CULTURE OF QUALITY

TRANSFORMATION PLAN

FY 2019 - 2023

Embracing the Principles of Continuous Quality Improvement

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC HEALTH

VISION

To be the healthiest city in America

MISSION

To promote health, wellness and equity, across the District, and protect the safety of residents, visitors, and those doing business in our nation's capital

STRATEGIC PRIORITIES

1. Promote a culture of health and wellness
2. Address social determinants of health
3. Strengthen public-private partnerships
4. Close the chasm between clinical medicine and public health
5. Implement data-driven and outcome-oriented approaches to program and policy development

ACKNOWLEDGEMENTS

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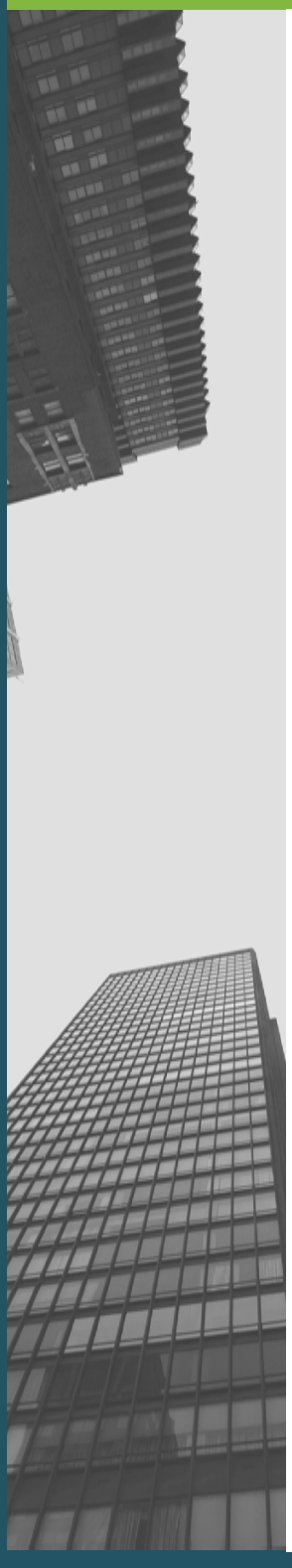
TABLE OF CONTENTS



LETTER FROM THE DIRECTOR

Dear Employees and Partners,

Public service is a sacred trust. It is a commitment to do our very best every day to make the District of Columbia the healthiest city in America. The public health conversation has changed dramatically in just the last several years. As the pace of change accelerates around us, we have both the privilege and the responsibility to ensure that the residents of Washington, DC have the most responsive and effective health department they could hope for, a health department that takes every opportunity to promote health, wellness, and equity.

That is why continuous quality improvement is such an essential part of our work. Embracing and utilizing the principles of continuous quality improvement is one of the characteristics of the 21st Century public health employee. Quality improvement is a set of tools and techniques but, more importantly, it empowers us to realize our mission and vision through always seeking to do better.

DC Health released its Strategic Plan in 2017. In that document, this Department committed to a servant leadership culture, to use its data resources to maximum benefits, embrace technology to operate more efficiently, and give everyone in the DC Health team the tools they need to succeed in the reality of rapid change. Continuous quality improvement is integral to accomplishing all of these goals.

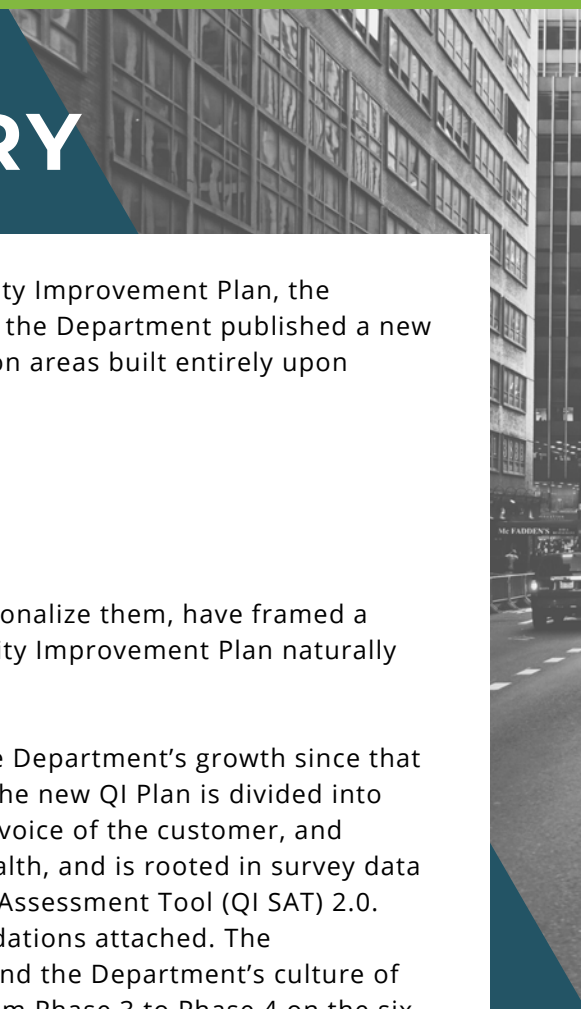
I've challenged everyone in DC Health to commit to lifelong learning, research and implement best practices, and engage with the community, and I couldn't be prouder of everything we've accomplished as a team. But in the spirit of continuous quality improvement, I believe we can always be better.

This new DC Health Quality Improvement Plan represents an investment in our commitment to quality. Thank you to the team who made this plan a reality, and thank you to our whole team for embracing and utilizing continuous quality improvement every day in your job at DC Health.

Sincerely,

LaQuandra S. Nesbitt

LaQuandra S. Nesbitt, MD MPH



EXECUTIVE SUMMARY

In the five years since the publication of DC Health's previous Quality Improvement Plan, the Department has grown markedly in a number of key ways. In 2017, the Department published a new Strategic Plan. In this document, the Department laid out four action areas built entirely upon employee input:

1. Servant Leadership Culture and Practice
2. Robust Applications of Data Resources
3. Operational Efficiencies and Better Use of Technology
4. Change Management Challenges and Frustrations

These action areas, and the goals and objectives created to operationalize them, have framed a range of initiatives across DC Health. In large measure, a new Quality Improvement Plan naturally follows, and reinforces those efforts.

This new plan builds on the foundation laid in 2014, documents the Department's growth since that time, and lays out action steps for improvement moving forward. The new QI Plan is divided into four sections: Organizational culture, organizational structure, the voice of the customer, and training. Each of these sections address the current state at DC Health, and is rooted in survey data drawn from a new administration of the Quality Improvement Self-Assessment Tool (QI SAT) 2.0. Notable data points from the survey are explored, with recommendations attached. The organizational culture section addresses quantitative findings around the Department's culture of quality. The survey data indicate that DC Health has progressed from Phase 3 to Phase 4 on the six-phase QI Roadmap published by the National Association of County and City Health Officials (NACCHO).

The survey data also illustrates opportunities for growth, and areas where the organizational commitment to QI can be reinforced and communicated more effectively. The organizational structure section explores the quality improvement infrastructure already in place, specifically, the Key Results Framework and the Monitoring and Evaluation (M&E) Workgroup. The Key Results Framework is a new, centralized database of performance data generated by every DC Health program. The M&E Workgroup is a longstanding committee scoped to provide technical assistance in data analysis and program evaluation agency-wide. Together, the Key Results Framework and the M&E Workgroup comprise the DC Health QI organizational structures. However, they are not widely understood as playing this role and, consequently, underutilized. It is recommended that the M&E Workgroup be renamed the Quality Improvement Council, and its scope redrawn to clarify its new role. This section includes a draft charter for the Quality Improvement Council, built around three strategic action areas:

1. Provide stewardship over the Department's performance management data;
2. Advise DC Health administrations on project selection and execution;
3. Maintain enterprise-level visibility and institutional memory over quality improvement efforts Department-wide to inform replication of improvements across programs/administrations.

