Quality Improvement Plan

2020-2023

Arkansas Department of Health

Submitted by

Office of Performance Management, Quality Improvement, and Evaluation

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BACKGROUND

The Arkansas Department of Health (ADH) Quality Improvement Plan, 2020-2023 is the result of a collaborative effort of the Office of Performance Management, Quality Assurance, and Evaluation (OPMQIE) staff and teams noted in the STRUCTURE section. The CQI initiative categories are Leadership, QI Infrastructure, Staff empowerment, Teamwork, Customer Focus, and Process Improvement.

The 2020-2023 QI Plan incorporates all six categories mentioned above and underscores the need for an ongoing improvement in QI-related infrastructure, training, communication, staff satisfaction, and customer input and feedback.

It is important to note that the ADH received initial accreditation from the Public Health Accreditation Board (PHAB) in 2016. As we continue to assess ADH's progress for PHAB Reaccreditation in 2023, we realize the importance of QI and CQI activities in maintaining the Reaccreditation Standards and how they operate together to strengthen public health practice for improving the health of the population we serve.

Another cornerstone of PHAB is Performance Management System (PMS). One of the performance areas of ADH's PMS includes QI and CQI. The PMS is designed to work synergistically with QI and CQI initiatives at the agency level. For example, when PMS identifies gaps in customer services through customer satisfaction feedback, the QI Champions and CQI Council members guide the implementation of a QI project to bridge the gap. The success of these QI projects depends on the extent to which staff demonstrates a commitment to continually improve the work. It is a CULTURE, shared by ADH and the staff members within the Center and activities within their Region, or Local Health Units, where the examination for potential quality improvements is a routine part of the daily work.

During the second half of 2019, the ADH initiated the self-study process for the preparation of the PHAB Reaccreditation application. Implementation of PMS and its components (Performance Measures, Quality Improvement, State Health Assessment, State Health Improvement, Strategic Plan, and Workforce Development) were one of many requirements of the application.

Unfortunately, in early 2020, the COVID-19 pandemic hit the State and continued to spread throughout the year. It consumed most of the ADH resources and personnel. In the same year, the ADH Director (Secretary of Health) left the public health agency, and a new Director was appointed. In addition to the pandemic and the change in leadership, the reaccreditation team leads, and their team members continued to be assigned to COVID-19 mitigation tasks. These circumstances caused a significant delay in moving the self-study forward including the QI and CQI initiatives. Like many other accredited State Health Departments, the ADH received an extension for the submission of a reaccreditation application in 2023.

Despite these challenges, the ADH is committed to continuing the implementation of QI and CQI interventions and enhancing the culture of CQI.

QUALITY IMPROVEMENT AND CONTINUOUS QUALITY IMPROVEMENT

Definitions

A common vocabulary is used agency-wide when communicating about QI and CQI. Key terms and frequently use acronyms are listed alphabetically in this section. Refer to the PHAB glossary and terms or other resources.

Continuous Quality Improvement (CQI): A systematic, department-wide approach for achieving measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of the processes or services provided. Applies the use of a formal process (PDSA, etc.) to "dissect" a problem, discover a root cause, implement a solution, measure success/failures, and/or sustain gains.

Culture of Quality Improvement: 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 the results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they 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.

Performance Management: A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives regularly, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying the area where achieving objectives requires focused quality improvement processes.

Plan, Do, Check, Act (PDSA, also known as Plan-Do-Study-Act): An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned.

Project Charter: Used to document a team's purpose and clearly define individual roles, responsibilities, and operating rules.

Quality Improvement (QI): Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to agency operations and needs and improving population health.

Quality Improvement Plan: A plan that identifies specific areas of current operational performance for improvement within the agency.

Storyboard: Graphic representation of a QI team's quality improvement journey.

Acronyms

ADH	Arkansas Department of Health
ALCC	Arkansas Lifeline Call Center
CQI	Continuous Quality Improvement
KSA	Knowledge, Skills, and Abilities
LHU	Local Health Unit
OPMQIE	Office of Performance Management, Quality Improvement, and Evaluation
PDCA	Plan, Do, Check, Act
PHAB	Public Health Accreditation Board
PMS	Performance Management System
QI	Quality Improvement
QIP	Quality Improvement Plan
SAS	Staff Action Summary

Introduction to Quality Improvement

Quality Improvement (QI) and Continuous Quality Improvement (CQI) are two interdependent concepts that are necessary for an organization to achieve and maintain meaningful improvements. QI is a process, which is evidenced by specific improvement projects, while CQI is a culture that normalizes routine improvement work. QI projects and a CQI culture are intertwined. QI projects are an essential component of a culture of CQI, but a culture of CQI is critical if improvements made by a QI project, are to be maintained over the long term.

<table>
<tr><th></th><th colspan="2">Quality Improvement (QI)</th><th colspan="2">Continuous Quality Improvement (CQI)</th></tr>
<tr><td>Definition</td><td colspan="2">QI is a PROCESS that uses evidence-based, best-practice tools to improve the effectiveness and/or efficiency of a service, project, or program in a measurable way.</td><td colspan="2">CQI is a shared CULTURE where we routinely examine the processes, systems, and programs for potential improvements, and implement the improvement initiatives.</td></tr>
<tr><td rowspan="2">Characteristics</td><td colspan="2">Principles:</td><td colspan="2">Elements:</td></tr>
<tr><td>• Data
• Team members
• Empowerment
• Engagement</td><td>• Communication
• Process, not people
• Training
• Infrastructure</td><td>• Leadership
• Staff Empowerment
• Teamwork</td><td>• Process Improvement
• Customer Focus
• QI Infrastructure</td></tr>
<tr><td>Value</td><td colspan="2">QI primarily enhances:
• EFFICIENCY by streamlining processes
• EFFECTIVENESS by improving outcomes of the services and programs we provide to customers, and each other.</td><td colspan="2">An agency-wide culture of CQI means that the benefits and results achieved through QI are sustained over the long term and spread throughout the agency. This culture, based on the six elements noted above, benefits staff in the organization and the public we serve.</td></tr>
<tr><td>Examples</td><td colspan="2">The ADH Public Health Laboratory reviewed steps for testing drinking water for bacterial contamination. By eliminating wasteful steps, it was able to significantly reduce the time staff took to complete the testing.</td><td colspan="2">The Arkansas Lifeline Call Center (ALCC), within the Center for Health Protection, has a QI Management Plan which informs every aspect of ALCC work, including training, provision of service, data collection and analysis, monitoring, and continual improvement.</td></tr>
</table>

Introduction to Continuous Quality Improvement Initiative
The ADH plans to use QI as one of the key tools to help realize its Mission, "To protect and improve the health and well-being of all Arkansans." The CQI initiative is characterized by the following five (5) key elements of Mission, Focus, Values, Principles, and Work.

CQI Mission
We are working toward the mission to "Promote a culture of CQI by improving the agency's day-to-day performances to improve the outcomes."

- Promote all staff, no matter what their job responsibilities, to be involved in QI projects.
- Create a culture across the agency where QI activity is a routine and normal part of our work.
- Improving what we do and how we do it, is at the core of this work.
- We focus both on processes and outcomes, the efficiency of how we work, and the effectiveness of what we do.

Focus: Due to the interdependency of QI projects and the culture of CQI, we focus on both.

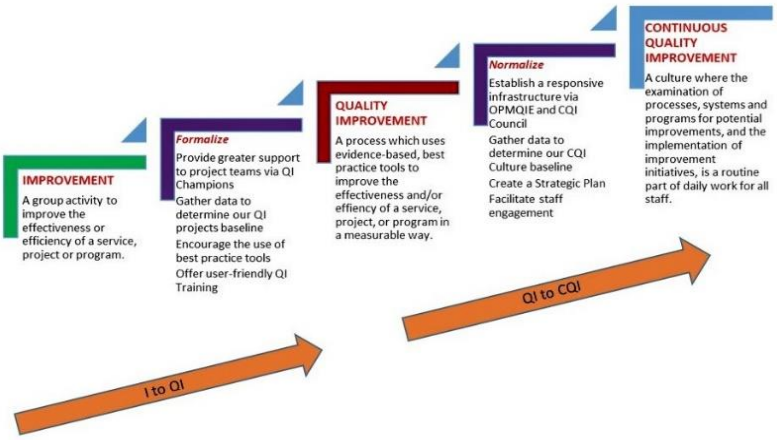
Values: CQI embodies the values of:

- Engagement
- Respect
- Communication
- Innovation

Principles: Seven (7) key principles guide our QI projects and the culture of CQI:

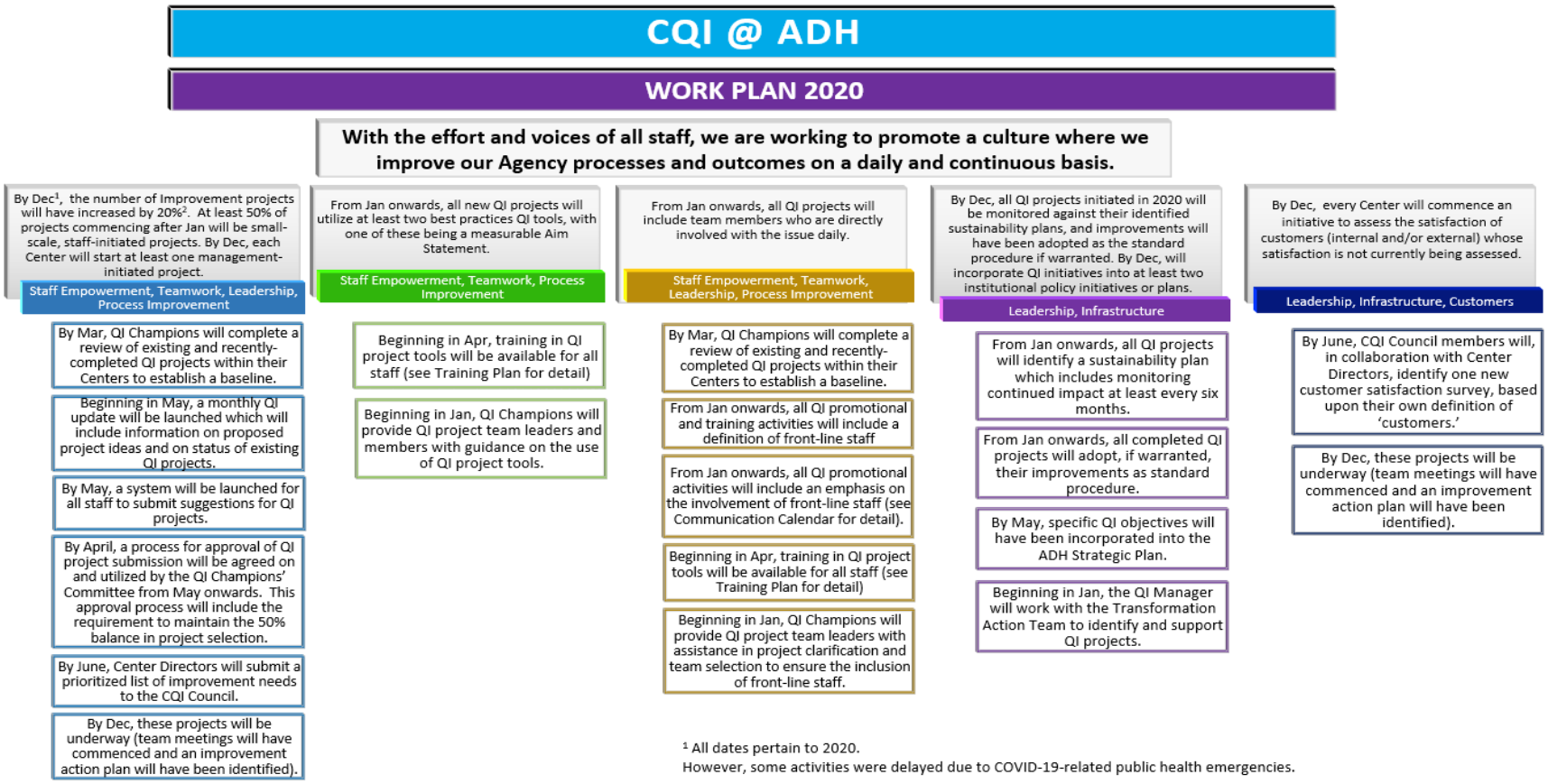
- Leadership
- Infrastructure
- Staff Engagement
- Teamwork
- Efficiency & Effectiveness
- Best Practice
- Mission Focus

Work: Our efforts focus on progressing ADH from Improvement (I) to QI to CQI. We achieve the first stage by developing a more formalized system and the second stage by normalized quality work across the agency. The graphic illustrates this work and the specific steps that are being taken during each stage.



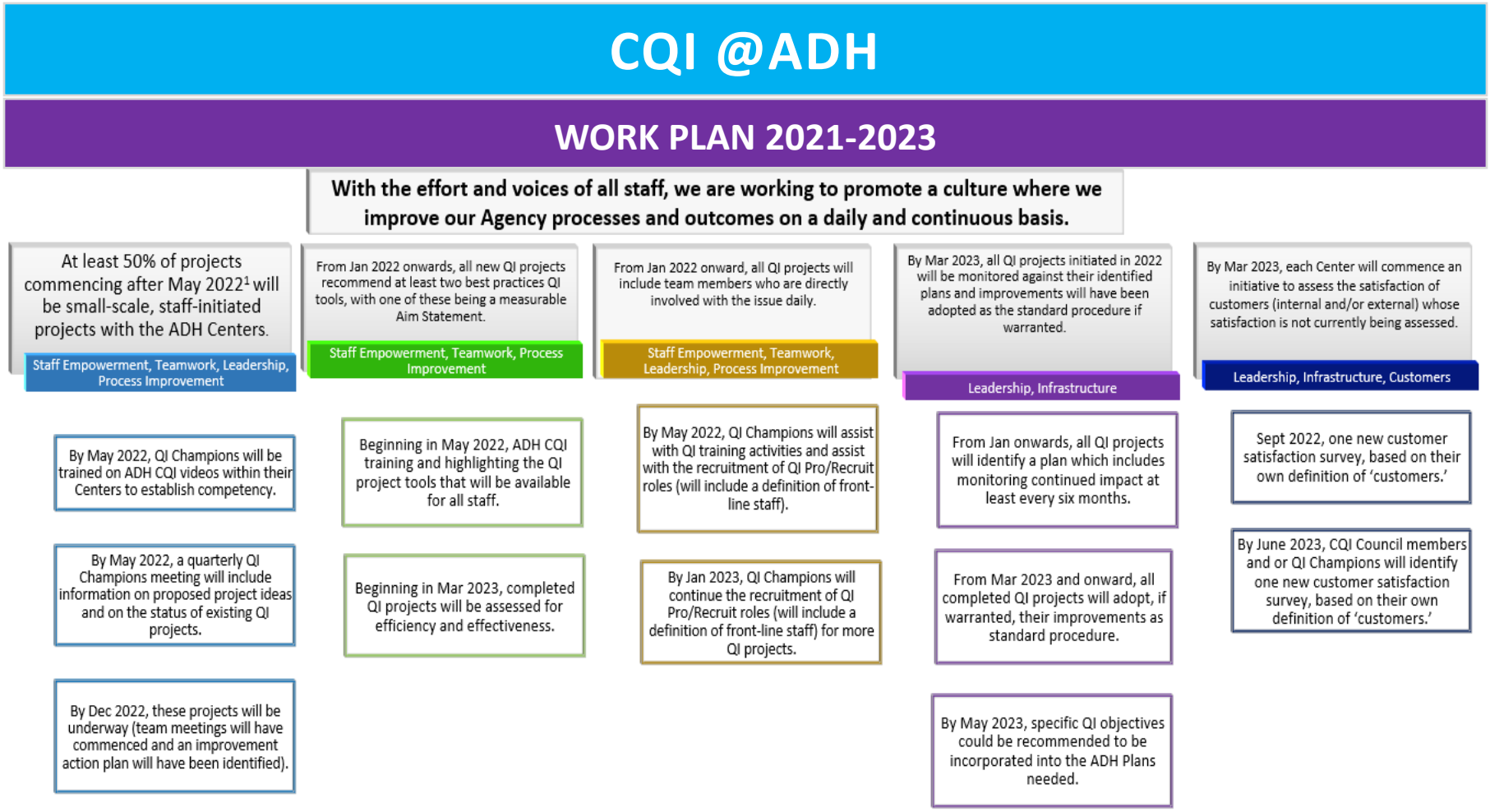
ADH QUALITY IMPROVEMENT WORK PLAN, 2020

The 2020-2023 Quality Improvement Workplan is the result of a collaborative effort of the OPMQIE staff, and the teams noted in the STRUCTURE section. An employee survey was conducted to select the six (6) focus areas of the work plan consisting of Leadership, QI Infrastructure, Staff Empowerment, Teamwork, Customer Focus, and Continuous Process Improvement. Other areas emphasized by the survey participants included ADH staff involvement in the QI process, enhancing staff morale, and improving ADH communications. These three (3) aspects are widely reflected in the Structure, Training, Communications, and Feedback sections of this QI Plan. Please refer to the Appendices training plans developed in 2020. Some of the training stages have already been completed and others have started with the new group of ADH employees and CQI Council.



[1] All dates pertain to 2020.
However, some activities were delayed due to COVID-19-related public health emergencies.

ADH QUALITY IMPROVEMENT WORK PLAN, 2021-2023



[1] All dates pertain to 2022-2023.
However, some activities were delayed in 2021 due to COVID-19-related public health emergencies.

STRUCTURE

Office of Performance Management Quality Improvement and Evaluation (OPMQIE)

OPMQIE has three (3) units with responsibilities for performance management, quality improvement, and performance evaluation. The Performance Management unit currently maintains the Public Health Accreditation Board (PHAB) compliance and self-study. The Quality Improvement unit works to develop a culture of CQI within the agency by conducting QI training and overseeing QI projects. The Performance Evaluation unit evaluates the performance activities of ADH programs.

The QI manager monitors the Plan, facilitates QI Champions and CQI Council meetings, develops and delivers training, creates communication materials, and performs other QI activities. The CQI work is supported by the QI Champions/QI Pros and Recruits and CQI Council. The two (2) groups facilitate QI projects and CQI culture, respectively, representing different but complementary focuses. Details are provided below.

