

# Quality Improvement Plan

Revised October 2015



# The Department of Health Quality Improvement Plan

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## Overview

The Washington State Department of Health is committed to a quality improvement (QI) program as a proven way to enhance our organization's performance and achieve results. We aspire to be a high-performing quality improvement organization, actively changing the way we do business by:

- Focusing on the needs of the customer.
- Using data to analyze problems and performance concerns.
- Involving employees who know and are impacted by improvement opportunities.
- Reducing waste.
- Developing solutions and improvements based on analysis.
- Engaging customers and stakeholders.
- Implementing improvements based on data.
- Monitoring and evaluating performance.
- Continually making improvements over time.

Our Quality Improvement Plan builds on the agency's past efforts. With each update of the plan, we assess our progress, reinforce what's working well, and improve those areas that are lacking.

## Building a culture of quality and continuous improvement

The agency takes a disciplined approach to quality, continuous improvement, and performance management that includes national accreditation, continuing cycles of organizational strategic planning, performance measurement, operational/business planning, and focused quality improvement efforts. This approach is consistent with the performance management approach championed by the Public Health Foundation, formerly called the Turning Point Framework, *From Silos to Systems: Using Performance Management to Improve the Public's Health*.

**Leadership and Strategic Planning** – Agency senior leadership, with input from staff, sets direction for the organization through strategic planning. This plan provides a future vision of the organization; a clear mission; and goals, objectives, strategies, and performance measures that move the organization forward in incremental, achievable steps. Management and staff are charged with implementing agency strategies, operational plans, and meeting day-to-day business needs.

**Customer and Market Focus** – The needs of our customers and stakeholders are key in focusing agency resources toward the greatest impact in meeting ever-changing business demands and realizing our mission and vision. The agency uses the voices of our customers as we select and implement strategic initiatives and process improvements.

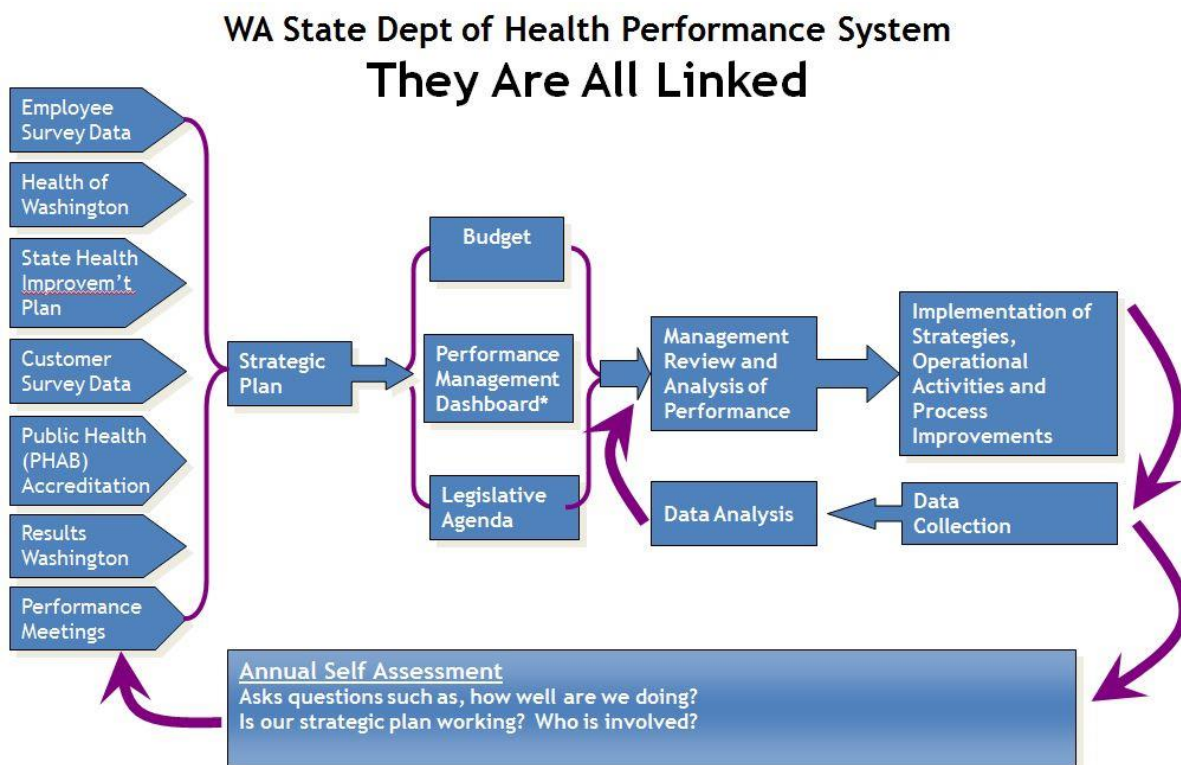
**Workforce Focus and Process Management** – We strive for a culture of quality. Through a healthy work environment staffed by well-managed, informed, accountable, and appreciated employees, we have created a successful quality improvement program. We emphasize Lean and other continuous improvement practices to build our quality culture. Our employees are trained and involved in analysis, identifying root causes, and developing solutions for improvement opportunities.

