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Organizational Culture of Quality Self-Assessment Tool (SAT) for Local Health Departments

Facilitator's Guide



NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

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WHAT IS THE ORGANIZATIONAL CULTURE OF QUALITY SELF-ASSESSMENT TOOL?

NACCHO's Organizational Culture of Quality Self-Assessment Tool (SAT) enables organizations to objectively assess quality culture, identify opportunities for improvement, and prioritize strategies for inclusion in a quality improvement (QI) plan. The SAT is based on [NACCHO's Roadmap to a Culture of Quality](#) (the Roadmap) which provides a structured framework for progressing through six phases of QI maturity toward a quality culture, presenting common organizational characteristics and strategies for transitioning to the next phase. Transforming an organization's culture may take several years, and absent an objective framework it is difficult to assess progress. To bridge this gap, this self-assessment tool (SAT) allows LHDs to assess the degree to which QI has been integrated into the organizational systems, identify concrete steps to advance a culture of quality, and gauge progress in the transformation.

WHAT IS IN THIS GUIDE?

This facilitator's guide is designed to assist those responsible for leading the facilitation or completion of a culture of quality assessment. In health departments this is typically the charge of a QI Coordinator, QI Council or Committee, or senior leadership. This resource offers guidance around critical steps in completing the assessment, tips and key considerations for designing the assessment process, answers to frequently asked questions, and tools and templates that may be tailored and adapted to meet an organization's needs. This guide offers various approaches as there is no single correct way to facilitate an organizational QI assessment. Much of the guidance presented is based on experiences from local health department (LHD) practitioners in the field that have implemented the NACCHO SAT in their organizations. NACCHO also solicited LHD stories from the field around processes used to implement the SAT which have been incorporated into this guide.

Steps for Completing the SAT

This guide is structured around the following steps for completing the QI self-assessment:

- Adopt or Adapt the SAT instrument
- Data Collection & Scoring Methods
- Analyzing & Interpreting Data
- Prioritize and Select Transition Strategies
- The QI Assessment & Planning Cycle

The remainder of this guide is structured around these steps, offering guidance and tips for completing each.

Adopt or Adapt the SAT

The NACCHO SAT is one of the most comprehensive QI culture self-assessment tools designed for public health departments. The SAT is structured around NACCHO's QI Roadmap which highlights six foundational elements for building a culture of quality. It contains 220 diagnostic statements spanning the six foundational elements and 20 sub-elements, presented in **Table 1** below. These domains address all the people, systems, and structures foundational to developing a culture that values, models, and promotes continuous quality improvement. While some agencies have the capacity and desire to adopt the full version of the tool, others adapt the tool to align with the agency needs and current capacity.

TABLE 1: Organizational Culture of Quality SAT: Elements and Sub-Elements

FOUNDATIONAL ELEMENT	SUB-ELEMENT
1. Employee Empowerment	1.1 Enabling Performance
	1.2 Knowledge, Skills and Abilities
2. Teamwork and Collaboration	2.1 Team Performance
	2.2 Learning Communities
3. Leadership	3.1 Culture
	3.2 Resourcing and Structure
4. Customer Focus	4.1 Understanding the Customer
	4.2 Satisfying the Customer through the Value Stream
	4.3 Reprioritizing and Creating Programs and Services
5. Quality Improvement Infrastructure	5.1 Strategic Planning
	5.2 Performance Measurement
	5.3 Annual Quality Improvement Planning
	5.4 Administrative and Functional Processes and Systems
6. Continual Process Improvement	6.1 Selecting and Applying Methods
	6.2 Planning for Process Improvements
	6.3 Testing Potential Solutions
	6.4 Extracting Lessons Learned
	6.5 Sharing of Best Practices
	6.6 Effectively Installing Standardized Work
	6.7 Process Management, Results, & Continual Improvement

The SAT has three main components which are organized by the foundational elements and sub-elements:

- 1) **Diagnostic Statements** to assess the current organizational culture of quality and identify gaps.
- 2) Corresponding **Transition Strategies** that provide suggested actions to close priority gaps.
- 3) **Scoring Summary** to document results.

Below are some considerations to help determine which version of the SAT is best for individual agencies.

Unabridged Self-Assessment Tool

Benefits of using the full version include an in-depth assessment of all the structures, practices, and people that promote continuous QI, introduction of new QI concepts that may otherwise be overlooked, promotion of richer discussion of agency QI practices, and identification of a broader array of gaps and transition strategies for improvement. Due to the richness of the results, agencies may implement the full SAT less frequently (NACCHO

recommends every 1-3 years). However, it is important to carefully consider whether the full assessment is feasible for the agency before selecting this approach.

Considerations for selecting the full version include:

- **Staff Expertise.** Implementation of the full self-assessment requires more staff QI expertise. Because the full SAT covers more in-depth concepts, those participating in the assessment should have a strong understanding of QI. Consider whether agency leadership and QI leadership (QI Committee members, QI Coordinator, QI champions) can adequately respond to the concepts covered across all 20 sub-elements.
- **Staff Time.** The full version will take more time to complete so consider whether sufficient staff time and resources are available whether it can be completed within the agency’s timeline for conducting the assessment.
- **Desired assessment level.** The unabridged SAT will provide the agency with a more in-depth assessment identifying more opportunities for improvement which can be incorporated into the agency QI plan. This may be desirable depending on the available resources for QI, experience with QI, and frequency of assessment. The full SAT may require less frequent assessments as each iteration provides greater insight.

Staff Input. Depending on staff size and the degree of expertise across staff, it may not be feasible and/or advisable to disseminate the full SAT across all staff. Typically, when conducting the full SAT, a cross-sectional committee of agency and QI leadership completes the assessment. It is important that this committee represents all agency programs, services, and operations. If the agency is looking for input from all staff, it is recommended to create an abridged version of the SAT, carefully selecting the areas in which all-staff input is desired.

Abridged Self-Assessment*

The unabridged SAT may not find it feasible to administer due to staff capacity, timeline, internal QI assessment and planning processes, or staff experience with QI. In this case, an abridged version can be derived from the full SAT. Benefits of using an abridged version include the reduced time and resources needed for implementation, the flexibility to tailor the tool so it is most relevant to the agency’s needs, and greater feasibility in administering across a broader range of staff.