EXECUTIVE SUMMARY (CONTINUED)

The voice of the customer is one of the foundational concepts in Lean Six Sigma. Organizations do not always intuitively recognize and document their internal and external customers. This section lays out a series of simple steps all programs can easily follow to institute continuous, customer-driven improvement:

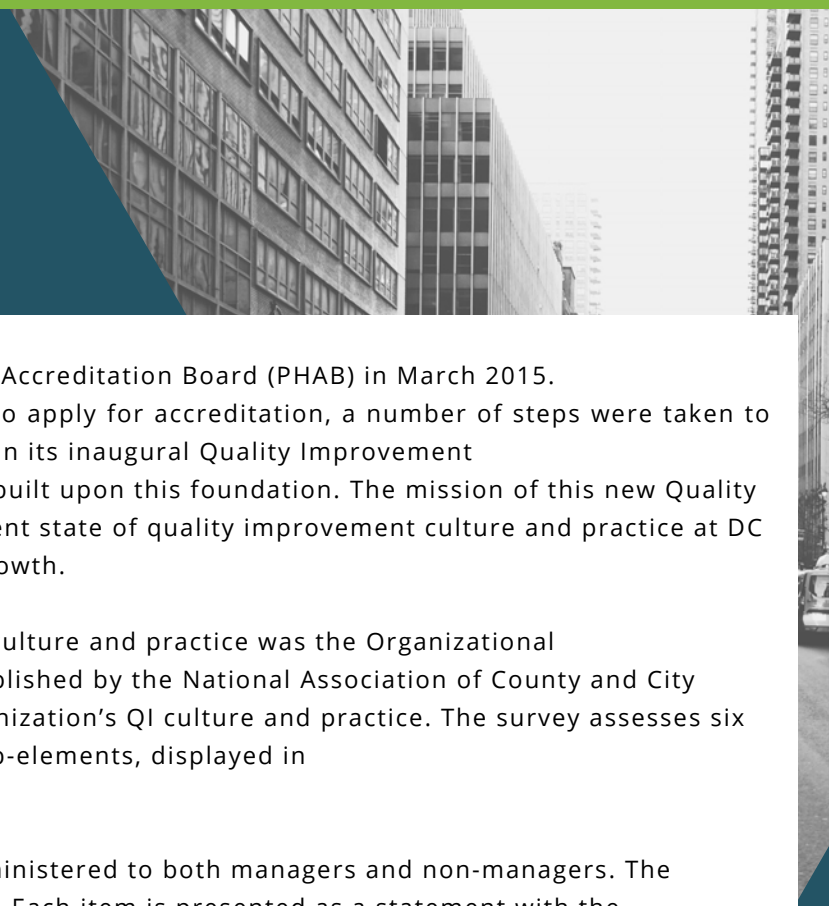
1. Identify the customer
2. Attain customer feedback
3. Analyze customer feedback
4. Data-driven project selection

The training section examines the existing training resources in the Department. Recommendations follow to expand training efforts, and create categories of QI competency agency-wide:

1. Basic competency
2. Quality professional
3. QI champion

Continuing to develop QI capacity requires a training program that implicitly acknowledges the importance of all three of these roles, and seeks to maintain a strong overall capacity distributed throughout the Department. The Quality Improvement Plan concludes with a set of recommendations that cut across all of these component sections. The recommendations are each tied to data points in the QI SAT with baseline metrics and performance targets.

INTRODUCTION



DC Health was officially accredited by the Public Health Accreditation Board (PHAB) in March 2015. During the two years the Department spent preparing to apply for accreditation, a number of steps were taken to build capacity in quality improvement (QI), culminating in its inaugural Quality Improvement Plan in 2014. In 2019, the Department has successfully built upon this foundation. The mission of this new Quality Improvement Plan is two-fold: first, to capture the current state of quality improvement culture and practice at DC Health; second, to identify opportunities for ongoing growth.

The centerpiece of this re-evaluation of DC Health's QI culture and practice was the Organizational Culture of Quality Self-Assessment Tool Version 2.0 published by the National Association of County and City Health Officials (NACCHO). The QI SAT assesses an organization's QI culture and practice. The survey assesses six foundational elements of a culture of quality and 14 sub-elements, displayed in the table below, excerpted from the facilitator's guide.

The QI SAT is a 60-item questionnaire (28 items are administered to both managers and non-managers. The remaining 32 items are administered only to managers). Each item is presented as a statement with the respondent indicating the degree to which that statement reflects DC Health practice. For example, the first item is *QI related expectations of staff are clearly defined (e.g. performance goals and standards, QI project participation)*. The response options align with the phases of the Roadmap to Quality Improvement (See the Organizational Culture section for a more detailed review of that model):

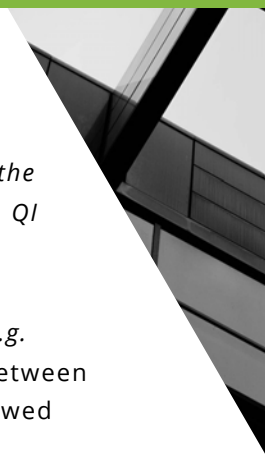
- Not at all (1)
- Rarely (2)
- Informally in some areas of the agency (3)
- Informally in some areas and formally in others (4)
- Formally in all areas of the agency (5)
- Fully integrated into the culture of the agency (6)
- Not applicable

DC Health disseminated the QI SAT to all employees in June 2019. 198 responses were received (approximately 36% of the DC Health workforce), 52 managers and 146 non-managers. The complete list of responses is available in the Appendix.

Average and median scores cited throughout this plan correspond to the numbers assigned to the responses above.

FOUNDATIONAL ELEMENTS AND SUB-ELEMENTS OF QI CULTURE

FOUNDATIONAL ELEMENT	SUB-ELEMENT
1. STAFF EMPOWERMENT	1.1 Enabling Performance 1.2 Knowledge, Skills and Abilities
2. TEAMWORK AND COLLABORATION	2.1 Collaborative Sharing and Improvement 2.2 QI Team Performance
3. LEADERSHIP	3.1 Culture 3.2 Resourcing and Structure
4. CUSTOMER FOCUS	4.1 Understanding the Customer 4.2 Meeting and Exceeding Customer Expectations
5. QUALITY IMPROVEMENT INFRASTRUCTURE	5.1 Strategic Planning 5.2 Performance Measurement and Use of Data 5.3 Annual Quality Improvement Planning
6. CONTINUOUS PROCESS IMPROVEMENT	6.1 Improving Standardized Work 6.2 Planning for Quality Improvement Projects 6.3 Testing, Studying, and Acting on Potential Solutions



Of the 28 statements administered to both managers and non-managers, managers ranked the Department higher than non-managers on 26. The first exception was the statement *Staff have the appropriate [knowledge skills and abilities] to meet QI related expectations, based on their role (e.g. QI Council members, frontline staff)* (3.89 among non-managers vs. 3.81 among managers).

The second exception was for the statement *QI related expectations of staff are clearly defined (e.g. performance goals and standards, QI project participation)*, which exhibited a higher difference between the two groups (4.02 among non-managers vs. 3.78 among managers). The remaining items showed managers ranking the Department higher than non-managers to a varying degree.

The greatest disparity between the two groups was found in the culture section. On the statement *Senior leaders, managers, and supervisors address staff concerns about engaging in QI (e.g. extra work, fear of job loss).* Managers ranked the Department higher by nearly a full point (4.03 vs. 3.07). This gap highlights the need for continued focus on integration of QI into daily practice.

SECTION 1

ORGANIZATIONAL CULTURE

Understanding organizational culture is a necessary first step in adopting quality improvement as a standard practice at DC Health. Culture can be defined as a collective set of beliefs, behaviors, values, and attitudes shared by a group of people. Whether or not we are aware of its influence, culture directly and indirectly impacts the way leadership and staff achieve desired goals. Organizational standards, expectations, and practices endure over time. New employees, to varying degrees, both influence the organizational culture, and also assimilate into the existing culture. QI initiatives will be viewed by the team through the lens of the organization's culture. QI can be accepted as a standard practice only through a change management effort designed specifically with this end in mind. As NACCHO indicates in Roadmap to Quality Improvement: "When a quality culture is achieved, all employees, from senior leadership to frontline staff, have infused QI into the way they do business daily. Employees continuously consider how processes can be improved, and QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature." The notion of QI as integrated into the Department's daily work rather than in zero-sum competition with other tasks is a critical one, and will be revisited several times throughout this section.

ROADMAP TO A QI CULTURE

NACCHO developed the Roadmap to a Culture of QI (QI Roadmap) resource guide to help local health departments (LHD) progress through the six phases of QI integration. The roadmap explains organizational attributes for each phase as well as transition strategies to help progress from one phase to the next on the journey to a culture of QI.