**Measurement, Analysis, and Knowledge** – Regular reviews of performance measures through the Governor’s Results Washington meetings, the agency’s internal Performance Meetings, and agency budget activities help DOH assess progress toward goals and identify potential improvement opportunities.

**Organizational Results** – Monitoring agency performance and evaluating the results of strategic and operational plans provides data and information to inform future planning and decision-making.

These components work together in a continuous cycle, moving toward our vision: ***People in Washington enjoy longer and healthier lives because they live in healthy families and communities.***

### The Performance Management Cycle



## Strategic and Operational Planning

Strategic planning helps focus resources on vital objectives chosen to move the agency toward its vision. Strategic objectives require special effort to accomplish and cannot be achieved through a “business as usual” approach. It is a challenge to balance ongoing operational workloads with strategic initiatives and other quality improvements.

The strategic plan identifies key goals the agency will pursue during the next two to four years, along with objectives, strategies, and measures. The plan undergoes a detailed review every two years in preparation for the biennial budget and is adjusted as needed in response to changing conditions. The plan is reviewed annually for minor adjustments.

Divisions develop and implement their business plans in alignment with the major reviews of the agency’s plan. This allows the divisions to develop plans that are both supportive of the agency plan and tailored to their own unique business needs.

### Strategic Planning Milestones

- Assess and analyze agency performance compared to the current strategic plan, the Governor’s and other stakeholders’ priorities, and emerging issues and trends.
- Executive leadership reaffirms or refreshes the agency vision, mission, and values.
- Agency leadership develops and communicates initial goals and focus areas to the business units and the strategic planning team.
- Business units develop objectives, strategies, and measures and supporting narratives.
- Strategic planning team reviews objectives, strategies, and measures to increase alignment and eliminate gaps or redundancies.
- Input is sought from staff and stakeholders to create final objectives and strategies.
- Executive leadership modifies and approves the final plan.
- The strategic plan is deployed and communicated to agency staff and stakeholders.
- Periodic performance reviews monitor progress through Results Washington, performance meetings, and other management reviews.
- Results from performance reviews inform future planning.

## Performance Monitoring

We assure that we are on track with intended results by using meaningful measures and indicators to monitor both operational performance and progress on special initiatives such as strategic efforts or quality process improvements. Performance monitoring is also used to identify additional improvement opportunities.

The agency’s performance management system includes:

- Periodic progress and status reviews through the Governor’s Results Washington process.
- Monthly reviews of strategic plan performance measures at agency Performance Meetings.
- Operational plan reviews and ongoing monitoring of performance data and information.
- Updates submitted annually to the Public Health Accreditation Board.
- Accreditation every five years by the Public Health Accreditation Board.
- Assessing customer satisfaction through customer surveys and other methods.
- Annual agency self-assessments of the performance management system.
- Annual employee surveys.

We use a dashboard to tie all performance measures into a cohesive appraisal of agency performance and progress. Ongoing analysis of organizational performance and internal and external assessments provide information that directs and guides the agency’s future. The agency’s performance management system is outlined further in [Appendix B](#).

## Quality Improvement Activities

The agency uses the “Plan – Do – Check – Act” (PDCA) cycle and a variety of techniques from the Lean, Six Sigma, and Total Quality Management tool kits. We have over 40 trained process improvement facilitators to guide teams using this disciplined, scientific approach. Agency level projects are identified and undertaken based on performance indicator reviews and strategic and operational planning.

## Visible Leadership: Quality Improvement Roles and Responsibilities

**Office of Performance and Accountability (OPA)** coordinates and ensures consistency in the agency’s performance management and quality improvement system. The Performance Officer leads the office and directs the strategic planning process; develops and coordinates Results Washington and Performance Meeting reviews of measures; coordinates and manages accreditation and the performance dashboard. The Office provides guidance to senior management regarding best practices in performance management, quality improvement, accreditation, and strategic planning.

Funding for the Office’s four full time staff and annual PHAB fees come from the agency’s indirect pool.

