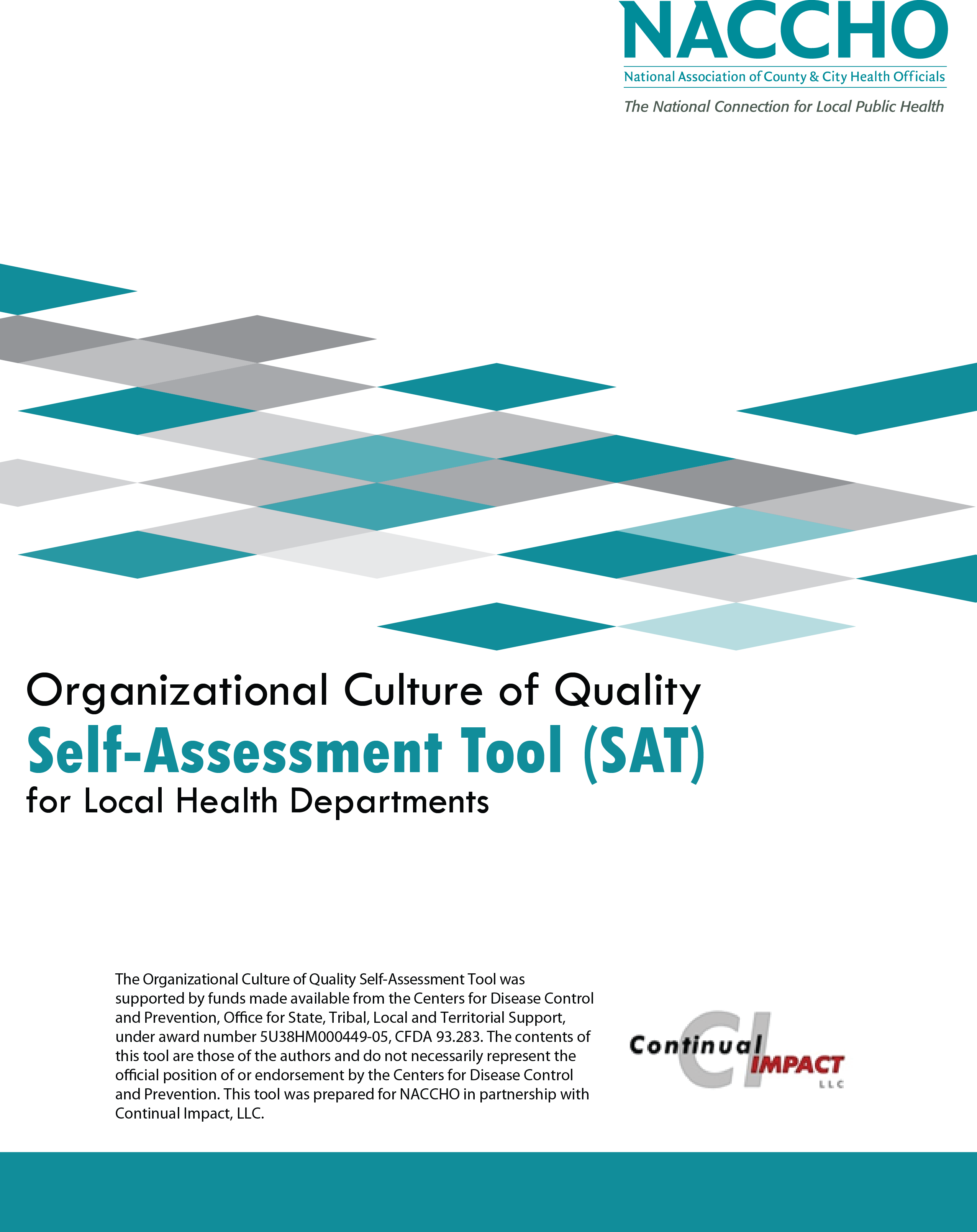
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Background

Local health departments (LHDs) operate in a dynamic, continually changing environment with new public health challenges emerging every day. In recent years, quality improvement (QI) has been introduced to, and embraced by, LHDs as a means to achieve efficiencies and improve quality of programs and services. Beyond discrete process improvements, achieving and sustaining an organization-wide culture of quality is necessary to continually develop and sustain improvements, demonstrate return on investment, and ultimately impact health outcomes. The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. Organizational culture is the very essence of how work is accomplished; it matures over several years, during which norms are passed on from one “generation” of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time.

While a culture of quality is commonly recognized as an ultimate goal, what a culture of quality looks like and how to achieve it remains ambiguous. 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. This SAT is designed for all LHDs, regardless of organization size or current state of organizational culture and is aligned with the Public Health Accreditation Board (PHAB) requirements and other national initiatives.

What is the Organizational Culture of Quality Self-Assessment Tool?

The SAT enables LHDs to measure organizational maturity within critical aspects or elements of a culture of quality and identify next steps for transformational change. This tool benefits beginner, intermediate, and advanced LHDs by providing a baseline assessment of QI maturity, revealing opportunities for improvement, and informing a trajectory for next steps to reaching a culture of quality.

The SAT has three main components:

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

The SAT is based on [NACCHO’s Roadmap to a Culture of Quality](http://qiroadmap.org/) (The Roadmap). The Roadmap provides high level guidance on progressing through six phases toward a quality culture, presenting common organizational characteristics and strategies for transitioning to the next phase. Each phase is built around six foundational elements critical to building a culture of quality. The SAT is also organized by these six foundational elements and then further sub-divided into 20 sub-elements. These foundational elements and sub-elements address all the people, systems and structures — throughout all areas of an organization— that are foundational to developing a culture that values, models, and promotes continuous quality improvement. Both tools were developed and pilot tested, respectively, with LHDs and subject matter experts. **Table 1** below lists the six foundational elements and the 20 sub-elements in the SAT.

**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 |

**Related National Performance Improvement Tools: Selecting the Right Tool for You**Similar to this SAT, there are other existing resources for assessing various aspects of organizational culture. This section describes some of these tools and compares and contrasts each tool with the NACCHO SAT.

* [The Roadmap to a Culture of Quality](http://qiroadmap.org/)  – As mentioned above, the NACCHO SAT is based on six foundational elements of a culture of quality outlined in the Roadmap. The Roadmap provides a high level assessment against each of these elements, providing a basic understanding of the organization’s maturity along six phases toward a culture of quality. Each of the six phases offers high level transition strategies and resources to progress to the next phase. The SAT provides a more in-depth assessment of organizational culture based on the 20 sub-elements presented in **TABLE 1** above. Both tools assess the breadth of the components of a culture of quality; however those that lack the time and resources to complete the in-depth SAT would benefit from the Roadmap to provide a high level, but comprehensive assessment.
* [The Turning Point Self-Assessment Tool](http://www.phf.org/programs/PMtoolkit/Pages/Turning_Point_Performance_Management_Refresh.aspx) – This tool is a part of the Turning Point Performance Management Collaborative materials and is designed specifically for public health organizations to assess the extent to which the following components of a performance management system (PM system) are in place: 1) Visible Leadership; 2) Performance Standards; 3) Performance Measures; 4) Reporting Progress; and 5) Quality Improvement. While the Turning Point tool focuses on just the organization’s PM system, the NACCHO SAT assesses overall agency culture, of which a PM system is a part. Some of the content in *Element 5: QI Infrastructure* of this SAT overlaps with the content in the Turning Point tool, as performance management is essential to building a data driven infrastructure that supports a culture of quality. The Turning Point tool is ideal for those interested in focusing on assessing the organization’s PM system only.
* [The QI Maturity Tool](http://www.naccho.org/topics/infrastructure/accreditation/upload/QI-Maturity-Tool-version-5.docx) – This is a validated 29-item assessment instrument covering three overarching domains: 1) QI Culture; 2) Capacity & Competency; and 3) Alignment and has a series of underlying dimensions that correspond to factors in the literature where there is a strong consensus about their relationship to the adoption and spread of change, and the cultivation of a QI culture. The tool was designed to identify features of an organization that may enhance or impede QI approaches; to monitor the impact of efforts to create a more favorable environment for to succeed; and to define potential cohorts of public health agencies with respect to their level of QI sophistication.

The NACCHO SAT was intentionally designed to provide public health organizations with an in-depth assessment of the organizational culture of quality, along with corresponding strategies for improvement. It is important to note that although more comprehensive, it does require more time and resources to complete. Organizations should carefully consider their goals and available resources for the completion of a self-assessment prior to selecting a particular framework or tool.

**The Importance of an Organizational Culture Assessment**

Regular and systematic use of the SAT by LHDs is intended to accelerate the development of a culture of quality by providing an understanding of what such a culture looks like and key actions that enable its creation. Such advancement of a quality culture should enable LHDs to serve their communities more effectively and efficiently. The discussion generated by completing the SAT provides significant insights into organizational performance and alignment of organization-wide initiatives. Communicating the results can help clarify organizational direction and provide a common basis and language for collective sharing and learning. Additionally, by accelerating the development of a culture of quality, the SAT can be an important tool in helping an LHD achieve and maintain PHAB accreditation status.

**When Should the SAT be Utilized?**

The SAT can be used anytime an LHD wishes to analyze their organization’s culture for gaps in quality and build plans for addressing those gaps. This is generally best done in conjunction with an annual QI planning cycle where selected strategies for developing the culture of quality can be prioritized along with other inputs such as customer satisfaction feedback and organizational performance data. Separately, specific aspects of the SAT content can be used for guidance on implementing QI projects (e.g. *Foundational Element 6: Continuous Process Improvement* describes the components of an effective Plan-Do-Study-Act (PDSA) problem solving cycle).