Phase 1: No Knowledge of QI

In this phase, LHD staff and leadership are unaware of QI and its importance. QI is not considered as a way of doing business, evidence base is not used in decision-making, and a reactive rather than proactive approach is used to address problems.

Phase 2: Not Involved with QI Activities

In this phase, leadership understands and discusses QI with staff but does not enforce the implementation of or dedicate sufficient staff time and resources for QI.

Phase 3: Informal or Ad Hoc QI Activities

Discrete QI efforts are practiced in isolated instances throughout the LHD, often without consistent use of data or alignment with the steps in a formal QI process.

DC Health has reached Phase 4 as of 2019!

Phase 4: Formal QI Activities Implemented in Specific Areas

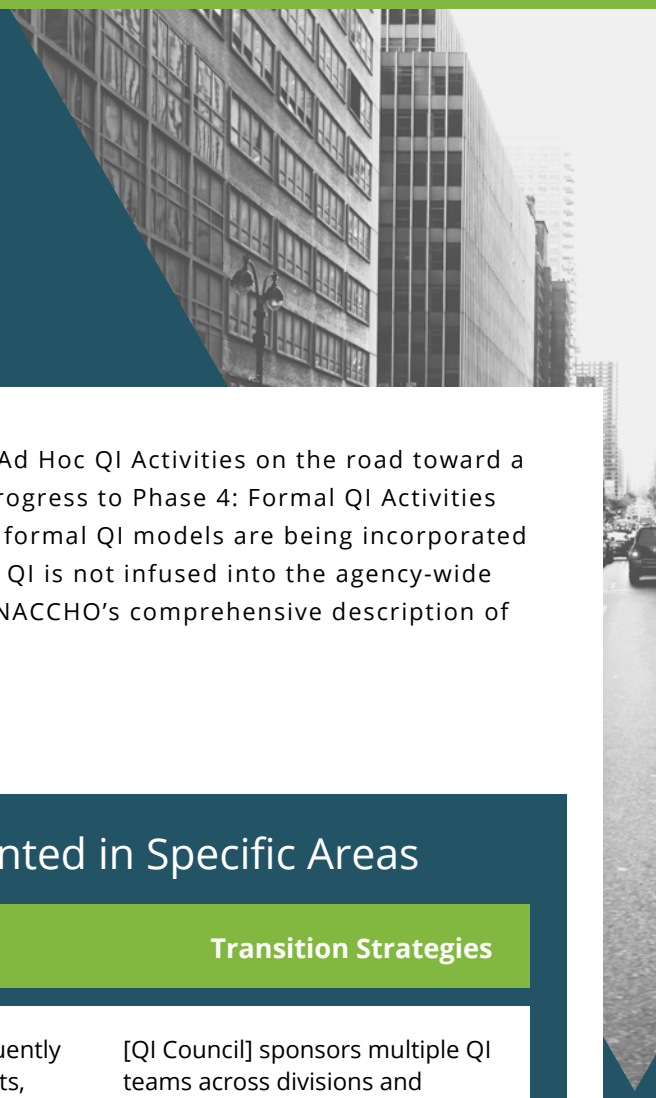
Following the adoption of one or more formal QI models, QI is being implemented in specific program areas, but QI has not yet been incorporated into an organization-wide culture.

Phase 5: Formal Agency-Wide QI

QI is integrated into the agency's strategic and operational plans. [QI Council] oversees the implementation of a detailed plan to ensure QI throughout the LHD. Policies and procedures are in place and data are commonly used for problem-solving and decision-making.

Phase 6: QI Culture

QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI continue as QI principles are so ingrained in staff that they routinely seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives.



PROGRESS UPDATE: DC HEALTH QI CULTURE

In the summer of 2012, DC Health ranked at Phase 3: Informal or Ad Hoc QI Activities on the road toward a desired QI culture. The 2019 QI SAT results support DC Health's progress to Phase 4: Formal QI Activities Implemented in Specific Areas. From this achievement, additional formal QI models are being incorporated into daily operation. QI is employed in certain program areas, but QI is not infused into the agency-wide culture as best practice. The following table contains excerpts of NACCHO's comprehensive description of Phase 4, including transition strategies to Phase 5 and beyond.

Phase 4: Formal QI Activities Implemented in Specific Areas

Organizational Area	Characteristics	Transition Strategies
Teamwork and Collaboration	Formal QI project teams are more frequently formed in specific divisions, departments, programs, etc.	[QI Council] sponsors multiple QI teams across divisions and programs to implement QI projects
QI Infrastructure	A strategic plan informed by key stakeholders and data from an environmental scanning process is being monitored and implemented.	Leaders and [QI Council] work with the staff to link the agency strategic plan, QI plan, and all operational plans.
Customer Focus	Some areas of the agency have a formal process for assessing customer needs and satisfaction, reporting progress, and making improvements.	Standardize department-wide process for assessing customer satisfaction, developing and implementing action plans to continuously improve programs/ services offered and report results. Align this process with the performance management process.
Employee Engagement	Employees understand the value of QI but may view it as an added responsibility.	Make readily available beginner- and advanced-level trainings and resources to accommodate both new and experienced staff. Establish formal process to orient and train new staff in [QI].

CULTURE SUB-ELEMENT DATA

Question Number	Question	Employee Category	Responses	Average	Median
3.1a	Senior leadership routinely communicates the organization's QI vision and goals to staff.	Non-Managers	114	3.70	4
		Managers	32	3.84	4
3.1c	Managers and supervisors use data in a non-punitive way to review performance with staff	Non-Managers	114	3.39	4
		Managers	32	4.13	4
3.1d	Managers and supervisors encourage their staff to engage in QI opportunities to improve work.	Non-Managers	114	3.56	4
		Managers	32	4.16	4
3.1f	Managers and supervisors encourage their staff to engage in QI opportunities to improve work.	Non-Managers	114	3.07	3
		Managers	32	4.03	4

SECTION 2

ORGANIZATIONAL STRUCTURE FOR QUALITY IMPROVEMENT

Advancing DC Health to Phase 5 on the Roadmap to QI Culture will require an agency-level organizational structure. Specifically, two structures are necessary: first, a central database of performance data with an agency scope; second, a Quality Improvement Council to advise, track, and document quality improvement activities agency-wide. The organizational structure for QI can be fully realized through some changes in scope to existing structures, and a new messaging effort to communicate their role as QI infrastructure. The central database of the performance data is the Key Results Framework. The role of a Quality Improvement Council is already being carried out in large part by the Monitoring and Evaluation Workgroup. This section lays out how the M&E Workgroup can be expanded through a new charter to meet the agency's requirements for a QI Council.

Action Area 2 of the DC Health Strategic Plan is the *Robust Application of Data Resources[1]*. As a part of the Department prioritizing applied analytics to facilitate continuous improvement, the Key Results Framework was launched in April 2019. The Key Results Framework is the culmination of months of outreach and technical assistance to DC Health programs. The Framework consists of performance metrics across all DC Health programs to drive continuous improvement. This effort was carried out by the Monitoring and Evaluation (M&E) Workgroup, chaired by the State Epidemiologist. The completion of the Key Results Framework may be a factor in the comparatively high scores seen in the Enterprise Level Performance Management and Use of Data Sub-Element on the QI SAT.

[1] "[DC Health]'s strength in data collection and analysis is tempered by the reality that data resources are often underleveraged, and do not inform policy and programmatic decisions to the extent they should... [DC Health] shall develop a formalized data implementation framework to expand the application of [DC Health]'s datasets, and incorporate formal data analysis more comprehensively into program structures."

Enterprise Level Performance Management and Use of Data Sub-Element Data

Question Number	Question	Responses	Average	Median
5.2b	Work unit performance measures are aligned with the agency strategic plan	33	4.48	4
5.2e	The agency tracks shared performance measures for collaborative efforts with community partners (e.g. community health improvement plan objectives).	33	4.13	4
5.2d	Performance measures assess key aspects of performance (e.g. customer satisfaction, financial, internal processes, workforce, health outcomes).	33	4.24	4
5.2h	Staff follow defined protocols for reporting on performance to stakeholders (e.g. reporting frequency, format).	33	4.03	4
5.2i	An effective information system (e.g. spreadsheets, database, performance software) is used to analyze performance data over time.	33	3.88	4

With the Key Results Framework complete, it is clear the scope of the M&E Workgroup needs to change to meet the management requirements the Key Results Framework created (e.g. ensuring that the data is regularly populated, and revised to remain relevant). Second, as the Key Results Framework identifies opportunities for improvement across DC Health, technical assistance may be required to launch or execute a quality improvement project. Third, the Department has historically lacked a means to identify and track quality improvement projects across programs and administrations, making it unlikely that lessons learned could be applied elsewhere within the Department. Thus, the M&E Workgroup will transition into the DC Health Quality Improvement Council (QIC). All of these insights have been incorporated into the charter that appears at the end of this section.

