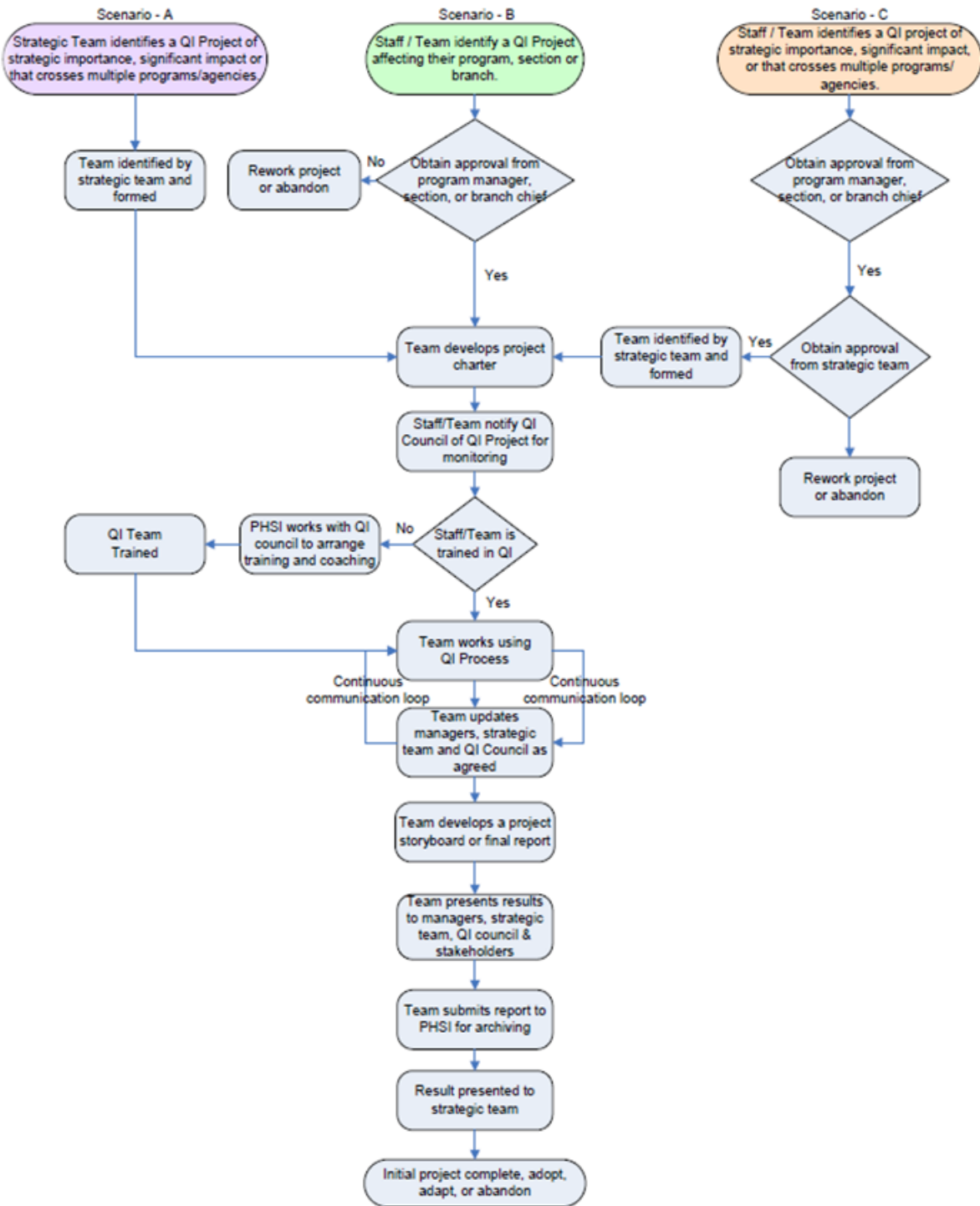
- You can identify gaps between desired and actual performance (use data when available such as client surveys, health assessment data, audit findings)
- You have received feedback from clients or staff on needed changes
- The area in need of improvement is clearly defined
- The desired change is small scale and results can be seen in 3-6 months
- The Wow factor – something desperately needs improvement
- There are many steps to a process and some could probably be eliminated