**Who Should be Involved in the Assessment?**

The SAT is primarily a planning tool, therefore completion of the SAT should be driven and supported by the organization’s leadership (e.g., Health Director, Executive Team) and the QI Leadership Team (e.g. QI Council, QI Leader/Coordinator), and completed with input from staff. While the accountability for completion and use is with leadership, portions of the SAT can be delegated to appropriate individuals within the organization whose knowledge and experience enable them to effectively complete those portions. A few suggested options to organize leadership and staff around completing the SAT are presented below:

1. **All participants complete the SAT together.** This involves scheduling one or more meetings where the Health Director, QI Leader(s), and/or QI Leadership Team engage appropriate staff, ideally with broad representation from all divisions and levels of the agency. This method is the most participatory and generally allows for greater discussion and buy-in, however may take longer than other approaches.
2. **Sub-Elements are completed separately and then results are combined and reviewed.** The Health Director, QI Leader(s), or QI Leadership Team may assign appropriate individuals or teams to complete portions of the SAT, and then bring all those pieces together. The benefit of this approach is that sub-elements can be completed by the most appropriate individuals without the constraints of scheduling a mutual time. A downside is that discussion is typically more difficult because individual results may not be readily understood by those combining, reviewing, and drawing conclusions.
3. **An individual (Health Director or QI Leader) completes the SAT and others review.** This approach tends to be the fastest but also the least participatory. To be effective, it requires that the individual completing the SAT has effective knowledge of all relevant aspects of the organization to make valid and accurate assessments. With this approach it is recommended that the results be reviewed and commented on by the QI Leadership Team and representatives from key areas of the organization, as appropriate.

Leaders at all levels of the organization should be actively engaged in communicating and driving improvement efforts that result from completing the SAT, and incorporate results into agency planning efforts (e.g. QI Plan, strategic plan). Anyone in the organization can and should use content within the SAT for learning and guidance, especially QI project leaders and teams.

**What Is Needed to Complete the Assessment?**

Access to the following will assist in the completion of the SAT:

* Previous year’s completed SAT Scoring Summary (if available)
* QI Plan
* Optionally printed:
  + SAT Diagnostic Statements
  + Transition Strategies
  + Blank Scoring Summary
  + Glossary of Terms

**Instructions for Completing the SAT**

### *Assess*. Read the *Diagnostic Statements* and select a score of 1-6 for each statement in the 20 sub-elements.

### *Score.* Average all scores in each sub-element and record it in the [*Scoring Summary Sheet*](http://www.naccho.org/topics/infrastructure/accreditation/upload/SAT-Scoring-Summary-Final.xlsx)*,* along with the evidence for selecting the score. Once sub-elements scores are inputted into the scoring summary, an overall score for each foundational element will self-populate. Once all foundational elements are scored, a total score will populate at the bottom of the scoring summary sheet. This total score corresponds to the appropriate phase on the NACCHO Roadmap.

### *Identify Strategies*. 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 and record them on the [*Scoring Summary Sheet*](http://www.naccho.org/topics/infrastructure/accreditation/upload/SAT-Scoring-Summary-Final.xlsx). 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.

### *Prioritize Gaps*. Prioritize the foundational element(s) and sub-element(s) to improve upon by either selecting the lowest scoring sub-element(s), or by prioritizing the sub-element(s) based on factors such as existing resources, feasibility, and impact, etc.

### *Prioritize Strategies*. Prioritize transition strategies to implement for the selected sub-element(s) using a formal or informal prioritization technique. See below for additional guidance on prioritization.

1. ***Select Strategies***. As appropriate, record the high priority strategies in the [***Scoring Summary Sheet***](http://www.naccho.org/topics/infrastructure/accreditation/upload/SAT-Scoring-Summary-Final.xlsx) and select the highest priority strategies for implementation. Select as many transition strategies as deemed appropriate, per organizational strategic and QI planning efforts. *Note:   
   This resource does not provide a comprehensive list of strategies and should serve as a general guide to building a quality culture.*
2. ***Develop an Action Plan***. Draft an action plan to describe how the selected strategies will be implemented. The action plan for each strategy should include the steps to implement the strategy, when they will be complete, responsible staff, and a measure of success, if applicable (e.g., % of trained employees). See **Table 2** below for an example action plan. *Note:* *This should be aligned with and incorporated into agency strategic and QI planning efforts.*

**Prioritization Matrix**

#### Detailed steps for using a Prioritization Matrix are below.

#### Select Criteria. Choose two broad criteria that are currently most relevant to the agency (e.g. importance, urgency, cost, impact, need, feasibility). Strategies will be evaluated against how well these criteria are met. The example matrix uses ‘Impact’ and ‘Feasibility’ as the criteria.

#### Create a Matrix. Set up a grid with four quadrants and assign one broad criteria to each axis. Create arrows on the axes to indicate ‘high’ or ‘low.’

**Priority**

**#1**

**Priority**

**#2**

**Priority**

**#3**

**Priority**

**#4**

*Low 🡪 High*

*Feasibility (time, cost, resources)*

*Impact on Org Mission/Goals*

*Low 🡪 High*

#### Label Quadrants. Based on the axes, label each quadrant as either ‘High Impact/High Feasibility,’ ‘High Impact/Low Feasibility,’ ‘Low Impact/High Feasibility,’ ‘Low Impact/Low Feasibility.’

#### Categorize & Prioritize. Place all transition strategies in the appropriate quadrant based on the quadrant labels. Prioritize implementation of the strategies in the Priority #1 quadrant.

For additional prioritization techniques, see NACCHO’s [Guide to Prioritization Techniques](http://www.naccho.org/topics/infrastructure/accreditation/loader.cfm?csModule=security/getfile&amp;pageid=215301).

**Table 2: Example Action Plan**



**Guidance for SAT Use**

Consider the following when completing the SAT:

* Completing the SAT will take approximately 3-8 hours depending on the size, complexity, and QI history of the organization. Subsequent assessments will likely take less time.
* Use the evidence column in the [***Scoring Summary Sheet***](http://www.naccho.org/topics/infrastructure/accreditation/upload/SAT-Scoring-Summary-Final.xlsx) to clearly record why a phase was selected. It is useful to understand the reasoning for a specific score, especially when reviewing it in the future such as during the next QI planning cycle.
* The Foundational Elements and Sub-Elements do not build on one another (e.g., Element 1 does not need to be completed before Element 2; and Sub-Element 1.1 does not need to be completed before Sub-Element 1.2).
* Transition strategies within sub-elements build upon each other, i.e., strategies in lower phases are foundational for implementing those in higher phases. When identifying strategies to transition to the next phase (e.g., Phase 3🡪4), be sure to also look at the previous phase transition strategies (Phase 2🡪3) to ensure that appropriate strategies have been implemented.
* It is common for organizations to be stronger in some Foundational Elements over others. Organizations may select one element to focus improvement efforts, or to work toward improvement in more than one element at a time. For example, if Leadership Commitment is greatly lacking to the point where resources are not appropriately allocated to working on QI, an organization may choose to focus most efforts on gaining leadership commitment prior to addressing the other elements.
* For organizations new to QI, focus initially on the transition strategies in the following sub-elements: 1.2: *Employee Knowledge, Skills, and Abilities*; 3.1: *Culture*; and 3.2: *Resourcing and Structure*.

**NACCHO Culture of Quality Self-Assessment Tool  
Diagnostic Statements**

**FOUNDATIONAL ELEMENT 1: EMPLOYEE EMPOWERMENT AND COMMITTMENT**

Overview

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 achieve this state, employees must be enabled by providing access to the following:

* Information about the organization and its work processes that enable understanding and use in QI
* Clear expectations around organizational goals, work units and individuals including the need for involvement in QI; feedback systems that allow everyone to understand and acknowledge the progress of the organization, work units, and individuals
* Reliable work processes and resources that enable an individual to perform
* Support in developing the QI and work related knowledge, skills, and abilities to succeed
* Delegated authority to make decisions and take action to improve their performance

Sub-Elements

Employee Empowerment and Commitment includes two sub-elements:

**1.1 Enabling Performance –** Enabling the success of all employees by creating reliable work processes, a supportive work setting, and resources.

**1.2 Knowledge, Skills and Abilities –** Developing the knowledge, skills, and abilities needed for a high performing organization.

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **Core competencies:** The key knowledge, skills and abilities required to succeed in performing a role
* **Standardized Work:** Documented methods which define how work is done and reflect the current best-known way to do something. Standardized work is documented in a way that enables employees to perform tasks, resulting in decreased variation and a basis for continual process improvement.
* **Work Team:** A team formed around a work process or function, and is typically in place over a sustained period of time.
* **QI Project Team:** A team formed to execute a project using a QI process, and typically in place over a relatively short period of time sufficient to complete the QI project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding enabling employees for success in the organization.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Creating Expectations and Getting Feedback** |  |  |  |  |  |  |
| Defined job and QI related roles and expectations are understood by employees. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employees use performance measures and targets for problem solving and improvement in their work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employees receive effective feedback on job performance on a regular basis. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| QI related goals are incorporated into the performance appraisal process. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employees are acknowledged and/or rewarded for their contributions and successes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Providing Resources** |  |  |  |  |  |  |
| Employees have the necessary resources (information and materials, supplies, IT infrastructure) to successfully perform their role. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| All employees have access to a skilled practitioner (e.g., supervisor, mentor) to get help on required work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Empowering Individuals and Teams** |  |  |  |  |  |  |
| Leadership provides employees the authority to make decisions and take action to improve their own work processes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Defined processes are used for addressing problems related to quality. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| All employees have the opportunity to identify and nominate improvement activities and formal QI projects. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

Foundational Element 1: Employee Empowerment and Commitment

**Sub-Element 1.1: Enabling Performance**

[Click here to access transition strategies for *Sub-Element 1.1: Enabling Performance.*](#TS11)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the development of the knowledge, skills, and abilities needed for developing employees’ capacity.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Assessment and Identification of Gaps** |  |  |  |  |  |  |
| The organization has identified a core set of QI related knowledge, skills and abilities (KSAs) in which each employee will become competent. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| The organization has identified a core set of public health and other job related competencies or KSAs in which each employee will become competent. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| The organization assesses employees’ QI, public health, and other job related KSAs to identify gaps. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Development and Execution of Plans to Close Gaps** |  |  |  |  |  |  |
| Gaps identified during assessment of job specific and QI specific KSAs are incorporated into workforce development and QI plans. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Individual employee development plans are established and tracked for progress to improve KSAs. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employees are provided training and resources in areas identified in individual development plans. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| A standard process of orienting and training new employees to job specific and QI specific KSAs is in use. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Materials and Methods to Develop KSAs** |  |  |  |  |  |  |
| A variety of training methods and resources are used to develop the KSAs (e.g. training, mentoring, seminars, new assignments and responsibilities). | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employees have the opportunity to practice implementation of skills after trainings. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| An inventory of training materials and methods is available for use. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Training materials used have demonstrated effectiveness in increasing KSAs. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

Foundational Element 1: Employee Empowerment and Commitment

**Sub-Element 1.2: Knowledge, Skills, and Abilities**

[Click here to access transition strategies for *Sub-Element 1.2: Knowledge, Skills, and Abilities.*](#TS12)

**FOUNDATIONAL ELEMENT 2: TEAMWORK AND COLLABORATION**

Overview

Transforming organizational culture is an organization-wide effort that cannot be accomplished without teamwork and collaboration. Teams should routinely be formed to brainstorm, solve problems, implement QI projects, and share lessons learned. Organizations should be skilled at quickly forming up teams that have clear goals, alignment among the members, clear roles and responsibilities, efficient team processes (e.g. action planning), effective decision making, conflict resolution, and that use the skills and knowledge of all team members. 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.

