2026 Performance Improvement Plan

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Andrea Bentzinger
Quality Improvement Coordinator

Robert Stewart
Performance Management Coordinator

IOWA Health and Human Services

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Introduction

At the Iowa Department of Health and Human Services (HHS), performance improvement (PI) is the name given to the tools and processes used to better understand challenges, set goals, develop strategies, evaluate progress and improve outcomes. This name was inspired by the intentional and collaborative integration of the department's Performance Management (PM) and Quality Improvement (QI) programs.

To guide these foundational functions, Iowa HHS develops an annual calendar year plan that describes the department's resources, goals, strategies, activities, timelines, and performance measures related to PI. Additionally, PI is featured in the Iowa HHS Strategic Plan in Action 2025-2026: Goal 2 Advance Operational Excellence.

Visit the Iowa HHS strategic plan webpage for more information (https://hhs.iowa.gov/performance-and-reports/strategic-plan).

List and Description of Key Quality Terms

Key Terms	Description
Dashboard	Visualizations of performance data and accompanying narrative context.
Performance Improvement (PI)	The intentional and collaborative integration of QI and PM. PI is the name given to the tools and processes Iowa HHS uses to better understand challenges, set goals, develop strategies, evaluate progress, and improve outcomes.
Performance Management (PM)	A systematic process of using data to make decisions in which data is used to measure, monitor and communicate progress toward intended outcomes. QI tools are used to overcome barriers to progress.
Performance Management (PM) Planning Session	Team strategy session facilitated by the PM coordinator. Facilitator will help teams: 1. Review their measures (confirming the team finds value in what's being tracked and that measures align with program goals) 2. Examine data/visualizations (understand current performance by reviewing trends, patterns, and whether targets are being met) 3. Analyze root causes (dig into the story behind the numbers by identifying barriers, successes, and factors influencing performance) 4. Plan/refine actions (create or adjust actionable improvement strategies with clear ownership, timelines, and expected outcomes)
Plan-Do-Check-Act (PDCA) Cycle	An iterative, four-step cycle used for the continual improvement of processes and carrying out change. May also be referred to as Plan-Do-Study-Act (PDSA) cycle.
Quality Improvement (QI)	The intentional use of a defined framework to better understand processes, develop and test innovations, and continuously analyze measurable results. The framework used at Iowa HHS is PDCA.
Quality Improvement (QI) Adventure	A formal QI initiative that utilizes support from the Iowa HHS QI Council. The PDCA model is used to dive into a problem or process to remove waste and improve efficiency through a sprint (90 days), half-marathon (6 months) or full-marathon (one year) process.
RASCI Chart	A QI tool used to communicate roles and responsibilities of a project or process. Roles are assigned to tasks as either responsible, accountable, supportive, consulted or informed.
Results-Based Accountability (RBA)	RBA is two, interconnected processes: performance accountability and population accountability. Performance accountability is used by programs, agencies, and service systems to improve their performance and service recipient outcomes. Population accountability is used by communities to improve the quality of life for their populations. Performance accountability contributes to population accountability.

Key Elements of the PI structure

Key elements of the PI structure include leadership team support, support from supervisory staff, team member buy-in and planning and implementation of the PM and QI programs. The following table outlines responsibilities and the purpose of each of these key elements.

Key Element	Responsible Staff	Role in the Structure
Iowa HHS Leadership Team Support	Iowa HHS Senior Leadership team	• Allocates resources to PI. • Participates in PM trainings, PM planning sessions, QI trainings, and QI adventures as appropriate. • Encourages team member participation in PI activities (e.g. add to work plans, submit a QI adventure, attend a planning session).
Coordinator Supervision	Division Administrator, Performance & Operations	• Advise Iowa HHS PM and QI coordinators in development and implementation of PI plan and activities. • Reviews and approves PI Plan.
PI Planning and Implementation	Iowa HHS PM Coordinator Iowa HHS QI Coordinator Iowa HHS PI Specialist	• Publish PI plan annually. • Implement PI plan via PM and QI activities. • Evaluate PM and QI activities.
PM Planning and Implementation	Iowa HHS PM Coordinator	• Responsible for the development and implementation of the PM system including PM trainings and workshops.
QI Planning and Implementation	Iowa HHS QI Coordinator	• Responsible for the development and implementation of the QI system including QI trainings and adventures and leadership of the QI Council.
PM & QI Support	Performance Specialist	• Supports work and activities of the PM and QI programs.