Factors Needed to Ensure Success for a Quality Improvement Project

- There is low resistance from staff
- There is high support from managers/leaders
- You can measure the change
- There are other people willing to be team members
- There is a willing team leader

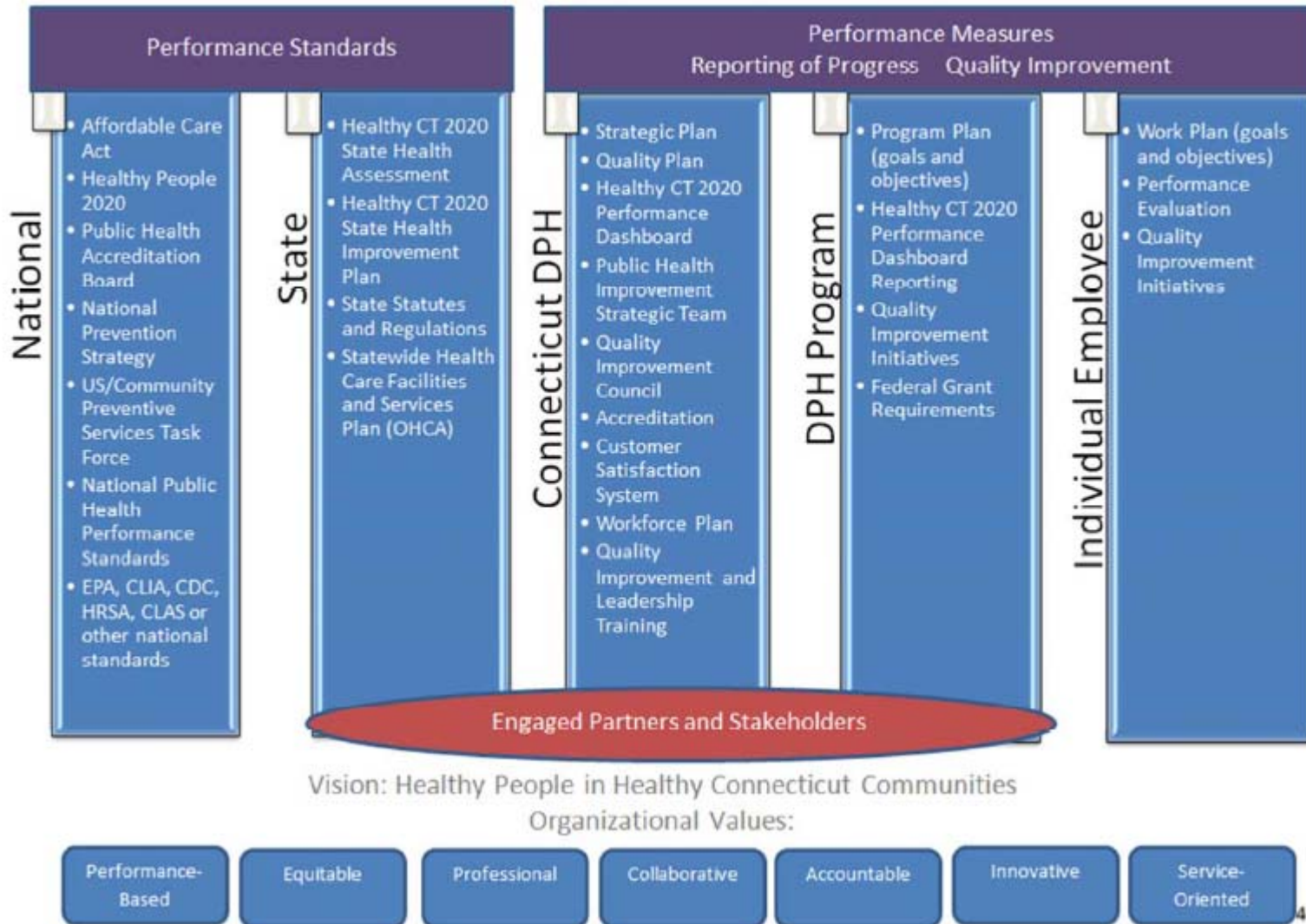


Connecticut Department of Public Health How QI Projects are Initiated, Approved and Move Through the Process – Three Scenarios



Connecticut Department of Public Health Performance Management System

How it all ties together to achieve excellent performance



4-2