Sub-Elements  
Teamwork and Collaboration include the following components:

**2.1 Team Performance –** The ability of the organization to create high performing teams

**2.2 Learning Communities –** Sharing of knowledge between individuals, teams, and organizations.

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **QI Project Team:** A team formed to execute a project using a QI process. Typically in place over a relatively short period of time sufficient to complete the QI project.
* **Work Team:** A team formed around a work process, function or area. Typically in place over a sustained period of time.
* **Team:** Any team formed to carry out a specific function, task, or work process – including both QI project teams and work teams.
* **SMART Objectives:** A strategic planning method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats and determine strategic objectives. Strengths: Characteristics of the business or project that give it an advantage over others; Weaknesses: are characteristics that place the team at a disadvantage relative to others; Opportunities: elements that the project could exploit to its advantage; Threats: elements in the environment that could cause trouble for the business or project. This analysis associates the internal and external data to develop strategies.
* **Learning Community**: A group formed to advance the collective knowledge around a particular topic area in a way that supports the growth of knowledge among individual members of the group. Learning communities often include members that exhibit a diversity of skills, experience, and expertise; have an objective of continually advancing collective knowledge, skills, and abilities; and support mechanisms for sharing what is learned.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the ability of the organization to create high performing teams.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Vision, Values and Goals** |  |  |  |  |  |  |
| Team goals are defined, understood, and agreed upon by all team members. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Key milestones of the team are clearly defined and understood by members. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Expectations for team performance are established, including SMART objectives, and measures and targets for success. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team members conduct themselves consistent with a set of core team values. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team members effectively resolve conflict and differences in opinion. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Roles and Relationships** |  |  |  |  |  |  |
| Team members are selected based on the KSAs needed to accomplish the team’s goals and objectives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Roles and requirements in the teams are clearly understood. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team members’ KSAs are fully used by teams. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team members demonstrate respect for each other regardless of position. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Procedures and Performance** |  |  |  |  |  |  |
| Teams use data to solve problems and overcome barriers. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team performance is regularly tracked for progress and accomplishments. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Teams meet (in-person or virtually) on a regular basis. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Team members have effective methods for communicating. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Teams complete tasks and meet commitments. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 2: Teamwork and Collaboration

**Sub-Element 2.1: Team Performance**

[Click here to access transition strategies for *Sub-Element 2.1: Team Performance.*](#TS21)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *Rate the following statements regarding the sharing of knowledge between individuals, teams, and organizations.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Awareness and Use of Learning Communities** |  |  |  |  |  |  |
| Employees seek out opportunities to participate in QI related external learning communities (local, state or national level). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Opportunities to participate in internal learning communities to build QI knowledge and skills exist. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Opportunities to participate in topical learning communities to build other job related knowledge and skills exist (e.g. meeting facilitation, partnership development) | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employees apply knowledge acquired from learning communities within the organization’s improvement efforts. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Sharing and Collaboration** |  |  |  |  |  |  |
| The sharing of information, improvements, ideas, problems and experiences is encouraged and expected. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A variety of methods for sharing and collaboration (e.g. QI project storyboards, visual displays of work processes, topical “lunch and learn” sessions) are used among employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Available technology is used to facilitate sharing and collaboration (e.g. instant messaging, net meeting, e-mail groups, share sites and social media groups). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Findings and lessons learned from various venues (e.g., conferences, trainings, literature, state and national resources, non-public health, learning communities) are routinely shared among employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A central location for housing information, lessons learned, improvements, and ideas related to quality is consistently utilized. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 2: Teamwork and Collaboration

**Sub-Element 2.2: Learning Communities**

[Click here to access transition strategies for *Sub-Element 2.2: Learning Communities.*](#TS22)

**FOUNDATIONAL ELEMENT 3: LEADERSHIP**

Overview  
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, anyone who directs the work of others, are critical to executing the QI directions and actions. Without leadership commitment, progress will diminish and likely result in relapse to the previous state.

One vital role for leaders is change management. Defined as a structured approach to transitioning an organization from a current state to a future desired state, change management must be deliberately used to address challenges throughout the change process. When integrating quality into the culture, leaders can use change management concepts and strategies to address both the resourcing and structure side of change (e.g., building the infrastructure, processes, and systems needed for effective QI) and the cultural side of change (e.g., alleviating resistance, maintaining transparency, meeting training needs, attaining team support).

Sub-Elements  
The following are components of strong leadership:

**3.1 Culture** – Leaders actively establish the environment, personally model the behaviors, and lead the transformation to a culture of quality.

**3.2 Resourcing & Structure** – Leaders providing the resources and team structure to drive quality throughout the organization.

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **Leadership Training:** Leadership training provided to supervisors and managers. The training is focused on improving leaders in 4 areas: Managing Performance, Developing People, Improving Processes, and QI skills (goal setting, value and waste detection, measurement, extracting lessons learned, working with others, communication, action planning, information based problem solving, decision making, and teaching/coaching others).
* **Executive leaders** – The most senior leaders in the organization such as the Local Health Official, Administrator, Deputy Directors, etc.
* **Managers and Supervisors** - Anyone in the organization who directs the work of others, including directors, senior managers, middle managers, etc.
* **QI Leader:** The employee(s) responsible for ensuring the effective coordination or all QI initiatives in the organization. Example responsibilities often include developing expertise in QI, coordinating and/or facilitating QI trainings, planning QI leadership and project team meetings, facilitating QI team meetings. This employee often has FTEs dedicated to QI work (e.g., Performance Improvement Manager, QI coordinator).
* **QI Leadership Team:** A cross-cutting group of employees responsible for overseeing all QI initiatives. Responsibilities often include establishing QI goals, objectives, and measures; monitoring achievement of QI goals; approving and overseeing specific QI projects; and addressing barriers to QI implementation (e.g., QI Council).
* **Local Governing Entity –** The local health department’s designated governing entity whose members are appointed or elected to provide advisory functions and/or oversight of public health activities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *Rate the following statements regarding the degree to which organization leadership actively establish the environment, personally model the behaviors, and lead the transformation to a culture of quality.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Establishing the Environment** |  |  |  |  |  |  |
| All leaders routinely communicate the organization’s QI goals, employee expectations, and successes achieved. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A QI policy specifying QI expectations and structuring is adopted and adhered to. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Leaders and QI leadership team ensure that QI strategies are included in strategic and operational plans. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Leaders view maximizing the full capacity or potential of employees as essential to the success of QI. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Executive leadership routinely communicates about QI to the local governing entity (LGE), emphasizing QI importance and successes at the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Modeling Behavior** |  |  |  |  |  |  |
| All leaders display QI support by actively participating in improvement activities. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders routinely engage with their employees in their work area to understand issues, concerns, and improvement ideas. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders encourage QI participation, involvement and creativity of their employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders demonstrate the use of data in problem solving in a non-judgmental manner. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders use data to drive decision making at all levels of the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Coaching the Organization** |  |  |  |  |  |  |
| Leaders are adequately trained in QI concepts and methods to drive QI planning, participate in improvement initiatives, and effectively provide feedback. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders routinely review QI progress in team meetings, organization wide meetings, etc. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders address barriers and engage employees that are resistant to QI (e.g. eliminate fear or placing blame). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Organization leaders set the expectation that QI is a part of everyone’s job. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 3: Leadership

**Sub-Element 3.1: Culture**  
  
[Click here to access transition strategies for *Sub-Element 3.1: Culture.*](#TS31)

Foundational Element 3: Leadership

**Sub-Element 3.2: Resourcing and Structure**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding leadership provision of resources and structuring that drive QI throughout the organization.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Providing Resources** |  |  |  |  |  |  |
| Organization leaders and/or the LGE budget for organizational QI initiatives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| An appropriate number of FTEs are dedicated to support and sustain QI initiatives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| QI leaders and/or the QI leadership team are trusted and provided authority by executive leaders. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All leaders allow for employees to dedicate time to support QI initiatives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Necessary materials and resources are made available for improvement initiatives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Providing Structure** |  |  |  |  |  |  |
| A QI governance structure exists, including reporting relationships, defined roles and responsibilities, etc. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Necessary materials and logistics are provided for all improvement activities and projects. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| If feasible, successful QI leaders are incentivized with career opportunities, raises, and/or bonuses. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **QI Training & Development** |  |  |  |  |  |  |
| QI leaders and/or the QI leadership team are provided the training, skill development, and mentoring opportunities required to effectively lead the QI transformation, including improvement activities and projects. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Supervisors & managers are provided the training and skill development opportunities to effectively support improvement activities. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Leaders actively seek out and make available QI training opportunities and resources for employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 3.2: Resourcing and Structure.*](#TS32)

FOUNDATIONAL ELEMENT 4: CUSTOMER FOCUS

Overview

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 should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction. The improvement efforts for the service can be helped by examining the overall process (value stream) used to provide the service and by understanding how each step can impact the Customer. Development of new services should begin by understanding customer values and by building processes that deliver quality services.   
  
Sub-Elements  
Customer Focus includes the following components:

**4.1 Understanding the Customer** – Organization’s demonstrated use of customer values to drive decision-making and continuous improvement.

**4.2 Satisfying the Customer through the Value Stream** – Use of value streams, i.e., the detailed end-to-end processes necessary to deliver a program or service, to increase customer satisfaction

**4.3 Reprioritizing and Creating Programs and Services** – Use of customer values in reprioritizing and/or creating new programs and services.

