

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

2023 DIVISION OF PUBLIC HEALTH
PERFORMANCE IMPROVEMENT PLAN

APPROVED MARCH 2023

Introduction

At the Iowa Department of Health and Human Services (HHS) Division of Public Health (DPH), performance improvement (PI) is the name given to the formal tools and processes used to better understand challenges, set goals, develop strategies, evaluate progress, and improve outcomes.

To guide these important functions, DPH develops an annual plan that describes the division’s resources, goals, strategies, activities, timelines, and performance measures related to PI. The plan is organized by the required elements of Public Health Accreditation Board (PHAB) Measure 9.1.2 A, “Establish a process that guides health department quality improvement efforts across the department.” These elements include:

A. List and description of key quality terms.....	2
B. Key elements of the PI structure.....	4
C. Description of PI learning opportunities offered to all levels of department staff.....	6
D. Description of the process for identifying, prioritizing, and initiating QI projects.....	7
E. Goals and objectives of PI plan Implementation.....	8
F. Monitoring the implementation of the PI plan	9
G. PI communication strategies.....	10

A. LIST AND DESCRIPTION OF KEY QUALITY TERMS

List of Key Terms	Description of Key Terms
Dashboard	Visualizations of performance data and accompanying narrative context published to the DPH's public website.
DPH Leadership Team	Membership includes the state medical director, DPH operations deputy, DPH bureau chiefs, and DPH supervisors.
Health Equity (HE)	Health equity is achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health.
Performance Improvement (PI)	The intentional and collaborative integration of quality improvement and performance management. PI is name given to the tools and processes the DPH 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 planned outcomes.
Performance Management (PM) Workshops	Three, 60-minute workshops held quarterly. Activities include: <ul style="list-style-type: none"> • Team strategy session facilitated by answering the Results-Based Accountability™ (RBA) Performance Accountability Questions. • Support from the performance management, quality improvement, and health equity coordinators. • Sharing knowledge and experience to help a partner team implement their strategy or collaborate on a mutually beneficial goal.
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.
Public Health Accreditation Board	The national accrediting organization for public health departments.
Quality Improvement (QI)	The use of a deliberate and defined improvement process, such as Plan-Do-Check-Act. It refers to a continuous and ongoing effort to achieve measurable results.
Quality Improvement (QI) Adventure	A formal quality improvement initiative that utilizes support from the DPH QI Council. The PDCA model is used to dive into a problem or process to remove waste and improve

	efficiency through a sprint (90 day), half-marathon (6 months) or full-marathon (one year) process.
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.

B. KEY ELEMENTS OF THE PI STRUCTURE

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

Key Element	Responsible Staff	Role in the Structure
DPH Leadership Team Support	<ul style="list-style-type: none"> DPH Medical Director DPH Operations Deputy DPH Bureau Chiefs DPH Supervisors 	<ul style="list-style-type: none"> Allocates resources to PI. Reviews and approves PI Plan. Participates in PM trainings, PM workshops, QI trainings, and QI adventures as needed. Encourages team member participation in PI activities (e.g. add to work plans, submit a QI adventure, attend a workshop).
Coordinator Supervision	Bureau Chief, HHS Bureau of Performance	Advise PM and QI coordinators in development and implementation of PI plan and activities.
PI Planning and Implementation	PM Coordinator QI Coordinator	<ul style="list-style-type: none"> Publish PI plan annually. Implement PI plan via PM and QI activities. Evaluate PM and QI activities.
PM Planning and Implementation	PM Coordinator	Responsible for the development and implementation of the performance management system including PM trainings and workshops.
PM Workshops	Facilitation <ul style="list-style-type: none"> PM Coordinator QI Coordinator Health Equity Coordinator Participants <ul style="list-style-type: none"> Operations Deputy Bureau Chiefs Supervisors Staff 	The workshops create the space, time, and intention for performance management. They also provide a structure through the use of RBA's Performance Accountability Questions as well as support from the health equity, performance management, and quality improvement coordinators.
QI Planning and Implementation	QI Coordinator	Responsible for the development and implementation of the DPH quality improvement system including QI trainings and adventures and leadership of the QI Council.

<p>QI Council</p>	<ul style="list-style-type: none"> • QI Coordinator • PM Coordinator • Public Health Bureau Chief representative • Eight staff members 	<ul style="list-style-type: none"> • Review and approve PI plan. • PI champions – recognize when QI is in action or 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 all staff.
<p>HE Planning and Implementation</p>	<p>HE Coordinator</p>	<ul style="list-style-type: none"> • Responsible for the development and implementation of the HHS Office of Health Equity. • Attends PM workshops. • Collaborates with PM and QI Coordinators on integrating HE concepts into the PI system.
<p>Staff Buy-In</p>	<p>All DPH staff</p>	<ul style="list-style-type: none"> • Participate in PI activities (PM trainings, PM workshops, QI trainings, QI adventures, etc.). • Recognize when PI work is being done outside of formal PI activities. • Recognize when PI tools are needed.

C. DESCRIPTION OF PI LEARNING OPPORTUNITIES OFFERED TO ALL LEVELS OF DEPARTMENT STAFF.

It is important to support the development of QI and PM skills and competencies in the DPH workforce, beginning with new employees. At new employee orientation, staff are introduced to PI concepts and information about the PM and QI systems as well as their role within those systems.

Additionally, the DPH provides QI trainings throughout the year, which are available to all staff. A full list of courses is included in the appendix.

