2021-2022 Performance Improvement Plan

Approved by Executive Team April 2021

Iowa Department of Public Health
Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

Acknowledgements

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Purpose and Introduction

Overview

The Iowa Department of Public Health (IDPH) performance improvement (PI) plan formalizes and standardizes the practice of PI across the department and defines resources dedicated to quality improvement (QI) and performance management (PM). The plan is reviewed annually by the QI and PM coordinators. The plan is updated every two years and reviewed by IDPH's QI council and executive team.

Key Quality Terms

Key terms have been identified for use in IDPH plans including the performance improvement plan, strategic plan, and health improvement plan. Key terms are available in Appendix A.

Mission, Visions, and Guiding Principles of the Iowa Department of Public Health

The Iowa Department of Public Health has adopted the following mission, visions, and guiding principles:

Vision for Iowa
Healthy Iowans in Healthy Communities

Mission
Protecting and Improving the Health of Iowans

Vision for IDPH
Iowa's Leader for Population Health

Guiding Principles

ACCOUNTABILITY We act with integrity and strive for fairness in all we do.	**QUALITY** We are dedicated to efficiency, effectiveness, and the continuous improvement of our processes and services.
COLLABORATION/TEAMWORK We value internal and external partnerships, and remain flexible to new and diverse ideas.	**RESULTS ORIENTED** We strive for excellence through decision-making that is priority-focused, data-driven, and evidence-based.
COMMUNICATION We use timely, effective, and open dialogue to increase collaboration and participation in protecting and improving health.	**WORKFORCE DEVELOPMENT** We continually work to develop the skills and competencies of our workforce.
HEALTH EQUITY We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work, and play.	

The mission, visions, and guiding principles are shared with new employees through the department's orientation process. Performance plans facilitate discussions between supervisors and employees about how job duties link to the department's mission.

Strategic Plan 2017-2021

The department's current strategic plan lays out three areas of emphasis for the department:

GOAL 1: Strengthen the department's role as Iowa's chief health strategist.

GOAL 2: Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (QI).

GOAL 3: Implement a collaborative, department-wide approach to addressing Iowa's top health issues.

Goal 2 of the strategic plan links directly to implementation of a QI plan and growing a culture of quality at IDPH. The following objectives were used for Goal 2:

1. **Increase the percentage of IDPH staff with exposure to QI in the last year.**

	2013	2014	2015	2016	2017	2018	2019	2020
% of staff exposed to QI	42.7%	31%	29%	32%	22.67%	30.66%	37.91%	30.56%

Please note: In 2017, exposure was calculated by participation in the QI council, a QI adventure, or QI training. Prior to 2017, the data was reported by supervisors on behalf of their staff.

2. **Increase the percentage of IDPH staff with QI responsibilities in performance plans.**

	2013	2014	2015	2016	2017	2018	2019	2020
% of employees with QI in individual performance plan	12.5%	24%	23%	33.6%	33.1%	50.24%	57.1%	45.1%

3. **Employee survey indicates IDPH staff agree/strongly agree: "We have good processes for doing our work."**

4. **Employee survey indicated IDPH staff agree/strongly agree: "I have influence in defining/improving my work processes."**

Employee Survey Questions			
Employee Survey Year	**% of IDPH staff that answer agree/strongly agree to employee survey question "We have good processes for doing our work."**	**% of IDPH staff that answer agree/strongly agree to employee survey question "I have influence in defining/improving my work processes.**	**% of IDPH staff that answer agree/strongly agree to employee survey question "I have influence in improving my work processes.**
2013	51	58	
2015	58	73	
2016	61	68	
2017	71	74	78
2018	63	76	78
2019	68	77	81
2020	70	82	84
2021	77	82	86

Please note:
- *The employee survey was not conducted in 2014.*
- *In 2017, the survey question "I have influence in defining/improving my work processes" was split into two separate questions: "I have influence in defining my work processes" and "I have influence in improving my work processes."*