The strategy of expanding and formalizing the M&E Workgroup into the QIC is supported by the QI SAT data in the Organizational Resourcing and Structure Sub-Element. The data accurately reflect the Department's lack of centralized infrastructure for QI, a weakness this new plan seeks to address. Of the 32 items where only managers' responses were sought, two of the three lowest scoring items are in this sub-element.

Organizational Resourcing and Structure Sub-Element Data

Question Number	Question	Responses	Average	Median
3.2b	A QI committee representing all areas of the agency is empowered to support QI initiatives.	32	3.45	4
3.2c	A formally adopted agency QI policy and/or plan is implemented.	31	3.33	3.5

QIC Membership and Rotation

The QIC will have a Chairperson designated by the Director. The QIC Chairperson will have a maximum two-year term to ensure that the QIC remains a robust deliberative body open to new ideas, and doesn't significantly detract employees' time from their primary duties. The newly appointed QIC Chairperson will serve as an "elect" for six months to allow for the outgoing Chairperson to share existing knowledge and provide guidance and share lessons learned.

Each Senior Deputy Director (SDD) will contribute a minimum of one employee to represent the administration on the QIC. The Chairperson may coordinate with an SDD to appoint a second member if that administration's QI needs warrant a second point-of-contact. SDDs are encouraged to designate employees certified in a commonly-accepted quality management system (see below), or prior experience working in quality improvement.

The QIC membership will also include a representative of the Office of Information Technology, Office of Grants Management, Office of Human Resources, and the Office of General Counsel. These offices will ensure that projects are evaluated in advance for feasibility and operationally supported.

QIC Administrative Support/Budget and Resource Allocation

The Department will provide all necessary support to the QIC to ensure the Key Results Framework is adequately maintained. The Office of Information Technology will evaluate enhancement requests as they are received, to ensure the QIC has the resources to maintain the most robust performance data. The Chairperson will coordinate with the Chief Operating Officer to request funding for additional resources as necessary. The QIC does not have any dedicated administrative staffing, and may only obtain that staffing at the discretion of the Director.

QIC Meetings

The QIC shall meet once quarterly, however, the Chairperson may schedule ad hoc meetings as needed. The QIC membership is responsible for maintaining an archive of meeting agendas and minutes. The agenda for a QIC meeting may include, but is not limited to, the following activities:

1. A review of Key Results Framework data;
2. Development and approval of recommendations for projects based on Key Results Framework findings;
3. Presentations by project teams on complete, or ongoing projects;
4. Technical assistance recommendations for project teams;
5. Dissemination of key findings from projects that may assist similar programs.

The QIC's scope is divided into three strategic areas:

1. *Provide stewardship over the Department's performance management data;*
2. *Advise DC Health administrations on project selection and execution;*
3. *Maintain enterprise-level visibility and institutional memory over quality improvement efforts Department-wide to inform replication of improvements across programs/administrations.*

QUALITY IMPROVEMENT COUNCIL CHARTER

The QIC's scope is divided into three strategic areas:

1. Provide stewardship over the Department's performance management data;
2. Advise DC Health administrations on project selection and execution;
3. Maintain enterprise-level visibility and institutional memory over quality improvement efforts Department-wide to inform replication of improvements across programs/administrations.

Strategic Area 1: Provide stewardship over the Department's performance management data

This strategic area is operationalized into the following deliverables:

1.The QIC will house the Key Results Framework:
   a. The QIC will maintain an archive of the Key Results Framework for the current year, and a minimum of five prior years;
   b. The QIC will manage an annual revision of Key Results Framework metrics;
   c. The QIC will facilitate ad hoc revisions to Key Results Framework metrics, e.g. methodology refinements;
   d. The QIC will maintain a dashboard of all Key Results Framework data, and ensure that information is available to members of the Executive Leadership Team;
   e. Conduct a quarterly review of Key Results Framework data to identify possible areas for improvement.

2.The QIC will provide ad hoc technical assistance on the development of meaningful performance metrics

3.The QIC will review data in the Key Results Framework and, at a minimum:
   a. Identify notable improvements, and performance successes;
   b. Identify lagging metrics where QI projects may be warranted;
   c. Report findings to applicable Senior Deputy Directors (SDD)s.

Strategic Area 2: Advise DC Health administrations on project selection and execution

This strategic area is operationalized into the following deliverables:

1. The QIC will maintain a list of employees certified in Lean Six Sigma, or any other commonly-accepted quality management system (e.g. Total Quality Management, ISO 9000, Baldrige Excellence Framework).

2. Upon request from any program manager, the QIC will facilitate linkage to trained internal staff.

3. The QIC will report at least once annually to the Director on the state of intra-agency QI capacity, including noting if capacity has fallen below the agency's need due to staff turnover.

4. The QIC will provide technical assistance upon request to any program manager and/or project team to mitigate barriers to completing a project.

5. Draft a biennial report that highlights agency QI successes, including:
   a. Greater agency understanding and application of QI;
   b. Intra-department collaboration in addressing common programmatic challenges;
   c. Improved performance and/or customer satisfaction because of the application of QI tools;
   d. Notable examples of QI successes, e.g. storyboards to be shared with DC Health leadership and staff.

Strategic Area 3: Maintain enterprise-level visibility and institutional memory over quality improvement efforts Department-wide to inform replication of improvements across units/administrations

This strategic area is operationalized into the following deliverables:

1. The QIC will maintain an electronic record of all projects initiated for a minimum of five years in alignment with the development of a new strategic plan for DC Health. This may take the form of project charters (A3), story boards, or any other written report of project methods, data, and outcomes.

2. The QIC will provide relevant project reports upon request to any program manager seeking examples or technical assistance in improving a comparable business process.

3. The QIC will oversee the revision of the Quality Improvement Plan no less often than every three years. This analysis will include a new administration of the QI SAT.

SECTION 3

VOICE OF THE CUSTOMER

Understanding DC Health's customers is inseparable from a broader culture of quality. The organization cannot have a top-to-bottom commitment to quality improvement without acknowledging the centrality of the customer. Listening to the Voice of the Customer (VoC) informs project selection, and drives improvement.

According to Forbes and American Society for Quality's 2014 *Culture of Quality: Accelerating Growth and Performance in the Enterprise* report, an organization should endeavor to ensure that all employees:

- Know their product deliverable.
- Know their customer.
- Know their customer's quality expectations.
- Have a metric to measure that quality.

The QI SAT data for Foundational Element 4 (Customer Focus) vary somewhat, but place DC Health solidly in Phase 4. The Department saw higher results on understanding external customers, and collecting data on their needs, while data on internal customers and understanding their expectations, as well as investing customer data into QI projects, lagged behind. This suggests that additional structure and guidance is required to leverage the Department's strength at valuing the customer's needs with its comparative weakness in collecting data across both internal and external customers. More work is also required to maximize the value of that data through data-informed project selection. The content that follows is designed to formalize those elements, and continue driving DC Health towards Phase 5 in the evolution of its culture of quality.