* NACCHO will be developing a national level abridged version of the full Organizational Culture of Quality Self-Assessment Tool with an anticipated launch of Fall 2018. For the latest resources, visit: www.qiroadmap.org

Considerations when developing an abridged version of the full SAT include:

- **Foundational Elements.** All six foundational elements outlined in the QI Roadmap are critical to a culture of quality. The abridged SAT should include diagnostic statements from each of the six foundational elements.
- **Perspective.** When designing the abridged assessment, consider from which perspective(s) staff should respond. For example, identify whether staff should respond to diagnostic statements in reference to

the entire agency, their specific department or team, or individual perspectives.

- **Staff Level.** Consider whether different versions of the tool should be administered to different levels of staff (e.g. leadership vs. general staff). For example, an agency may complete the full version with leadership and QI staff and administer an abridged version across all staff.
- **Continuity of data.** The agency may consider removing or adding items to its SAT after each iteration. It is valuable to have continuity of data from one assessment to the next to identify improvements over time. When developing an abridged version of the SAT, flag items that would be important to track over time and include them in each subsequent assessment.
- **Desired Assessment Level.** As stated above, it is important to consider how in-depth of an assessment the agency is seeking. An abridged version of the tool will provide less information about the agency QI culture, so it is critical to include a sufficient breadth and depth of diagnostic statements to maximize the information gained from the assessment while maintaining feasibility based on the agency's capacity.

Table 2 below summarizes the pros, cons, and additional considerations associated with using each version of the SAT.

Additional Organizational and Staff Data

Whether using the full tool or an abridged version, consider what additional organizational analyses may be desired and incorporate appropriate items into the data collection instrument. Examples of additional data that may provide insight into the organization's QI culture include:

- **Staff level, title, or position** – Questions identifying the title or position of individual respondents allow for stratification by staff level to understand differences in perceptions across line staff, managers, and leadership. Be cautious not to include items that may reduce anonymity as this may lead some to not respond honestly.
- **Department, program, or team** – Identifying different sections of the organization may be useful to determine the degree to which the QI culture is spreading across the agency, which work units may offer lessons learned, and which areas need more focused attention or additional resources.
- **Staff tenure** – Differences in QI perceptions across new and more tenured staff may offer insight into the degree to which QI strategies are working over time and how to incorporate QI into the onboarding processes.

CREATING AN ABRIDGED SAT

Maricopa County Department of Public Health constructed a modified assessment incorporating questions from all six of the foundational elements presented in the NACCHO SAT. The QI Cloud (QI Committee) members and Departmental Senior Leadership determined that it was important to collect data on staff perspectives from the work unit and departmental levels. Of the 19 assessment questions, 15 ask respondents about their perspective from both levels and the remaining four items cover QI Infrastructure.

~Maricopa County Department of Public Health (AZ)

TABLE 2: Selecting a Self-Assessment Tool

	Full, Unabridged SAT	Abridged SAT
Target Audience	<ul style="list-style-type: none"> • QI Committee • Agency Leadership • Staff with QI expertise 	<ul style="list-style-type: none"> • QI Committee • Agency Leadership • All staff
Recommended frequency	<ul style="list-style-type: none"> • 1-3 years 	<ul style="list-style-type: none"> • Annual
Considerations	<ul style="list-style-type: none"> • Ensure cross-sectional input • Provide respondents with education around all 20 sub-elements • Get input from as many staff as feasible 	<ul style="list-style-type: none"> • Incorporate all six foundational elements • Identify most relevant diagnostic statements • Provide respondents with education around all 6 foundational elements
Pros	<ul style="list-style-type: none"> • Comprehensive assessment • Introduces new, advanced concepts • Identifies broader array of transition strategies to address gaps • May be administered less frequently • Promotes richer discussion 	<ul style="list-style-type: none"> • Requires less time and resources • Ability to tailor content to be most applicable to agency needs • Allows for input from more staff
Cons	<ul style="list-style-type: none"> • Requires more staff time and resources • Fewer staff may be familiar with all concepts 	<ul style="list-style-type: none"> • Less comprehensive • Should be administered more frequently (e.g. annually)

Data Collection & Scoring Methods

Leaders should carefully design a process for implementing the finalized version of the SAT including identifying participants, orienting respondents, and selecting methods for data collection and scoring.

Identify Respondents

It is important to consider the desired level of staff input as this will impact the design of the assessment process. For example, some agencies may administer the assessment to all staff while others may identify a subset of staff to complete the assessment. Outlined below are three common approaches to identifying participants of the SAT:

- **All staff are administered the SAT.** This approach will provide the widest range of input and help with getting buy-in and ownership of QI.
- **Agency leadership and QI leaders.** This approach is common when using the full version of the SAT, however, a process to gain widespread staff input should be incorporated (e.g. administer an abridged SAT to staff, leaders solicit staff feedback to inform their scoring). Completion of the full SAT will provide a wealth of insight into agency QI maturity, however, understanding staff

perceptions are integral to fostering a QI culture.

- **Elements or Sub-Elements are delegated to different staff.** Select individuals or teams with specific expertise may be assigned to complete portions of the SAT, and then all results compiled. For example, *Sub-Element 5.1: Strategic Planning* may be delegated to agency leadership or the Strategic Planning Committee members while other sub-elements are completed by all staff.
- **Select individuals (e.g. Health Director, QI Coordinator) complete the SAT.** This approach is the fastest but least participatory and is generally not recommended unless resources are constrained and no other options remain. Those completing the SAT should have knowledge of all sections of the agency to make a valid assessment.

Whichever approach is taken, it is important that those taking the assessment are a cross-sectional representation of the agency (e.g. QI Committee) that understand staff perspectives around the QI culture.

Orienting Participants

To increase validity and inter-rater reliability of the data, it is important to orient everyone that will be participating in the assessment to the agency's overall QI vision, the assessment process, scoring methods, QI concepts covered in the SAT, and how the data will be used. NACCHO offers the [Orienting Staff to the QI SAT slide deck](#) with content, talking points, and facilitator instructions which can be tailored to align with the agency's individual SAT and overall process. The staff orientation should be delivered prior to, or in conjunction with, the data collection process.