Continuous Quality Improvement (CQI) Council

The CQI Council is composed of senior leaders from each of the five (5) ADH Centers and the Office of the Director (OD) and the QI Manager. The purpose of the CQI Council is to facilitate, promote, and assess the growth of a CQI culture in the Arkansas Department of Health. The responsibilities of the CQI Council are to:

I. Promote CQI as an institutional priority by spreading CQI culture in ADH.
II. Provide input in the development of a CQI communications strategy.
III. Provide oversight to the development of CQI projects via CQI Champions.
IV. Oversee the biennial CQI Culture assessment (reports).

The CQI Council meets routinely, virtually, or in person and Council members agree to serve a minimum of two years. Each Council member will appoint two (2) representatives from each Center known as QI Champions. Every CQI Council member will participate in QI training, as needed.

Quality Improvement Champions

The QI Champions has two representatives from each of the five (5) Centers and the Office of the Director. The purpose of the QI Champion is to facilitate the incorporation of CQI and QI into the culture of their Center policies, plans, and activities at the Arkansas Department of Health. The responsibilities of QI Champions are to:

I. Select ADH staff to train and certify to become QI Pros.
II. Assist QI Pros in the development and implementation of QI projects.
III. Report the QI project outcomes to their Council routinely.
IV. Integrate QI project outcomes into their Center/unit.

The QI Champions will meet routinely, virtually or in person and the Champions agree to serve for a minimum of two (2) years. The meetings will be organized by the Office of Performance Management, Quality Improvement, and Evaluation (OPMQIE). Each QI Champion commits to participation in QI

training. The specific training needs for each QI Champion will be jointly agreed upon between the Champion and the QI Manager.

Quality Improvement Recruits and Pros

I. Selection of project team members to participate in the QI project
II. Provide a list of project team members to the QI Champion for approval
III. Lead the project team in the development and implementation of the selected QI project.
IV. Facilitates meetings by this charter.
V. Communicate progress to QI Champion(s) routinely.
VI. Partner with Center QI Champion(s) to integrate QI project outcomes into their Center/Region/LHU.

The QI Pro will meet routinely, virtually or in person and the QI Pro agrees to serve continuously during employment. The meetings will be organized by the QI Pros and project team members. Each QI Pro commits to participation in QI training. The specific training needs for each QI Pro will be determined by the QI Champion(s) and the QI Manager.

Funding

Funding for OPMQIE comes from the central budget of ADH as well as from the Preventative Health and Health Services Block Grant. OPMQIE provides financial and administrative support to the operation of the CQI Council and the QI Champions. Staffing resources exist within OPMQIE to provide consultation, facilitation, and training for quality improvement activities throughout ADH.

TRAINING

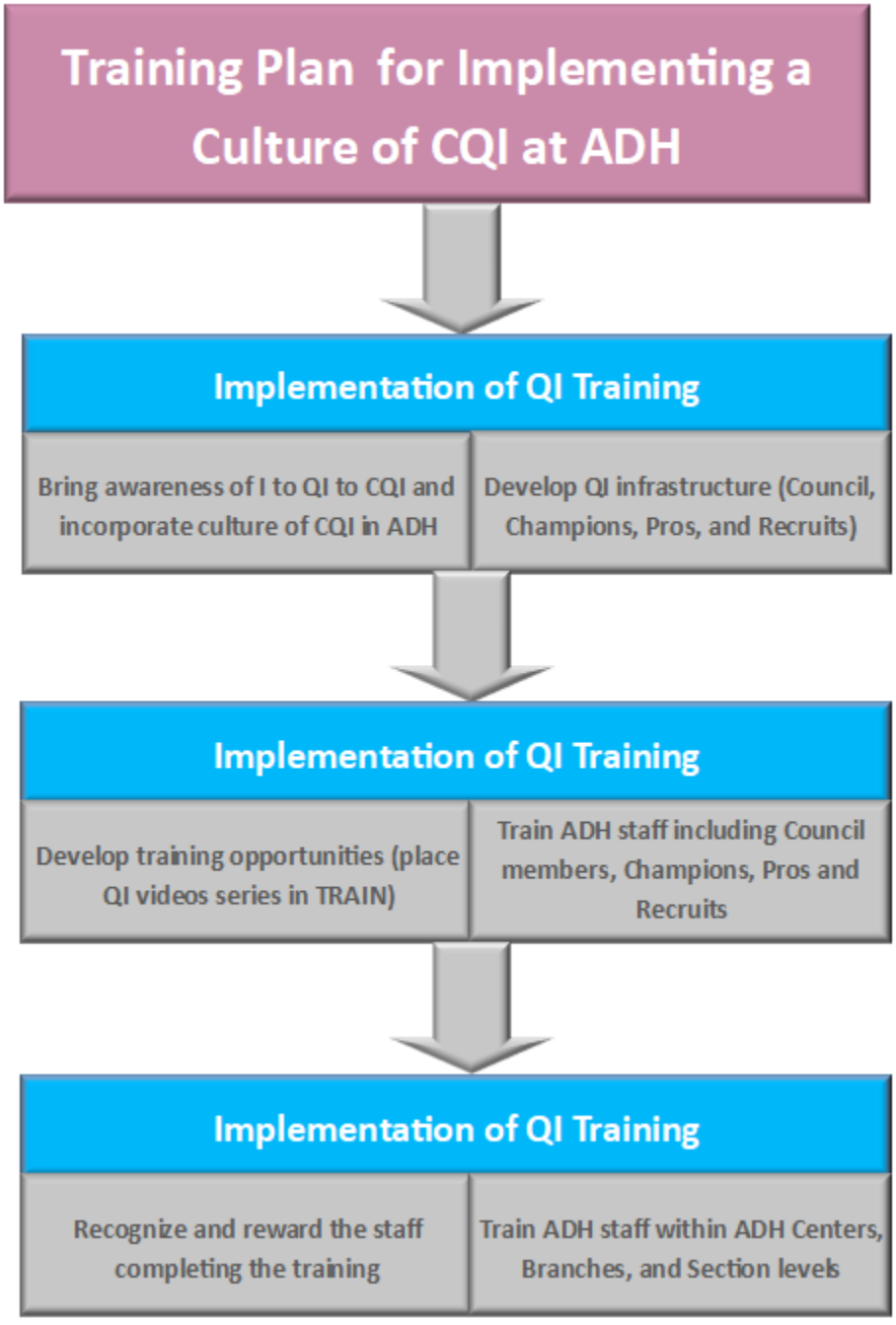
Quality Improvement (QI) and Continuous Quality Improvement (CQI):

The ADH is not new to the "improve what we do and how we do it" approach. The focus is to not only facilitate specific improvement projects but also work to develop a CQI culture across the agency. The ADH has named this initiative CQI @ ADH, constituting several training stages.

Stage 1: Teach basic QI methods and tools to QI project teams to improve the processes within ADH work units.
State 2: Provide guidance, training, and resources to QI Champions and CQI Council members to enable them to be effective in 1) facilitating the ongoing development of an agency-wide CQI culture and 2) supporting QI project teams.
State 3: Promote the development of an agency-wide CQI culture by building the Knowledge, Skills, and Abilities (KSAs) of all ADH staff and facilitating the growth of QI projects.

Please refer to the Appendices for details on the training plans. Training stages 1 and 2 have already occurred. Training stage 3 was delayed in implementation due to the COVID-19 pandemic. Training resumed in April 2022 after eleven (11) CQI video series were developed using POWTOON software and hosted on TRAIN. CQI @ ADH is an agency-wide effort to build upon the QI work of ADH accomplished over the years to facilitate a wider staff engagement in QI activities and embed a culture of QI into every aspect of our daily work.

The stated goal of CQI @ ADH is: *"With the effort and voices of all staff, we are working to promote a culture where we improve our Agency processes and outcomes on a daily and continuous basis."*



The initiative is being led by the OPMQIE with the support of the CQI Council and QI Champions/Pros and Recruits. The work is directed to move ADH from I (Improvement) to QI to CQI through a dual focus on QI projects and an agency-wide culture of CQI. The training opportunities made available to all staff will reflect this complementary focus.

Training will provide ADH colleagues with the knowledge and skills to participate in and lead CQI activities within their work areas. Listed below are the series of eleven (11) training videos that were developed and implemented in April 2022. All training videos are currently placed on TRAIN for viewing and completion by all ADH employees.

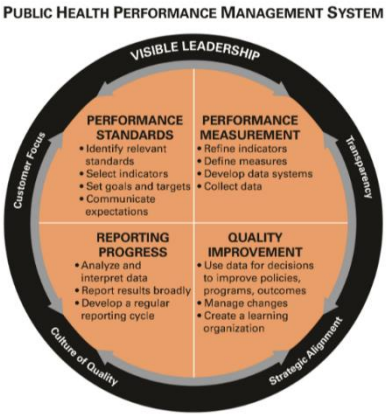
Training video 1: Introduction to QI and CQI
Training video 2: Implementing CQI
Training video 3: Doing the QI PDSA Model
Training video 4: Importance of the Use of Data
Training video 5: Brainstorming and Affinity Diagrams
Training video 6: Process Mapping
Training video 7: Cause and Effect Tools
Training video 8: Creating and Using Aim Statements
Training video 9: Run and Pareto Charts
Training video 10: Leading a QI Project Team
Training video 11: Celebrating the Work of Teams

PERFORMANCE MANAGEMENT SYSTEM AND QUALITY IMPROVEMENT

It is important to emphasize here that the Public Health Accreditation Board (PHAB) requires ADH's Performance Management System (PMS) and Quality Improvement (QI) units to work together. As PMS is being developed and implemented in the ADH, we anticipate that synergy will develop between the two units to create a culture of improved performance.