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **Customer Perspective Measures:** Measures that represent how the customer would judge the product/service and their experience in using it
* **External Customer:** Those people that receive the LHD service (e.g., flu shots) or offering and whose success you are trying to immediately enable.
* **Internal Customer:** LHD members collaborating within a work process or with other partner organizations in order to deliver the service to the external customer.
* **Value Stream:** The high level (“40,000 ft. view”) of the flow of information and materials required to produce a product or service for a customer (typically within a single work unit or organization). Value Stream mapping and analysis is a fundamental method to identify opportunities for improvement. Value stream maps include the major process steps, informative data, how information flows and a timeline for delivering products or services.

Foundational Element 4: Customer Focus

**Sub-Element 4.1: Understanding the Customer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the organization’s demonstrated use of customer values to drive decision-making and continuous improvement.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Customer Data Collection and Analysis** |  |  |  |  |  |  |
| The organization regularly and systematically collects and analyzes data around customer values and needs. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization identifies, defines, tracks and uses measures of customer satisfaction. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Use of Customer Data** |  |  |  |  |  |  |
| The organization uses customer satisfaction data as part of its performance management and improvement planning processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization uses the data and measures of customer requirements and satisfaction to identify and implement work process improvements on existing offerings. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| There are effective systems for receiving, resolving and identifying root causes to customer problems. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Customer satisfaction is a central part of the organizations quality policies and quality system. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Culture** |  |  |  |  |  |  |
| Organizational leaders engage frequently with customers in the pursuit of feedback and insight. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employees are empowered to take appropriate corrective action on customer issues. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization involves customers in improvement activities and new offerings. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Information about customer values is understood and communicated throughout the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 4.1: Understanding the Customer.*](#TS41)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *Rate the following statements regarding the use of value streams, i.e., the detailed end-to-end processes necessary to deliver a program or service, to increase customer satisfaction.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** | |
| **Understanding the Value Stream** |  |  |  |  |  |  | |
| The organization understands the set of value streams or high level processes leading to a program or service for a customer (i.e. identifies how activities fit into the value stream). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| The value streams are defined to include inputs, outputs, individual processes and customer perspective measures of satisfaction. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| There is employee ownership of the value streams and the steps that are accountable for meeting customer expectations and continual improvement. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| The employees of the organization, and suppliers, understand the “big picture” of how customer value is created by the organizations’ processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| The organization identifies, defines, tracks and uses measures of customer satisfaction for each value stream. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| **Adding Value for Customers by Improving Value Streams** |  |  |  |  |  |  | |
| The organization assesses the value streams to identify overall needs for improvement in customer satisfaction as part of its improvement planning processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| Value streams are analyzed to see which steps have the most significant influence on customer satisfaction. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| Improvement projects to increase customer satisfaction are executed in the key steps of the value stream. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| Customer measures are understood by employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| **External Use** |  |  |  |  |  |  | |
| In conjunction with partners, the organization maps the *extended* value stream (the value stream including community partners and suppliers) and looks for gaps or overlaps. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |
| The organization has identified improvements in the targeted areas of the extended value stream as part of its improvement plans. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | |

Foundational Element 4: Customer Focus

**Sub-Element 4.2: Customer Satisfaction through Value Streams**

[Click here to access transition strategies for *Sub-Element 4.2: Satisfying the Customer through the Value Stream.*](#TS42)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the organization’s use of customer values to reprioritize and/or create programs and services.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Understanding Customers’ Future Needs** |  |  |  |  |  |  |
| The organization understands the future trends that will impact customers’ needs (e.g. customer demographics, funding constraints, health status, changes in the community). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization has identified and considered future customer needs to identify what new programs or services are needed, or which existing ones should be re-prioritized. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Potential new programs or services are consistent with the mission of the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Potential new programs or services are considered against those of its partners. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization understands the factors impacting its ability to support new customer needs (e.g. available resources)*.* | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Reprioritizing Existing, and Developing New, Programs and Services** |  |  |  |  |  |  |
| Reprioritization of programs and services takes into consideration internal and external factors (e.g. formal and informal mandates, funding restrictions). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Customer values, measures, and targets for potential programs and services have been identified. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Pending resource availability, effective and efficient processes are created for developing the new programs or services. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Ownership of the new programs and services are consistently established. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| New services are integrated with partners. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The organization’s capabilities – knowledge, skills, abilities, and infrastructure (e.g., IT) –have been reviewed to understand needs for delivering the new programs or services. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Strategies and plans have been developed to address gaps in capabilities (e.g. internal development of capabilities, securing them from the outside, or partnering with others). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 4: Customer Focus

**Sub-Element 4.3: Reprioritizing and Creating Programs and Services**

[Click here to access transition strategies for *Sub-Element 4.3: Creating New Programs and Services.*](#TS43)

FOUNDATIONAL ELEMENT 5: QUALITY IMPROVEMENT INFRASTRUCTURE

Overview  
To build a culture of QI, infrastructure must be in place to ensure that QI efforts are aligned with every aspect of the organization including its mission, vision, and strategic direction and that QI is linked to organizational performance. Some assessment items in Sub-element 5.1 are based on the Turning Point Performance Management Self-Assessment, while others are similar in idea or concept.   
  
Sub-Elements  
The following are components of a strong QI infrastructure:

**5.1 Strategic Planning** – The development and use of a resourced and actionable strategic plan.

**5.2 Performance Measurement and Use of Data**– The use of process, project, and organizational performance data & resulting measures to continually improve.

**5.3 Annual Quality Improvement Planning** – The development & use of a resourced and actionable annual quality improvement plan.

**5.4 Administrative and Functional Processes and Systems** – The organizational systems and processes that support and drive improvement (i.e.; HR, Finance, Legal, IT)

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **Administrative and Functional Processes:** The work processes and systems that support the daily operations of the organization such as HR, Finance, Legal, IT.
* **Leaders:** Anyone who directs the work of others, including senior managers, chiefs, directors, middle managers, and supervisors.
* **Performance Management System:** A fully integrated system for managing performance at all levels of an organization which includes: 1) setting organizational objectives across all levels of the department; 2) identifying indicators and metrics to measure progress toward achieving objectives on a regular basis; 3) identifying responsibility for monitoring progress and reporting; and 4) identifying areas where achieving objectives requires focused QI processes.
* **Performance Measures:** A quantitative tool to help understand, manage, and improve performance by providing insight into whether processes are in statistical control; whether goals are being achieved; where improvements are necessary; and if customers are satisfied. Performance measures are always tied to a goal or an objective and are composed of a number which gives a magnitude (how much), and a unit of measure which give the number a meaning (what).
* **QI Leader:** The QI Leader will lead, facilitate, and drive QI to success in the organization by providing focus and leadership. The responsibilities include QI education, adoption, planning, project execution, communication and change management, the sharing of learnings, and measuring QI results. (e.g., PIM,, QI coordinator)
* **QI Leadership Team:** The organization leaders who are accountable for the success of the organization and QI. Their responsibilities include modeling the organization’s values, establish the strategic and QI goals, objectives, and measures, and the achievement of those goals, and lastly the elimination of barriers. (e.g., PM Council)
* **SWOT Analysis:** A strategic planning method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats and determine strategic objectives. Strengths: Characteristics of the business or project that give it an advantage over others; Weaknesses: are characteristics that place the team at a disadvantage relative to others; Opportunities: elements that the project could exploit to its advantage; Threats: elements in the environment that could cause trouble for the business or project. This analysis associates the internal and external data to develop strategies.
* **Value Stream:** The high level (“40,000 ft. view”) of the flow of information and materials required to produce a product or service for a customer (typically within a single work unit or organization). Value Stream mapping and analysis is a fundamental method to identify opportunities for improvement. Value stream maps include the major process steps, informative data, how information flows and a timeline for delivering products or services.
* **Statistical Control:** The state of a stabilized process in which the process performances within the expect tolerances and only common causes of variation remain (all special causes of variation having been removed), as evidenced on a control chart by the absence of (1) data points beyond the control limits, and (2) non-random patterns of variation.

Foundational Element 5: QI Infrastructure

**Sub-Element 5.1: Strategic Planning**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the development and use of an actionable strategic plan.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Strategic Planning Process** |  |  |  |  |  |  |
| A strategic planning process results in an updated strategic plan every 3-5 years. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The group responsible for implementing the organization’s strategic planning process, or Strategic Planning Committee (SPC), conducts a stakeholder analysis to identify key stakeholders, and to understand their influence on the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The SPC includes or engages key stakeholders (internal & external), including the LGE. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The strategic planning process identifies formal and informal mandates imposed on the agency. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The strategic plan defines the organization’s vision, mission, and values. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The SPC conducts an environmental scanning process (e.g. SWOT Analysis) to determine the internal and external factors impacting the success of the agency. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Strategic priorities are selected based on results from an environmental scanning process, customer and health assessments, and performance gaps. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The agency strategic plan addresses priorities identified in the community health improvement plan (CHIP) for which the health department is responsible. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Long term goals (3-5 years) and SMART objectives are identified for each strategic priority. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Strategic Plan Implementation** |  |  |  |  |  |  |
| Specific strategies and interventions are developed for achieving strategic goals and objectives and incorporated into operational plans and employee work plans. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Process, output, and outcome measures are monitored to assess progress against strategic goals and objectives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The strategic plan guides decision making on allocating resources to achieve strategic priorities. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 5.1: Strategic Planning.*](#TS51)

Foundational Element 5: QI Infrastructure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding performance measurement and use of data to drive improvement.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Performance Measures and Standards** |  |  |  |  |  |  |
| All parts of the organization have defined performance measures to monitor performance. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A formal and standardized agency-wide process for developing performance measures is consistently followed. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employees have input into the development and selection of performance measures that relate to their work | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Performance measures are aligned through every level of the agency (e.g. department, division, program, and individual levels), and are linked to the agency strategic plan. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Performance measures have been aligned horizontally across the agency to ensure consistency across common agency processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A mix of input or capacity; process or output; and short, intermediate, and long term outcome performance measures are in place. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Performance measures are based on a balanced set of perspectives (e.g. customer, financial, internal processes, results), to ensure that all aspects of operations are adequately measured. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Data sources are defined and data can be feasibly collected for all performance measures. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A defined schedule for data collection is in place and consistently followed for all performance measures. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All performance measures have set performance standards, target or benchmarks. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A variety of sources for setting standards or targets are used including national/state level standards (Healthy People 2020); benchmarks from peer agency performance; and past agency performance data. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Data Analysis & Reporting** |  |  |  |  |  |  |
| A schedule for the frequency of data analysis and reporting of performance is routinely followed for all performance measures. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Performance is routinely reported to both internal and external stakeholders. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| An effective information system (e.g. spreadsheets, database, performance software) is used for storing, analyzing, integrating, and reporting performance throughout the organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employees have been assigned responsibility for monitoring and reporting on performance measures. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| As appropriate, statistical methods are applied to analyze data (e.g. reliability, validity, process variance and control). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