UNDERSTANDING THE CUSTOMER SUB-ELEMENT DATA (MANAGERS ONLY)

Question Number	Question	Responses	Average	Median
4.1a	The agency collects data on external customer needs.	32	4.03	4
4.1b	The agency collects data on internal customer (i.e. staff) needs.	32	3.71	4
4.1d	Customer needs and expectations inform customer satisfaction measures.	32	3.74	4
4.1e	The agency uses customer needs data in planning efforts (e.g. community health improvement plan, strategic plan, program planning).	31	4.10	4

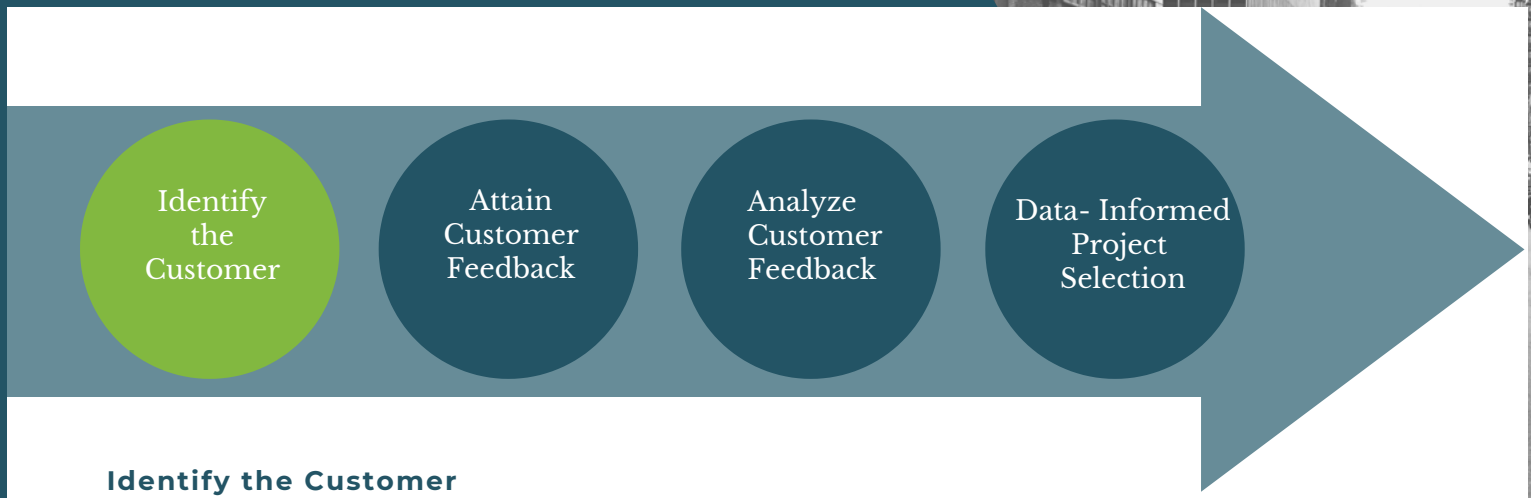
UNDERSTANDING THE CUSTOMER SUB-ELEMENT DATA (MANAGERS AND NON-MANAGERS)

Question Number	Question	Employee Category	Responses	Average	Median
4.1c	Specific efforts (e.g. community engagement) are made to understand the needs of different customer groups (e.g. populations with health inequities, new vs. tenured staff).	Non-Managers	113	3.96	4
		Managers	32	4.17	4

MEETING AND EXCEEDING CUSTOMER EXPECTATIONS SUB-ELEMENT DATA (MANAGERS AND NON-MANAGERS)

Question Number	Question	Employee Category	Responses	Average	Median
4.2a	The agency collects customer satisfaction data.	Non-Managers	105	3.81	4
		Managers	31	3.90	4
4.2b	The agency uses customer satisfaction data to implement improvements (e.g. QI projects, making informal improvements).	Non-Managers	113	3.65	4
		Managers	32	3.90	4

SYSTEMATIC PROCESS FOR LISTENING TO THE VOICE OF THE CUSTOMER



Identify the Customer

Attaining customer feedback may only occur once the customer is identified. DC Health programs frequently serve multiple customers, each with different quality expectations. Every program must first identify the customer(s). The American Society for Quality defines the customer as "a person or organization that receives a product, service or information." The customer may be within the organization (internal customer) or outside of it (external customer).

For instance, DC Health funds a community-based organization to provide a direct service to the public using grant funds. In this example, at a minimum, the DC Health program would have three external customers:

1. The federal grantor: Quality may be defined as spending grant dollars, meeting the target for patients served, and the timely completion of all required reporting.

2. The community-based organization: Quality may be defined as prompt reimbursement for services rendered, and responsive technical assistance.

3. The patients receiving the service: Quality may be defined as having access to services that effectively treat the presenting issue.

DC Health personnel who facilitate steps within this process would be one another's internal customers.

SYSTEMATIC PROCESS FOR LISTENING TO THE VOICE OF THE CUSTOMER

Attain Customer Feedback

Every program in DC Health is bound by its own set of requirements and constraints. A systematic process for DC Health programs must challenge and drive programs to identify and engage the customer, and also acknowledge that the optimal methods for customer feedback will vary across programs. Every program will identify the appropriate methods for the voice of its customer(s). These methods include, but are not limited to:

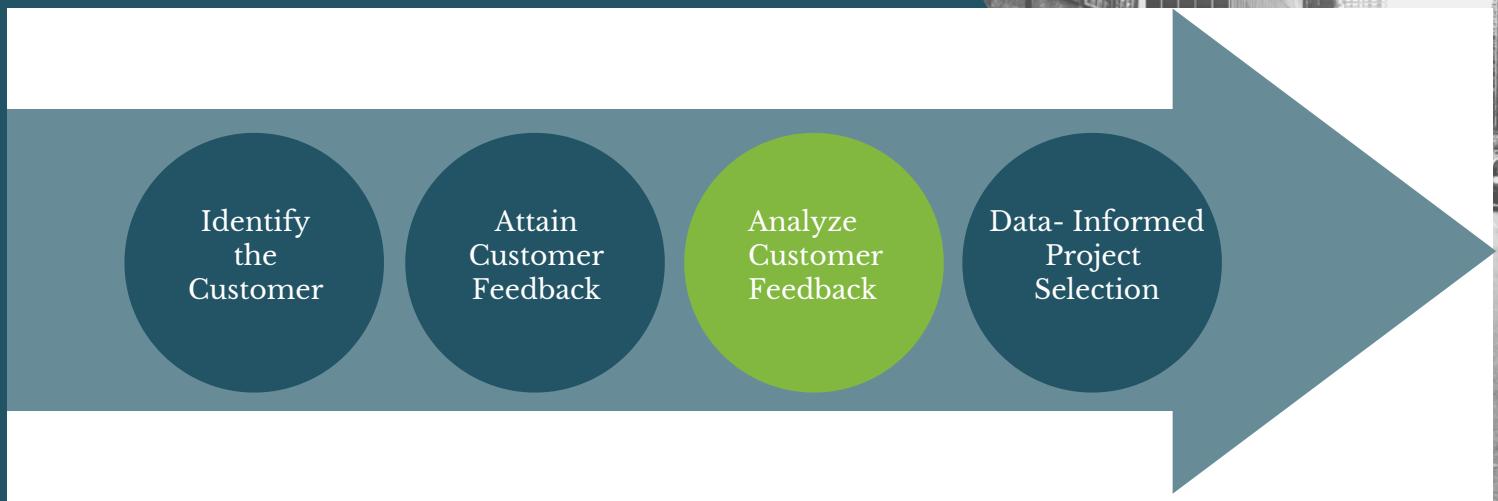
1. Customer survey: Customers are asked to respond to a structured questionnaire, producing aggregate quantitative data.

2. Stakeholder meetings: Customers are invited to a discussion that produces qualitative data.

3. Public hearing: The facts regarding a matter before the Department are presented, and members of the public are given the opportunity to offer input on that matter.

4. Community outreach: The Department proactively solicits feedback from members of the public by going to them directly.