QI Council	Iowa HHS QI Coordinator Iowa HHS PM Coordinator Iowa HHS Performance Specialist Senior Leadership Team representative Two Bureau Chief representatives Eight staff members	• Review and approve PI plan • PI champions who recognize when QI is happening, when PI support may be needed, encourage colleagues to use the PM and QI systems. • Create a network of skilled facilitators to support QI work through QI training and the QI adventure process. • Provide QI training to Iowa HHS team members.
Team member Buy-In	All Iowa HHS team members	• Participate in PI activities (PM trainings, PM planning sessions, QI trainings, QI adventures, etc.). • Recognize when PI work is being done outside of formal PI activities. • Recognize when PI tools are needed.

Description of PI learning opportunities

It is important to support the development of QI and PM skills and competencies in the Iowa HHS workforce. Iowa HHS provides QI trainings throughout the year, which are available to all staff. A full list of courses is included in the appendix.

Quote from a training participant

"QI trainings have helped me to transform the way I work. I conduct case management, environmental investigations and home visits with affected families in Iowa. Learning about and using the tools have helped to propel initiatives and streamline processes within the programs I work.

My supervisors and colleagues have noticed the improvement in my work, and I am proud to be an example of how QI/ PM can be used by 'boots on the ground' team members in everyday work activities."

Description of the process for identifying, prioritizing and initiating QI projects

QI work in Iowa HHS takes place both formally and informally. Details of both types are included below.

INFORMAL

All team members are encouraged to conduct QI in their daily work using the PDCA cycle and through the PM system. Informal QI initiatives are identified, prioritized and initiated by team members conducting the work.

FORMAL

Formal QI adventures facilitated by QI council members are identified in one of three ways:

1. Iowa HHS leadership identifies a QI opportunity (e.g. address a priority in the strategic plan, improve a department-wide process).
2. A QI opportunity is identified through performance management or through a review of performance measures.
3. Individual employees submit an idea for a QI effort.

Regardless of how opportunities are identified, if team members would like to initiate a QI Adventure with support from the QI Council, the QI Adventure request submission process must be completed. Upon receipt of the QI Adventure request, the Iowa HHS QI coordinator reviews the request and determines if the request is a formal QI Adventure or if technical assistance for informal work is needed. The QI Coordinator then prioritizes QI adventures by requested timeline and facilitator availability.

QI Adventure Summary

In 2025, the QI council supported six facilitated discussions and worked with Iowa HHS teams on nine QI adventures. One QI adventure resulted in multiple improvements for HHS team members and our customers:

> "Going from multiple ways of processing to a standardized team approach and creating a training guide has helped to improve consistency for customers and increased staff satisfaction with the process."

Description of the process for selecting performance measures and using the PM system

To better meet Iowa HHS team needs, PM is introducing a tiered system that incorporates enterprise efforts and grows with teams as they become more proficient in PM.

Tier 1:
This tier focuses on meeting Department of Management planning and reporting requirements as defined in Iowa Code section 8E.103 (Accountable Government Act).

In Tier 1, programs* must:

1. Provide at least one performance measure† for reporting.
2. Annually, for each reported measure, submit:
    a. Target value
    b. At least one action item
    c. Actual value
    d. Explanation for actual values significantly higher or lower than target values.

Tier 2:
This tier focuses on utilizing Iowa HHS tools and processes to plan and evaluate program improvements.

In Tier 2, programs must:

1. Meet Tier 1 requirements.
2. Participate in at least one performance planning session per year. During these sessions, teams:
    a. Review their current measures for value and alignment with program goals.
    b. Review data and visualizations to understand the program's performance and the story behind that performance numbers.
    c. Create or adjust actionable improvement strategies with clear ownership, timelines, and expected outcomes.