**Sub-Element 5.2: Performance Measurement and Use of Data**[Click here to access transition strategies for *Sub-Element 5.2: Performance Measurement and Use of Data.*](#TS52)

Foundational Element 5: QI Infrastructure

**Sub-Element 5.3: Annual Quality Improvement Planning**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statement regarding the development and use of an actionable annual quality improvement plan.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Collecting and Analyzing Data for QI Plan Development** |  |  |  |  |  |  |
| Organization performance data is used to determine and prioritize improvement projects. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employee assessments (e.g., employee satisfaction survey) are considered when prioritizing improvement projects. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Customer satisfaction data and customer needs and values are considered when prioritizing improvement projects. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Identified gaps in performance against strategic plan goals and objectives are considered when prioritizing improvement initiatives. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Lessons learned from prior successes and failures are captured from prior year’s QI plan(s). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Developing the Annual Quality Improvement Plan** |  |  |  |  |  |  |
| The QI plan defines key quality terms which create a common vocabulary and consistent messaging. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The QI plan identifies the organization’s QI training goals and strategies. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The QI plan defines the organization’s governance structure including membership, roles and responsibilities, staffing support, budget, and resource allocation. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All prioritized improvement initiatives are defined in the QI plan with goals, objectives, measures, time-framed targets, and person(s) responsible. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Strategies around communicating about QI with the organization are defined in the QI plan. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Achieving Annual Improvements** |  |  |  |  |  |  |
| Improvement projects and initiatives have clear, actionable deliverables with assigned responsible parties. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Progress against improvement goals are monitored and reported. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The annual QI plan and progress against the plan is available to all employees. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The improvement plan’s goals and strategies are cascaded throughout the organization and into operational plans and employee work plans. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 5.3: Annual QI Planning.*](#TS53)

Foundational Element 5: QI Infrastructure

**Sub-Element 5.4: Administrative & Functional Processes and Systems**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *Rate the following statements regarding the organizational systems and processes that support daily operations and QI (i.e., HR, Finance, Legal, IT).* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Impact of Administrative & Functional Processes (i.e., HR, Finance, Legal, IT)** |  |  |  |  |  |  |
| Administrative and functional process value streams are defined. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Performance of administrative and functional processes is monitored and reported routinely. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Administrative and functional processes have designated owners. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Administrative and functional process team members understand their impact on the entire organization. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Administrative and functional process team members and leaders understand quality improvement. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Administrative and functional process team members understand their impact on meeting internal and external customer requirements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Supporting QI Strategies** |  |  |  |  |  |  |
| Administrative and functional processes’ performance and cycle times support other organizational process improvement needs. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Administrative and functional process team members participate in achieving other organization improvements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| IT systems of the administrative and functional processes provide necessary performance data. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| IT systems support organizational needs. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 5.4: Administrative & Functional Processes and System.*](#TS54)

FOUNDATIONAL ELEMENT 6: CONTINUAL PROCESS IMPROVEMENT

Overview  
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.

Sub-Elements  
The following are components of effective Continual Process Improvement, which support the steps of PDSA improvement cycles at the project level:

**6.1 Selecting and Applying QI Methods** – Utilizing effective and efficient methods to reliably define gaps, diagnose problems, and develop measurable improvements.

**6.2 Planning for process improvements** – Developing proposed work process improvements through the application of effective problem solving.

**6.3 Testing Proposed Solutions** – Systematically testing and validating proposed solutions prior to implementation, in order to build knowledge and increase the likelihood of success.

**6.4 Extracting Lessons Learned** – Formally and deliberately capturing, sharing, and using knowledge to accelerate individual and organizational learning and improvement.

**6.5 Sharing Best Practices** – Identifying, developing, sharing, and replicating best-known methods and solutions to stabilize and accelerate improvement.

**6.6 Effectively Installing Standardized Work** – Documenting and deploying standard methods of how work gets done so it can be effectively used to decrease variation and enable continual process improvement.

**6.7 Process Management, Results and Continual Improvement –** Effectively measuring, managing, and continually improving work process performance over time.

Definitions of Terms

Refer to the following definitions of terms commonly referenced in this Foundational Element:

* **Best Practices:** The current best-known way to do something. Best practices are a) recognized as consistently producing results superior to those achieved with other means, b) can be standardized and adopted/replicated by others, and c) will produce consistent and measurable results. Replication required the adoption in a different process, area, or organization such that the results of the original application can be reliably reproduced. Best practices will evolve to become better as improvements are discovered.
* **Standardized Work:** Documented methods which define how work is done. Standardized work reflects the current best-known way to do something, and is documented in a way that enables it to be effectively used while work is performed, resulting in decreased variation and a basis for continual process improvement.
* **QI Leader**: The QI Leader will lead, facilitate, and drive QI to success in the organization by providing focus and leadership. The responsibilities include QI education, adoption, planning, project execution, communication and change management, the sharing of learnings, and measuring QI results. (e.g., PIM,, QI coordinator)
* **QI Practitioner:** Any person who applies, or practices, the application of standard improvement methods and techniques, under the guidance of a QI Leader.
* **QI Method:** A formal improvement methodology which utilizes data and information within problem solving to reliably generate improvement solutions. (e.g., SRLD, Process Mapping and Waste Analysis, Kaizen, Mistake Proofing, 5S, Flow, Quick Change, Sigma).
* **Mistake-Proofing:** An improvement method for minimizing the opportunities for, and consequences of, human error within work processes.
* **Value-Added Ratio:** The time spent doing value-added tasks divided by the total process time.
* **Waste:** Anything that adds cost or consumes resources without adding value.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding QI methods to reliably define gaps, diagnose problems, and develop measurable improvements.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Selecting Appropriate QI Methods** |  |  |  |  |  |  |
| The organization is able to identify a standard set of QI methods, including both basic (e.g., root cause analysis, process mapping) and advanced (e.g., kaizen, mistake proofing). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| QI practitioners understand QI methods and are able to select the most effective methods for any given situation. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The selection of QI methods is guided by goal statements and an understanding of the primary forms of waste present. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Applying QI Methods Effectively** |  |  |  |  |  |  |
| There is a training and mentoring system in place to coach QI practitioners in the application of QI methods. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Documented QI methods are followed. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| QI methods routinely generate measurable positive results. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| QI practitioners assess the success of QI methods and formally learn from each application and from each other. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| QI practitioners apply the QI methods frequently enough to demonstrate proficiency and depth of knowledge. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.1: Selecting and Applying QI Methods**

[Click here to access transition strategies for *Sub-Element 6.1: Selecting and Applying QI Methods.*](#TS61)

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.2: Planning for Process Improvements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| *Rate the following statements regarding the planning process for improving work processes through formal QI projects.* ***These questions relate closely to the ‘Plan’ phase in the Plan-Do-Study-Act cycle of a QI project****.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Defining Improvement Objectives and Aim Statements** |  |  |  |  |  |  |
| All QI projects start with a clear understanding of how the work process impacts the organization’s value stream(s), strategies, and current performance. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Improvement goals (i.e., Aim statements) are always time specific with measures and targets. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The scope of the QI project and resulting desired future state are always clearly defined with measures to determine whether the change leads to improvement. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Analyzing Current Work Processes to determine Root Causes** |  |  |  |  |  |  |
| A flowchart is always used to map the current process and analyze it for inefficiency or waste. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Relevant baseline data is always collected prior to testing potential improvements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Root cause analysis is conducted to understand the source(s) of the performance gaps. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Identify Potential Improvements and Develop Improvement Hypotheses** |  |  |  |  |  |  |
| Best practices (both internal and external) are researched when identifying potential improvements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Proposed future state processes are documented, including the Value Added Ratio. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Proposed improvements are analyzed in the context of the overall value stream to ensure that they do not cause inefficiencies in other parts of the system. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The proposed future state is always analyzed for potential human error and mistake-proofing techniques are applied. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Develop a Test Plan** | | | | | | |
| The improvement hypotheses are clearly defined (i.e., the assertions to be tested, the causal relationship to be validated, and the predicted result that is expected). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The test plan identifies what will be tested, how it will be tested, how results will be measured, who will conduct the test, timeline for testing, expected results, and how the outcomes will be judged. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Priority, urgency, impact, and risk are considered when determining what type of tests to conduct and the level of testing and validation that is appropriate and necessary. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Test plans always take into consideration the ability to measure the results and draw valid conclusions without biasing or influencing the results. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 6.2: Planning for Process Improvements.*](#TS62)

|  |  |
| --- | --- |
|  |  |

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.3: Testing Proposed Solutions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the testing of proposed solutions for improving work processes through formal QI projects. These questions relate close to the ‘Do’ and ‘Study’ phases of the PDSA cycle of a QI project.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Test the Improvement Hypothesis** |  |  |  |  |  |  |
| Tests are always conducted in accordance with the test plans. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Tests are always conducted in the real environment. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Tests are always structured to make several quick tests on a small scale which generate ongoing feedback of the solution’s effectiveness prior to adopting the change. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Test results, problems, and unexpected observations are documented during the testing phase. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Study and Analyze the Results** |  |  |  |  |  |  |
| Data collected during the test are always compared against the baseline data. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Results from the test are compared to the predicted effect on performance. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Root Cause Analysis is performed to understand gaps between predicted and actual results. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The test results are understood by all QI team members and stakeholders. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The hypotheses are sufficiently proven to allow the improvement team to proceed with an effective solution to the problem. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Act on Findings** |  |  |  |  |  |  |
| Based on an analysis of results of the test, the proposed solution is either adopted or standardized; adapted with a revised test; or abandoned to consider other potential solutions. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 6.3: Testing Proposed Solutions.*](#TS63)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the formal and deliberate capturing, sharing, and using of lessons learned to accelerate continuous improvement.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Gathering Knowledge from Subject Matter Experts** |  |  |  |  |  |  |
| Employees regularly seek out and document relevant work knowledge from both internal and external sources. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A formal proven technique is commonly used to capture knowledge. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Knowledge is gathered first-hand directly from the source of the knowledge. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Extracting Learning from Experiences** |  |  |  |  |  |  |
| Reflection and learning (from both successes and failures) is a routine aspect of daily work. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The testing of proposed solutions is always followed by either adopting, adapting, or abandoning the proposed solution. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Lessons learned are documented to include both what has been learned and why it is important. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Implementing and Sharing Learning** |  |  |  |  |  |  |
| Lessons learned are routinely shared. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Actions from lessons learned are implemented and tracked. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Results from implementing lessons learned are measured and reported. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Lessons learned are routinely and systematically integrated into standardized work processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Lessons learned are incorporated into annual and strategic planning. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.4: Extracting Lessons Learned**