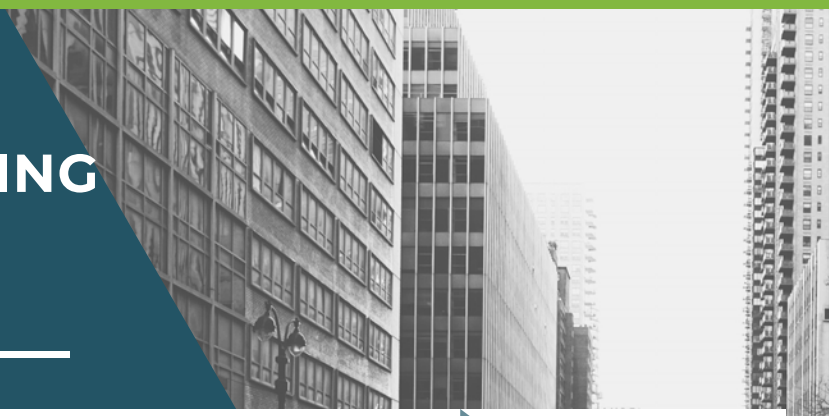
SYSTEMATIC PROCESS FOR LISTENING TO THE VOICE OF THE CUSTOMER

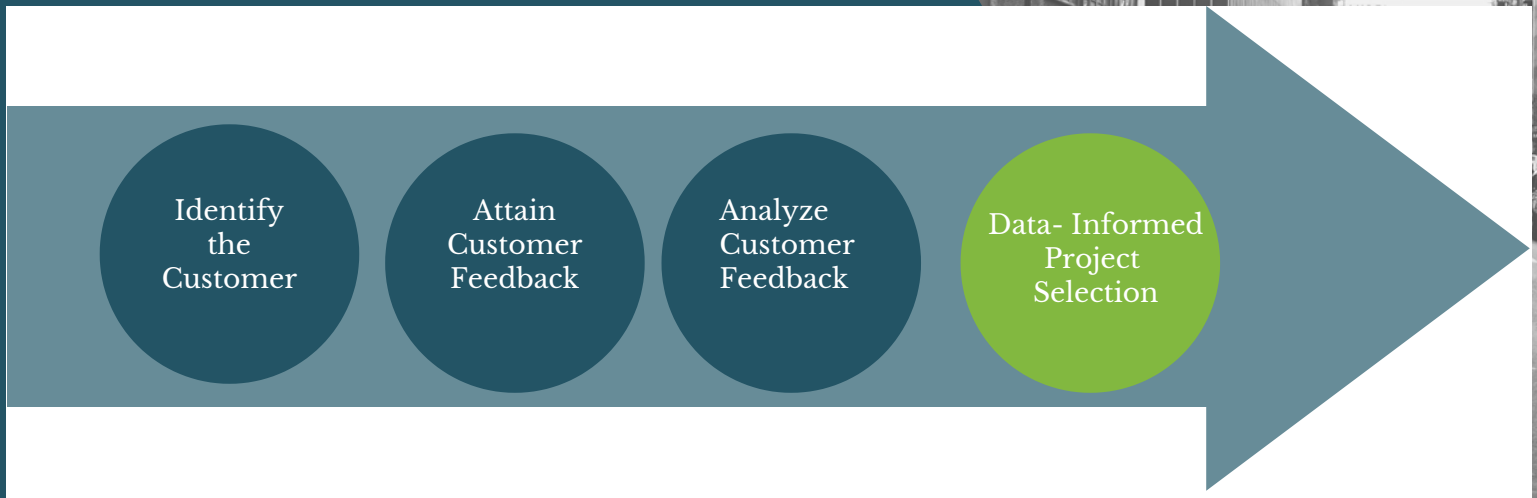


Analyze Customer Feedback

Collecting customer data is necessary, but not sufficient, for formal agency-level quality improvement. To be truly effective, the data must be used to evaluate performance relative to the customer's quality standard. Where possible, this may be done quantitatively through a comparison with the specification limits. For example, if reports are due to the federal grantor within 30 days of the end of the quarter, and the program meets this goal 60% of the time, with the average time to report 35 days, we can reliably conclude that the program is not meeting the customer requirement, and initiate a quality improvement project around reducing response time. For units leveraging internal Lean Six Sigma capacity, this may also be done through a Quality Function Deployment (QFD) to capture the customer's top priorities, analyze where those priorities intersect, and develop project ideas in response to the findings of that exercise.

SYSTEMATIC PROCESS FOR LISTENING TO THE VOICE OF THE CUSTOMER





Project Selection

A successful quality improvement program should have a positive effect on the organization's performance, and leverage finite staff resources wisely. All projects bring about change, but change does not always lead to improvement. Thus, it is critically important that a process exists to select relevant projects that would lead to improved processes and desired outcomes. Specifically, are performance data being leveraged appropriately to select the most impactful projects? The QI SAT data show that DC Health has a strong foundation in this area. Specifically, Foundational Element 5 Quality Improvement Infrastructure yields encouraging findings, particularly among managers. DC Health is solidly in a Phase 4 culture of quality in this area, with some items indicating progress towards Phase 5.

PERFORMANCE MEASUREMENT AND USE OF DATA SUB-ELEMENT (MANAGERS AND NON-MANAGERS)

Question Number	Question	Employee Category	Responses	Average	Median
5.2a	Staff contribute to the development of performance measures related to their work.	Non-Managers	111	3.91	4
		Managers	32	4.29	4
5.2c	Work unit/team tracks a mix of process and outcome measures to assess performance.	Non-Managers	111	3.79	4
		Managers	32	4.10	4
5.2f	The agency sets benchmarks or targets for performance measures using past performance data and/or standards (e.g. Healthy People, State Health Improvement Plan).	Non-Managers	110	4.10	4
		Managers	32	4.55	4
5.2g	Defined protocols for collecting performance data (e.g. use of data collection instruments) are documented and followed.	Non-Managers	110	4.02	4
		Managers	32	4.39	4

QUALITY IMPROVEMENT PLANNING SUB-ELEMENT DATA (MANAGERS AND NON-MANGERS)

Question Number	Question	Employee Category	Responses	Average	Median
5.3a	Staff use performance data to identify QI projects.	Non-Managers	111	3.55	4
		Managers	32	4.00	4

QI champions and sponsors within DC Health administrations (with technical assistance from the QIC as needed) should observe general recommendations in order to select and prioritize projects based on their relevance, urgency and expected outcomes. These recommendations include:

- **See problems with an agency-wide lens**. A project may be conceptualized to address a problem that is occurring, or has occurred, in other programs/administrations. The QIC manages an archive of past projects, and may have documentation of an existing solution, or have knowledge of a related project elsewhere in the agency where resources can be combined for a more impactful outcome.

- **Draw from multiple relevant sources.** Sources for project ideas may include data from the Key Results Framework, staff feedback (e.g. where is the process most difficult?), customer feedback (internal or external), or deliverables in the Agency Strategic Plan or Community Health Improvement Plan.

- **Evaluate potential topics for feasibility.** A project has to be able to fit into SMART (specific, measurable, attainable, realistic, time specific) criteria. Feasibility considerations may include:

    - Does the potential project have a manageable scope?
    - Are staff resources available to execute the project?
    - Availability of performance data to test the effectiveness of the process change

Projects may be thought of as falling into one of two categories, "Big QI" or "Little QI." Specific characteristics of either Big or Little QI are depicted in the graphic below.

Big QI – Organization Wide	Little QI – Program/Unit
• System focus • Tied to the Strategic Plan • Responsiveness to a community need • Cuts across all programs and activities	• Specific project focus • Program/unity level • Performance of a process over time • Delivery of a service • Individual program/unit level plans

Adapted from The Continuum of Quality Improvement in Public Health by Grace Duffy, Kim McCoy, John Moran and William Riley

SECTION 4

QUALITY IMPROVEMENT TRAINING

Training is a key element of any effort to influence culture and facilitate organizational change. As noted in Action Area 4 of the DC Health Strategic Plan, change efforts over time "[have] led to some employees being unclear on the new direction, how they can best contribute, or the degree to which they are valued by the organization." Any organizational change must be undertaken with care and inclusivity for all employees. The vision needs to be articulated by leadership, expectations need to be clear, and an attainable path to participating fully in the vision must be laid out.

Training and education help to create that attainable path, introducing and developing concepts and methods that support the executive-level strategy. Aligning training goals with strategy is an essential element of realizing meaningful results. In this case, the strategic objective is a culture of quality with formal agency-wide quality improvement.

The QI SAT data in this area reveal both strength and weakness. On one hand, DC Health scores on the overall availability of training were the highest in the entire survey for both managers and non-managers. The important caveat to this is that the score was notably lower when addressing new employee orientation to QI (see item 1.2e in the table below). This item had the lowest scores in the entire survey among managers. This suggests that DC Health needs to improve its front-end engagement with new staff, and introduction to QI.