5. **Increase the overall average scores in each focus area of the department's performance improvement culture assessment.**

Average Scores: 2020 vs. 2018	Don't Know	Never	Getting Started	Some Progress	In Place
Capability	3.3%	-1.0%	-4.0%	0.4%	1.4%
Customer Focus	-2.3%	1.1%	-0.9%	-0.2%	2.3%
Employee Empowerment	-2.2%	0.7%	-3.7%	3.0%	2.2%
Leadership Engagement	2.0%	-1.7%	-4.3%	-9.8%	13.9%
Performance Stds. & Measures	7.8%	1.3%	-0.4%	-0.9%	-7.8%
PI Institutionalization	-9.3%	-0.9%	-1.9%	3.0%	9.1%
QI Implementation	0.0%	2.5%	-0.2%	5.2%	-7.4%
TOTAL	**-0.8%**	**2.0%**	**-15.4%**	**0.6%**	**13.6%**

Please note:
- *Prior to January 2020, this goal was stated in the strategic plan as to increase the department's quality culture score. The goal was updated in the strategic plan January 2020 to reflect how the department's PI culture is currently assessed.*

Improve and Support Public Health Performance

Performance Improvement Culture Within IDPH

Overview

IDPH has been practicing quality improvement (QI) and performance management (PM) for a number of years; however, those efforts were not formalized until 2016. In reviewing the Public Health Accreditation Board's (PHAB) standards and measures, Department staff identified QI and PM as opportunities for improvement. In fall 2016, IDPH hired two new staff, a QI coordinator and a PM coordinator, to support the Department with QI and PM efforts as the journey toward national accreditation was taking off. In January 2017, a QI Council was established and a QI plan to formalize and standardize QI efforts across the Department was implemented. A performance management structure was finalized and approved by IDPH's executive team in August 2017.

Since the implementation of both programs, QI and PM activities have focused on introducing the methodologies to staff and building the infrastructure to sustain a PI culture. QI training for IDPH employees was available prior 2016 and evolved and improved over the years to meet the needs of the PI culture. QI adventures began in 2017 and have continued since with the leadership of the QI council. In addition, IDPH consistently holds performance measure meetings quarterly to review performance measures.

In 2018, the QI coordinator, QI council, and PM coordinator began focusing their efforts on developing the PI culture and messaging "performance improvement" at IDPH with the goal of connecting QI and PM activities with each other when appropriate.

Finally, the quality culture and performance improvement culture within IDPH has been assessed three times since 2016 through targeted employee surveys. The first survey was done in 2016 and focused on the foundations of a quality culture. In 2018 a combined QI and PM culture assessment was conducted. Please see the next two sections for more details about the assessments.

2020 Culture Assessment

In September 2020, a selection of staff at the Iowa Department of Public Health (IDPH) were invited to complete the culture assessment for quality improvement (QI) and performance management (PM) — also known as Performance Improvement (PI) when combined.

The survey is designed to assess seven aspects of PI:
- Employee Empowerment
- Leadership Engagement
- Customer Focus
- QI Implementation
- Performance Standards and Measurement

- Capability
- Performance Improvement Institutionalization

The survey was sent to 334 individuals, and 176 responded (52.7%). Respondents were asked to select their role in the department as either support, professional, or leadership staff.

The results point to employees feeling empowered to do the work of PI (see Employee Empowerment) and having visible leadership involvement in PI (see Leadership). There are opportunities to improve the use of performance management (See Performance Standards and Measures) and better include our customers in our PI work (see Customer Focus). Detailed results for each focus area can be found within the report, including distinctions between how support, professional, and leadership staff answered the questions.

The bureau chief for the Bureau of Public Health Performance and the PM Coordinator reviewed the survey results with Executive Team and the QI Council. The feedback collected during these meetings will be used to plan future trainings and activities. Suggestions for action include:

- Assess department staff to determine what type of resources and support they need in the customer feedback process.