The **Quality Steering Committee (QSC)** at the executive level oversees and guides performance management activities, prioritizes and resources quality improvement projects and sponsors agency quality improvement. The QSC is chaired by Performance Officer and guided by its charter.

The **Quality Advisory Committee (QAC)** is composed of representatives at the operational level from across the agency, who provide input, advice, and assistance to the QSC about activities that strengthen quality improvement and performance management in the agency. The Performance Officer chairs the QAC, which is guided by its charter.

The **Lean Community of Practice** is a self-organized learning group, supporting agency employees at all levels of the department in deepening their knowledge and expertise in Lean concepts, tools and practices. They build Lean thinking into daily work, facilitate quality improvement projects, and help spread the growing culture of continuous improvement, employee involvement, and customer focus across the agency.

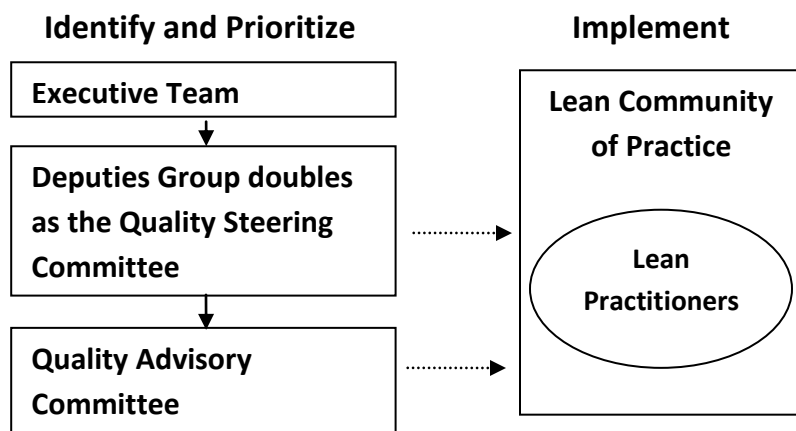
Additional details about governance of the agency’s continuous improvement approach are in [Appendix C](#).

## Selecting Quality Improvement Projects

Quality improvement projects may be long term, large-scale strategic efforts or they may be short term, small-scale efforts conducted by employees on their own work processes. Regardless of the scale, these projects are approached similarly. Each involves planning, data collection and analysis, testing and measuring performance, then review and continued improvement over time.

Agency level quality improvement (QI) projects – Large agency level projects are prioritized by the QSC. The QSC has authority for approving agency-wide projects. For very large, enterprise-wide projects approval may also be required from the Executive Leadership Team. Agency level QI projects cross divisional lines, involve multiple offices and programs and address high priority agency initiatives or key services. These projects may be identified through performance indicator reviews, strategic or operational planning.

Agency level projects are supported, facilitated and/or coached by OPA staff and Lean Six Sigma certified staff. Facilitators and coaches participate in the QAC and Lean Community of Practice. They use a variety of Lean, Six Sigma, and other quality improvement tools and techniques.



Smaller quality improvement projects – Divisions and programs/units may initiate quality improvement projects, which follow QI principles and use common quality improvement tools and techniques. Programs/units and sponsors initiate projects with their staff and coordinate with OPA for advice and assistance. Resources for these projects are available through Lean Practitioners.

### Screening Criteria

Project requests are screened and prioritized based on the following criteria:

How do we know what size and level a problem (decision) is?					
<b>Impact</b>	Whose work is impacted by this problem/decision? Who may need to be involved in any changes, and how?				
<b>Complexity</b>	How many other things does this problem/decision touch? How easy might it be to make changes that impact those other things? How much risk is involved?				
<b>Scope</b>	How much access do you or your team have to the resources (time, money, expertise) needed to solve this problem or implement this decision				
<b>Impact on people and work</b>	<b>Level of Impact</b>	Individual	Team	Other Teams	Other Organizations
<b>Complexity</b>	<b>Interrelationships</b>	0-2	3-4	5-6	7+
	<b>Ease of change</b>	Easy	Moderately easy	Moderately hard	Hard
	<b>Level of risk</b>	Low	Moderately low	Moderately high	High
<b>Scope of Responsibility</b>	<b>Access to resources</b>	Full	Some	Limited	None
<b>Small</b> problems/decisions can and should be made by the individuals and teams closest to the work.					
<b>Medium</b> problems/decisions can often be made by individuals and teams with strong experience. Some will need to be elevated to leadership. These types of problems are great coaching opportunities, especially for newer, less experienced staff to determine the best path.					
<b>Large</b> problems/decisions almost always need to be elevated to leadership.					

Source: Coaching the WA Way, DES 2015

The current Quality Improvement Plan highlights large-scale projects and is posted on the agency's SharePoint site. It is updated annually.