The PMS measures (indicators) cover eight (8) key areas including:

1. Customer Satisfaction
2. Financial Management
3. Grants and Contracts
4. Human Capital
5. Information Services and Technology
6. Process Improvement
7. Program Development
8. Vital Statistics and Request for Records



These areas present Council members and Champions a wide array of opportunities to provide guidance and support to enhance performance through quality improvement.

An example of the unified work of PMS and QI can be demonstrated by this. If the data collected for the Customer Satisfaction performance indicators show that more effort is needed to respond appropriately to certain customer complaints, the Quality Council/Champions would be able to provide guidance and assistance in designing and implementing projects to improve response to the specific customer complaints. Please refer to the next section for examples of the Customer Feedback mechanism currently in place in ADH and corrective actions taken in the past.

Quality Improvement Projects

This section of the Quality Improvement plan describes the CQI at ADH.

A QI team is composed of QI Manager, Council members, Champions, Pros, and Recruits. A Recruit becomes a Pro after completing QI training and getting certified. The QI projects are identified by QI Champions and QI Pros who recognize problems or issues that are impacting the priorities of the ADH and could be addressed through a QI project with the Center, Region, or Local Health Unit (LHU).

A project initiation tracking spreadsheet is in Appendix 7 to be used by the QI Champions for each Center or Office of the Director. This spreadsheet not only tracks the initiation of a project but also documents the status of project completion, submission, review, and approval. The approval is based on the completeness and quality of the project. This tracking system also prevents redundancy of efforts by QI teams undertaking similar types of projects addressing similar program/process issues.

When selecting or prioritizing QI project ideas, teams are advised to consider alignment with the ADH mission or strategic plan, the number of people the issue affects, financial consequences, timeliness, capacity, and availability of data collection efforts.

All QI teams are recommended to develop and submit storyboards based on their completed QI projects, using a PowerPoint presentation. An example of a storyboard template is in Appendix 10.

CUSTOMER FEEDBACK

Patient Feedback

Customer feedback is collected, analyzed, and acted upon by ADH in a variety of ways to improve the efficiency and effectiveness of programs and services. The process is particularly well developed in the Local Health Units (LHUs) which are located throughout the state. Following their clinic appointments at the LHUs, patients receive automated text surveys about the quality of services they receive. This online, user-friendly survey solicits feedback on several issues, including:

- How friendly and helpful was the health unit staff?
- How would you rate our scheduling process?
- How would you rate your privacy?
- Tell us about your wait time and length of visit.
- How would you rate the condition of the health unit?
- Please describe your overall visit experience.
- The survey also has an open text field for other feedback and suggestions.

All LHUs have access to the text survey results, which enables them to take corrective actions to the survey responses that contain sufficient details for a follow-up. Actions are also warranted if a survey response demonstrates a trend that puts the LHU out of the norm in comparison with other LHUs within the state. An example of a wide-scale action taken by LHUs in response to customer feedback, was the initiation of a pilot project, extending hours of clinic operations from 4:30 to 6:00 p.m., for at least one

day per week. Following a successful pilot program, all LHUs in the state extended their clinic hours to 6:00 p.m., providing much-needed clinic appointment options to their patients.

Some other examples of customer feedback and input are stated below.

My ADH Idea

In 2019, the "My ADH Idea" initiative was launched. It is an online system that enables staff to submit ideas on ways ADH can improve, transform, or innovate. All ideas are reviewed by senior ADH staff and, where appropriate, referred to the responsible unit for action. Several of the suggestions resulted in the establishment of specific projects including:

- Formation of a task force to evaluate the ADH vehicle fleet and travel usage.
- Creation of a break area for employees
- Initiation of efforts to create an internal mentorship program and increase the availability of professional development to improve morale.

SAS Satisfaction Survey Responses

In September 2022, a customer satisfaction survey compared the 2018 survey results to the Staff Action Summary (SAS) QI project about the SAS Guide and standardization practice to the current results of ADH employees. At the time of the survey, 379 staff responded (261 responded no and did not complete the survey) and this CQI step was to judge customer satisfaction with the current SAS product. The survey results indicated that to improve or transform the SAS QI project, the ADH staff would like to have the SAS automated by electronic document routing and management.

GOALS AND OBJECTIVES

This section of the plan presents the overall goals and implementation plan for Continuous Quality Improvement. Overall agency QI goals include culture, training, QI project support, and resources within the CQI goals. CQI at ADH-specific training goals is documented in the appendices of this QI Plan.

All goals and objectives should be SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound.

Goals and Objectives at ADH				
Goals	**Objectives and Activities**	**Measures**	**Timeframes**	**Responsible**
All ADH Staff actively participate in QI activities	Create CQI Council Charter	Reenergize CQI Council and create new charter	February 2022	OPMQIE and QI Manager
	Create QI Champions Charter	Create new charter	March 2022	QI Manager and QI Champions
	QI Champions Quarterly Meetings	Documentation	Quarterly Meetings	QI Manager and QI Champions
	Create QI Pros/Recruits Charter	Create new charter	May 2022	QI Manager and QI Champions
All ADH Staff actively participate in CQI Training	Develop and complete CQI Training Videos	11 CQI Videos moved to TRAIN for all ADH employees	April 2022	OPMQIE
	All ADH staff participate in CQI Training within TRAIN	Training Certificates from TRAIN and OPMQIE recognition	May 2022 onward	All CQI Council, Champions, Pros and Recruits
QI Projects	QI Project Initiation and Approval	Documentation/Template	May 2022 onward	QI Champions, Pros/Recruits, QI Manager
	QI Project completion and Storyboard/PowerPoint presentation with requirements	Documentation/PPT or storyboard	After the completion of the QI projects in 2022-2023	QI Champions, Pros/Recruits, QI Manager
	Assessment of QI projects	Documentation of assessment	3 months from completion of QI projects in 2023	OPMQIE and QI Manager

COMMUNICATIONS

The OPMQIE shares QI project information and resources with ADH staff in a variety of ways. Clear and consistent communication is fundamental to building and sustaining a culture of continuous quality improvement at ADH.

The primary method is through the dedicated webpage created on the ADH intranet. The webpage includes information on QI infrastructure, resources, tools, and the Quality Improvement Plan (QIP). In the past, the OPMQIE has also communicated information on specific issues via the printing and distribution of posters to every building within the agency. The first poster introduced ADH's CQI approach and the second shared the results of the CQI culture survey. QI information related to the completion of the CQI training courses is listed on the ADH Intranet page with an updated list of all employees that have completed all eleven (11) videos from TRAIN since April 2022.

To enhance QI visibility, the QI report or storyboard will be placed on the ADH OPMQIE Intranet page for viewing by all ADH employees based on the completion of the QI projects by the project teams for each Center.

MONITORING

The assessment of the QI project includes continuous monitoring of the QI project and its components, i.e., the work plan including measurable objectives, action steps, barriers, and methods to address barriers. Upon completion of a QI project, the QI Manager, Council members, and QI Champions perform a final assessment and determine the effectiveness of a QI project. The CQI Council can recommend improvements at any time and provide recommendations on how to make the identified improvements. The QI Manager would decide on the final approval based on the improvements made.

An example of how the ongoing assessment/review of the QI project and its activities can result in improvements pertained to the QI infrastructure. When the COVID-19 pandemic hit, virtually all QI projects were put on hold as the staff was reassigned to COVID-19-related work. This provided an opportunity for the QI Manager (previous) to assess the infrastructure and to determine whether it was sufficiently agile to respond to changing circumstances. It was concluded that the system could be redesigned by incorporating QI projects into Center-level plans and practices with the following specific changes:

- Simplify the process for the initiation of QI projects
- Enhance the engagement of 'front-line" staff in QI activities
- Facilitate QI capacity-building by creating user-friendly, easily accessible training
- Increase the number of staff trained in QI
- Facilitate the incorporation of QI into Center level plans, policies, and initiatives
- Enhance the spread of a culture of CQI throughout Centers

The changes were approved by the CQI Council, and the revisions were incorporated into the QI Plan.

APPENDICES

APPENDIX 1:

Quality Improvement Structure

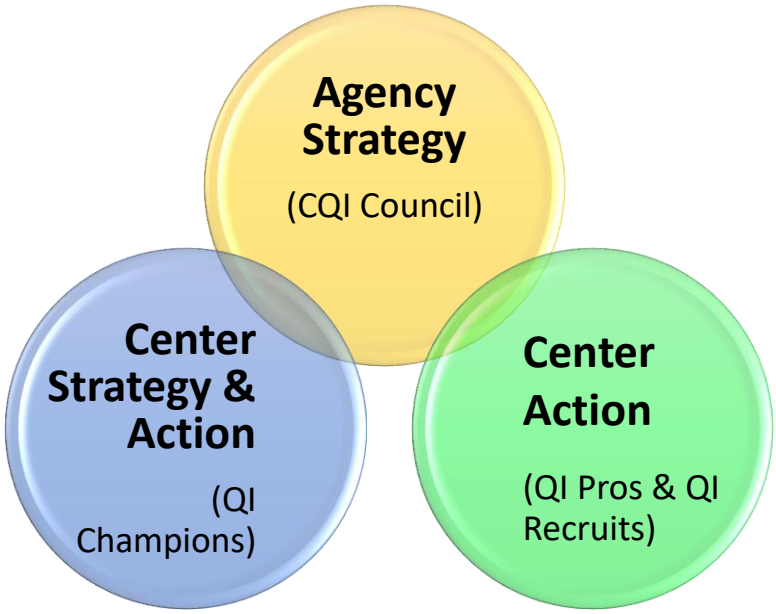
Primary Changes

- Refocus the work of QI Champions to concentrate more on Center-level QI strategy than specific QI projects.
- Create a cadre of trained QI Pros who, with the approval of the appropriate supervisor, can initiate a QI project at any time. They will be supported by trained QI Recruits.