[Click here to access transition strategies for *Sub-Element 6.4: Extracting Lessons Learned.*](#TS64)

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.5: Sharing and Use of Best Practices**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statements regarding the use of best practices, i.e., replication or adaptation of the best-known methods and solutions to stabilize and accelerate improvement, for both QI projects and general organizational activities.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Identifying, Validating, and Documenting Best Practices** |  |  |  |  |  |  |
| The organization uses various sources and methods to identify best practices. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| There is a process in place for validating that practices are truly best practices. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Current best practices are defined for all key work processes. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Best practices are documented effectively, including where they are applicable and under what conditions, the expected results, and how they are accomplished. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Employees are trained in how to effectively identify, define, and document best practices. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Sharing & Replicating Best Practices** |  |  |  |  |  |  |
| The organization routinely replicates and adopts best practices. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| A standard process and system is used for sharing best practices. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

[Click here to access transition strategies for *Sub-Element 6.5: Sharing and Use of Best Practices.*](#TS65)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statement regarding the documentation and deployment of standard methods for getting work done to decrease variation and enable continual process improvement.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Developing Standardized Work** |  |  |  |  |  |  |
| Documented standardized work includes the owner(s) of the work; implementation instructions; timelines; measures of success; inputs and outputs; and quality checks. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The documented standardized work reflects the current best-known way to do the work. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The standardized work is created by the people who do the work, and reflects the way the work is actually done. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Teaching and Using Standardized Work** |  |  |  |  |  |  |
| All employees are trained on the standardized work relevant to their work. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| All employees know where the most current standardized work is documented. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| The standardized work for critical processes is implemented in all areas of the organization that perform the same work (e.g. grants and contracting). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| An organization-wide system is in place for storing standardized work and managing/controlling changes to it. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Standardized work is updated and rolled out in a time efficient manner. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.6: Installing Standardized Work**

[Click here to access transition strategies for *Sub-Element 6.6: Installing Standardized Work.*](#TS66)

Foundational Element 6: Continuous Process Improvement

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Rate the following statement regarding the effective management and continuous improvement of work processes over time.* | **Strongly Disagree**  **1** | **2** | **3** | **4** | **5** | **Strongly Agree**  **6** |
| **Managing Work Process Performance** |  |  |  |  |  |  |
| Work process measures are documented (defined measures, data collection, calculations/analysis, and targeted/stretch goals). | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Results are visually presented and located where relevant work processes are performed. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Work processes are performing to their designed overall targets. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| **Continually Improving Work Processes** |  |  |  |  |  |  |
| A system is in place to allow employees to have questions answered, problems addressed and ideas for improvement considered. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Feedback from employees is resulting in incremental and regular improvements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Feedback from customers, suppliers, and interfacing work processes are gathered and used to drive improvements. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Audits are conducted against standardized work and gaps evaluated. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |
| Work processes are performed consistently across areas and individuals. | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |

**Sub-Element 6.7: Process Management, Results, and Continuous Improvement**

[Click here to access transition strategies for *Sub-Element 6.7: Process Management, Results, and Continuous Improvement.*](#TS67)

**NACCHO Culture of Quality Self-Assessment Tool  
Transition Strategies**

Foundational Element 1: Employee Empowerment and Commitment

**Sub-Element 1.1: Enabling Performance**

|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| --- | --- | --- | --- | --- | --- |
| **Creating Expectations and Getting Feedback** | * Obtain knowledge on the factors that affect empowerment and human performance (e.g. Deming’s theory of management, his 14 management points and the role of leaders) | * Train in factors affecting human performance, active listening and communication skills and effective goal setting; target supervisory positions and process owners for training * Document work team member roles and requirements including those of the supervisor | * Communicate roles and expectations for supervisors and work team members in selected areas or processes; ensure understanding * Establish performance expectations and identify how success is measured in critical work processes * Assess the curr*e*nt state of the organization’s performance feedback system; does it help enable performance? | * Spread role definition and setting of performance expectation to the entire organization; does everyone understand what success looks like? * Ensure that performance feedback is effectively used for development of the individual’s competency. * Build balanced performance feedback system including recognition of individual and team performance; rewards aligned to performance | * Increase the expectation that work teams will manage their own performance and provide each other feedback * Survey team members for input into effectiveness of performance systems; extract lessons learned and implement |
| **Having Reliable Work Processes** | * Obtain knowledge on foundational skills of process mapping, standardized work and effective training methods | * Identify critical processes (e.g., ones that have a significant impact on customers, are frequently used) * Identify supervisors and process owners * Educate supervisors and process owners in standardized work and in effective training methods | * Evaluate selected processes to ensure that they are defined and produce a reliable result * Document processes with standardized work * Deploy standardized work and training approach developed in prior Phases | * Broadly across the organization, evaluate processes to ensure that they are defined and produce a reliable result; Document processes with standardized work; * Deploy standardized work and training approach | * Periodically audit critical processes, standardized work and training process * Extract lessons learned and implement |
| **Providing Resources** | * Inventory the key organization information that will inform and enable team members * Obtain knowledge on visual controls and effective displays | * Enable access to basic organization information (e.g., vision, mission, measures, activities) through team meetings and visual displays | * For key processes, provide current process and performance information visually and local to the team; ensure understanding * For improvement projects, share process improvement information locally via displays and storyboards * Identify needed resources (information and materials) as part of process mapping and improvement activities; ensure that they are available | * Deploy approach in prior Phase across entire organization; include administrative and functional work processes and roles * Survey organization for information needs and effective communication methods; implement findings | * Ensure that organization performance is seen as “open book”; real time and trustworthy information is available to all |
| **Empowering Individuals and Teams to Improve** | * Start to educate all organization members in basic teaming and problem solving skills | * Enable participation in improvement activities through feedback systems, (e.g., suggestion systems, team training exercises) and local problem solving * Understand and inventory the skills and knowledge of organization members within and outside of job role | * Actively recruit and involve work team members in QI projects for specific areas * For QI projects, clearly identify goals and conditions; empower work teams to create solutions within those directions * Use the knowledge and skills of members during improvement projects | * Spread throughout the organization * Have teams participate in constructing improvement plans for the organization and identify improvement projects * Use the inventory of knowledge and skills of organization members across areas | * Continue to drive decision making local to the work * Have Teams participate in setting direction of the organization and helping select targets for annual improvement * Ensure that the knowledge of team members is being further developed with the support of the organization |

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Assessment and Identification of Gaps** | * Become familiar with core QI knowledge, skills, and abilities (KSAs) required for high performing improvement organizations (e.g., goal setting, information based problem solving and decision making, action planning, extracting learning, teaching and coaching, measurement, working with others, value and waste detection) | * Establish and communicate a list of core KSAs that the organization will adopt and pursue for all individuals | * Assess QI and work KSAs of the organization compared to its mission and to high performing QI organizations * Identify gaps for specific areas and roles (e.g., supervisors) | * Identify gaps for the entire organization; Make ongoing assessment and identification of gaps a regular part of all organization improvement planning * Use core KSAs in recruitment and selection of employees | * Include capabilities of partner organizations as part of assessment and identification of gaps and overlaps |
| **Materials and Methods Used to Develop KSAs** | * Become familiar with principles of reliable adult education; be able to assess training materials and delivery methods for effectiveness | * Assess materials and methods used to develop competencies * Create inventory of effective materials for use and methods for deployment | * Extract learning from initial deployment of materials; begin to revise materials or select alternative sources; create standard set of materials and methods * Develop capabilities of internal trainers and mentors that are skilled in providing feedback and assessing deployment of skills | * Review standard sets of materials and methods on an annual basis for improvement * Develop a network of reliable sources for improved materials | * Share materials and resources with partner organizations |
| **Deployment and Execution of Plans to Close Gaps** | * Establish the accountability and process for building competency improvement plans in the organization | * Build plans for rollout of basic QI skills including identification of material, method of deployment, training, getting feedback on use of skill and extract learning. | * Begin deployment of core QI KSAs in specific areas * Track progress and extract learning * Initiate plan for building knowledge and skills of new members including QI | * Spread deployment of all core QI KSAs across entire organization * Ensure that all employees have development plans * Grow development to include non-training strategies such as assignments and new responsibilities to build skills | * Make organization and individual competency assessment planning part of the regular planning cycle * Ensure all members needs for improvement skills and additional capabilities are covered * Ensure all members have and use a basic set of improvement skills on a regular basis * Ensure new members are rapidly developed |