### **Monitoring and Oversight**

Monitoring and oversight activities take place at several levels throughout the agency. Regular reviews of statewide performance measures and indicators happen through the Governor's Results Washington meetings, monthly internal Performance Meetings and agency budget reviews. They provide opportunities to assess progress toward goals and identify potential improvements.

Large agency-wide QI projects are sponsored, monitored, and overseen by the QSC. Smaller quality improvement efforts that do not rise to the level of Quality Steering Committee are monitored by divisional managers or supervisors. The OPA tracks these efforts using a Lean Tracking System and submits a semi-annual report to the Governor's Results Washington office.



## Quality Improvement Training

A variety of training opportunities are available to leaders and staff, from basic quality concepts to advanced training in Lean Six Sigma.

Training Activity	Measures or Milestones	Responsible Office	Date Completed	Strategies	Progress Notes
<b>All DOH employees watch Basic Lean video</b>	1By March 30, 2015	Office of Performance & Accountability	June 30, 2015	This was a Lean Green Belt QI project involving a representative from each division and office.	99% of all employees have viewed the video and new employees receive training at New Employee Orientation.
<b>Provide 14 new, free online quality and performance management trainings via YouTube to DOH and LHJ staff in Washington &amp; beyond</b>	2By March 31, 2015	Office of Performance & Accountability	March 31, 2015	Staff from the Public Health Centers for Excellence created the videos with funding from a CDC grant	Completed and available here: <a href="http://www.phcfe.org/">http://www.phcfe.org/</a>
<b>Certify 20 Lean/QI facilitators from DOH as “green belts”</b>	3By June 1, 2015	Office of Performance & Accountability	May 11, 2015	OPA sponsored meetings between “green belt” candidates and agency “black belts” for support and coaching during projects	19 of the 20 candidates completed their projects and are certified Lean Facilitators and “green belts”.
<b>Lean training component added to New Employee Orientation</b>	4By July 1, 2015	Human Resources	July 1, 2015	At month at New Employee meeting, attendees view a 17-minute Lean Basics video, with discussion led by the Performance Officer	Implementation complete.  Ongoing training provided to new employees.
<b>Provide <i>Problem Solving the Washington Way</i> training to DOH employees</b>	5Prepare a cadre of trainers by August 31, 2015  Start training by October 31, 2015	Office of Performance & Accountability		Trainers get preparation and materials  Training to begin Oct 31, 2015	Trainers from across the agency received Train-the-trainer preparation and materials during August 2015.
<b>Certify additional 13 Lean/QI facilitators from DOH as “green belts”</b>	6By May 1, 2016	Office of Performance & Accountability		OPA will again sponsor coaching and mentoring of “green belt” candidates by “black belts” during their projects	Training underway, late October and early November

## **Quality Improvement Communication**

Communication related to the agency's quality culture and results takes several forms.

- Quality improvement training opportunities are published in the department training calendar maintained by the Office of Human Resources, and on the Lean Community of Practice SharePoint site.
- Time is allotted at a monthly Performance Meeting to report QI project results, newly trained facilitators are recognized and success stories about the agency's culture of Lean and continuous improvement are highlighted.
- Articles regarding quality improvement activities and QI project success stories are published in the staff e-newsletter, the Sentinel.
- Successful projects are also highlighted in the semi-annual report to the Governor, and annual report to the Legislature on Lean improvement projects and implementation activities
- To support quality efforts, our internal SharePoint site makes project files, agendas, meeting minutes, tools, templates and action plans available. For local health jurisdictions and others, templates, examples, and training materials are posted on the agency's external website.

## Appendix A – Glossary of Terms

The agency's **performance management** includes the following activities in a systemic approach to monitoring and managing agency performance:

**Results Washington Reviews** – The Governor's periodic review forums for analyzing performance on key high level indicators and focusing resources where needed to achieve desired results.

**Performance Meetings** – The agency's monthly review forums for monitoring performance against key indicators and measures in the strategic plan, to focus resources to improve performance and achieve desired results.

**Public Health Accreditation Board Accreditation** – Accredited in 2013, the agency is working toward being reaccredited in 2018 to maintain and improve agency performance benchmarks against national public health standards.

**Employee Satisfaction Survey** – Annually, a set of core questions are used to assess employee employee satisfaction. State agencies have the option to include additional questions to address areas of concern. DOH uses results of the survey to discover and address areas of concern from the employees' perspective.