Data Collection Process

When designing the data collection process, consider the level of staff input desired, length and complexity of the tool, and QI knowledge and expertise across staff. Two options for collecting data using the SAT are:

- **Individual Surveys** – All respondents may individually take the assessment via paper copies or an online survey and scores can be averaged to calculate the overall agency scores. Submission of paper copies will require more time to compile and calculate scores, however, this may be preferable for staff with limited access to computers or familiarity with online surveys. Programming the assessment into an online survey (e.g. Qualtrics, SurveyMonkey) allows for more streamlined data collection, broad dissemination, anonymous responses, and built-in data analysis functions.
- **Facilitated Group Discussions** – If respondents of the assessment are a small enough group, diagnostic statements can be rated collectively through facilitated discussions. This method allows for rich discussion, buy-in, and increases objectivity of data. However, this approach may take longer and

“It is helpful to provide basic education all staff. Inexperience or lack of common QI knowledge can skew the results and cause confusion in identifying the current “phase” and transition strategies.”

~ Grand Forks County Health Department, ND

requires a designated facilitator presenting concepts in each section of the SAT and leading discussions to determine the most appropriate rating for each diagnostic statement. The [Administering the QI SAT Sample Facilitation Process](#) offers steps for a suggested facilitation process, talking points, and facilitation questions to lead a group through each section of the SAT. This resource can be used in conjunction with [NACCHO's Orienting Staff to the QI SAT slide deck](#). Following the discussion, the group can score diagnostic statements in each section using any of the following suggested methods:

- Based on the discussions, each respondent can individually score the diagnostic statements on either paper copies of the assessment or via an online survey. Scores can be averaged to attain the agency level scores for each foundational element.
- A commercial group polling system may be used where the SAT diagnostic statements are programmed into the system prior to the meeting and respondents are then able to submit their ratings via a hand-held device. This approach allows for real time scoring while maintaining anonymity.
- Group voting may be facilitated for each diagnostic statement using some variation of a simple “show of hands” approach.

For broader staff input this process can be facilitated separately for each department and all scores can be rolled up into an overall agency score. This will allow for each department to identify specific strengths and weaknesses.

Interpreting the Assessment Scale

The rating scale in the SAT was intentionally designed as a 6-pt Likert scale to align with the 6 phases of the QI Roadmap. All respondents should be given direction on interpreting the scale prior to completing the assessment. The following table offers guidance on using and interpreting the rating scale:

TABLE 3: Interpreting the SAT Scale

Roadmap Phase	SAT Scale Rating	SAT Scale Interpretation
Phase 1: No knowledge or awareness of QI	1	A rating of ‘1’ indicates that the respondent strongly disagrees that the statement applies to the agency and/or has no knowledge or awareness of whether the statement applies
Phase 2: Not Involved in QI Activities	2	A rating of ‘2’ indicates that the respondent disagrees that the statement applies to the agency.
Phase 3: Informal or Ad Hoc QI	3	A rating of ‘3’ indicates that the respondent feels the statement applies to the agency inconsistently or on an informal or ad hoc basis.
Phase 4: Formal QI in Specific Areas of the Agency	4	A rating of ‘4’ indicates that the respondent agrees the statement consistently applies to some areas of the agency, but is not agency-wide.
Phase 5: Formal Agency-wide QI	5	A rating of ‘5’ indicates that the respondent agrees the statement consistently applies agency-wide
Phase 6: QI Culture	6	A rating of ‘6’ indicates that the respondent strongly agrees that the idea referenced in the statement is fully integrated into the agency culture.

Analyzing & Interpreting Data

Calculating scores will vary based on the version of the SAT being used and the data collection methods. Scores are most commonly calculated by averaging together all sub-element scores to attain a separate score for each foundational element. All foundational elements scores should be averaged to attain an overall QI culture score for the organization.

The NACCHO SAT offers an Excel [Scoring Summary Sheet](#) which will self-populate an overall foundational element score after the user inputs each sub-element score. Once all foundational elements are scored, a total score will populate indicating the current phase on the Roadmap. Use the evidence column to clearly record why a phase was selected as a reference for future QI assessment and planning cycles. If using an online survey, it likely has built-in functions for data analysis.

It is also valuable to analyze subsets of stratified data. For example, having separate scores for each department or work unit may help tailor transition strategies for different parts of the agency. Analyzing data by staff levels may help identify targeted strategies for gaining buy-in or various training needs. Frequently, scores will vary quite significantly across levels of staff. General staff tend give higher scores than QI staff or leadership. In these cases, it is important for the QI committee to discuss the differences in scoring and collectively determine a final agency score.

Prioritizing & Selecting Strategies

The assessment results will reveal many opportunities for improvement. The SAT includes links at the bottom of the diagnostic statements for each sub-element to identify the **Transition Strategies** not already implemented in the agency. Outlined below are steps for creating a plan to enhance the agency QI culture:

- **Identify all Transition Strategies that have not yet been implemented.** Click the link at the bottom of the diagnostic questions for each sub-element to identify the **Transition Strategies** not already implemented in the agency. Most transition strategies will likely come from the phase that corresponds to your score for that sub-element, however, ensure that all strategies from preceding phases have been implemented as all strategies within sub-elements build upon each other. *Note: The SAT does not provide a comprehensive list of strategies and should serve as a general guide to building a quality culture.*
- **Prioritize and Select Strategies.** Conduct a prioritization process and record the high priority strategies in the [Scoring Summary Sheet](#). Select as many transition strategies as deemed appropriate, per organizational strategic and QI planning efforts. Below are example prioritization criteria that may be used:

SELECTING TRANSITION STRATEGIES

“We identified strategies in the SAT appendix that were either suggested for our current phase to move us to the next phase on the Roadmap or were from previous phases that had not yet been implemented. These strategies were then prioritized using a prioritization matrix at an Executive Team meeting and a Quality Improvement Team meeting. The top six strategies were incorporated into our 2017 QI Plan.”