- Reformat the quarterly performance management meetings to expose more staff to the process and refocus meetings on developing action-oriented strategies to overcome barriers to improvement.

- Work with department leadership to develop a training plan to better equip supervisors to engage in PI conversations with staff.

- Continue to incorporate health equity into QI adventure conversations.

- Break down performance measures by population segments when possible.

Future State of PI Culture

The IDPH director, QI coordinator, PM coordinator, and QI council will strive to create and foster a performance improvement culture at IDPH that will include:

1. Reviewing the PI plan on an annual basis with regular updates planned every two years.

2. An engaged QI Council that will continue to meet at least once every other month.

3. Regularly sharing outcomes of performance measures and QI adventures with employees, partners, the State Board of Health, and customers.

4. Continuing to identify QI adventures through strategic planning, the performance management system, and employee suggestions.

5. Promoting the use of and assisting with the development of meaningful performance measures that are used for programmatic decision-making.

6. Developing a group of at least 20 staff trained to facilitate QI adventures.

7. Applying a health equity lens to QI adventures and performance measures when appropriate.

8. Continuing to use a purposeful approach to ensure the customer's voice is included in QI discussions.

9. Improving the overall average scores in PI culture assessment.

10. Improving the overall average scores in the "Operations and Quality Improvement" and "Measurement, Analysis, and Knowledge Management" focus areas of the IDPH employee survey.

Performance Improvement Structure

Quality Improvement

Quality Improvement Council Overview

In 2017, a Quality Improvement (QI) Council was established to lead the implementation of the quality improvement plan. The membership of the QI Council includes the following:

- Deputy Director

  Serves as liaison to Executive Team (E-team), champion for QI, assists QI Council in overcoming barriers, and helps identify department level QI needs.

- One Bureau Chief

  Serves as liaison to all bureau chiefs, reports at bureau chief meetings, aids in overcoming barriers, and mentors other bureau chiefs in QI. Serves as facilitator for QI projects.

- Eight staff members from any classification in the department who are considered or want to become "experts" in QI

  Acts as a liaison/facilitator to help QI teams. Encourages QI, both formal and informal, within divisions. Attends trainings. Helps identify QI efforts. Serves as "face of QI" in IDPH communications with IDPH employees, IDPH management team, partners, customers, and the State Board of Health.

- QI Coordinator

  Serves as facilitator of QI council. Sets meetings, agendas, and trainings. Serves as a facilitator for QI projects. Assures communication of QI activities internally, with partners, customers, and the State Board of Health. Must be a full-time employee dedicated to QI at IDPH.

- PM Coordinator

  Attends QI council meetings. Provides technical assistance for creating measurements for QI efforts. Listens for QI opportunities during performance management meetings. Attends QI trainings.

Staffing and administrative support, including note-taking, minutes, and meeting set up, will be provided by the Bureau of Public Health Performance.

Membership

The deputy director, QI coordinator, and PM coordinator are permanent appointments to the council. The bureau chief and staff members will serve two-year terms on the QI council. Terms are staggered.

Vacancies on the council are filled by appointment by the deputy director.

IDPH staff may self-nominate or be nominated by a bureau chief or division director to serve on the council through an application process. Membership criteria include a willingness to learn and become a QI "expert," have the ability to participate, and a desire to serve in a leadership capacity within the department. The deputy director will have final say on naming members of the QI Council. When possible, representation from each division will be considered when selecting members.

New council members will begin their QI council orientation and training in July before their term begins.

Council Activities

Council members facilitate QI efforts for the department. They also work toward building a culture of performance improvement at IDPH.

Annually, the council reviews the PI plan for revisions and identifies their goals for the calendar year.

Funding for QI Activities

Provided funds are available, the Public Health Modernization fund may be used for QI supplies and training. Depending on available resources, programs participating in the QI process may be asked to provide necessary supplies for their QI teams. The QI Council will review and determine whether to approve or deny requests for funds from QI teams.