**Operations/Business Plan Reviews** – Divisions, offices and programs identify meaningful indicators and measures to monitor their operational performance and progress toward unit goals. Performance is monitored quarterly or more often, depending on the measure and level of activity. These results help tell our story and answer the question, "How are we doing?" OPA reviews the plans every two years.

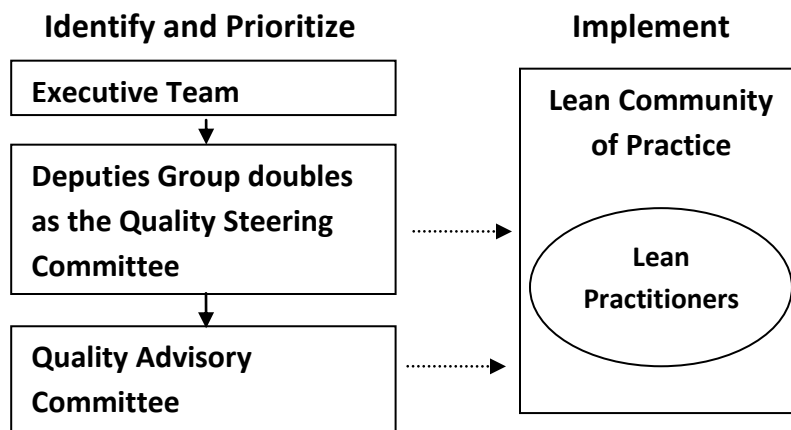
**Customer Satisfaction Surveys** – Divisions, offices, and programs identify what is valuable to their customers through customer experience surveys and use the results to improve their processes.

The Office of Performance and Accountability (OPA) provides information on **quality improvement tools, techniques, references, and resources** through its SharePoint site. OPA staff coordinate agency approaches to QI, suggest effective methods or ideas for solving team issues, and facilitating QI teams using standard Lean/QI tools and methods.

**Lean** is a standard management philosophy and system emphasized across Washington State government. We build capacity and support our employees in their efforts to identify waste, eliminate delays, save money, and provide high quality services. Agency leadership, resources and employee involvement are key components of implementing Lean principles and practices. Once basic principles have been introduced to staff and managers, presenting **just-in-time training** at the beginning of an actual QI project helps create team success. Facilitation and coaching by experienced quality practitioners increases learning and ensures training is most effective.

Basic principles of **project management** also apply to improvement projects. Taking time to understand current performance and establish a means of measuring performance for comparison after improvements are implemented is a shared principle of both Lean and project management.

## Appendix B – Governance, Charters, Roles and Responsibilities



The Executive Team promotes the program. It supports recognition of both individual and team successes. Its members help create a culture in which employees use Lean/QI principles and tools in their day-to-day work with support and guidance from leaders.

The Quality Steering Committee (QSC) is a role taken on by the agency's Deputies Team. The QSC provides guidance and oversight of agency quality improvement activities, outlined in the charter below.

The QSC focuses on a limited number of agency wide initiatives yearly. As each is completed, learning from the effort is shared.

# Quality Improvement Steering Committee (QSC) CHARTER

June 6, 2014

**Purpose:** The Quality Improvement Steering Committee (QSC) serves as the cross-agency group to prioritize, support and remove barriers to the implementation of agency-wide quality improvement activities.

**Areas of Focus:** The key roles of the QSC are to:

- Identify and prioritize opportunities for agency-wide quality improvement (QI) initiatives.
- Support continuous QI efforts and address barriers to success that are identified.
- Eliminate barriers to empowerment of staff and managers to solve problems within their work areas.
- Help coordinate and share information about PHAB Accreditation standards and preparation.
- Approve the Quality Improvement plan.
- Identify and support trainings and/or resources, which will help to advance QI efforts across the agency.
- Provide guidance to communicate and support successful QI efforts and key learnings.

**Members of the QSC:** Membership will include the Performance Officer, who shall serve as chair, and member of the Department of Health Deputies Group

**Meeting Organization:** The QSC will meet quarterly or as convened by the chair as part of the standing Deputies Group. The Performance Team will provide administrative support to the committee.

**Term of this Charter:** June 6, 2018 until revised. It is recommended the charter and committee membership be reviewed biennially by the QSC.

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The Quality Advisory Committee (QAC) members are representatives from the operational level across the agency. They provide input, advice, and assistance to the QSC about activities that strengthen quality improvement and performance management in the agency.

# Quality Advisory Committee (QAC) CHARTER

July 17, 2015

## Mission:

The Quality Advisory Committee (QAC) promotes a culture of continuous improvement throughout the department by advising and collaborating on performance management, continuous improvement and accreditation activities to support the vision, mission, and strategic goals of the Department of Health (DOH).