**~Los Angeles County Department
of Public Health (CA)**

- **SAT scores** – Some Foundational Elements will likely be stronger than others. Identify lowest scoring foundational element(s) and sub-element(s) and select one or more elements in which to focus improvement efforts. For organizations new to QI, it is recommended to focus initially on the transition strategies in the following foundational elements: *Employee Empowerment, 1.2: Employee Knowledge, Skills, and Abilities; Leadership, 3.1: Culture, and 3.2: Resourcing and Structure*. This will establish the necessary baseline understanding and leadership necessary to drive future efforts.
- **Existing resources** – Identify strategies for which there are or will be resources to implement over the next QI planning period.
- **Feasibility** – Prioritize strategies that can be feasibly implemented over the next QI planning period.
- **Buy-in** - Consider which strategies may cause resistance across staff and key stakeholders and prioritize those which will garner buy-in
- **Impact**- Identify strategies that have the potential for greatest impact on advancing QI culture

For guidance on selecting and facilitating a prioritization process, see NACCHO’s [Guide to Prioritization Techniques](#).

- **Incorporate Strategies into QI Plan.** The QI SAT results should feed directly into the agency QI plan. Incorporate each strategy into the QI plan outlining the goals and objectives, activities, responsible staff, timeline, and performance measures that will be used to advance the QI culture. In addition to outlining the organization’s QI vision, governance, and other processes, the QI plan should include an implementation plan for advancing a QI culture. A QI [implementation plan template](#) is included in this document. For more guidance on developing an agency QI plan, visit [NACCHO’s QI Plan page](#).

The QI Assessment & Planning Cycle

Once the QI assessment is complete and the QI plan adopted, monitoring implementation and progress is critical to sustain momentum toward a QI culture. Particularly when in the earlier phases of the QI Roadmap, it is common for QI to be deprioritized when faced with competing priorities. Regularly scheduled check-ins and progress reports on the QI plan can help keep QI at the forefront. At the end of a QI assessment and planning cycle, evaluate the process and progress made to inform the next cycle. This should be a continuous and iterative process and lessons learned from each cycle should be applied to continuously improve the process.

It is also important to report the results of the assessment and QI goals to key stakeholders including all staff, department leadership, the governing entity, funders, and even the public at large. Although establishing a QI culture may be resource intensive, it also demonstrates that the agency is committed to continuous improvement and providing the highest quality services to the community.

“We used the QI culture score as part of our justification to request additional QI resources for FY18. We were successful in having a QI position added to our budget.”

~ Santa Clara County Health Department, CA

FROM THEORY TO PRACTICE: STORIES FROM THE FIELD

Scott County Health Department (IA)

Scott County Health Department (SCHD) reviewed and compared several QI assessment tools and opted to use the full, unabridged version of the NACCHO SAT. The QI Team felt that the QI SAT is an “official” assessment instrument which is the most thorough, provides directed guidance based on scoring, offers detailed diagnostic statements reducing the need for interpretation, has a strong link to the NACCHO QI Roadmap, and provides extensive insight into organizational performance.

Twelve staff (29% of full time staff), representing all five service areas, completed the SAT. This included the QI team which consists of seven individuals, three from administration and four from staff. To get broader representation, five additional individuals were added, including the Director and four other front line staff. The QI Team gathered the full group for an “Intro to Culture of Quality Assessment” discussing the following:

- *definition of QI;*
- *difference between quality assurance and QI;*
- *why QI is important;*
- *relationship between QI and accreditation/PHAB standards;*
- *SCHD’s first step down the QI path (overview of roadmap);*
- *factors that make up a quality culture; and*
- *overview of the assessment process.*

Following the overview, all group members received an envelope with a hard copy of the SAT and instructions, each with a unique number. The numbers were not assigned to individuals and were simply used for tracking missing surveys. Respondents were given two weeks to complete the assessment individually and return results to an assigned QI team member. The QI team member entered the results of each survey into an Excel spreadsheet and the average and mode scores were calculated for each item. The Excel document was distributed to all respondents prior to a group meeting. During the meeting, the various sub-elements were discussed until consensus was reached and the final scores, along with notes, were entered into the SAT Summary form. As a check of where the group was, the “five-finger” voting method was used as a quick check to see general agreement or consensus. SCHD plans to complete the SAT annually as the measure of progress along the Roadmap, tracking the various foundational and sub-element scores.

Overall, SCHD found it valuable to get a variety of opinions as it increases knowledge and ownership around QI. Although the process was initially intimidating, SCHD staff were told not to expect to be perfect and that it was okay not to score high as this did not mean they were doing something wrong.

FROM THEORY TO PRACTICE: STORIES FROM THE FIELD

Maricopa County Health Department (AZ)

Santa Clara County Public Health Department (CA)

Maricopa County Health Department

MCDPH developed a modified SAT tool to assess the culture of quality improvement. This assessment is based on NACCHO's SAT but was both condensed for use by all staff members and modified to assess each of the six QI components at both the department and work unit levels. This survey is sent electronically to all staff and paper versions are distributed and collected with our WIC staff, as they don't have easy access to personal computers. The QI Cloud (QI Council) reviews the results of the survey every year and processes the results. Identified gaps and needs are then taken into account reviewing the QI Plan and updating it annually. MCDPH also has plans to use results at the work unit level to test out change ideas related to developing staff in low scoring areas at a small scale before scaling up these ideas for implementation at the department level.

Tracking changes over time in the 6 foundational elements is really helpful for the QI Cloud and for the Senior Management Team to identify a great starting point to measure the QI culture in our department. Since we use the same tool annually, we are able to see trends and strengths of the efforts we've put into place as well as gaps that still remain.

Santa Clara County Public Health Department

Sana Clara County Public Health Department (SCCPHD) used an abridged version of the SAT as part of an annual online survey that measures progress on several strategic department initiatives. The survey is distributed to all staff asking questions across all 6 foundational elements, except for QI Infrastructure (QI Council only) and Continuous Process Improvement (QI project teams only).

SCCPHD updates the QI plan annually with the results from our survey. One of the performance objectives in the agency strategic plan is to increase the number of the six foundational elements with an average score of 4 or above. The QI Council meets with leadership to update activities associated with this performance objective in the strategic work plan. The QI culture score and progress against this performance objective was successfully used as justification to request additional QI resources for FY18 with a QI position added to the budget. Progress on the QI culture score is also reported to county leadership, including the Board of Supervisors, as part of our overall communication about our performance management efforts.