Project Identification

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

1. The director, executive team, or the strategic planning committee identifies a QI effort to address a goal in the department's strategic plan.

2. A QI opportunity is identified through the performance management process or the review of performance measures.

3. Individual employees submit an idea for a QI effort.

Regardless of how quality improvement opportunities are identified, each formal QI adventure should follow the submission process and be presented to the QI Council for approval if prioritization is needed. See the appendices for a flowchart of the submission process.

Formal QI adventures may need to be prioritized by the QI Council. See the appendices for the prioritization scoring sheet.

Communication

IDPH will communicate about PI activities through two main venues. For employees, PI documentation will appear on the Improvement Station on the IDPH intranet and all staff Google Drive.

For QI adventures, QI council members will prompt adventures teams to share their storyboard with their customers.

Additionally, the PM coordinator and QI coordinator report on PI activities to the State Board of Health at least once each year.

Performance Management

Overview

In August 2020, the IDPH Executive Leadership team approved the implementation of a new performance management system based on the Results-Based Accountability^{TM} (RBA) framework. RBA was developed by Mark Friedman and described in his book, "Trying Hard is Not Good Enough: How to Produce Measureable Improvements for Customers and Communities."

There are three ways in which RBA is unique among planning and management tools:

1. It's a common-sense, plain language system.

2. It recognizes that the customer's result matters most.

3. Most importantly, it makes a distinction between population accountability and program accountability. Namely, change at the population level is the responsibility of community-wide collaborations of co-equal partners representing all sectors while change at the client or customer level is the responsibility of the program, agency, or service system that is serving those clients or customers.

Making this distinction means the framework includes two distinct but connected processes. Graphics 1 and 2 depict these processes. Graphic 3 depicts the connection point of the two processes – the contributory relationship between the "Is anyone better off?" performance measure from the performance accountability process and the indicator of the population accountability process.
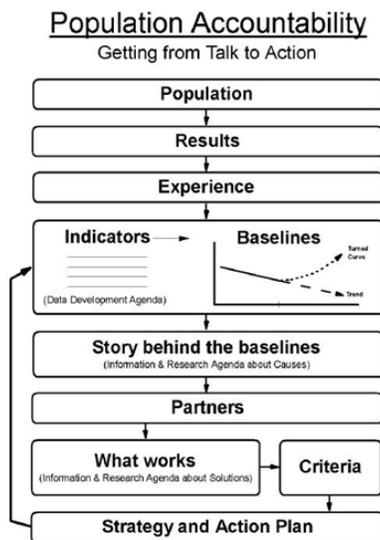
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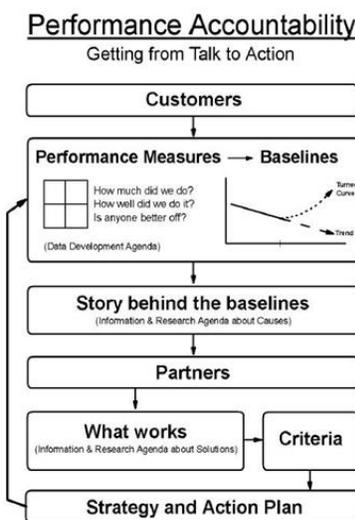
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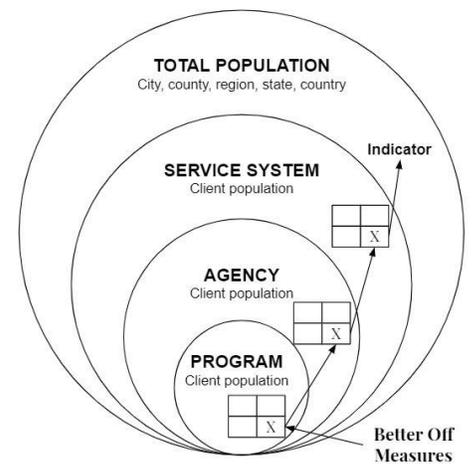
Graphic 3

As a single department of state government, much of IDPH's work belongs in the performance accountability process. (In the future, the department's collaborative, statewide work may utilize the population accountability process.)