## Goals:

- Serve as performance management and continuous improvement advisors and consultants within the agency.
- Incorporate Lean principles into the agency performance management system.
- Introduce DOH employees to performance management philosophies, tools, and techniques.
- Improve work quality and consistency by incorporating performance management and continuous improvement philosophies and principles into our daily work.
- Increase DOH employee satisfaction while optimizing employee efficacy by promoting a culture of continuous improvement across the agency
- Promote practices that ensure the agency maintains public health accreditation.

## Responsibilities:

QAC members participate in, and contribute to, a wide variety of performance management, continuous improvement and accreditation activities. They advise the Office of Performance and Accountability about the best ways to influence the work and culture of DOH.

The following are examples of QAC activities:

**1. Quality Improvement**

- Act as a key resource to lead, encourage and support quality improvement initiatives within program areas.
- Assist in developing quality improvement policy and direction.
- Participate in quality improvement project identification.
- Provide tools, expertise and training to support pursuit of innovative quality results and improvement initiatives.
- Mentor, motivate, encourage and empower staff to support continuous improvement and foster a culture of quality and results.
- Implement, monitor, and report Lean training and improvement activities within program areas.
- Share findings, recommendations, and analyses from Lean projects with internal and external customers.

**2. Public Health Accreditation (PHAB)**

- Provide direction and input to coordinate and prepare for Public Health Accreditation, including gathering documentation, ensuring activities comply with PHAB standards, training, mock reviews, and communicating results.
- Act as key contacts within their program areas for reviewing PHAB results, developing follow up action plans, and participating in progress monitoring and improvement.

**3. Strategic Planning and Performance Measures**

- Support development of the agency strategic plan.
- Recommend strategic projects to support the vision, mission, and strategic goals of the agency.
- Share information that informs employees and stakeholders of the agency vision, mission, values, and strategic direction.
- Assist in the alignment of division strategic plans to the agency strategic plan.
- Coordinate reporting on all performance measures within program areas.

**4. Results Washington Performance Analysis and Review**

- Act as key resource for communicating and reporting Results Washington progress within the agency.
- Act as key contact within their program area for developing agency presentations for Results Washington Goal Councils.

**Membership:**

QAC members represent a cross-section of agency staff from the offices of the secretary, administrative operations and divisions in public health operations. Individual QAC members represent their units in working toward collaborative and coordinated agency performance

management outcomes. The QAC is responsible to provide input and respond to requests from the Performance Officer to accomplish specified continuous improvement and performance management activities and events.

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## **Roles and Responsibilities**

### **QI Executive Sponsors/Committee Chair:**

- Serve as a catalyst for results and change; create a clear strategic business plan.
- Lead organizational direction and agency culture for quality improvement.
- Establish QI policy direction for the agency within financial, cultural, operational parameters.
- Monitor and report back to the Executive Team on progress made to achieve
  - 1) Performance-orientated QI priorities, and
  - 2) Agency cultural changes directly associated with achieving desired outcomes/goals.
- Identify and communicate the consequences of failing to achieve desired QI outcomes, goals.
- Drive out fear of a QI culture and overcome standard resistance (“We’ve tried that before.”)
- Guide and coach peers and middle managers on strategies to achieve operational change (know and use quality principles.)
- Obtain and provide regular updates to Executive Team members.
- Ensure the strategic significance of the QI program and its projects by endorsing and defending them as a valued investment of resources that serves agency strategic objectives.
- Guide the QI program and project selection process for Executive Team approval, funding, and staffing. Ensure resources are dedicated; barriers to success removed.

### **Lean Community of Practice Members:**

- Create and maintain the self-organizing community of practice.
- Be resources for agency staff in Lean methods.
- Implement, monitor, and report Lean activities.
- Provide training on Lean tools and techniques to staff.
- Conduct Lean Value Stream Mapping events throughout the agency.

### **QI Steering Committee Lead Staff (OPA):**

- Design tools to monitor QI performance compliance.
- Design tools for QI program evaluation and reporting.
- Review and analyze performance reports. Provide secondary data gathering and analysis as needed.
- Prepare semi-annual and annual QI reports. Analyze for patterns and indicators of QI program change.
- Provide QI program technical assistance to agency leadership, management, employees.