FROM THEORY TO PRACTICE: STORIES FROM THE FIELD

Grand Forks County Health Department (ND)

The Grand Forks County Health Department (GFCHD) QI Committee and senior leadership expressed desire to include all staff members in the QI assessment process and determined that an abridged version of the SAT would be best received by the varying levels of staff. At an all staff meeting the QI Committee presented a glossary of QI terms, the abridged SAT in conjunction with a brief PowerPoint presentation describing the purpose of the survey in relation to our journey on the NACCHO Roadmap to a Culture of Quality. Paper surveys were then distributed to individual employee mailboxes. While this method is antiquated and more taxing on resources than an online survey, it allowed for a quick turnaround for employees that may be unaccustomed to an online survey and maintained anonymity. We requested responses be returned within 10 days. Ultimately, we had a 92% response rate (36 of 39) of the surveys.

All survey responses were entered into an excel database and color coded into three groups: Leadership, QI Committee Members, and Front Line Staff. Scores were averaged for each foundational element and between the various levels of staff member surveyed. Surprisingly, QI committee members rated our current phase at 2.5 while our front line staff was at a 4, with leadership falling in between the two averages. These results left for a bit of confusion as to how to proceed with appropriate transitional strategies. Our QI Committee re-evaluated the Roadmap website and through facilitated discussion, we chose transitional strategies from phases 1-3 to start to build the infrastructure of QI within our department. This survey will be repeated at a minimum of two years to evaluate our progress against the NACCHO Roadmap phases of a culture of quality, to identify transitional strategies, and to identify and address training needs.

Involving all staff in this process resulted in a sense of ownership in our current state and a sense of responsibility in our progress to a culture of quality. If an organization is just beginning to build a formal QI program it would be helpful to provide basic education to all staff members prior to assessment or assess leadership or QI champions only to best assess current state. Inexperience or lack of common QI knowledge can skew the results and cause confusion in identifying current "Phase" and appropriate transitional strategies.

ADMINISTERING THE NACCHO QI SELF-ASSESSMENT TOOL

Example Facilitation Process

The facilitation process outlined below is a suggested method for conducting the QI SAT through facilitated group discussions and group voting. This process is designed for facilitating completion of the unabridged SAT, however, it can be easily tailored to accommodate an abridged version.

Target Participants: *Agency leadership, QI Leadership, QI Coordinator, QI Champions*

Group Size Maximum: *10-15 participants*

Time: *½ day to 1 full day depending on group size, version of SAT used, and specific scoring methods*

Facilitator Instructions:

1. Adapt NACCHO's [canned QI SAT PowerPoint](#) for orienting staff to the SAT and facilitating the SAT process.
2. Adapt the [Administering the NACCHO QI SAT Sample Agenda](#) on the next page.
3. Provide an overview of the process and SAT, including the purpose and department vision of QI
4. Describe the scoring scale and guidance around scoring and interpretation.
5. One by one, provide an overview of each of the foundational elements/sub-elements. Adapt the discussion questions outlined in the [Administering NACCHO QI SAT: Facilitator Talking Points & Discussion Questions](#) document to generate dialogue around the agency's status around each of the foundational elements/sub-elements.
6. Following the discussion, instruct each participant to score relevant diagnostic statements in the SAT. Choose one of the following options for collecting scores:
 - a. Each participant inputs their scores on a hard copy of the SAT using the Scoring Summary Sheet and submits to the facilitator following the session
 - b. Each participant inputs their anonymous score using a group polling system
 - c. The group collectively votes on a score using any variation of a "show of hands" approach. In this approach, the score that receives the majority votes is the final score. Following each vote, ask all participants if they are comfortable with this score.

ADMINISTERING THE NACCHO QI SELF-ASSESSMENT TOOL: GROUP FACILITATION

Sample Agenda

Facilitator Instructions: This sample agenda assumes assessment of all 20 sub-elements of the NACCHO QI SAT, allotting 20 minutes per sub-element. Tailor the agenda based on the version of the SAT being used and the agency's assessment and scoring process.

OBJECTIVES

- Orient assessment respondents to the NACCHO QI SAT
- Develop shared understanding of agency's current state of QI across the six foundational elements
- Submit ratings for diagnostic statements in the NACCHO QI SAT
- Reach consensus on agency scores across six foundational elements

Agenda Item	Description	Time
INTRODUCTION & OVERVIEW <i>(Total Time: 25 mins)</i>		
Overview of QI vision	<ul style="list-style-type: none"> • Agency vision for QI • Current state of QI 	10 mins
Overview of Self-Assessment Process	<ul style="list-style-type: none"> • Steps in assessment process • Overview of the SAT • Scoring methods • Participant expectations • Ground rules 	15 mins
ASSESSMENT & SCORING <i>(Total Time: ~6.5 hours)</i>		
For Sub-Element, the following objectives will be met: <ul style="list-style-type: none"> • Provide an overview of the sub-element • Participants discuss agency's current status of that sub-element • Participants score the sub-elements 		
Foundational Element 1: Employee Empowerment		40 mins
Sub-Element 1.1: Enabling Performance	<ul style="list-style-type: none"> • Assessment of how well agency enables employees to use QI and achieve high performance 	20 mins
Sub-Element 1.2: Knowledge, Skills and Abilities (KSAs)	<ul style="list-style-type: none"> • Assessment of public health and QI knowledge, skills, and abilities 	20 mins
Foundational Element 2: Teamwork & Collaboration		40 mins
Sub-Element 2.1: Team Performance	<ul style="list-style-type: none"> • Assessment of how well agency teams function and perform 	20 mins
Sub-Element 2.2: Learning Communities	<ul style="list-style-type: none"> • Assessment of opportunities for learning and sharing the agency 	20 mins
Foundational Element 3: Leadership		40 mins
Sub-Element 3.1: Culture	<ul style="list-style-type: none"> • Assessment of the established environment to support a QI culture 	20 mins
Sub-Element 3.2: Resourcing & Structure	<ul style="list-style-type: none"> • Assessment of resources and structure to support a QI culture 	20 mins
Foundational Element 4: Customer Focus		60 mins