In September 2020, the performance management coordinator began working with teams, identified by the department's bureau chiefs, to introduce RBA concepts and facilitate the development of performance measures. Due to the large number of programs at the department and staff workload during the COVID-19 pandemic response, the PM coordinator is adding teams to the system in phases.

In March 2021, the department held its first performance management meeting in the new system with teams from the first implementation group. The performance management coordinator intends to initiate all department teams by March 2022.

Principles of the Performance Management System

Measure Development & Selection

Performance measures are developed through the facilitated process described below.

1. Staff identify their customers and their activities. This is done in succession to ensure each important customer has a corresponding activity and each important activity has a corresponding customer. Staff then choose a primary customer or the customer whose outcomes are most important to their work. Choosing this customer is key to answering the final, and most important, performance measure question, "Is anyone better off?" (see step 4).

2. Staff assign numbers to their activities, which help to answer the first performance measure question: "How much did we do?" (The activity "client appointments," becomes "# of appointments completed" or "# of clients seen."

3. Staff brainstorm ways to determine if their listed activities have been done well ("How well did we do it?"). "# of appointments completed" becomes "% of appointments beginning on time" or "% of clients seen within 14 days of enrollment."

4. Staff brainstorm ways to determine if their primary customer is better off as a result of their involvement with their program ("Is anyone better off?"). This is presented as both a number and percent to provide context. Typically, this means the customer demonstrates an improvement in skills, knowledge, attitude, opinion, or circumstance. Examples are below:
   o HIV Treatment Program: # and % of clients who are virally suppressed.
   o Tobacco Cessation Program: # & % of participants who quit tobacco at completion of program.
   o Contracting Program: # and % of agencies receiving coaching services who report increased ability to provide primary services.

5. Staff choose three to five measures that will best help them manage their program's performance. These three to five measures should include at least one "How Well" measure and at least one "Better Off" measure. RBA provides a tool to help select measures if needed. Each measure is rated, "High," "Medium," or "Low" on three factors and those with the highest score are selected. The three factors are:
   o Communication Power: Does the performance measure communicate to a broad range of audiences?

- o Data Power: Do we have quality data on a timely basis?
- o Proxy Power: Does the performance measure say something of central importance about the program?

Performance Measure Master List

As teams complete their measures, with support from the performance management coordinator, they are recorded in a master list. The list is available to department staff via a shared drive.

Sharing Data & Reporting Progress

Teams enter their Performance measure data into shared Google Sheets workbooks. The PM coordinator connects this data to Tableau Public and creates easy-to-understand visual representations. As staff enter new data, the visualizations are auto-updated. Completed visualizations will be shared via the department's public website. Additionally, the PM coordinator and QI coordinator report on PI activities to the State Board of Health at least once each year.

Performance Management Meetings

Performance management meetings are held quarterly and grouped by strategic focus area. The department has seven such areas:

1. Assure access to quality health services
2. Improve and support public health performance
3. Prepare for, respond to, and recover from emergencies
4. Prevent epidemics and the spread of disease
5. Prevent injuries and violence
6. Promote healthy living
7. Protect against environmental hazards

The meeting structure will guide bureau chiefs and staff through answering "The Seven Performance Accountability Questions."

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering service well?
4. How are we doing on the most important of these measures?
5. Who are the partners who have a potential role to play in doing better?
6. What works, what could work to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

The meeting structure will include time for the teams to discuss the questions themselves and then share their discussion with another team. The sharing time will enable teams to break down silos to share their knowledge/experience with each other as well as to hear feedback and suggestions from other areas in the Department.