Foundational Element 1: Employee Empowerment and Commitment

**Sub-Element 1.2: Knowledge, Skills, and Abilities**

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Vision, Values and Goals** | * Understand the values that are consistent with the organizational vision for teams to model; visually display | * Start to evaluate performance to organizational values for all employees * Create/adopt templates for setting goals and chartering teams * Educate teams in measuring team progress (status of something, comparison to expected result, ability to explain sources of variation and predict effects of actions) | * Require the use of data and information, and methods of goal setting, chartering and measurement in specific areas; extract lessons learned | * Spread the use of data and information, and methods of goal setting, chartering and measurement to all teams * Introduce recognition and feedback techniques into the organization that allow both teams and individuals to receive feedback | * Ensure that all teams have knowledge of and do as a matter of normal practice good goal setting, chartering and measurement as teams. * Ensure that all members understand and hold themselves accountable for performance to organization values of team based performance. |
| **Roles and Relationships** | * Assess team’s abilities in the group of skills that enable one to lead and participate in teams effectively (basic communication skills, active listening, constructive criticism, etc.) and other skills such as conflict resolution; Build these skills and abilities | * Ensure for any teams formed that basic roles are established, (e.g., leader) and that requirements of members (e.g., time commitment) are agreed upon. | * Require the effective use of team skills and identification of team roles in select areas; evaluate performance and extract lessons learned. * Ensure that team members’ skills and knowledge are inventoried and considered for use in the performance of the team. * Ensure that diversity (skills, style, and experience) of the team is considered in member selection. | * Spread the effective use of team skills and identification of team roles to all areas; make evaluation of performance part of project close out | * Ensure that team members normally practice good working with others skills. * Use the complete knowledge and skills of the individual in pursuit of team performance; ensure that members feel their knowledge and skills are valued. * Enable individuals to seek out the opportunity to participate on teams and judge their individual success based upon the teams. |
| **Procedures and Performance** | * Assess team’s abilities in basic team techniques (meeting , documenting outcomes, tracking progress, communicating); Build these skills and abilities | * Assess teams abilities in the use of information and knowledge based methods to solve problems, make decisions and extract learning; educate * Create/adopt templates for basic team techniques (e.g., agenda setting, project action tracking) | * Have teams start to self-assess team performance on regular basis and drive improvement. Include as part of report outs. Answer the question: how well do they solve problems, achieve goals and function as a team? * Extract lessons learned | * Spread team assessment requirement to all teams. * Incorporate lessons learned and spread best practices * Include team performance data and team performance gaps as part of organization improvement plans | * Ensure all teams commonly use data to effectively solve problems, make decisions, take action and achieve goals. * Ensure that teams throughout the organization (e.g., improvement, leadership) perform both effectively and efficiently |

Foundational Element 2: Teamwork and Collaboration

**Sub-Element 2.1: Team Performance**

Foundational Element 2: Teamwork and Collaboration

**Sub-Element 2.2: Learning Communities**

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Awareness and Use of Communities** | * Gain information about the most valuable learning communities and sources of QI and technical information | * Start to make information from learning sources available to organization * Identify individuals who will be accountable for the interface with sources and the sharing of content | * Ensure that improvement projects are starting to review learning sources for lessons learned and best practices * Pilot participation in external communities * Identify any internal learning communities that should be established and charter them with clear responsibilities | * Ensure that all improvement processes are reviewing learning sources for lessons learned and best practices * Participate in all selected external learning communities | * Rotate participation in communities throughout organization * Evaluate use of knowledge from learning communities, extract lessons learned and improve community use * Ensure that learning communities (internal and external) are recognized and supported as an integral part of quality and technical excellence. |
| **Collaboration Methods and Support** | * Obtain knowledge regarding the variety of methods that people use effectively to share with one another (net meeting, share sites, social media, storyboards, “lunch and learns”) | * Begin to introduce use of simple tools to help people collaborate; extract learning and improve. | * Use collaboration tools in improvement projects and key processes. | * Spread use of collaboration tools to all areas of organization including administrative processes. Make them the de-facto method for sharing. | * Extract lessons learned from use of collaboration methods; improve use * Inventory and evaluate new methods and adopt where appropriate * Grow the use of collaboration methods and teach Partner organizations. |
| **Management and Sharing of Knowledge** | * Obtain knowledge in effective processes and best practices used in the sharing and management of knowledge including the areas of standardized work, idea management, and extracting lessons learned. | * Begin to teach techniques of extracting lessons learned and how to capture practical knowledge. * Create processes for creating and modifying standardized work * Begin to use simple methods for capturing ideas and implementing them in initial rollout of solutions from improvement projects. | * Pilot the use of a formal process for creating and teaching standardized work as part of improvement projects; Establish the requirement as part of individual and team accountability * Require participants in external sources of knowledge (e.g., conferences, training) to share learning within the organization. * Pilot the use of team-managed, improvement idea management methods in key areas and when rolling out new processes. | * Have leadership sponsor improvement projects and participation across programs and functions to encourage collaboration and sharing * Share improvement project results and lessons learned across programs and divisions * Ensure that best known methods have standardized work developed across organization * Establish a process and library for lessons learned to be a reference source for ongoing improvement activities. * Establish ongoing improvement idea management as part of all areas of the organization including administrative processes. | * Make knowledge sharing a requirement of everyone in the organization * Broaden sharing to partner organizations * Continue to empower teams to make decisions and take action as part of their improvement idea management activities |

**Foundational Element 3: Leadership  
Sub-Element 3.1: Culture**

|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
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| **Establishing the Environment** | * Organization leaders and existing QI champions become knowledgeable in QI benefits and cultural development needs * Educate organization leaders in the look of a quality culture through familiarity with this self-assessment and phased transition strategies. | * Use a QI leader or QI coach to understand the change management gaps within select areas of the organization * Organization leaders establish a QI Leadership team to be held accountable for overseeing QI activities. | * The QI Leadership team develops QI rollout plans: Basic approach, QI workforce plans, QI governance structure, & change management plans * Organization leaders develop the QI case for change, including the why and how it will impact on external customers, all employees, and stakeholders * All Leaders explain how QI will affect people over time (how productivity & efficiency gains will impact positions). * Request and participate in routine annual improvement plan progress checks | * Provide all organization leaders training in the QI concepts, structure, roles, & basic methods. * Continually reinforce the QI case for change to all | * Commit leaders to achieving customer satisfaction through the creation of a culture of involvement. * Select new organization leaders based on their QI value set and dedication to continually improve. |
| **Modeling Behavior (all leaders)** | * Receive education on the typical role of a QI leader | * As a leader encourage and reward creativity and participation * Regularly communicate preliminary QI plans and progress * Incorporate and articulate quality as a part of the organization’s values | * Communicate QI activities during team meetings and other open employee forums; personally communicate the strategic direction and annual improvement goals, plan, and the case for change to all members of the organization * Participate in the development and execution of an organization change management plan * Remove roadblocks to increase participation and involvement * Become openly involved in the daily work performed by the organization * Map the organization leaders to the QI leadership profile and assess gaps. | * Adopt the philosophy that the primary role as the leader is to ensure the success of their team; coach others; seek to understand why; ensure the organization has thought through solutions * Apply the QI concepts and methods on the organization’s leadership team * Participate in QI improvement activities to understand the problem solving processes (inside or outside the organization) * Check-in daily with the work team to create regular two-way communications * Openly portray the organization’s values * Teach all leaders to foster a data based, non-judgmental culture where data is always used to analyze problems and failures are a critical part of learning and improving | * Become intimately familiar with results, frustrations, and barriers; address and remove barriers on an ongoing basis * Go, See, Listen, & Learn; Visually & verbally show commitment * Model QI behavior and values with customers, suppliers, and partners |
| **Coaching the Organization** | * Organization leaders receive leadership and change management trainings (e.g. Deming’s 14 Points for Management) | * Provide all leaders coaching training | * Empower all organization members to make change, influence others, express creativity, develop and grow * Address and resolve areas of QI resistance | * Require all members of the organization to get involved in improving their work * Engage, involve, enable, and support all organization members in the performance of QI * Seek out additional coaching and mentoring on being a good leader * Seek out, address, and resolve areas of QI resistance * Provide routine coaching of others in applying QI skills, methods, and behaviors and receive coaching feedback * Incorporate QI into the performance appraisal processes, provide individual feedback and consequences | * Recognize leaders for communicating effectively and frequently with all levels of organization in a variety of formal and informal settings * Coach others on QI inside and outside the organization * Routinely seek out, address, and resolve areas of QI resistance * Coach everyone to live QI methods and behaviors |

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| **Providing Resources** | * Organization leaders become knowledgeable in the improvement roles | * Define the QI roles (QI Leader, QI Leadership Team, QI team members) * Define QI resource selection criteria * Define QI staffing structure (# FTE, areas of the organization, duration in role, reporting relationship) * Select and staff QI roles based on the criteria | * Provide equipment, logistics, and resources to successfully complete planned improvement activities * Include QI leaders as part of the organization’s leadership team for setting directions, developing plans & resources, and tracking results * Provide the resources, training, staff time, etc. to effectively run improvement activities & projects | * Provide necessary organization resources to support all improvement activities & projects * Develop strategies to free up time for improvement activities (e.g., overtime, different shift, scheduling). | * Staff the QI leader role(s) full time * Set the expectation for all members of the organization participate in improvement activities |
| **Providing Structure** | * Organization leaders become knowledgeable in the QI structure * Benchmark or use a QI coach to provide best practice Health department’s QI structure | * Organization leaders define the leadership QI team structure and charter * Define the QI project team structure and charter | * Define the storage and retrieval structure for all QI material as well as procedures, policies, and standardized work documentation * Establish measures for the overall QI initiatives * Define role-based motivational incentives * Provide the structure for all organization members to receive QI training and get involved in QI | * Routinely recognize QI leader’s successes throughout the organization and the public health communities * Routinely report out QI measures of success and activities to all organization members * Establish a >3 year role based improvement development plan for the QI Leader(s) | * Establish a mentoring program which pairs up experienced QI leaders coaching new QI leaders * Leaders recognize, reward, and promote QI leaders for their personal and professional QI success * Expand the leadership team structure and charter to include board members, suppliers, customers, & other partner organizations |
| **QI Training & Developing** | * Understand the QI knowledge, skills, and abilities to be successful * Define the QI training roles & curriculum for Leaders and QI Leaders | * Define a rigorous skills learning & development program of QI methods * Begin foundational training for QI leaders and the QI Leadership team | * Routinely assess the QI leader’s development plans and application experiences * Provide QI leaders routine access to a QI Coach & Mentor * Continue to expand QI methods and skills training opportunities for QI leaders, and QI impacted organization leaders | * Provide QI leader(s) the training and development to become competent in foundational and advanced QI methods * Expose QI leaders to external learning & sharing opportunities, e.g., “community of practice” * Provide QI leaders teaching skills * Provide QI leaders access to organization leaders for QI planning, progress reporting, change management, and resourcing * Establish a >3 year improvement development plan for the QI leader(s) * Provide all QI roles the opportunity to practice and use QI methods * Expand QI methods and skills training to all QI roles and all leaders | * Teach QI to external customers, suppliers, and partners; QI leaders help out other organizations * Provide QI leaders the budget and tools to actively participate in improvement communities of practice in order to share and grow (inside & outside the organization) |