Tier 3:
This tier focuses on integrating PM into program culture and operations. Programs at this level experience the full benefits of PM: shared purpose, defined success, improved outcomes, and demonstrated impact.

In Tier 3, programs must:

1. Meet all Tier 1 and Tier 2 requirements.
2. Attend "Introduction to Performance Management: Using Performance Data to Improve Outcomes" training.

* DOM defines a program as, "An agency output that provides a direct service to Iowans or other state agencies." DOM, HHS Finance, and HHS leadership established programs based on budget units.
† According to DOM, measures show a count of Iowans served or a percentage-based achievement of a goal.

3. Participate in facilitated measure development with the PM coordinator to select performance measures for use in the PM system.
4. Maintain 3-5 performance measures including at least one “How well did we do it?” measure and one “Is anyone better off?” measure.
5. Maintain visualizations and accompanying narrative context for measure data.

Quote from a workshop participant

“Attending the PM workshops has improved how we tell the story of our data. Robert and the team have been extremely helpful!”

Desired outcomes of PI

OUTCOMES

Establish and maintain a PI culture in Iowa HHS, in which:

- Performance data drives decision-making.
- Management and staff recognize the benefits of PI.
- Management and staff identify PI opportunities.
- Management and staff participate in PI activities.
- Appropriate resources are maintained to support PI infrastructure.

To accomplish these goals, the Iowa HHS PM and QI coordinators will implement the following strategies.

STRATEGIES

- Offer high-quality PI opportunities to staff
  - QI trainings and QI adventures
  - PM trainings and PM planning sessions
- Solicit feedback from participants to ensure PI offerings meet their needs.
  - QI participant surveys
  - PM participant surveys
- Showcase the positive impact of PI participation
  - Share success stories
- Refine PI offerings based on participant feedback, best practices, and environmental conditions.

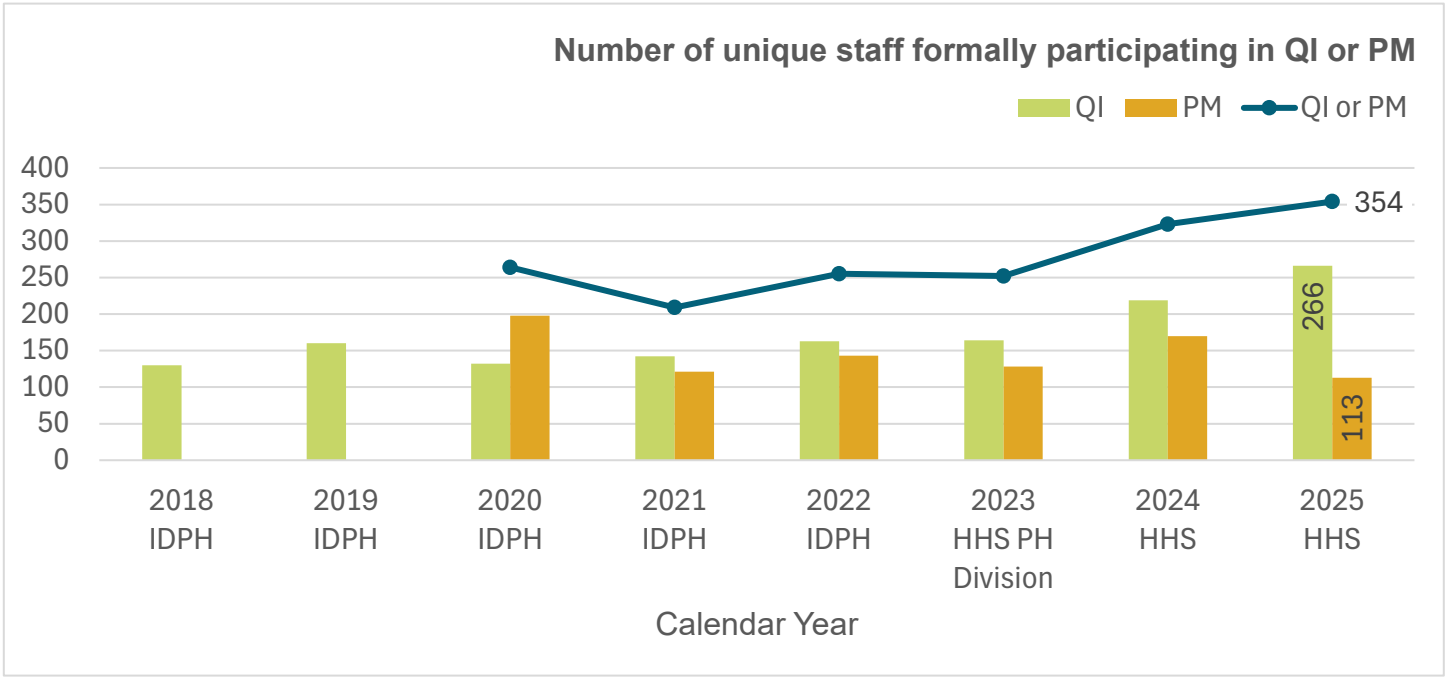
PERFORMANCE MEASURES FOR CALENDAR YEAR 2026