**Affected Stakeholders/Personnel:** Key customer and constituent groups, agency leadership. **Key customer and constituent groups include:**

- Public (at-large and individuals).
- State Board of Health.
- Elected officials – local, state, and federal.
- Other Washington state agencies, non-DOH boards and commissions.
- Local Washington governments (not LHJs).
- Other states' agencies.
- Federal agencies.
- Local Health Jurisdictions.
- Regulated entities (boards and commissions, licensees, certificated, permittees, registrants, etc.)
- Service providers and suppliers.
- Agency employees (and associated advisory committees).
- Agency programs.
- Advocacy groups/individuals.
- Media.
- Tribes.
- Potential affected businesses (tobacco industry, hospitals, insurance companies, etc.)
- Data providers.
- Data users.
- Private sector research community.
- Academia.
- Community-based organizations.
- Trade associations.



## Appendix C – Selecting Quality Improvement Projects

Topics for improvement initiatives come from organizational performance reviews and from employee suggestions, which might include:

- An analysis of performance measures.
- Results of evaluations of programs or administrative systems. This could include audit conclusions or agency self-assessments.
- Regular surveying of employees about their views on systems that need improvement.
- Regular assessment of internal and external customer service data from across the agency.

The project request form and screening questions below guide selection of projects.

### New Lean Project Request Form

<h2>New Lean Project Request</h2>	
Project Title:	<input type="text"/>
Project Description:	<div><div></div><div></div></div>
Start Date:	<input type="text"/>
Unit/Division of Project:	<input type="text"/>
Unit/Division Contact Name:	<input type="text"/>
Ease of Change:	<input type="text" value="Easy"/>
Level of Risk:	<input type="text" value="Low"/>
Access to Resources:	<input type="text" value="Full"/>
Level of Impact:	<input type="text" value="Individual"/>
Interrelationships:	<input type="text" value="1-2"/>
<div><div>Save</div><div>Cancel</div></div>	

## DOH Charter

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### Title

Sponsor	Team Leader	Facilitator (optional)

### Problem Statement *(include for QI/Lean projects only)*

### Background

*(If QI/Lean project - Why is this a problem? How did it come about? Why does the problem need to be fixed now? What will happen if it is not fixed? How does this issue impact our agency?) (If workgroup - or why does this group exist? How was it developed?)*

### Aim Statement

*(What is the goal of the project, or what is the purpose of the workgroup?)*

### Metrics about the Problem *(include for QI/Lean projects only)*

*(What metrics do you have about the problem?)*

### What Will Success Look Like? *(include for QI/Lean projects only)*

*What will be the benefits to the customers of completing this project or strategy? Include public perception, compliance with laws, regulations, or standards, improved public health and use of public resources.)*

### Deliverables

*(What are the products that the workgroup or project will deliver?) (For QI/Lean projects- deliverables should include: List of QI tools used, implementation plan, progress reports, evaluation of project impacts)*

### Scope

*(What area is the project or group focused on?)*

### SIPOC *(include for QI/Lean projects only)*

Supplier	
Input	
Process	
Output	
Customer	

### Boundaries/Constraints/Restrictions

*(What areas are not included in your scope? Are there constraints or restrictions that limit the scope of the work?)*

### Start and End Dates

*(Start and end dates of team or workgroup)*

## Participants

Name	Role/Function	Is participant a Supervisor? <i>(this column is optional)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Ground Rules

*(These are standard. Other items can be included as agreed upon by group members)*

1. Demonstrate trust to other participants.
2. Follow through on any commitments you make or assignments you accept. Ask for help as needed.
3. Display professional courtesy during meetings and discussions with other participants.
4. Keep sensitive information within the group.
5. Do not let cell phones, pagers, and laptops disrupt the meeting(s).

## Roles and Responsibilities

*(These are only examples. Spell out the specific roles and responsibilities for your group)*

### Sponsor

- Assist team to identify critical processes
- Discuss improvement criteria with Team Leader
- Commit resources for project or workgroup
- When necessary, adjust workload of Team Leader and Team Members
- Attend kick-off meeting, and project report out
- Support team leader/facilitator
- Assist in managing obstacles in order to achieve team goals

### Team Leader

- Communicate regularly with sponsors
- Make sponsors aware of issues and problems
- Decide which tools are appropriate
- Develop meeting agenda and prepare meetings
- Monitor group process
- Evaluate team and process for effectiveness and viability
- Monitor and inform sponsor on the progress of implementation activities
- Leaders are team members

### Facilitator

- Conduct team meeting
- Teach continuous improvement tools
- Lead team in use of tools and exercises
- Help team communicate
- Help team reach consensus

**Team Members**

- Division/Program liaison/representative
- Carry out assignments
- Contribute technical knowledge/expertise
- Participate and encourage others support
- Conduct research, as needed
- Take responsibility for implementing change
- If unable to attend, notify team leaders.