Objectives

- Simplify the process for the initiation of QI projects.
- Enhance the engagement of 'front-line staff in QI activities.
- Facilitate QI capacity-building by creating user-friendly, easily accessible training on TRAIN.
- Increase the number of staff trained in QI.
- Facilitate the incorporation of QI into Center level plans, policies, and initiatives.
- Enhance the spread of a culture of CQI throughout the Centers.

System



Process Highlights

Capacity Building

- Any ADH staff member can complete QI training modules on TRAIN.
- A database will be maintained of all staff who complete the training. QI Champions, QI Pros/Recruits will be issued a certificate from TRAIN and recognized on our intranet webpage.
- Those QI Recruits who want to be QI Pros will need to complete all the modules and then lead a QI project team. QI Pros will be recognized on our webpage.

QI Projects

- Initially, QI Pros or QI Champions identify projects. After a year or so, when more staff are certified as Pros/Recruits and other ADH staff complete the training, then a more deliberate way of soliciting project ideas can be established.
- QI Pros, in collaboration with QI Champions, get approval from the appropriate manager in the Center to start a QI project.
- QI Pro serves as project lead and begins the project.
- QI Pros are supported on their teams by QI Recruits.
- QI Pro submits progress reports to QI Champion and QI Manager periodically.
- When the project is completed, QI Pro submits the final report to QI Champion and QI Manager and creates a storyboard or PowerPoint presentation.
- Information on the project is included in QI Database and the storyboard/presentation is included on the QI webpage.

Timeline

- Identity QI Champions all existing Champions can continue if they wish
- Complete training modules in TRAIN
- Invite staff to begin CQI training

APPENDIX 2:

Continuous Quality Improvement Council Charter

Arkansas Department of Health

I. Purpose

Members of the Continuous Quality Improvement (CQI) Council facilitate, promote, and assess the growth of a CQI culture in the Arkansas Department of Health (ADH).

II. Responsibilities

1. Promote CQI as an institutional priority by spreading CQI culture in the ADH.
2. Provide input in the development of a CQI communications strategy.
3. Provide oversight to the development of CQI projects via CQI Champions.
4. Oversee the biennial CQI Culture assessment (reports).

III. Membership

The Council is composed of one CQI member from each ADH Center and the QI Manager. The ADH administration is also represented by a member. Each Council member will appoint two (2) representatives from each Center known as QI Champions.

IV. Meetings

The Council will meet quarterly, virtual or in person. The meetings will be organized by the Office of Performance Management, Quality Improvement, and Evaluation (OPMQIE).

V. Training

Every Council member will participate in QI training, as needed.

VI. Terms

Council members agree to serve a minimum of two (2) years.

Updated February 2022

APPENDIX 3:

Continuous Quality Improvement Champions Charter

Arkansas Department of Health

I. Purpose

Quality Improvement Champions facilitate the incorporation of Continuous Quality Improvement (CQI) and Quality Improvement (QI) into the culture of their Center policies, plans, and activities at the Arkansas Department of Health (ADH).

II. Responsibilities

1. Select ADH staff to train and certify to become QI Pros.
2. Assist QI Pros in the development and implementation of QI projects.
3. Report the QI project outcomes to their Council routinely.
4. Integrate QI project outcomes into their Center/unit.

III. Training

Every QI Champion commits to participation in QI training. The specific training needs for each QI Champion will be jointly agreed upon between the Champion and the Quality Improvement Manager.

IV. Meetings

QI Champions will meet routinely, virtual or in person. The meetings will be organized by the Office of Performance Management, Quality Improvement, and Evaluation (OPMQIE).

V. Terms

QI Champions agree to serve a minimum of two (2) years.

Updated March 2022

APPENDIX 4:

Continuous Quality Improvement Pros Charter

Arkansas Department of Health

I. Purpose

Quality Improvement Pros facilitate the development, implementation, and evaluation of Continuous Quality Improvement (CQI) and Quality Improvement (QI) into the culture of their Center policies, plans, and activities within their Region, or Local Health Unit (LHU) at the Arkansas Department of Health (ADH).

II. Responsibilities

1. Select project team members to participate in the QI project.
2. Provide a list of project team members to the QI Champion for approval.
3. Lead the project team in the development and implementation of the selected QI project.
4. Facilitates meetings by this charter.
5. Communicate progress to QI Champion(s) routinely.
6. Partner with Center QI Champion(s) to integrate QI project outcomes into their Center/Region/LHU.

III. Training

Every QI Pro commits to participation in QI training. The training needs for each QI Pro will be determined by the QI Champion(s) and Quality Improvement Manager.

IV. Meetings

QI Pros will meet with the project team routinely, virtual or in person. The meetings will be organized by the QI Pros and project team members.

1. Meetings will start and end on time.
2. Timekeeper and Scribe roles will be identified.
3. Minutes will be maintained by the Scribe.

V. Terms

QI Pros agree to serve continuously during employment.

Updated May 2022

APPENDIX 5: Quality Improvement Project Handbook

Handbook Cover for QI Champions/QI Pros and Recruits

APPENDIX 6: Continuous Quality Improvement Training Courses

Arkansas TRAIN

TRAIN Course # 1103243

Course Title: Introduction and Implementation of Continuous Quality Improvement (CQI) and the PDSA cycle

Course Description:

The purpose of this training course is to discuss the introduction and implementation of Continuous Quality Improvement (CQI) at the Arkansas Department of Health. These videos will discuss staff roles, principles, tools, methodology, and team culture.

Video 1- Introduction to CQI @ ADH: Time: 9:26 mins

A basic introduction to Improvement (I), Quality Improvement (QI), and Continuous Quality Improvement (CQI) and developing team culture across the Agency.

Video 2- Implementation of CQI @ ADH Time: 15:20 mins

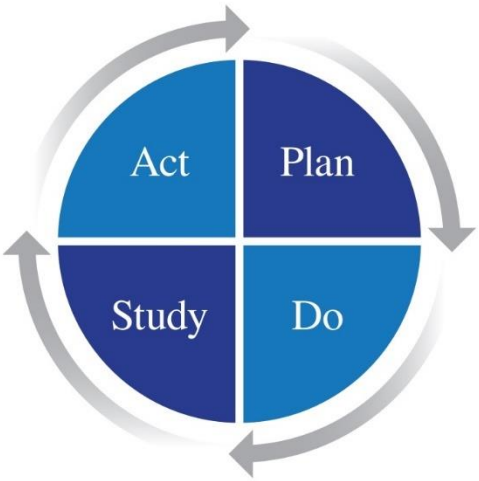
Roles and responsibilities of the CQI Council, QI Champions, and QI Pros and Recruits from the Center to the Agency level.

Seven (7) principles of QI, methods, project ideas, and team culture.

Video 3- Doing QI the PDSA Way Time: 9:34 mins

The use of the Plan, Do, Study, Act (PDSA) framework describes the eight (8) steps related to tasks, data gathering, and the use of QI tools based on the framework.

Evaluation and Certificate upon completion.



Arkansas TRAIN

TRAIN Course # 1103244

Course Title: Basic QI Tools and Techniques

Course Description:

The purpose of this training course is to provide basic Quality Improvement (QI) tools and techniques to the team members while using the PDSA cycle.

Video 4- Data, Data, Data: Time: 8:41 mins

Seven (7) principles of Quality Improvement.

Video 5- Brainstorming and Affinity Diagrams: Time: 7:47 mins

QI techniques such as brainstorming, and affinity diagrams help teams generate ideas and discussions.

Video 6- Process Mapping: Time: 8:28 mins

Use of Process Mapping Tool to identify ways to make processes more efficient.

Video 7- Cause and Effect Time: 5:45 mins

Fishbone diagram and the five (5) Whys to identify the cause(s) of a problem or document "why" to reach the root cause of a problem.

Video 8- Aim Statement: Time: 7:08 mins

Create an Aim statement and SMART Objectives.

Video 9- Run and Pareto Charts: Time: 6:28 mins

Use of Run and Pareto charts to recognize causes contributing to a problem and the magnitude of their effect.

Evaluation and Certificate upon completion.

Arkansas TRAIN

TRAIN Course # 1103245

Course Title: Leading a QI Project Team/QI to CQI

Course Description:

The purpose of this training course is to discuss the team member characteristics, team roles, the four (4) stages of team development, and the project charter. This course discusses the creation of a QI storyboard, and the seven (7) principles of QI, and reviews how to move from Quality Improvement (QI) to Continuous Quality Improvement (CQI).

Video 10- Leading a QI Project Team: Time: 10:55 mins

Role of a project leader, characteristics of good team members, dynamics of team development, and the project charter for organization and focus.

Video 11- QI to CQI: Time: 7:26 mins

Roles and responsibilities of CQI Council, QI Champions, and QI Pro and Recruits from the Center to the Agency level. Celebrating a team culture at the ADH.