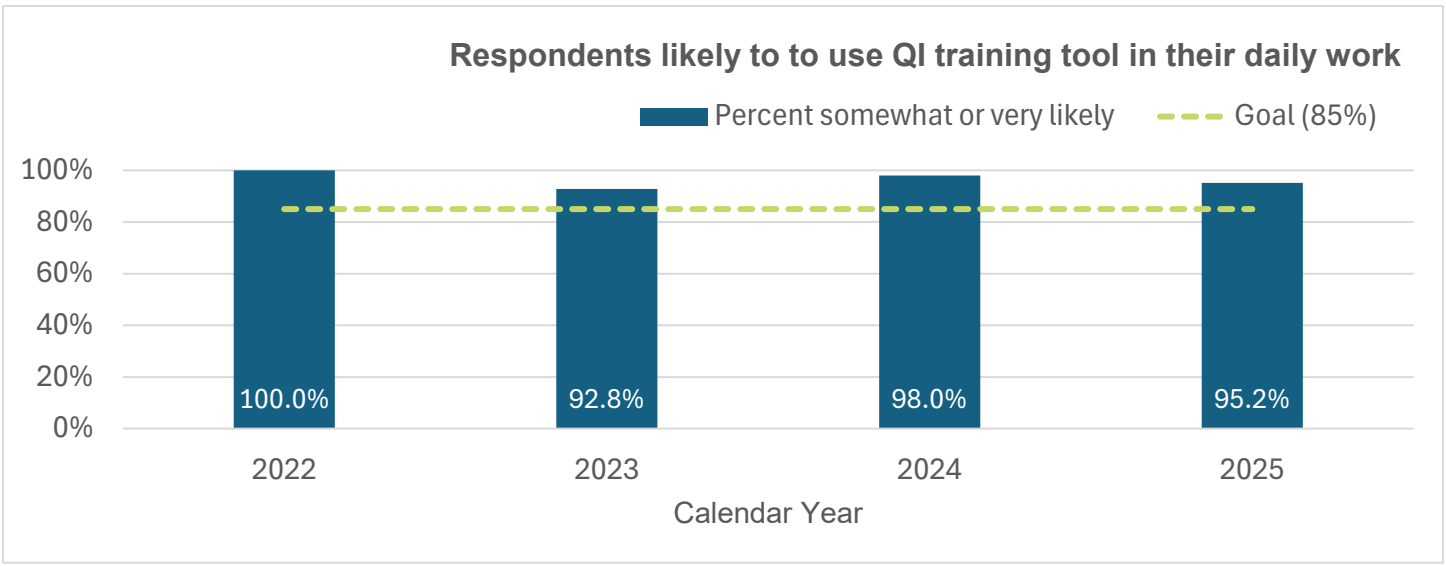
- 500 Iowa HHS team members will formally participate in PI activities.
- 85% of PM planning session participants will report that sessions helped their team achieve at least one PM planning session goal.
- 85% of QI training participants report they will use what they learned in their work.