**Recorder/Scribe/Administrative Support (optional)**

- Take minutes
- Distribute meeting materials (agendas, reports, minutes, etc.)
- Schedule meeting rooms and notify team members

**Approvals**

*(must include signatures)*

Signature of Sponsor:		Date:
Signature of Project Lead:		Date:

DOH Charter, revised 10/14/2014

## Appendix E

### Quality Improvement Work Plan

Calendar Year 2015

Updated 10/30/2015

We identify opportunities to improve services and performance through planning and performance monitoring. Opportunities are identified throughout the agency through employee suggestions, Health of Washington State, the State Health Improvement Plan, and strategic planning. We track them in our Lean Tracking System. The projects listed below are examples of projects in different stages.

#### Projects completed in 2015

Activity	Start Date	Project Leads	Date Completed	Comments
<b>Tuberculosis immigrant and refugee arrivers project</b>	6/15/2013	Justina Novak	6/30/2015	Improved access to immigrant and refugee health screening data for partners, reduced document processing time, and costs of mailing. National Tuberculosis Indicator Project Class B TB refugee and immigrant evaluations are initiated within 30 days for 68.7%; Evaluation was completed within 90 days for 82.7%. TB infection Treatment initiation rose to 85.7%; Treatment completion to 73.8%. Local TB partners now have access to more complete and accurate Arriver documents. Reduced time for all documents to reach partners, which leads to quicker evaluations.
<b>EMS training course application &amp; approval process</b>	2/1/2015	Eric Dean	4/27/2015	100% of applications are now approved and processed in 21 days or less, meeting legal requirements.
<b>Processing incomplete acknowledgements of paternity applications</b>	3/1/2015	Jean Remsbecker with Kris Reichl	4/27/2015	Estimated 47% reduction in staff time spent processing incompletes. Estimated 46% reduction in incompletes.
<b>Newborn Screening Specimen Receiving and Accessioning</b>	7/31/2014	Gregory Olin with Mike Settles	7/31/ 2015	Since implementing the form and double-checking prior to completing the process, no errors have occurred
<b>Home Care Aides -- Improving Pass Rates for Limited English Proficient Candidates</b>	4/1/2014	Stacey Saunders with Diana Ehri	12/31/2014	Created tools for identifying LEP students needing extra support. Reduced time to schedule interpreters from 15-20 days to 5-7 days. Revised translation to increase pass rate through consistent use of terms in training and testing. Ongoing pilot aims to increase pass rate via one-on-one interpretation

#### Projects continuing in 2015

Activity	Start Date	Project Leads	Date Completed	Strategy	Progress
<b>Trauma designation data in ILRS</b>	1/1/2014	Tony Bledsoe with Eric Dean		ILRS data system allows efficient tracking of trauma designation data and will reduce use of multiple tables now in use.	We plan to go live in December 2015. ILRS will help us in track trauma designation data, contact information, reports, application information.

Activity	Start Date	Project Leads	Date Completed	Strategy	Progress
<b>Environmental Public Health Rules Process</b>	10/27/2014	Vicky Bouvier with Terry Taylor and Robin Burkhardt		The rule-making process has been revised to be more efficient, with 40 percent fewer steps, and maintain value to stakeholders. It is being tested now.	Total number of steps in previous process: 139. Total number of steps in revised process: 84. Number of times materials are handed off to different people during the previous process: 106. Number of handoffs of materials to different people in new process: 51.
<b>Standard Background Check Process</b>	1/26/2015	Taylor Linke		Remove Wait Time; Remove Defects; Remove Transportation; Increase Employee Engagement; Improve Overall Processing Time; Decrease Phone Calls	Finalization meeting held on 6/30/2015. Awaiting TTpro configuration changes; 3 Month Follow Up for Next Steps.

#### Projects planned for 2015-2016

Activity	Start Date	Project Leads	Strategy
<b>Implementing Enterprise Content Management System for Drinking Water Program</b>	Fall 2015	Alecia Tilley, Judy Hall	The Office of Drinking water is piloting an enterprise content management system to streamline and speed up the process for water system operators' exams and certifications. The project will assess improvements in user experience, workflow, document management, and records search and management.
<b>Public Health Lab Lean Project - Radiation Testing</b>	Fall 2015	Blaine Rhodes	Expedite the quality assurance conducted on analyzed samples d in order to decrease turn-around time and increase cost savings.
<b>Boards and Commissions Citrix Project</b>	Fall 2015	Taylor Linke, Johnathan Philbrook	Recent court rulings That state Information stored on private devices and in private accounts is subject to public disclosure, and the agency desire to maintain a record of all communications has led to a project that plans to mitigate risks and concerns associated with transferring sensitive and sometimes confidential information, through implementing a secure electronic process.