Sub-Element 4.1: Understanding the Customer	<ul style="list-style-type: none"> Assessment of how well the agency understands customer needs, values, and satisfaction 	20 mins
Sub-Element 4.2: Satisfying the Customer through the Value Stream	<ul style="list-style-type: none"> Assessment of how well the agency uses customer data to satisfy the customer through value streams 	20 mins
Sub-Element 4.3: Reprioritizing and Creating Programs and Services	<ul style="list-style-type: none"> Assessment of process for reprioritizing and creating new programs and services to address customer needs 	20 mins
Foundational Element 5: Quality Improvement Infrastructure		80 mins
Sub-Element 5.1: Strategic Planning	<ul style="list-style-type: none"> Assessment of the agency strategic planning process 	20 mins
Sub-Element 5.2: Performance Measurement	<ul style="list-style-type: none"> Assessment of agency performance measurement process 	20 mins
Sub-Element 5.3: Annual QI Planning	<ul style="list-style-type: none"> Assessment of agency QI planning process 	20 mins
Sub-Element 5.4: Administrative and Functional Processes and Systems	<ul style="list-style-type: none"> Assessment of how well agency administrative processes and systems support continuous improvement 	20 mins
Foundational Element 6: Continuous Process Improvement		120 mins
Sub-Element 6.1: Selecting & Applying Methods	<ul style="list-style-type: none"> Assessment of agency capacity to select and apply appropriate QI methods 	20 mins
Sub-Element 6.2: Planning for Process Improvements	<ul style="list-style-type: none"> Assessment of how well agency plans for improvements of QI projects 	20 mins
Sub-Element 6.3: Testing Potential Solutions	<ul style="list-style-type: none"> Assessment of how well agency tests potential solutions and acts on results in QI projects 	20 mins
Sub-Element 6.4: Extracting Lessons Learned	<ul style="list-style-type: none"> Assessment of how well agency identifies and applies lessons learned 	20 mins
Sub-Element 6.5: Sharing of Best Practices	<ul style="list-style-type: none"> Assessment of agency use of best practices 	20 mins
Sub-Element 6.6: Effectively Installing Standardized Work	<ul style="list-style-type: none"> Assessment of standardized work processes 	20 mins
Sub-Element 6.7: Process Management, Results, & Continual Improvement	<ul style="list-style-type: none"> Assessment of Process Management, Results, & Continual Improvement 	20 mins
IDENTIFY NEXT STEPS <i>(Total Time: 10 mins)</i>		

ADMINISTERING THE NACCHO QI SELF-ASSESSMENT TOOL: GROUP FACILITATION

Facilitator Talking Points and Discussion Questions

Facilitator Instructions: Adapt the following facilitation talking points and discussion questions to your agency's QI assessment process and use in conjunction with NACCHO QI SAT Facilitation Slides to administer group facilitation and scoring of the QI SAT.

Foundational Element/Sub-Element	Overview: Facilitator Talking Points	Discussion Questions
Foundational Element 1: Employee Empowerment & Commitment		
Facilitator Talking Points:		
<ul style="list-style-type: none"> To achieve a culture of quality, all employees, from senior leadership to frontline staff, have infused QI into the way they do business. Employees continuously consider how processes can be improved, and innovation is the norm. QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature. To enable this, employees need access to QI and job training, clear expectations around job performance and QI, meaningful feedback systems, reliable work processes and resources to perform job duties and implement QI, and delegated authority to take action to improve performance 		
1.1 Enabling Performance	<ul style="list-style-type: none"> Enabling performance is about ensuring staff have sufficient resources, reliable work processes, and a supportive work environment to engage in QI and be successful. 	<ul style="list-style-type: none"> Have we clearly articulated expectations around QI across all staff? Do staff have access to needed resources to do their jobs? To learn and implement QI? Are skilled QI and other job related mentors available to staff? Have staff been given a voice in the agency's QI process (e.g. nominate or select projects? Authority to make improvements)?
1.2 Knowledge, Skills & Abilities (KSAs)	<ul style="list-style-type: none"> This sub-element is about assessing QI and public health KSAs, implementing plans to address gaps, and provision of training and resources to grow staff KSAs. 	<ul style="list-style-type: none"> To what extent are our workforce development processes and plans addressing gaps in performance and workforce competencies and KSAs? Are sufficient employee performance tracking or appraisal processes in place to support meaningful growth? Are sufficient QI and other workforce training opportunities and resources readily available to all staff?

Foundational Element 2: Teamwork & Collaboration

Facilitator Talking Points:

- Transforming organizational culture is an organization-wide effort requiring teamwork and collaboration. QI project teams should routinely be formed to brainstorm, solve problems, implement QI projects, and share lessons learned.
- Organizations should be skilled at quickly forming effective teams, as needed.
- Collaboration and use of learning communities among divisions and programs must also exist to share knowledge, standardize processes and ultimately break down silos that may exist throughout the organization.

2.1 Team Performance

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| | <ul style="list-style-type: none"> • The creation and use of high performing teams in an agency is essential to quality. • This sub-element looks at the functionality and accountability of QI teams and work teams. | <ul style="list-style-type: none"> • Do teams have processes in place to support success (e.g. effective communication mechanisms, opportunities to meet, methods for tracking goals)? • What accountability mechanisms are in place to ensure that teams meet their goals? • Are QI teams being held accountable and prioritized in daily work? |
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2.2 Learning Communities

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| | <ul style="list-style-type: none"> • To further a quality culture, it is critical to collaborate where appropriate and share knowledge and lessons learned between individuals, teams, and even organizations. • Improvements resulting from QI projects in one department should be spread throughout the agency, breaking down silos. | <ul style="list-style-type: none"> • What formal or informal mechanisms exist for staff to collaborate and share successes and lessons learned across teams? • What external opportunities are staff engaged in to enhance knowledge and expertise around QI other job functions? |
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Foundational Element 3: Leadership

Facilitator Talking Points:

- Leadership's commitment is vital for the success and sustainability of a QI culture. The Health Official and senior leaders should initiate and lead the process for transformational change, dedicate financial and human resources to QI, communicate progress, and exhibit lasting support for QI.
- All leaders, including anyone who directs the work of others, are critical to executing the QI directions and actions as they must address both the resourcing and technical side of change (e.g., building the infrastructure, processes, and systems needed for effective QI) and the human side of change (e.g., alleviating resistance, maintaining transparency, meeting training needs, attaining team support).