ENTERPRISE-LEVEL KNOWLEDGE SKILLS AND ABILITIES (KSAS) SUB-ELEMENT (MANAGERS ONLY)

Question Number	Question	Responses	Average	Median
1.2a	The agency has defined QI related knowledge, skills, and abilities (KSAs) for various levels of staff.	33	4.18	4
1.2c	Strategies for increasing staff KSAs for QI are incorporated into agency level plans (e.g. workforce development, QI plan).	33	4.09	4
1.2e	New staff are oriented to QI concepts and agency vision for QI.	33	3.32	3

KNOWLEDGE, SKILLS AND ABILITIES SUB-ELEMENT DATA (MANAGERS AND NON-MANAGERS)

Question Number	Question	Employee Category	Responses	Average	Median
1.2b	Staff have the appropriate KSAs to meet QI related expectations, based on their role (e.g. QI Council members, frontline staff).	Non-Managers	121	3.89	4
		Managers	33	3.81	4
1.2c	Staff at all levels have access to learning opportunities (e.g. training, conferences) to develop QI related KSAs.	Non-Managers	121	4.62	5
		Managers	33	4.71	5
1.2e	Staff have access to learning opportunities to improve job-related KSAs.	Non-Managers	120	4.48	5
		Managers	33	4.74	5

CATEGORIES OF TRAINING

Quality improvement training is not a one-size-fits-all conversation. Different levels of training are indicated based upon the employee's levels of interest and aptitude, as well as roles and responsibilities within assigned business processes. All employees in a culture of quality may be called upon to contribute to a quality improvement project, but not all will necessarily actively use quality improvement tools and manage a project. Some employees will be expected to execute quality improvement projects as a part of their core job functions. Senior leaders are likely to delegate the daily tasks of quality improvement, but they require sufficient knowledge to model a culture of quality, prioritize projects, and provide executive-level support to mitigate a project team's barriers. As such, levels of training in quality improvement can be divided into three categories: basic competency, quality practitioner, and champion/sponsor. Definitions and expectations for each category are described below:

Basic Competency

At this level, an employee understands the fundamentals of QI, a culture of quality, and is prepared to contribute to that culture within their own unit/administration. An employee at this level understands the importance of performance data, and the role of that data in maintaining and improving outcomes for the customer.

Basic competency prepares an employee to understand what a QI project is, and the life cycle of a project (e.g. Plan-Do-Study-Act, or PDSA, cycles). It prepares an employee to participate in a project team, and contribute meaningfully to that project. Basic competency can be attained through an Introduction to Quality Improvement course at DC Health, or brought into the organization through prior training, outside professional development, and/or work experience.

Quality Practitioner

At this level, an employee is prepared to initiate and facilitate quality improvement projects. The employee can both serve on project teams directly for their own business processes, and provide subject matter knowledge for projects in other units and administrations. Quality practitioners are skilled in the use of quality improvement tools, and the application of those tools to progress a project. Employees at this level actively execute projects as a part of project teams. Quality practitioners are certified in Lean Six Sigma, or a comparable quality management system. They may be trained through the Lean Six Sigma collaboration with DCHR, or brought into the organization through prior training, outside professional development, and/or work experience.

Champion/Sponsor

Champion/sponsors are executive-level staff with the authority to initiate projects, and drive a culture of quality from the top. Training at this level is focused on project selection, supporting projects through resource allocation, mitigating barriers encountered by project teams, and applying lessons learned elsewhere in the organization. Champion/sponsors are unlikely to be members of active project teams. Rather, they evaluate which processes carry the greatest strategic importance and/or risk potential, and invest resources in improving those priority areas.

TYPES OF TRAINING

Over the past two years, DC Health has strengthened its capacity to provide QI training to staff. The QI SAT data demonstrate that these improvements have resonated with DC Health employees. However, the survey data expose an over reliance on elective training, and not engaging new employees when they begin their DC Health employment. DC Health HR is making a commitment to incorporate QI training into its professional development programming and provide credit on official training transcripts.

Introduction to Quality Improvement

This course introduces enrollees to a culture of quality, and offers rudimentary training in quality improvement tools. This course will provide all of the tools necessary for basic competency, including the foundation to contribute to a culture of quality. Introduction to Quality Improvement will be offered quarterly. New employees will be required to attend, but a supervisor may waive this requirement if a new employee joins with comparable training or work experience. This training will be open to existing employees as an elective. Supervisors have the discretion to make this training mandatory to any employee under their supervision.

DCHR Lean Six Sigma Collaboration

DC Health has been an active and enthusiastic partner in the Lean Six Sigma training program relaunched by DCHR in 2018. In the first two years of the re-launched program, DC Health has invested in training one QI Champion, eight Lean Six Sigma Black Belts, and 36 Lean Six Sigma Green Belts. Of the six administrations and the Office of the Director, all but one have at least one Lean Six Sigma-trained employee on staff.

The Quality Improvement Council (see Section 2) is responsible for evaluating internal capacity annually and recommending investment in additional certifications as needed.

CONCLUSION AND ACTION STEPS

Overall, the QI SAT data support the Department having achieved incremental growth in its culture of quality since 2014. This new Quality Improvement Plan was built to identify strengths the Department can leverage, as well as gaps where additional action is necessary. The Quality Improvement Plan was also revised to enhance DC Health infrastructure, to develop its QI culture, and to advance to Phase 5 and beyond.

The objectives below capture the areas identified as the most impactful opportunities for growth and are tied to QI SAT data where the DC Health team rated the Department comparatively weaker. It is worth noting that the objectives track closely with the Action Areas in the DC Health Strategic Plan:

1. Servant Leadership Culture and Practice
2. Robust Applications of Data Resources
3. Operational Efficiencies and Better Use of Technology
4. Change Management Challenges and Frustrations

The focus on the Voice of the Customer in Objective 5 aligns with the concept to Servant Leadership, and leverages employees' commitment to serving District residents. Objective 2 advances the role of performance data in our decisions around improving services and processes. The establishment of a Quality Improvement Council, and regular new employee training in QI, support employees in managing an environment of rapid change. The objectives progress towards a greater culture of quality, and growth as an accredited health department.

CONCLUSION AND ACTION STEPS (CONTINUED)

The action steps below capture the areas identified as the most impactful growth areas. These objectives are tied to QI SAT data where the DC Health team rated the Department comparatively weaker. The objectives are designed to progress the Department towards a greater culture of quality, as well as attainment of Area 2 of the DC Health Strategic Plan, and growth as an accredited department.

Objective Number	Objective	Associated QI SAT Sub-Element	Associated Metric	Baseline	Goal
1	Establish the Quality Improvement Council	3.2 Resourcing and Structure	3.2b A QI committee representing all areas of the agency is empowered to support QI initiatives	3.45	4.5
			3.2c A formally adopted agency QI policy and/or plan is implemented	3.33	4.5
2	Complete first annual Key Results Framework Revision	5.2 Performance Measurement and Use of Data	5.2i An effective information system (e.g. spreadsheets, database, performance software) is used to analyze performance data over time	3.88	4.5
3	Engage new employees around QI more effectively	1.2 Knowledge, Skills and Abilities	1.2e New staff are oriented to QI concepts and agency vision for QI	3.32	4.5
4	Integrate QI into daily operations as a complimentary, rather than competing, priority	3.1 Culture	3.1f Senior leaders, managers, and supervisors address staff concerns about engaging in QI (e.g. extra work, fear of job loss)	3.07 (non-managers)	4.5
				4.03 (managers)	4.5
5	Incorporate formal, customer-driven QI activities into every administration	6.1 Improving Standardized Work	6.1d Formal QI methods (e.g. PDSA, Lean) are followed to continuously improve standardized work through QI projects.	3.44 (non-managers)	4.5
				3.80 (managers)	4.5
		4.2 Meeting and Exceeding Customer Expectations	4.2b The agency uses customer satisfaction data to implement improvements (e.g. QI projects, making informal improvements).	3.65 (non-managers)	4.5
				3.80 (managers)	4.5

APPENDIX A

DC HEALTH QUALITY SELF-ASSESSMENT TOOL RESULTS

Table 1: Enterprise Level KSAs (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
1.2a	The agency has defined QI related knowledge, skills, and abilities (KSAs) for various levels of staff.	33	4.18	4
1.2c	Strategies for increasing staff KSAs for QI are incorporated into agency level plans (e.g. workforce development, QI plan).	33	4.09	4
1.2e	New staff are oriented to QI concepts and agency vision for QI.	33	3.32	3

Table 2: Enterprise QI Team Performance (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
2.2a	QI project team members are selected based on needed KSAs in a process to accomplish the team's objectives.	33	4.00	4
2.2b	QI project teams' performance is tracked for progress and accomplishments.	33	3.93	4
2.2c	QI project team dynamics (e.g. conflict resolution, mutual respect) support effective collaboration to achieve team objectives.	33	3.87	4

Table 3: Organizational Culture (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
3.1b	Senior leadership routinely communicates the organization's QI vision and goals to key stakeholders (e.g. funders, community, local	33	3.91	4
3.1e	Senior leaders, managers, and supervisors make data-driven decisions	33	4.47	4