After the meetings, the teams will share the answer to question 7 to the PM coordinator. The PM coordinator will post these answers to a Trello board available to IDPH staff. This will allow any staff person to monitor the plans and activities of the programs as well as their measures.

Revising Measures

Teams, with the support of their bureau chief, may revise, retire, or remove measures as appropriate. It is expected that discussions held during the performance management meetings as well as those outside the meeting will help teams refine current measures or discover better measures for their programs. The PM coordinator will work with teams to ensure revised or new measures capture the work and its impact on customers as intended.

Leadership Support

The executive leadership team approved the framework and the implementation plan. The bureau chiefs decided which teams to initiate first and were actively involved in the measure development process. Finally, they are also key to the success of the performance management meetings – reviewing and prioritizing measures, selecting workshop teams, and leading the in-group discussion.

Performance Improvement Monitoring and Evaluation

Overview

Goals of the PI plan are outlined in the next section. The goals are monitored through the performance management system, the strategic plan status report, the PI culture assessment, and the employee survey. The PM coordinator and QI coordinator track data on the PI plan goals and reports on progress of the goals through the performance management system and strategic plan report. The PM coordinator and QI coordinator also share results of the PI culture assessment and employee survey with the QI council.

Progress toward the goals is discussed at QI council's meetings. Opportunities for improvement identified may be incorporated immediately through a revision of the plan with deputy director approval or may be identified for inclusion in the annual review of the plan.

Goals of the QI teams are monitored by the QI council members assigned to facilitate the QI adventure. QI adventure teams evaluate progress towards meeting the measures established on their adventure charters. Reports on progress are shared back with the QI council through the council members who facilitated the adventures.

Performance Improvement Goals

2020 Goals

Below are the goals and performance measures for 2020. Results of the goals and measures are included in the table.

Goals	Key Activities	Responsibility	Results
Achieve 40% of IDPH staff formally participating in QI activities during 2020 (QI council membership, participate on QI adventure team, attend QI training led by QI Council)	1. Promote QI activities throughout the department. 2. Facilitate QI adventures. 3. Facilitate QI trainings.	QI Council members, QI Coordinator, Deputy Director	Target not met. 30.56% of staff formally participated in QI activities. (data source: Director's Office performance measure)
Achieve 65% of IDPH staff formally participating in QI activities since January 2017 (QI council membership, participate on QI adventure team, attend QI training led by QI Council)	1. Promote QI activities throughout the department. 2. Facilitate QI adventures. 3. Facilitate QI trainings.	QI Council members, QI Coordinator, Deputy Director	329 staff or 60 new staff (2019: 269 staff or 63.7% with 2019 staff totals at denominator) (data source: Director's Office performance measure)
Achieve 20% of IDPH staff formally participating in PM activities during 2020 (attend performance managem meetings, attended results-based accountability meeting, and/or participated in measure development)	1. Include staff in PM meetings. 2. Communicate PM discussions to staff.	PM Coordinator, Division Directors, Bureau Chiefs	Target met 45.7% of staff formally participated in PM activities. (data source: Director's Office performance measure)

50% of QI adventures conducted in 2020 will develop AIM statements by December 31, 2020	1. Update QI adventure charter and storyboard to prompt for AIM statements. 2. Incorporate AIM statements into new QI council member training. 3. Identify QI adventures that are appropriate to include AIM statements. 4. Train QI adventure teams on AIM statements. 5. Assist QI adventure teams with developing AIM statements.	QI Coordinator, QI Council members	Target met. 57% (4 out of 7) developed AIM statements. EH - yes CDPM - yes NPA - yes SME - yes Cade elc - no Elr - no Vaccine - no (data source: tracking by QI coordinator)
100% of QI adventure storyboards completed by 30 day check-in by December 31, 2020	1. Train QI adventure team leaders and sponsors on use. 2. Inform QI adventure team leaders and sponsors of 30 day deadline. 3. Track documentation completed.	QI Coordinator, QI Council members	Target not met. 42.9% (3 out of 7) completed by 30 day check-in (data source: tracking by QI coordinator)
Increase by 2% the percentage of IDPH staff with QI responsibilities in performance plans in the last year.	1. Share information about QI with division directors and bureau chiefs. 2. Include language regarding the facilitation of quality improvement efforts in current and past QI council members' performance plans.	Deputy Director, QI coordinator	Target not met. 45.1% of staff with QI in performance plan for 2020 (2019: 57.1%) (data source: survey of IDPH management)