Evaluation and Certificate upon completion.

APPENDIX 7: Quality Improvement Project Initiation Tracking Template

QI Project Submitter						QI Team						
Date Reviewed	QI Project Title	QI Project Submitter	QI Project (Idea)	Expected Benefits	Approved by QI Manager/Date	Date Started by QI Team	Target Date of Completion	Date of Completion	Assigned to which Center	Outcome	QI Champion	Step Status?
EXAMPLE: 8/25/2022	Conference Room Schedule	Ted (CHA)	Ensure better scheduling of conference room to avoid double booking.	Reduction in double booking or unknown bumping	Approved in writing in email to Champion to proceed				CHA Champion/Pro/ Recruit		Ted X	Check with X to see if this is still an issue; park until Outlook Calendar is finalized (August ???)

Expected Benefits could be listed: Improves Efficiency, Work Process, Customer Experience, Supports Collaborative Teamwork, Improve Communication, Other

APPENDIX 8: Quality Improvement Project Plan Template (example)

Quality Improvement Project Plan Template				
Name of Project:				
Center:				
Date of Project Commencement:			Notes:	
Date of Project Completion:			Notes:	
This project aims to address the following improvement actions from the QI Champions/Center.				
Vision and Goal of this QI Project:				
The QI Project Team for this project is made up of:				
Name (s) :		Position:		
		QI Pro?		
		QI Recruit?		
		QI Champion?		
		Scribe?		
		Timekeeper?		
QI Project Approved:	Yes	No	(Highlight)- Green or Red	
Project Approval Date:			Notes:	
Sent to QI Champion:	Yes	No	(Highlight)- Green or Red	
Sent Date:			Notes:	
Additional Notes/information:				

APPENDIX 9: Continuous Quality Improvement Training Stages

CQI @ ADH 2018-2023

TRAINING - INTRODUCTION

Quality Improvement (QI) is not new to the Arkansas Department of Health (ADH), and it is an approach that many public health agencies across the country have adopted to 'improve what we do and how we do it.' This work is titled CQI @ ADH - Continuous Quality Improvement at the Arkansas Department of Health and it has been the approach taken during Stages 2 and 3 of our CQI Training Plan (see attached ADH CQI Training Plan).

CQI @ ADH is an agency-wide effort to build upon the improvement work that has taken place at the agency over the years, to:

- Facilitate wider staff engagement in Quality Improvement work
- Embed a culture of Continuous Quality Improvement into every aspect of our daily work

The stated goal of the initiative is:

- With the effort and voices of all staff, we are working to promote a culture where we improve our Agency processes and outcomes on a daily and continuous basis.

The CQI @ ADH initiative will be led by the Office of Performance Management, Quality Improvement, and Evaluation (OPMQIE), but will be done so with the support of the Continuous Quality Improvement Council (CQI) and QI Champions.

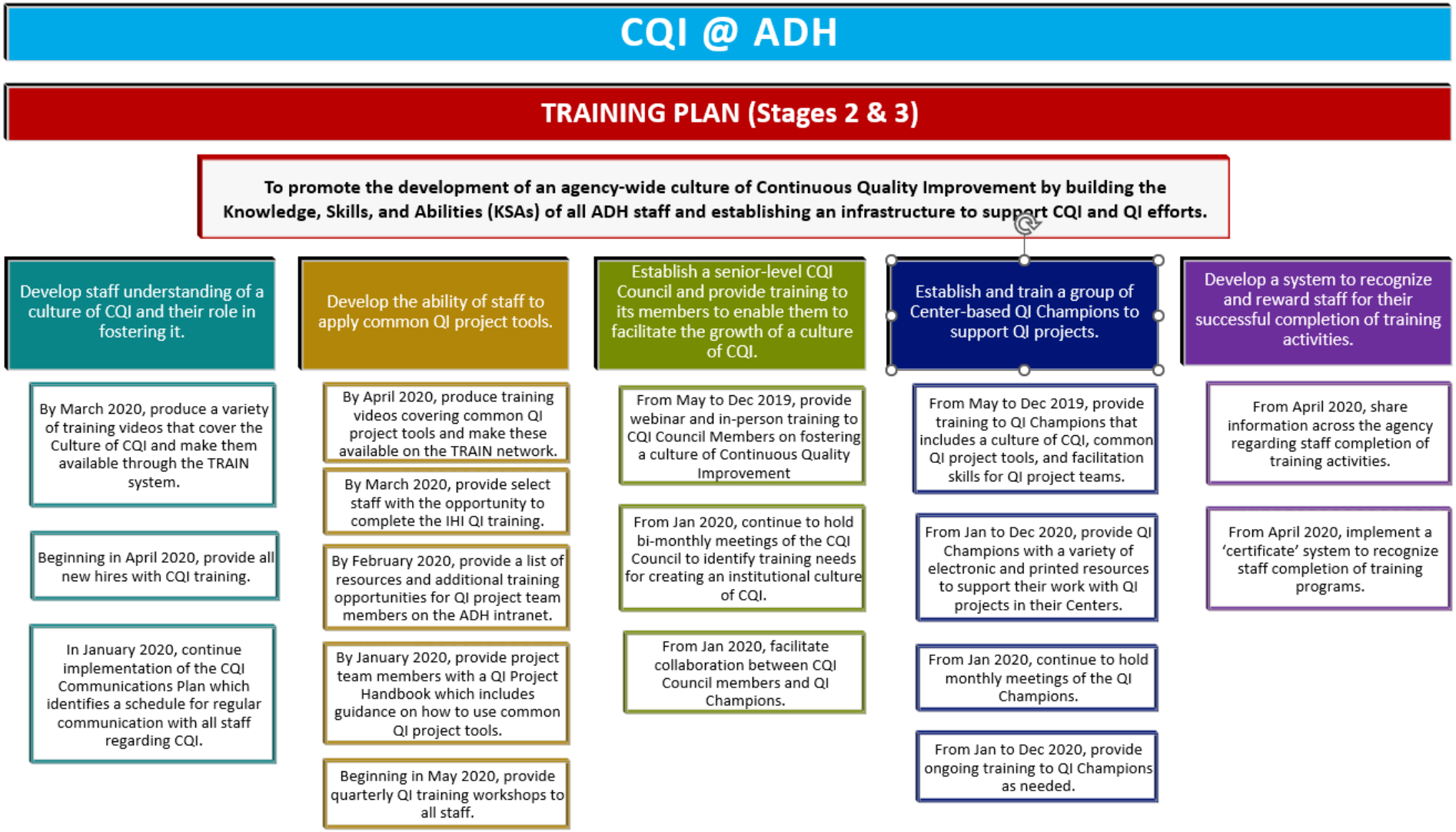
CQI @ ADH Training Stages		
Timeline	**Format**	**Content**
December 2021-January 2022	Develop and Create CQI videos	3 videos were created with Powtoon software with a script and video animation.
January 2022-February 2022	Develop eleven (11) CQI Training Videos	8 remaining videos were developed and created with Powtoon software.
February 2022-May 2022	Reenergize and create new charters	Creation of new charters for CQI Council, QI Champions, QI Pros/Recruits
April 2022	All CQI videos were reviewed and placed on TRAIN	These CQI video series are available to all ADH employees.
April 2022	Orientation meeting	QI Champions that were appointed attended an orientation meeting to discuss charters, membership, and QI projects.
May 2022	All ADH staff can participate in CQI training within TRAIN	Each ADH staff member will complete the eleven (11) videos for a certificate and their name is documented on the ADH intranet under OPMQIE.
May 2022	QI Project Initiation and Approval with QI Champion submittal	Each QI project is reviewed and approved by the QI Manager.
August 2022	Quarterly QI Champion meeting	Discuss the status of their QI projects within their Center.
November 2022	Quarterly QI Champion meeting	Discuss the status of their QI projects within their Center.
January 2023-February 2023	QI project completion	At the completion of the QI project, a storyboard or slide presentation should be submitted to document the QI process.
February 2023 onward	Assessment of the QI project	Within 3 months of the QI project being completed, the project will be assessed by the QI Manager
February 2023 onward	New QI projects will be submitted and approved.	This process will continue throughout 2023.