3.1 Culture

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| | <ul style="list-style-type: none"> • This sub-element assesses the degree to which leaders are actively creating an agency environment conducive to QI. | <ul style="list-style-type: none"> • Has leadership defined and communicating a clear and inspiring vision for QI and its urgency? • Has QI been integrated into agency policy, plans, and procedures? • How do leaders model behaviors in support of QI, as they expect from staff? |
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3.2 Resourcing & Structure	<ul style="list-style-type: none"> • A critical role for leaders is to seek out and provide resources and structures to support, drive, and sustain QI in the agency. 	<ul style="list-style-type: none"> • Does the agency have sufficient funding and resources allocated for QI? • Does the agency have a high functioning QI Committee? • Do leaders have the necessary KSAs necessary to drive and sustain QI?
<p>Foundational Element 4: Customer Focus</p> <p>Facilitator Talking Points:</p> <ul style="list-style-type: none"> • External customers are the most important part of why organizations exist and service to them is a core tenet of quality. High performing organizations use a deep understanding of customer values to drive decision making. • Services offered should be customer driven and continuous assessment of customer values and satisfaction should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction. 		
4.1 Understanding the Customer	<ul style="list-style-type: none"> • This sub-element assesses the degree to which the agency collects and uses data on customer values, needs, and satisfaction to drive decision-making and continuous improvement. 	<ul style="list-style-type: none"> • Do we have any agency-wide system for collecting customer satisfaction data? • What processes are in place to understand customer values and needs in our programs and services? • To what extent is customer input and satisfaction data used to drive improvement efforts?
4.2 Satisfying the Customer through the Value Stream	<ul style="list-style-type: none"> • Use of value streams, i.e., the detailed end-to-end processes necessary to deliver a program or service, to increase customer satisfaction • Value stream maps include the major process steps, informative data, how information flows, and a timeline for delivering programs and services. 	<ul style="list-style-type: none"> • Do staff understand the concept of value streams? • Are specific efforts undertaken to identify and improve steps in processes that most impact customer satisfaction?
4.3 Reprioritizing and Creating Programs and Services	<ul style="list-style-type: none"> • Customer data, input, and values should be taken into consideration when reprioritizing and/or creating new programs and services. 	<ul style="list-style-type: none"> • What processes does the agency use to understand and project emerging public health trends in the community? • To what extent does the agency adapt or realign current programs and services to address emerging or future public health issues? • When developing new programs and services, are customer needs and internal/external factors used to inform the design and delivery?

Foundational Element 5: Quality Improvement Infrastructure

Facilitator Talking Points:

- To achieve a culture of quality, and organization must have the systems and structure in place to support QI. QI must be aligned with the organization’s mission, vision, and strategic plan and linked to organizational and individual performance. The following are components of a strong QI infrastructure:
 - QI Governing Body which governs the agency’s quality program, overseeing the implementation of the QI plan and/or PM system, supporting individual QI projects, reviewing performance data and reporting progress, and recommending next steps.
 - PM System provides a framework for measuring, monitoring, and reporting progress toward strategic organization, division, and program goals and objectives. It provides a structured, data-driven approach to identifying and prioritizing necessary QI projects.
 - QI planning processes outline the agency’s QI goals and objectives, providing direction and structure for QI efforts.

5.1 Strategic Planning	<ul style="list-style-type: none"> • This sub-element assess the degree to which the agency engages in a 3-5 year strategic planning process that is implemented and monitored for success against strategic goals. • The strategic plan should be linked to QI activities. For example, strategic goals that are not being met should be prioritized as QI projects. 	<ul style="list-style-type: none"> • Do we have a strategic planning process which results in a strategic plan which engages stakeholders and considers internal and external factors? • To what extent is the strategic plan being implemented and monitored? • What processes are in place to link department-wide programs and services to strategic goals?
5.2 Performance Measurement and Use of Data	<ul style="list-style-type: none"> • Performance data is the backbone of QI. The performance management system should be established to identify metrics and standards against which performance is monitored. • A mix of process, output, and outcome metrics are used to understand effectiveness of programs and services and more readily identify targeted areas for improvement. • Performance standards and targets are set to assess against metrics using sources like national or state standards (e.g. HP2020), past agency performance, or peer agencies. 	<ul style="list-style-type: none"> • Is there an effective agency-wide process for developing meaningful performance metrics in all programs, services and departments? • Are these metrics cascaded both horizontally (e.g. are all departments tracking cross-functional metrics like finance and HR) and vertically (e.g. do performance metrics in operational work plans link up to department and agency level plans or the strategic plan?)? • Are staff held accountable for collecting, storing, analyzing, and reporting data in accordance with a standard reporting schedule? • Do all department, programs, and services monitor and report their performance against established standards and indicators? • Is there a formal process in place to report performance throughout the department and to external stakeholders?

	<ul style="list-style-type: none"> • Data sources are defined for all metrics and responsible staff regularly collect data using an effective information system for storing and analyzing data (e.g. performance dashboard). • A schedule for frequency of data reporting to relevant stakeholder is followed. 	
5.3 Annual Quality Improvement Planning	<ul style="list-style-type: none"> • A QI planning process should be adopted by an agency to ensure that progress is being made toward a QI culture through an adopted QI plan. • This assessment data will inform strategies for inclusion in the QI plan. 	<ul style="list-style-type: none"> • Are opportunities for improvement, including QI projects, identified from performance data? • Is there a formal QI planning cycle resulting in a QI plan with actionable goals & objectives that is being implemented and monitored? • Does assessment data inform goals and objectives in the QI plan? • Do we hold ourselves accountable to implementing the QI plan?
5.4 Administrative and Functional Processes and Systems	<ul style="list-style-type: none"> • This sub-element assesses the administrative processes and systems in place in the agency to support and drive QI (e.g. Finance, IT, HR). • Administrative teams understand both the internal and external agency customer needs and monitor their own performance. • Their work impacts the entire organization and, therefore, it is critical for these teams to understand QI and support organization wide process improvements. 	<ul style="list-style-type: none"> • Do administrative teams measure performance? Do they understand and meet internal and external customer needs? • Are our administrative departments engaged in QI? • Do the agency's IT systems meet performance improvement needs?