D. DESCRIPTION OF THE PROCESS FOR IDENTIFYING, PRIORITIZING, AND INITIATING QI PROJECTS.

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

INFORMAL

All team members are encouraged to conduct quality improvement 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. DPH leadership identifies a QI opportunity (e.g. address a goal in strategic plan, improve a division-wide process).
2. A QI opportunity is identified through the performance management process 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 QI coordinator reviews the request and determines if the request is a formal QI Adventure or if technical assistance for informal work is needed. All requests are then presented to the QI Council for review. If needed, the QI Council utilizes a process to prioritize QI Adventures.

E. GOALS AND OBJECTIVES OF PI PLAN IMPLEMENTATION

GOALS

Establish and maintain a PI culture in the DPH, 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.

In order to accomplish these goals, the 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 workshops
- Solicit feedback from participants to ensure PI offerings meet their needs.
 - QI participant surveys
 - PM participant surveys
- Refine PI offerings based on participant feedback, best practices, and environmental conditions.

PERFORMANCE MEASURES FOR CALENDAR YEAR 2023

- 40% of DPH staff will formally participate in PI activities.
- 85% of PM workshop participants will report that workshops helped their team achieve at least one workshop goal.
- 85% of QI training participants report they will use what they learned in their work.

F. MONITORING THE IMPLEMENTATION OF THE PI PLAN

REVIEWING

The PM and QI coordinators are responsible for reviewing the plan annually. Before implementation of the plan begins, both the QI Council and DPH leadership team must review and approve the plan.

MONITORING

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

G. PI COMMUNICATION STRATEGIES

The DPH utilizes the following methods and channels to communicate PI-related efforts to staff and stakeholders.

Staff

- All-Staff Google Drive
 - PM agendas
 - PM workshop action reports
 - QI postcards
 - QI storyboards
- Intranet
- [Trello board](#) (PI-related information e.g. how to engage with PI, success stories, etc.).
- Email
 - Monthly workforce development coordinator emails (QI training opportunities).

Partners, Stakeholders, and the Public

- [PM webpage](#)
- [QI webpage](#)
- [PM measures webpage](#)

Appendix A: List of PI trainings offered

List of QI Classes	Occurrence	Description
New Employee Orientation to Performance Improvement	Six Times a Year	Performance Improvement Overview - What is QI and PM and how do they work together to build a culture of quality in the Division of Public Health.
PDCA...huh? The ABCs of the Plan-Do-Check-Act Cycle (PDCA) in QI	Three Times a Year	How can you be more deliberate in your approach to QI? Learn more the Plan-Do-Check-Act method the division uses to implement quality improvement work with a hands-on activity.
What's Causing Your Problem? (QI Tool for Root Cause Analysis)	Twice a Year	Are you not sure what's causing your problem? Check out the cause and effect diagram and learn how to create one.
Uh...Now What? (QI Tool for Identifying Ideas to Address the Root Causes)	Twice a Year	The solution and effect diagram is a QI tool used to structure your brainstorming to plan how you to address the root causes of a problem. This tool works well after completing a cause and effect diagram.
Find Your FLOW...chart (QI Tool for Documenting and Improving Processes)	Twice a Year	Struggling with how to document or improve a process? Need to update your processes because they've changed due to our virtual working environment? Learn how flowcharting can help!
Get Your Brainstorming On – Affinity Diagrams	Twice a Year	An affinity diagram is a great QI tool to use to make brainstorming sessions more successful. Discover how to use the affinity diagram in this hybrid training.
Get Your Brainstorming On – Mind Maps	Twice a Year	Discover how to use the mind mapping tool for individual brainstorming or group brainstorming sessions to organize ideas.
Too Many Ideas? No Problem! (QI Tool for Identifying Priorities for Action with a Group)	Twice a Year	Discover how the prioritization matrix can transform all of those great ideas to come up with an action plan.
Seeing the Big Picture (QI Tool for a High-Level Perspective on a Process)	Twice a Year	Hear how a SIPOC, a QI tool, can view a process from a high-level perspective and why that is important. A SIPOC will focus the conversation on the suppliers, inputs, outputs, customers, and steps of a process.
Who's Got That? (QI Tool for Making Sure Your Team Doesn't Drop the Ball)	Twice a Year	Does your team need help communicating who is doing what and who needs to know about it? The RASCI Chart, a QI tool, is a solution! Learn what it is and how to create one.

Chaos...Chaos Everywhere...or Not? Kan Ban Boards	Twice a Year	Kanban boards are a tool to help you or a team organize to do items, especially now in the virtual working environment when collaboration is more important than ever. Learn how to create one and walk away from the class with the start of a kanban board.
Chaos...Chaos Everywhere...or Not? Gantt Charts	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 in the virtual working environment. Learn how to create one using a variety of products.
What's Pushing Your Forward? What's Holding You Back?	Twice a Year	If your team needs to identify what's driving you toward a change or holding you back from it, learn how the force field diagram can help to visualize and prioritize those factors.
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.
Facilitation Fundamentals: Reading the Room	Twice a Year	In this session of the Facilitator Series explore potential challenges a facilitator may experience. Difficult personalities and environments is one of those challenges discussed. Tips and tools for dealing with challenges are provided/discussed.
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.
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.
Screen to Screen: Lean Coffee Style	Twice a Year	Are you wondering how to facilitate conversations in a virtual environment? A Lean coffee is a structured, but agenda-less meeting where the discussion is participant led. The group decides on the topics! Join others for a Lean coffee discussion to hear what others are experiencing and what tools are available.