CQI @ ADH Training Stages

Stage	Objectives	Dates	Audience	Format	Content	Notes
1	The overall aim of this QI Training Program was to teach basic quality improvement methods and tools that could be used to improve a process within each division's area of work.	3/15/2018	25 staff	Consultant-led webinar	Program overview, project, and team selection	This training was focused on the establishment of four QI project teams and providing the participating staff with the necessary QI tools to facilitate the development of these projects.
		4/4/2018	25 staff	Consultant-led webinars	Define QI and its importance, review project aims, and introduces QI tools	
		4/24/2018 4/25/2018	25 staff	On-site workshop	Map the current process, identify areas for improvement, and develop an action plan to test ideas	
		5/22/2018	25 staff	Coaching call	Review progress on action plans	
		6/20/2018 6/21/2018	25 staff	On-site workshop	Review progress made, introduce new QI tools, and develop a sustainability plan	
2	This provided guidance, training, and resources to Quality Improvement (QI) Champions and Continuous Quality Improvement (CQI) Council members to enable them to be effective in 1) facilitating the ongoing development of an agency-wide Continuous Quality Improvement culture and 2) supporting QI project teams.	6/20/2019	QI Champions & CQI Council members	Consultant-led Webinar	Overview of CQI, changing organizational culture, building, and sustaining a CQI Culture	Webinar slides will be modified and published on the CQI intranet page for all staff to view
		8/6/2019	QI Champions & CQI Council members	Consultant-led Webinar	Preliminary results of the QI Survey, using results to plan future steps	
		9/18/2019	CQI Council Members	On-site workshop	Building and Leading a Culture of CQI	
		9/19/2019	QI Champions	On-site workshop	QI Project Team Facilitation Techniques and Teaming	
3	To promote the development of an agency-wide Continuous Quality Improvement culture by building the Knowledge, Skills, and Abilities (KSAs) of all ADH staff and facilitating the growth of QI projects.	9/2019 - 6/2021	All ADH Staff	Online micro-learning video modules housed on TRAIN.	This series of videos will cover CQI Culture (C), and three of the elements which are essential to its adoption: Quality/Process Improvement (PI), Staff Empowerment (E), and Teamwork (T).	The modules covering CQI Culture (C) are designed for all staff, and it is hoped that, in due course, all staff will be required to complete them. More immediately, it is hoped that beginning in November, all new employees will be required to complete these videos. The modules covering Quality/Process Improvement (PI), Staff Empowerment (E), and Teamwork (T) are intended for staff participating in QI project teams and are designed to promote the effectiveness of the team. Team members will be required to complete certain modules at the
				1. CQI at ADH (C)	An introduction to CQI in general, how we do it at ADH, and ways each staff member can contribute to it.	
				2. Empowerment (E)	The importance of employee empowerment for the growth of CQI, how supervisors can contribute to it, and how employees can practice it.	
				3. Team-working (T)	How to be an effective project team member.	
				4. PDSA (PI)	The PDSA model for QI projects.	
				5. Brainstorming (PI)	Tools used in project teams to facilitate participation and to gather and sort	

					ideas.	beginning of the project teams, and during the progress of the team, as needed. In the TRAIN system, employees who complete a video module will earn a certificate of completion. Employees who complete the entire series of 10 modules will be awarded a recognition 'badge' and a list of these employees will be promoted on the CQI intranet page and updated every quarter. QI Champions will also receive a monthly print-out of participation in the videos by employees in their Centers.
				6. Aim Statements (PI)	The importance of a measurable Aim Statement, its components, and how to develop one.	
				7. Process Mapping (PI)	How to identify and document steps in a process to determine potential areas for process efficiencies.	
				8. Cause & Effect (PI)	Tools to use to determine the root cause of a problem.	
				9. Pareto Chart	Tool to identify what issues contribute the most to a particular problem.	
				10. Run Chart (PI)	Using data charts to represent the impact of the implementation of improvement ideas.	
				11. Sustaining and Conclusion (C)	Moving from QI to CQI.	

APPENDIX 9: CQI @ ADH Training Cont'd.



APPENDIX 9: CQI @ ADH Training Cont'd.

TRAINING PLAN to Develop a Culture of Continuous Quality Improvement at ADH

Develop staff understanding of a culture of CQI and their role in fostering it.

By March 2020, produce a variety of training videos which cover a Culture of CQI and make them available through the TRAIN system.

- By Mar 2020, produce videos to cover the topics of the CQI @ ADH initiative, a Culture of CQI, Employee Empowerment and Engagement, and Leading from the Middle.
- From Mar 2020, monitor staff access to the videos on a quarterly basis and take steps to promote the videos more actively if the access rate does not meet the following targets: June 1 – 15% of all staff, Sept 1 – 25% of all staff, Dec 1 – 40% of all staff.
- By Mar 2020, include post-questions to reinforce learning.
- By Mar 2020, include an evaluation component for each video and revise the videos if needed.

Beginning in April 2020, provide all new hires with CQI training.

- Beginning in Feb 2020, work with HR to include a CQI presentation into the New Hire orientation schedule.
- Beginning in Feb 2020, work with HR to have all new hires to view select CQI training videos. Recommendation to HR.

In Jan 2020, continue implementation of the CQI Communications Plan which identifies a schedule for regular communication with all staff regarding CQI.

- From Jan to Dec 2020, continually monitor adherence to the Plan and provide a report to members of the CQI Council on a quarterly basis.
- In Sept 2020, monitor staff understanding of CQI by including a relevant question in the 2020 CQI Culture survey.

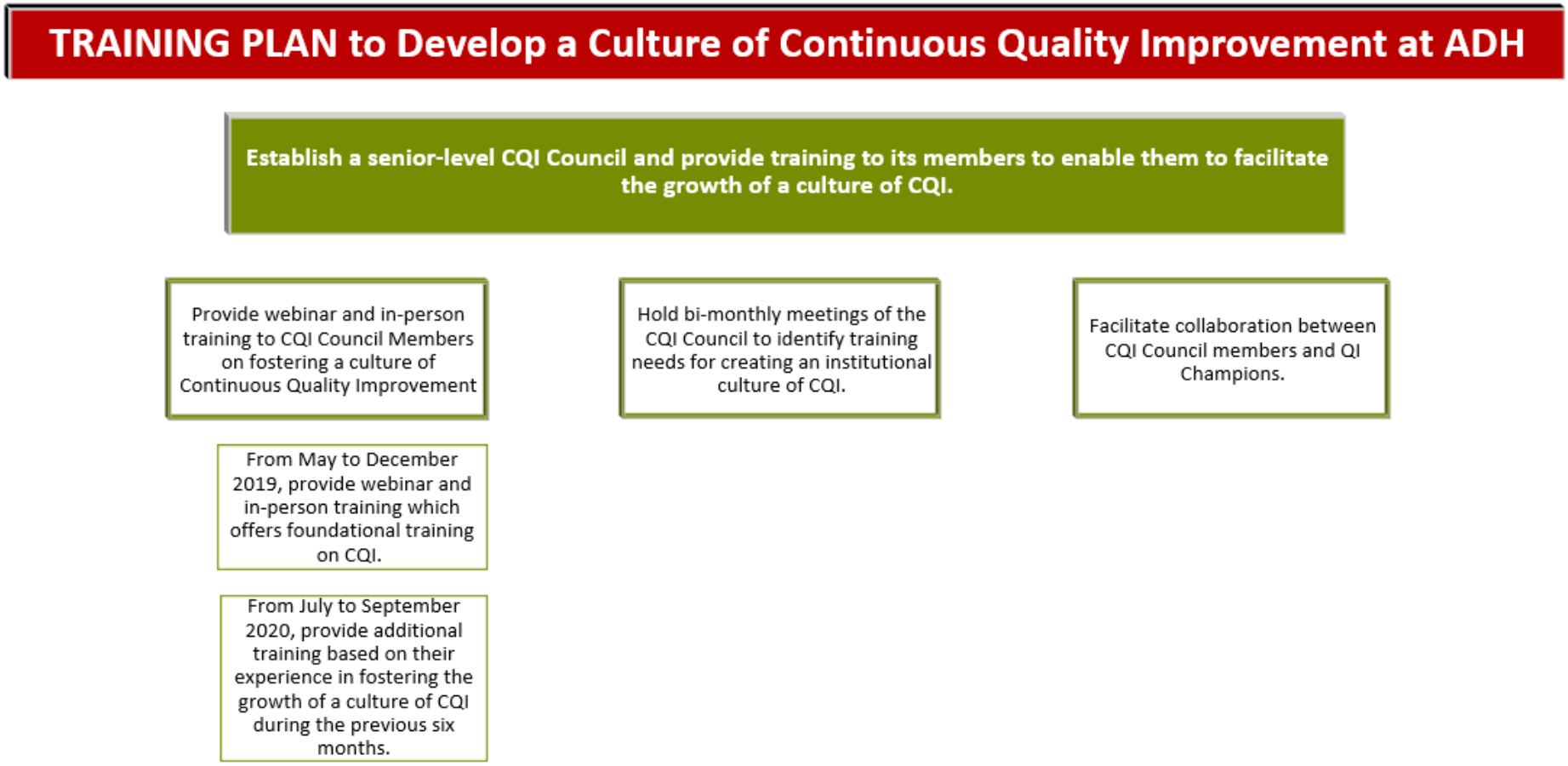
APPENDIX 9: CQI @ ADH Training Cont'd.