Table 4: Organizational Resourcing and Structure (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
3.2b	A QI committee representing all areas of the agency is empowered to support QI initiatives.	32	3.45	4
3.2c	A formally adopted agency QI policy and/or plan is implemented.	31	3.33	3.5

Table 5: Understanding the Customer (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
4.1a	The agency collects data on external customer needs.	32	4.03	4
4.1b	The agency collects data on internal customer (i.e. staff) needs.	32	3.71	4
4.1d	Customer needs and expectations inform customer satisfaction measures.	32	3.74	4
4.1e	The agency uses customer needs data in planning efforts (e.g. community health improvement plan, strategic plan, program	32	4.10	4

Table 6: Enterprise Level Strategic Planning (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
5.1a	The agency tracks goals and objectives for each strategic priority defined in an agency strategic plan.	32	4.50	5
5.1c	The strategic plan guides resource allocation to achieve strategic priorities.	32	4.22	4

Table 7: Enterprise Level Performance Measurement and Use of Data (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
5.2b	Work unit performance measures are aligned with the agency strategic plan.	33	4.48	4
5.2d	Performance measures assess key aspects of performance (e.g. customer satisfaction, financial, internal processes, workforce,	33	4.24	4
5.2e	The agency tracks shared performance measures for collaborative efforts with community partners (e.g. community health	33	4.13	4
5.2h	Staff follow defined protocols for reporting on performance to stakeholders (e.g. reporting frequency, format).	33	4.03	4
5.2i	An effective information system (e.g. spreadsheets, database, performance software) is used to analyze performance data over	33	3.88	4

Table 8: Enterprise Level Quality Improvement Planning (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
5.3b	Unmet strategic plan goals and objectives are prioritized for QI projects.	33	3.68	4
5.3c	QI goals, objectives, and metrics defined in a QI plan are tracked for progress.	33	3.94	4
5.3d	An agency QI plan is evaluated and updated in a defined planning cycle.	33	4.10	4

Table 9: Standardization (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
6.1b	Documented standardized work processes are reviewed and updated to reflect evidence-based, best, or promising practices.	33	3.78	4

Table 10: Planning For Quality Improvement Projects (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
6.2a	QI project goals (i.e. Aim statements) clearly define the desired future state with time-specific measures and targets.	33	4.00	4
6.2b	Current standardized processes are analyzed (e.g. use of flowcharts to identify inefficiencies and waste)	33	3.66	4
6.2c	Root cause analysis is conducted to understand the source(s) of performance gaps prior to identifying solutions.	33	3.47	4
6.2d	Evidence-based, best, or promising practices (internal and external) are considered when selecting interventions for improving quality.	33	3.94	4

Table 11: PDSA Cycles (Managers/Executive Leaders Only)

Question Number	Question	Responses	Average	Median
6.3a	QI project interventions are successively tested on a small scale prior to formally adopting a change.	33	3.61	4
6.3b	Baseline data are accessible for all QI projects.	33	3.71	4
6.3c	QI project teams compare data collected from QI project interventions against baseline data to determine whether an	33	3.74	4

Table 12: Enabling Performance (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
1.1a	QI related expectations of staff are clearly defined (e.g. performance goals and standards, QI project participation).	Non-Managers	121	4.02	4
		Managers	33	3.78	4
1.1b	Formal or informal processes are followed to provide staff feedback on job performance (e.g. performance evaluations, ongoing feedback sessions).	Non-Managers	120	3.94	4
		Managers	33	4.31	4
1.1c	Staff are recognized for successes and contributions.	Non-Managers	120	3.37	3
		Managers	33	3.63	4
1.1d	Staff have appropriate opportunities to improve work processes (e.g. QI projects, authority to implement improvements).	Non-Managers	121	3.56	4
		Managers	33	3.87	4

Table 13: Knowledge, Skills, and Abilities (KSAs) (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
1.2b	Staff have the appropriate KSAs to meet QI related expectations, based on their role (e.g. QI Council members, frontline staff).	Non-Managers	121	3.89	4
		Managers	33	3.81	4
1.2d	Staff at all levels have access to learning opportunities (e.g. training, conferences) to develop QI related KSAs.	Non-Managers	121	4.62	5
		Managers	33	4.71	5
1.2f	Staff have access to learning opportunities to improve job-related KSAs.	Non-Managers	120	4.48	5
		Managers	33	4.74	5

Table 14: Collaborative Sharing and Improvement (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
2.1a	Staff share information (e.g. lessons learned; best or promising practices) across teams and work units.	Non-Managers	120	3.58	4
		Managers	32	3.77	4
2.1b	Staff collaborate on projects or ideas to improve performance through formal QI projects or other improvement methods.	Non-Managers	120	3.57	4
		Managers	32	3.87	4

Table 15: Culture (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
3.1a	Senior leadership routinely communicates the organization's QI vision and goals to staff.	Non-Managers	114	3.70	4
		Managers	32	3.84	4
3.1c	Managers and supervisors use data in a non-punitive way to review performance with staff.	Non-Managers	114	3.39	4
		Managers	32	4.13	4
3.1d	Managers and supervisors encourage their staff to engage in QI opportunities to improve work.	Non-Managers	114	3.56	4
		Managers	32	4.16	4
3.1f	Senior leaders, managers, and supervisors address staff concerns about engaging in QI (e.g. extra work, fear of job loss).	Non-Managers	114	3.07	3
		Managers	32	4.03	4

Table 16: Resourcing and Structure (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
3.2a	Senior leaders dedicate enough resources (e.g. staff time, training) to support and sustain QI initiatives.	Non-Managers	113	3.41	4
		Managers	32	3.61	4

Table 17: Understanding the Customer (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
4.1c	Specific efforts (e.g. community engagement) are made to understand the needs of different customer groups (e.g. populations with health inequities, new vs. tenured staff).	Non-Managers	113	3.96	4
		Managers	32	4.17	4

Table 18: Meeting and Exceeding Customer Expectations (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
4.2a	The agency collects customer satisfaction data.	Non-Managers	105	3.81	4
		Managers	31	3.90	4
4.2b	The agency uses customer satisfaction data to implement improvements (e.g. QI projects, making informal improvements).	Non-Managers	113	3.65	4
		Managers	32	3.90	4

Table 19: Strategic Planning (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
5.1b	Strategies for achieving agency strategic plan goals are incorporated into operational plans at the work unit level.	Non-Managers	108	3.90	4
		Managers	32	4.38	4

Table 20: Performance Measurement and Use of Data (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
5.2a	Staff contribute to the development of performance measures related to their work.	Non-Managers	111	3.91	4
		Managers	32	4.29	4
5.2c	Work unit/team tracks a mix of process and outcome measures to assess performance.	Non-Managers	111	3.79	4
		Managers	32	4.10	4
5.2f	The agency sets benchmarks or targets for performance measures using past performance data and/or standards (e.g. Healthy People, State Health Improvement Plan).	Non-Managers	110	4.10	4
		Managers	32	4.55	4
5.2g	Defined protocols for collecting performance data (e.g. use of data collection instruments) are documented and followed.	Non-Managers	110	4.02	4
		Managers	32	4.39	4

Table 21: Quality Improvement Planning (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
5.3a	Staff use performance data to identify QI projects.	Non-Managers	111	3.55	4
		Managers	32	4.00	4

Table 22: Improving Standardized Work (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
6.1a	Staff have access to documented standardized work processes (e.g. policies, procedures) that define critical steps.	Non-Managers	107	3.78	4
		Managers	31	4.07	4
6.1b	Documented standardized work processes are reviewed and updated to reflect evidence-based, best, or promising practices.	Non-Managers	107	3.54	4
		Managers	31	4.03	4
6.1c	Documented standardized work processes reflect the way work is actually done.	Non-Managers	107	3.55	4
		Managers	31	4.00	4
6.1d	Formal QI methods (e.g. PDSA, Lean) are followed to continuously improve standardized work through QI projects.	Non-Managers	106	3.44	4
		Managers	31	3.80	4

Table 23: Testing, Studying and Acting on Potential Solutions (Non-Managers and Managers/Executive Leaders)

Question Number	Question	Employee Category	Responses	Average	Median
5.3a	Lessons learned from QI projects are documented and adopted into standardized work processes, as appropriate.	Non-Managers	107	3.41	4
		Managers	30	3.86	4

APPENDIX B

Graphic sourced from DC Health Strategic Plan 2017-2022

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GOVERNMENT OF THE DISTRICT OF COLUMBIA