Foundational Element 6: Continual Process Improvement

Facilitator Talking Points:

- Continual Process Improvement (CPI) is a never-ending quest to improve organizational work process performance. Performance is improved through the systematic application of proven QI methodologies that engage work team members in developing permanent changes to processes to reduce waste, improve quality of services, and increase customer satisfaction.
- CPI provides a framework for conducting QI projects in any work process, in any area of an organization. It enables auditing how well an organization is applying project-based problem solving to drive improvement. And as an organization’s QI culture advances, CPI becomes increasingly embedded into daily improvement activities as part of normal work in addition to being applied through formal QI projects, resulting in broader and more rapid process improvement

6.1 Selecting and Applying QI Methods

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| <h3>6.1 Selecting and Applying QI Methods</h3> | <ul style="list-style-type: none"> • This sub-element assesses the utilization of QI methods to diagnose problems, and develop measurable improvements throughout the QI project cycle. QI practitioners are able to identify the most relevant QI tools for specific issues (e.g. process maps, RCA, Pareto chart, interrelationship diagram) • QI methods are correctly applied and frequently result in measureable improvements. • Staff are coached on use of various QI tools to implement in their daily work. | <ul style="list-style-type: none"> • Are formal, defined QI methods being properly used in QI projects and daily work? • Do those implementing QI projects understand when and how to apply various QI methods? • Are QI projects resulting in improvements? |
| <h3>6.2 Planning for process improvements</h3> | <ul style="list-style-type: none"> • This sub-element assesses the degree to which we effectively follow steps in the “Plan” phase of the Plan-Do-Study-Act cycle. This includes the following: <ul style="list-style-type: none"> ○ Clearly defined improvement objectives and Aim statements which are specific and measurable? ○ Examination of current work process to determine root causes. For example, through the use of baseline data, flowcharts, or other Root Cause Analysis methods prior to diagnosing and solving problems? | <ul style="list-style-type: none"> • Do QI projects all have clearly defined aim statements with baseline data? • Are processes related to the Aim statement closely examined to inform Root Cause Analysis • Are potential improvements to be tested identified based on RCA and are best practices considered? • Do all QI projects clearly define a ‘test’ plan to determine whether improvements are made? |

6.2 Planning for process improvements

	<ul style="list-style-type: none"> ○ Identification of best practices used to inform potential improvements and analysis of unintended disruptions or inefficiencies that may arise. ○ Detailed plans for testing the selected intervention which state the hypothesis, timeline, data collection methods, and staff roles. 	
6.3 Testing Proposed Solutions	<ul style="list-style-type: none"> ● This sub-element closely related to the ‘Do,’ ‘Study,’ and ‘Act’ phases of the PDSA cycle. ● It is about systematically testing and validating proposed solutions prior to implementation, in order to build knowledge and increase the likelihood of success. For every QI project: <ul style="list-style-type: none"> ○ Potential improvements are tested on a small scale in the real environment according to a test plan and results, observations, problems are documented. ○ Results are compared to baseline data and gaps between predicted and actual results are studied and documented ○ Proposed solutions are either scaled up or standardized, i.e. adopted; adapted with a revised test; or abandoned. 	<ul style="list-style-type: none"> ● To what extent are potential interventions tested according to plans and within the real environment? ● Are tests done on a small scale and gradually scaled up once improvement are demonstrated? ● Are data used to implement next steps that ensure improvements are made or sustained?
6.4 Extracting Lessons Learned	<ul style="list-style-type: none"> ● This sub-element assesses the degree to which we formally and deliberately capture, share, and use knowledge and lessons learned to accelerate continuous improvement. ● Examples of this include staff deliberately seeking out knowledge to improve programs, services, or other aspects of daily work; Reflecting and capturing lessons learned from tested improvements (either from a QI project or general 	<ul style="list-style-type: none"> ● Do we have a culture of learning where staff regularly seek out knowledge? ● Are knowledge, innovations, and solutions are regularly sought after and applied? ● Are lessons learning are routinely shared throughout the agency?

	<p>improvements); and the use of lessons learned for continuous improvement.</p> <ul style="list-style-type: none"> • A common public health example of this is After Action Reports in emergency preparedness 	
6.5 Sharing Best Practices	<ul style="list-style-type: none"> • Identifying, developing, sharing, and replicating best-known methods and solutions to stabilize and accelerate improvement. 	<ul style="list-style-type: none"> • Does the agency regularly seeks out evidence base and best practices across programs, services, and administrative functions?
6.6 Effectively Installing Standardized Work	<ul style="list-style-type: none"> • Documenting and deploying standard methods of how work gets done so it can be effectively used to decrease variation and enable continual process improvement. 	<ul style="list-style-type: none"> • Does the agency have evidence based standard operating procedures across programs, services, and administrative functions? • Are staff sufficiently trained in these procedures?
6.7 Process Management, Results and Continual Improvement	<ul style="list-style-type: none"> • This sub-element assesses whether the agency effectively measures, manages, and continuously improves work process performance over time. • Employee and customer feedback should drive these improvements 	<ul style="list-style-type: none"> • Does the agency have evidence based standard operating procedures across programs, services, and administrative functions? • Are staff sufficiently trained in these procedures?

IMPLEMENTING THE QI SAT TRANSITION STRATEGIES

QI Action Plan Template

Instructions: Using the transition strategies selected from the QI self-assessment process, adapt this action plan template to identify SMART objectives, tactics, staff leads, timelines, and performance measures for each strategy. This action plan should be a part of the agency QI plan.

Foundational Element:					
Sub-element:					
Transition Strategy:					
Tactic	Staff	Timeline	Documentation	Process Metrics	Outcome Metrics
SMART Objective 1.1:					
Tactic	Staff	Timeline	Documentation	Process Metrics	Outcome Metrics
SMART Objective 1.2:					