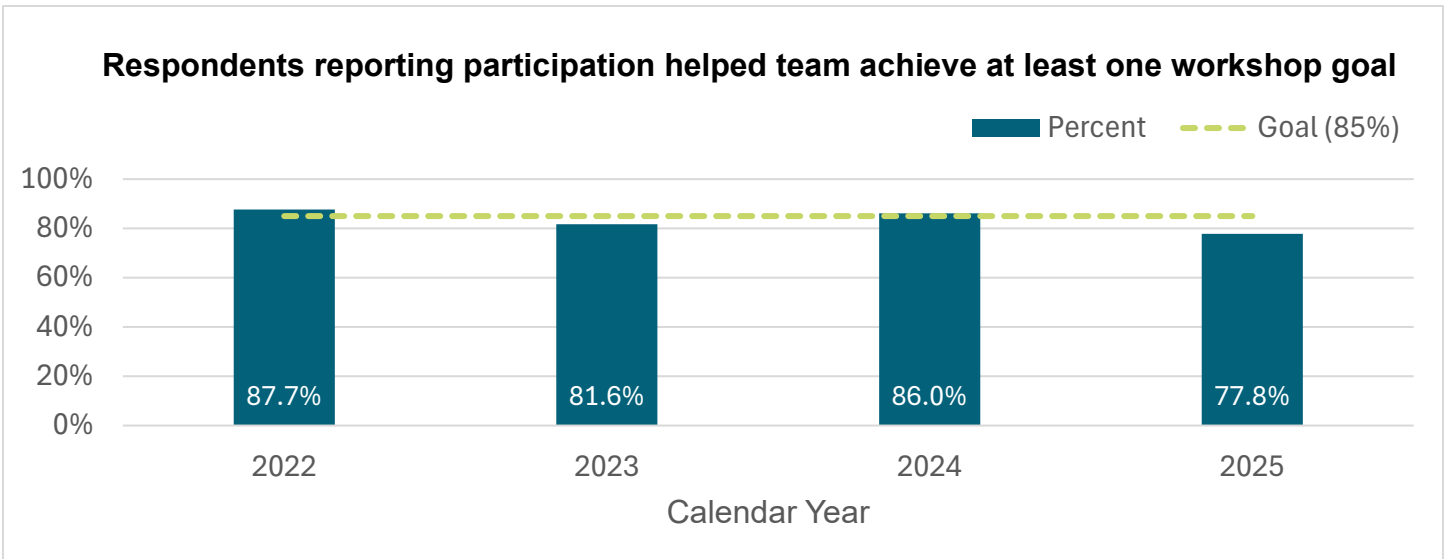
Data from PI Engagement

There were 700 PI touchpoints with 354 unique Iowa HHS team members in 2025 including QI and PM trainings, QI adventures, PM measure development sessions, quarterly PM workshops, and QI Council service.

2025 PERFORMANCE MEASURE RESULTS







Monitoring implementation of the plan

REVIEWING

The Iowa HHS PM and QI coordinators are responsible for reviewing the plan annually. Before implementation of the plan begins, the QI Council, Public Health Accreditation (PHAB) Coordinator and Division Administrator of the Performance & Operations Division must review the plan.

MONITORING

The Iowa HHS PM and QI coordinators will track performance measures through the PM system, providing PM data prior to annual review. Performance measures are shared with the QI Council via their annual review and approval of the plan. Staff, stakeholders, and the public may view the measures at the Iowa HHS PM webpage.

PLAN FOR IMPLEMENTATION

A RASCI chart is a QI tool used to communicate the roles and responsibilities within a project or process. Roles are assigned to tasks as either responsible, accountable, supportive, consulted or informed. The table below describes each element of a RASCI chart.

RASCI Chart Elements	
R = Responsible	The person or people responsible for completing a task.
A = Accountable	The person accountable for the project's completion.
S = Supportive	The person or people who help those responsible for a project task.
C = Consulted	A person or people not directly involved but important to the process (e.g. a subject matter expert).
I = Informed	A person or people who receive output from the project.

The following RASCI chart outlines how the PI Plan is developed, approved, implemented and monitored.