Achieve 20% of IDPH staff with PM responsibilities in performance plans in the last year.	1. Share information about PM with division directors and bureau chiefs. 2. Include language regarding PM efforts in staff performance plans.	PM coordinator, Division Directors, Bureau Chiefs	Target met. 35.4% of staff with PM in performance plan (data source: survey of IDPH management)
Achieve the 70% benchmark for the overall average response of staff responding agree/strongly agree to the Operations and Quality Improvement focus questions in the employee survey.	1. Promote QI activities throughout the department. 2. Educate division directors, bureau chiefs, and department staff on what is a good process. 3. Share information about the importance of QI with division directors and bureau chiefs.	QI Council members, QI Coordinator, Deputy Director	Target met – 73% overall average. (data source: 2021 employee survey)
Achieve a 75% benchmark for the overall average response of staff responding agree/strongly agree to the Measurement, Analysis, and Knowledge Management focus questions in the employee survey.	1. Promote PM activities throughout the department. 2. Educate division directors, bureau chiefs, and department staff on good performance measures. 3. Share information about the importance of PM with division directors and bureau chiefs.	PM coordinator, Deputy Director, QI coordinator, QI council members	Target not met – 74% overall average. (data source: 2021 employee survey)

2020 Performance Measures

Performance Measure	Key Activities	Responsibility	Results
At least one person formally participating in QI in each bureau/center/office/board.	1. Meet with bureau chiefs, division director, and director to discuss identifying QI participation opportunities.	QI Council members, QI Coordinator, Bureau Chiefs, Division Directors, Deputy Director, Director	Target not met. 81.5% of bureaus/centers/offices/boards had at least one staff formally participate in QI (22 out of 27) (data source: Director's Office performance measure
At least three QI adventures conducted based on performance measures tracked through the performance management system	1. QI coordinator attends performance scorecard meetings. 2. PM coordinator attends QI council meetings. 3. Performance measures are identified through scorecard meetings and are reviewed by QI council members.	QI Coordinator, PM Coordinator, QI Council Members, Bureau Chiefs, Division Directors, Deputy Director, Director	Target not met. 0 QI adventures tied to performance measures. (data source: Director's Office performance measure)

2021-2022 Goals

IDPH will continue to build a culture of quality and performance improvement in the department. To do so, it will focus on the goals and activities listed below for 2021-2022.

Goals	Key Activities	Responsibility
Achieve 40% of IDPH staff formally participating in QI activities by end of 2022 (QI council membership, participate on QI adventure team, attend QI training led by QI Council)	1. Promote QI activities throughout the department. 2. Facilitate QI adventures. 3. Facilitate QI trainings.	QI Council members, QI Coordinator, Deputy Director
Achieve 40% of IDPH staff formally participating in PM activities by end of 2022 (attend performance measure review meetings, attended results-based accountability meeting, and/or participated in measure development)	1. Include staff in PM meetings. 2. Communicate PM discussions to staff.	PM Coordinator, Division Directors, Bureau Chiefs
50% of QI adventures conducted in 2021-2022 will develop AIM statements by December 31, 2022	1. Update QI adventure charter and storyboard to prompt for AIM statements. 2. Incorporate AIM statements into new QI council member training. 3. Identify QI adventures that are appropriate to include AIM statements. 4. Train QI adventure teams on AIM statements. 5. Assist QI adventure teams with developing AIM statements.	QI Coordinator, QI Council members