TRAINING PLAN to Develop a Culture of Continuous Quality Improvement at ADH

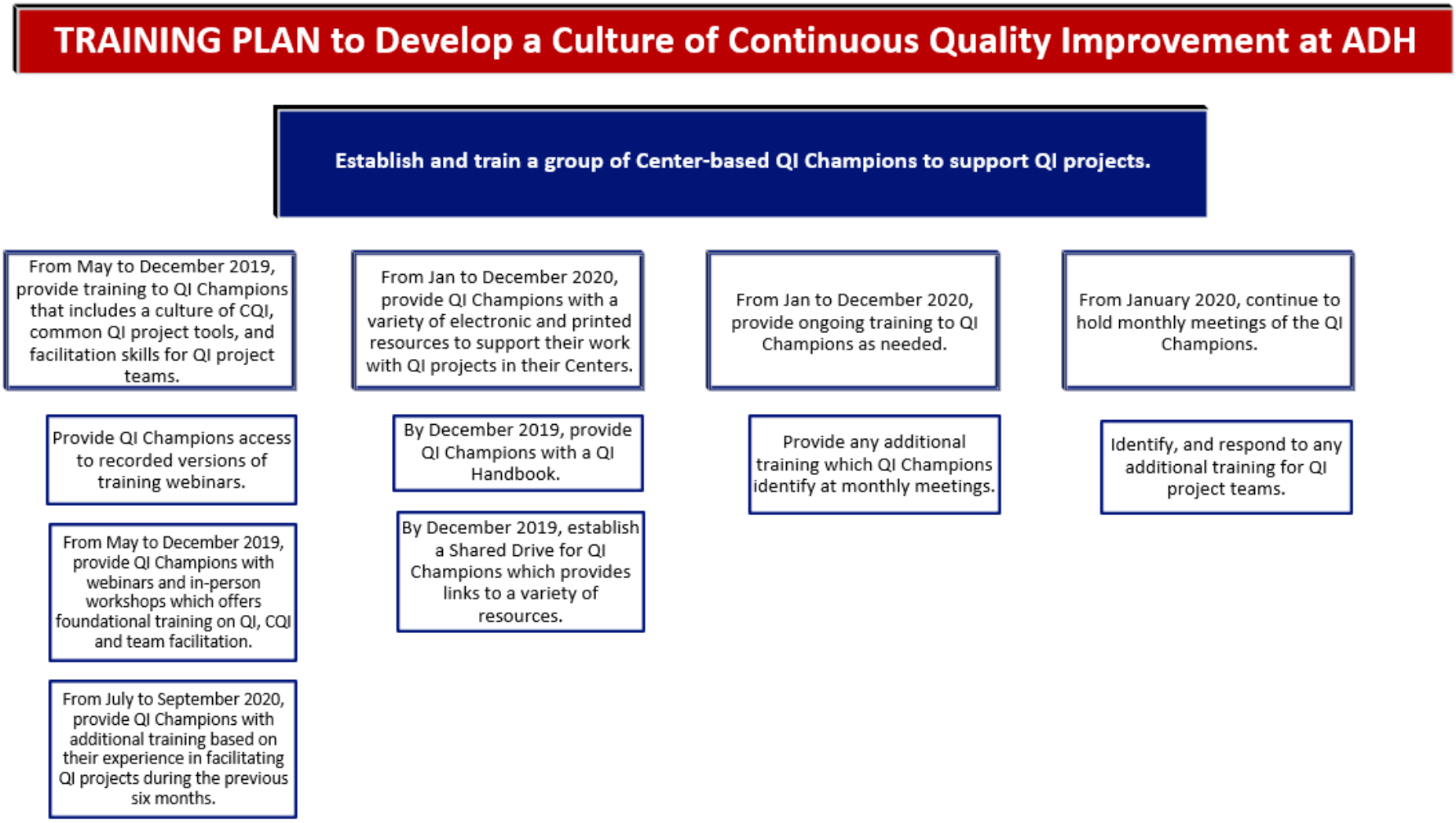
Develop the ability of staff to apply common QI project tools.

- By April 2020, produce training videos which provide instruction on using common QI project tools and make these videos available on the TRAIN network.
  - Provide training videos covering the following topics: PDSA, Aim Statement, Brainstorming and Affinity Diagrams, Process Mapping, Cause & Effect, Pareto Chart, Run Chart, Sustaining, and Storyboards.
  - Include post-questions to reinforce learning.
  - Include an evaluation component for each video and revise the videos accordingly if needed.
  - Monitor staff access to the videos on a quarterly basis and take steps to promote the videos more actively if the rate for completion of at least two videos does not meet the following targets: June 1 – 3% of all staff, Sept 1 – 5% of all staff, Dec 1 – 7% of all staff.
  - By Aug 2021, include a question on ability to use QI tools, into the 2021 QI Survey.
- By March 2020, provide select staff with the opportunity to complete the IHI QI training.
  - Establish a system for Centers, through their CQI team, to allow five staff members to have access to IHI training.
  - Monitor use and assessment performance on a regular basis and provide a report to CQI Council members on a quarterly basis.
  - Recognize course completion by posting information on the intranet webpage.
- By Feb 2020, provide a list of resources and additional training opportunities for QI project team members on the ADH intranet.
  - Materials should include a comprehensive resource guide, links to online training opportunities and contact information for OPMQIE, the CQI Council, and QI Champions.
  - The intranet webpage should also include a mechanism for staff to request additional resources and these requests should be reviewed and accommodated if considered appropriate.
- By January 2020, provide project team members with a QI Project Handbook which includes guidance on how to use common QI project tools.
  - From Jan to Mar 2020, provide a first draft to QI project team members and assess their satisfaction with the Handbook to direct revision for a second draft.
  - Require team members to review sections 1 – 3 prior to the first team meeting.
  - Ensure project team leaders instruct team members to review specific sections of the Handbook in preparation for subsequent meetings.
- Beginning in May 2020, provide in-person QI training workshops on a quarterly basis to all staff.
  - Offer Centers, through their CQI team, the opportunity to nominate four staff members for each workshop.
  - Create a workshop agenda that includes a culture of CQI and common QI project tools.

APPENDIX 9: CQI @ ADH Training Cont'd.



APPENDIX 9: CQI @ ADH Training Cont'd.



APPENDIX 9: CQI @ ADH Training Cont'd.

TRAINING PLAN to Develop a Culture of Continuous Quality Improvement at ADH

Develop a system to recognize and reward staff for their successful completion of training activities.

From April 2020, share information across the agency regarding staff completion of training activities.

Post staff names and courses completed on the intranet webpage on a quarterly basis of staff who complete all the QI training modules.

Post names of staff who complete the CQI workshops on the intranet webpage on a quarterly basis.

Provide names to Center directors of staff in their centers.

From April 2020, implement a 'certificate' system to recognize staff completion of training programs.

Provide a certificate to staff who complete all the QI training modules.

Discuss other reward mechanisms with members of the CQI Council.

APPENDIX 9: CQI @ ADH Training Cont'd.

TRAINING PLAN to Develop a Culture of Continuous Quality Improvement at ADH

Training Plan Implementation

I to QI

Content	Audience	Methods	Timeline
QI project tools	QI project team members; all staff	Handbook	Jan 2020 onwards
		Videos	April 2020 onwards
		ADH Workshops	Quarterly, beginning in May 2020
		Written materials on intranet	Jan 2020 onwards
		Links to additional on-line videos	April 2020 onwards
	QI Champions	Webinars	May – Dec 2019
		Workshop	May – Dec 2019
		In-house training	Dec 2019
		QI Champions' Handbook	Dec 2019
		Written materials on QI Shared Drive	Nov 2019
Facilitating QI project teams	QI Champions	Webinars	May – Dec 2019
		Workshop	May – Dec 2019
		In-house training	Dec 2019
		QI Champions' Handbook	Dec 2019
		Written materials on QI Shared Drive	Oct 2019 onwards

APPENDIX 9: CQI @ ADH Training Cont'd.

TRAINING PLAN to Develop a Culture of Continuous Quality Improvement at ADH

Training Plan Implementation

QI to CQI

Content	Audience	Methods	Timeline
CQI @ ADH, A Culture of CQI	All staff	All HANDS	Sept 30, 2019
		Posters	Nov and Dec 2019
		Written materials on intranet	Nov 2019 onward
	Supervisors in CLPH	Presentation at LHU Administrators' Meeting	Sept 17, 2019
	Senior Management	Presentation at Senior Management Meeting	May 6, 2019
Staff Empowerment & Engagement	All Staff	Video	April 2020 onward
Leading from the Middle	Supervisors and Managers	Video	April 2020 onward

APPENDIX 10: QI Storyboard Template (example)

ADH CENTER NAME | MONTH/YEAR

Project title that tells us what has your QI Project team accomplished and who benefits

What is the issue and why is it important? Describe the problem(s) before you did the project. What issues were ADH staff experiencing and how did it affect their work? What issues were your customers experiencing and how did it affect them?

Consider answering "who, what, where, when, and why" to describe the problem.

(Dominant image showing the theme of this information.)

(Subordinate image referencing your action.)

What did we do?

Summarize the steps you took to complete the project. Describe how you collected and used data, which quality improvement tools were used, what intervention or change was implemented, and how staff/customers were involved in the project.

- Bullet
- Bullet
- Bullet

What were the results?

Describe how the intervention or change improved processes, ADH staff experience, customer experience, health equity, and cost savings. Report changes seen in the data or performance measures. Describe a plan to sustain the improvement(s) over time. Use up to six bullet points.

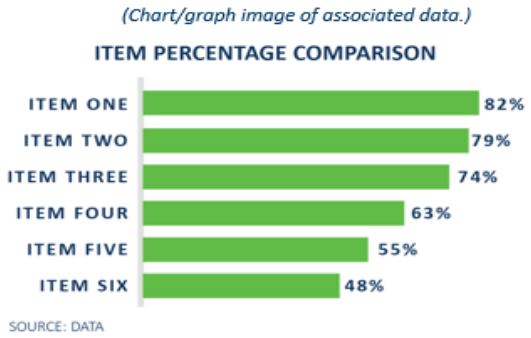
- Bullet
- Bullet
- Bullet

What lessons were learned?

Use a few bullet points and/or write a succinct description of key takeaways from the project.

- Bullet
- Bullet
- Bullet

(Chart/graph image of associated data.)



TEAM MEMBERS

First Last, First Last, First Last, First Last, First Last, First Last, First Last, First Last, First Last, First Last

CONTACT

email@arkansas.gov or call (501) XXX-XXXX