Process Title		**Performance Improvement Plan Process**							
Process Owner		Iowa HHS PM Coordinator (PMC) and HHS QI Coordinator (QIC)							
	PMC	QIC	*PS	PHAB Coord	Div Admin	QI Council	Senior Leadership	HHS staff	HHS web
Update	R, A	R, A	S						
Review	R, A	R, A	S	C	C	C			
Approve	R	R	S	I	A	I	I	I	I
Implement	R, A	R, A	S	I	I	C	I	I	
Monitor	R, A	R, A	S	I	C	C	I	I	I

*Performance and Operations Performance Specialist position

PI communication strategies

Iowa HHS will use the following methods and channels to communicate PI-related efforts to staff and stakeholders.

STAFF

- Performance Improvement internal SharePoint page
  - PM planning session reports
  - QI Council information
  - QI postcards

EMAIL

  - "Professional Development Offerings" monthly email contains QI trainings.
  - "Inside HHS" staff e-newsletter could highlight PI efforts and successes.

PARTNERS, STAKEHOLDERS, AND THE PUBLIC

- PI webpage
- Performance Measures webpage

Appendix A: List of PI trainings offered

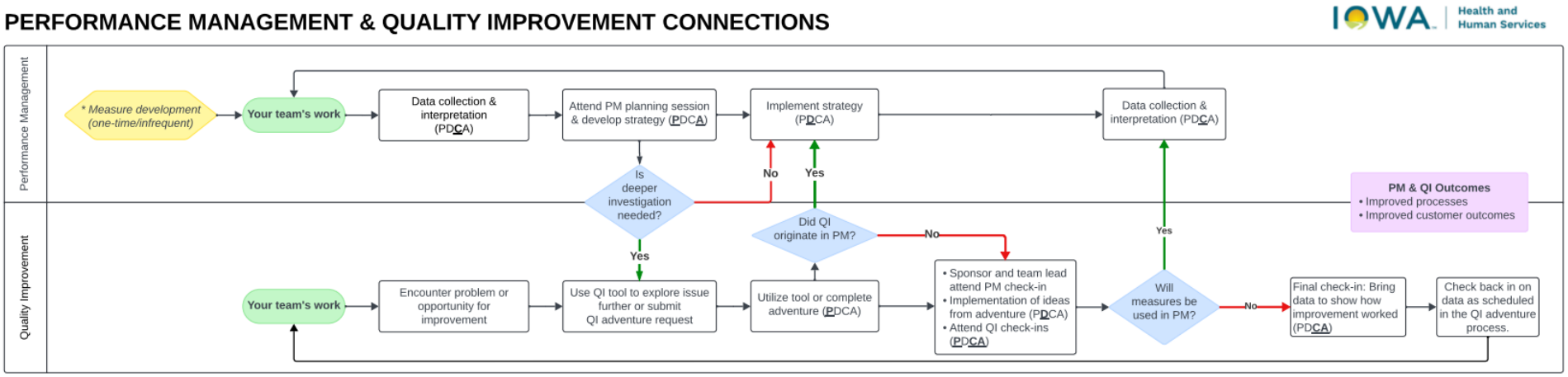
List of QI Classes	Occurrence	Description
Iowa HHS PDCA Basics	Three times a year	How can you be more deliberate in your approach to problem solving and making improvements? The Plan-Do-Check-Act (PDCA) cycle is the quality improvement method used by Iowa HHS to understand problems, develop solutions, test solutions and analyze results. Learn more about the Plan-Do-Check-Act quality improvement method in the first hour and then enjoy a hands-on activity in the second part of the class.
Root Cause & Solution Diagrams	Twice a year	Unsure what is causing your problem? Learn about a QI tool that can help you see your problem and understand what is causing it. During this training session, attendees will practice working through a cause-and-effect diagram. This training session goes on to teach about the solution and effect diagram that can help generate many solutions to help address the problem.
Visualizing Processes with Flowcharts	Twice a year	Want to see how work really flows through a process? Flowcharting is a QI tool to help individuals and teams see their processes and identify areas of waste and to identify opportunities for innovation. In this session, attendees will learn about three different levels of flowcharting and how they can be used to make improvements for our teams and customers.
Brainstorming with Affinity Diagrams	Twice a year	An affinity diagram is a great QI tool that can be used to make brainstorming sessions more successful. Many ideas are generated and organized in a meaningful way with this tool to help gain consensus and buy-in with teams. After affinitizing, teams can create action plans to help move work forward.