100% of QI adventure storyboards completed by 60 day check-in by December 31, 2022	1. Train QI adventure team leaders and sponsors on use. 2. Inform QI adventure team leaders and sponsors of 60 day deadline. 3. Track documentation completed.	QI Coordinator, QI Council members
Achieve 50% of IDPH staff with QI responsibilities in performance plans by December 31, 2022.	1. Share information about QI with division directors and bureau chiefs. 2. Include language regarding the facilitation of quality improvement efforts in current and past QI council members' performance plans.	Deputy Director, QI coordinator
Achieve 35% of IDPH staff with PM responsibilities in performance plans by December 31, 2022.	1. Share information about PM with division directors and bureau chiefs. 2. Include language regarding PM efforts in staff performance plans.	PM coordinator, Division Directors, Bureau Chiefs
Achieve a 75% average of staff responding agree/strongly agree to the Operations and Quality Improvement focus questions in the employee survey.	1. Promote QI activities throughout the department. 2. Educate division directors, bureau chiefs, and department staff on what is a good process. 3. Share information about the importance of QI with division directors and bureau chiefs.	QI Council members, QI Coordinator, Deputy Director
Achieve a 75% average of staff responding agree/strongly agree to the Measurement, Analysis, and Knowledge Management focus questions in the employee survey.	1. Promote PM activities throughout the department. 2. Educate division directors, bureau chiefs, and department staff on good performance measures. 3. Share information about the importance of PM with division directors and bureau chiefs.	PM coordinator, Deputy Director, QI coordinator, QI council members

2021-2022 Performance Measures

Performance Measure	Key Activities	Responsibility
At least five QI adventures conducted based on performance measures tracked through the performance management system by December 31, 2022	1. QI coordinator attends performance management meetings. 2. PM coordinator attends QI council meetings. 2. Performance measures are identified through performance management meetings and are reviewed by QI council members.	QI Coordinator, PM Coordinator, QI Council Members, Bureau Chiefs, Division Directors, Deputy Director, Director
80% of participants report the department's performance management meetings are conducive to improving their program's performance.	1. Conduct quarterly performance management meetings.	PM Coordinator, QI Coordinator, Bureau Chiefs
35% of PI culture assessment respondents selected, "In Place" to the prompt: "The department's commitment to performance improvement is apparent on a day-to-day basis."	1. Promote PI activities throughout the department. 2. Facilitate QI adventures. 3. Facilitate PM meetings. 4. Promote QI Council	QI Council, PHP Bureau Chief, PM Coordinator, QI Coordinator

Performance Improvement Training

Training for All Employees

In order to build a culture of PI, it is important to support the development of QI and PM skills and competencies in the IDPH workforce, beginning with new employees. Upon hire, new employees will be introduced at new employee orientation to PI and IDPH's approach to PI.

Additionally, IDPH provides an opportunity for all employees to attend the following trainings annually. Beginning in 2021, some courses are tagged as part of a project management series of tools.

Class	Occurrence	Description
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 about waste and the Plan-Do-Check-Act cycle with a hands-on activity involving our QI mascot Mr. Potato Head!
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 virtually.
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 virtually!
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. This tool is part of the project management badge series.

Class	Occurrence	Description
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 virtually. This tool is part of the project management badge series.
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. This tool is part of the project management badge series.
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. This tool is part of the project management badge series.
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. This tool is part of the project management badge series.
RBA @ IDPH	As needed	Participants are introduced to Results-Based Accountability and/or facilitated measure development.

In addition to the training provided within IDPH, IDPH staff members are encouraged to join the Iowa Lean Consortium and attend trainings provided by the Consortium. The department contributes annually to the membership cost for state employees to belong to the consortium.

Training for QI Council Members

QI council members participate in QI training targeted specifically to them. QI council members will be trained in QI tools, basic facilitation skills, humble inquiry, stages of team development, and Results-Based Accountability. QI teams also receive just-in-time training from the facilitator assigned.