Using Mind Maps to Brainstorm	Twice a year	Discover how to use the mind mapping tool for individual brainstorming or group brainstorming sessions to visually display and organize ideas. This tool takes a large topic and breaks it into pieces to uncover all ideas and discover where there are linkages between ideas. After a mind map is created, you can then develop action plan to help move the work forward.
Selecting Priorities for Action	Twice a year	When there are a lot of ideas to choose from and you are not sure what to tackle first, the prioritization matrix can help figure it out. This tool helps teams analyze potential solutions by looking at level of impact with the amount of effort needed to implement the solution. By doing this teams have a better understanding of which ideas should go into an action plan, including what may be short term or long-term action items. This tool is part of the project management badge series.
Seeing the Full Picture	Twice a year	The suppliers, inputs, outputs and customers QI tool, known as SIPOC, is a way to view a complete process at a high level. The tool is used to document what all goes into and comes out of a process which includes conversations about suppliers, inputs, outputs and customers. It can be useful with complex issues to figure out where main points of frustration may be in a process or to document fewer complex processes for succession planning.
Who's Got That?	Twice a year	Does your team need help communicating roles and responsibilities of a process or project? The RASCI Chart is a QI tool that can help! In this training, learn what RASCI stands for and how one can be used to help eliminate duplication of effort and ensure all work is covered on a project or process. This tool is part of the project management badge series.

Using Kanban Boards to get organized	Twice a year	Kanban boards are a tool to help you or a team organize to do items. See what needs to be done, what is being worked on and what has been completed using this tool. Kanban boards can be used in collaborative physical spaces or virtual spaces. Come see examples and learn how to create one. This tool is part of the project management badge series.
Stay on Track with a Gantt Chart	Twice a year	Do you need to create an action plan with clear timelines? Gantt charts are a great way to keep the team on track by outlining activities that need to be completed, identifying who is responsible for each activity and assigning a timeline for when the work should be done. This tool is usually completed electronically which makes it a good tool for a virtual work environment. This tool is part of the project management badge series.
Preparing for a Change	Twice a year	If your team needs to identify what's driving you toward a change or holding you back from it, the force field diagram can help to visualize those factors. Once teams understand factors impacting a change, a plan can be created to help maximize potential that teams can make improvements and reach the ideal state. This tool is part of the project management badge series.
Facilitation Fundamentals: Role of the Facilitator	Twice a year	In this session of the Facilitator Series, the role of the facilitator before, during and after an event will be discussed including strategies for how to be a successful facilitator. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.
Facilitation Fundamentals: Reading the Room	Twice a year	In this session of the Facilitator Series, explore potential challenges a facilitator may experience including dealing with difficult personalities and situations. Tips and tools for dealing with challenges are provided/discussed. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.

ORID: Facilitation Method	Twice a year	In this session of the Facilitator Series, the Art of Focused Conversation or ORID method will be taught and practiced to enhance facilitation skills. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.
Preparing to Facilitate a Meeting	Twice a year	Meetings, meetings and more meetings. In this session of the Facilitator Series, learn about four types of meetings and tips for facilitating effective meetings. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.
Screen to Screen: Lean Coffee Style	Twice a year	Are you wondering how to facilitate conversations in a virtual environment? In this session of the facilitator series, virtual facilitation is the main topic. Learn about the lean coffee format, which is a structured, but agenda-less meeting where the discussion is participant led. This tool can be used for in-person facilitation, but this session keeps virtual facilitation front and center. Chat with other Iowa HHS team members about their experiences and lessons learned with virtual facilitation. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.

Appendix B: Swimlane Flowchart of PM & QI Connections



** Teams must attend a measure identification/development session before attending a planning session. This is often a one-time activity. However, the process should be repeated if circumstances change or measures do not provide useful information.*

Updated Oct 2025