Foundational Element 3: Leadership  
**Sub-Element 3.2: Resourcing and Structure**

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Data Collection and Analysis** | * Obtain knowledge in concepts of identifying customers, value from customer perspective, Kano, effective surveying and use of other data sources. | * Prioritize which programs/services to assess for, and improve, customer satisfaction. Prioritization criteria could include # of people served, easy wins, strategic priorities, and high-profile programs. * Identify places and methods to collect customer data (surveys, focus groups, interviews and complaint systems). * Identify data to collect. Include questions around the service value, accessibility, timeliness, courtesy, helpfulness, clarity) and overall satisfaction. * Identify customer perspective measures representing how the customer would judge the service | * Continue to improve and deploy surveys for additional targeted services. Collect data from other sources such as complaint systems, interviews, and casual observations. * Statistically evaluate customer data. Include results from data around the service (value, accessibility, timeliness, courtesy, helpfulness, clarity) and overall satisfaction. * Define and operationalize customer perspective measures. | * Spread data collection to all services. * Maintain historical trends for data. | * Build solicitation of customer input into daily activities of organization members. * Refine and automate systems of data collection based on lessons learned; include concept of looking for issues that “delight” customers (see Kano) |
| **Use of Data** | * Confirm that customer satisfaction is a central part of quality policies and quality systems. | * Develop plans and actions for how the organization will start to use customer data in performance management, strategic and improvement planning (analyzing customer satisfaction data, prioritizing unmet customer needs, making improvements and reporting results). (See PHAB Measure 9.1.4 for documentation requirements.) | * Develop and implement systems for receiving, resolving and correcting root causes to customer problems. * Analyze and use data as input to improvement targets and plans for specific services or areas. * Track improvements in specific areas; display visually in the work area. | * Analyze and use data including surveys and customer feedback systems for improvement in all services * Include data analysis in performance management and to develop improvement plans and targets annual organizational planning. * Track improvements for the entire organization; display visually in the work area. | * Refine data analysis based on lessons learned. * Use customer data for all improvement activities (strategic, annual planning and daily work). * Use customer data and their involvement to define new offerings and services |
| **Creating a Customer Focused Culture** | * Ensure customer focus is part of the vision and values of the organization. Secure leadership’s public commitment to customer satisfaction and organizational support to further progress in this area. | * Engage leaders and team members in solicitation and evaluation of data and determination of customer perspective measures. * Build customer focus into new hire training. | * Empower team members to take appropriate corrective action on customer issues in targeted areas. * Include work team members in problem solving customer issues. * Communicate measures and results in applicable areas visually. | * Empower employees to take appropriate corrective action on customer issues across organization. * Communicate customer satisfaction measures and status consistently and visually across organization and to customers. * Involve customers in improvement activities. | * Ensure customer focus and feedback are part of all organization member’s performance feedback and development |

Foundational Element 4: Customer Focus  
**Sub-Element 4.1: Understanding the Customer**

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Understanding the Value Stream** | * Obtain knowledge in the concept of a value stream including what it is, why is used, how it is created and how it is measured. | * Select a target value stream and identify the basic inputs, outputs, steps and customer measures. * Educate members of the team. * Identify an owner, role and accountability. | * Assess the value stream to understand how individual steps impact the customer. | * Spread the value stream approach to all services of the organization. Define all value streams for the organization and identify measures and owners. (Measures should include customer perspective measures and the overall Value Added Ratio.) | * Ensure all organization value streams are identified, documented and well known by team members. |
| **Adding Value for Customers by Improving Value Streams** | * List the value streams for the organization’s services. | * Collect data on the selected value stream that will give insights into potential improvements for customer satisfaction. Set improvement goal. | * Perform cause and effect analysis on steps in the value stream where gaps exist in customer satisfaction. * Identify potential improvement projects within prioritized areas and develop future state. * Start improvement cycle for selected area. Track improvement progress. * Communicate throughout the organization and post measures visually | * Have each value stream owner duplicate the improvement approach used in the prior phase, i.e., set improvement goal, collect data, identify areas of improvement and projects, start individual improvements and track progress. | * Regularly review all value streams for improvement in customer satisfaction. Continue to create and execute improvement plans for each. * Ensure all members think of their role in the context of an integrated value stream; the measures of customer satisfaction and improvement targets are understood; inputs and outputs between process steps are understood by all members. |
| **Extending the Value Stream** | * Complete above transition strategies * In addition, obtain knowledge in the concept of an extended value stream including what it is, why is used, how it is created and how it is measured. | * When mapping and understanding a value stream, start to consider the roles partners and suppliers have in satisfying customers as part of an extended value stream. | * Select a service or product where the integration with partners and suppliers is critical to customer satisfaction. * Collaborate with partners and suppliers to identify the basic inputs, outputs, and process steps for the extended value stream. Gain a basic understanding of how the interfaces between organizations impact the customer. | * Identify potential improvement projects within the targeted extended value stream and develop a future state plan. * Start improvement cycle for selected area. Track improvement progress. * Communicate throughout the organization and partners; include measures and progress to targets. | * Regularly review all extended value streams for improvement in customer satisfaction. Continue to create and execute improvement plans for each. * Ensure all members and partners think of their role in the context of an extended value stream; the measures of customer satisfaction and improvement targets are understood; inputs and outputs between the organization and its partners are understood by all. |

Foundational Element 4: Customer Focus  
**Sub-Element 4.2: Satisfying the Customer through the Value Stream**

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| **Understanding of Customer’s Future Needs** | * Document customer segments and data sources to be used for understanding future trends in customer needs and factors impacting the organization. * Inventory the current services being delivered by your organization and those of partners. | * Create data collection instruments (if required). * Obtain data from customer, Partner and sources that impact the organization; summarize conclusions. | * Start to use the customer data gathered to identify and document trends and conclusions that give insight into customer needs for services (e.g., what are the most important needs to the customer? Which are unmet or have a significant gap? Are meeting these needs consistent with the organization’s Mission?) * Validate findings with the customers | * Make analyzing future trends in customer data a regular part of the strategic planning process. | * Ensure that the organization has a complete, ongoing and up to date understanding of trends in factors affecting their customers. * Incorporate lessons learned from prior analysis and from introduction of new services. * Share data regularly within the organization and with customers and partners. |
| **Development of New Services and Re-prioritizing Existing Services** | * Understand the necessary steps and concepts to introduce a new service including value stream and process mapping, value and waste, standardized work, measurement, and process management | * Create and document a basic approach to follow for introducing new services * Create and document a basic approach to follow for re-prioritizing existing services. | * Pilot the approach for creating a new service * Create the new service value stream by challenging the value added of each step. Ensure the new service process is reliable, measured, taught and coached. * Test and extract lessons learned from the pilot. * Pilot the approach for re-prioritizing existing services. | * Incorporate lessons learned to improve the approach for developing new services and re-prioritizing existing services. * Start to use the approach for all new services. * Involve customers and partners in the development. | * Ensure that all new services use the development process regularly. * Ensure that partners are integrated with new service development and see their role as part of the new service. * Check that the introduction of new services regularly meets the developing needs of the customer and are problem free. |
| **Development of New Capabilities to Address New Services** | * Inventory the current capabilities of the organization including direct and support functions (e.g., IT). | * Identify strengths and weaknesses in current capabilities; document findings. | * Based on customer trends and needs, identify what capabilities are required in the organization. * Build an organization development plan for improving or creating capabilities. | * Track improvements over time. * Ensure the workforce development plan for developing capabilities covers all functions. * Ensure that plans are part of annual performance reviews for team members. | * Ensure that capabilities are regularly reviewed for gaps. |

Foundational Element 4: Customer Focus  
**Sub-Element 4.3: Reprioritizing and Creating Programs and Services**

Foundational Element 5: QI Infrastructure  
**Sub-Element 5.1: Strategic Planning**

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| **Developing the Strategic Plan** | * Become knowledgeable in the concepts, process, and methods used in good strategic planning | | * Develop a complete inventory of internal and external strategic data (environmental scanning) * Create or update the organization’s vision, mission, and values | * Organization Leaders form a planning team that represents all areas of the organization * Perform a complete assessment of customer’s values * Identify and analyze the organization’s core competencies * Obtain health outcome, and program/offering’s performance (environment scanning) * Evaluate and prioritize organization and process performance measures * Gather and analyze prior lessons learned from successful and not so successful strategies * Evaluate yourself internally: the organization’s known strengths, weaknesses * Gather and analyze demographics, funding, and legislation trends in customers and environment * Evaluate yourself externally: the organization’s known opportunities, and threats * Establish strategic drivers * Prioritize evaluated data via the SWOT analysis * Select strategic initiatives for a 3 year planning cycle | * Gather and analyze prior lessons learned from prior strategic planning; Implement recommendations * Involve external partner organizations in the developing the strategic plan * Ensure that every annual QI plan is aligned with the strategic plan * Improve the accuracy and timeliness of data gathering | * Align the strategic plan with local, state, and federal organizations |
| **Achieving Strategic Initiatives** | * Benchmark other strategic plans | | * Communicate the organization’s vision, mission, and values | * Communicate strategic plan to the entire organization * Cascade strategic plans to the annual improvement planning and project teams * Conduct routine progress checks with the leadership team | * Communicate strategic plan to the entire organization * Cascade strategic plans to the annual improvement planning and project teams * Conduct routine progress checks with the leadership team | * Share the strategic plan with all stakeholders, internal and external customers |

Foundational Element 5: QI Infrastructure  
**Sub-Element 5.2: Measurement and Use of Data**

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| **Selecting Data & Measures** | * Obtain knowledge in the selection of data and measures (perspective, focus, internal/external) | * Select, define, and use measures in any improvement activity * Identify measures that provide insight into sources of pain; define and use the measures to guide new improvement activities | * Create a scorecard for select areas of the organization); including data and measures that are reliable, believable, encourage responsibility, and elicit positive consequences. * Establish measures and routine report out of results, including return on investment (ROI) for all QI projects in the specific areas | * Define scorecard measures at all levels and areas of the organization, where all members in the organization understand and see how they can impact measure performance * Establish measures and routine report out of results, including return on investment (ROI) for all QI projects and improvement activities | * Use organization scorecards as input to strategic decisions and improvements * Align organizational scorecards with external partners (customers, suppliers) |
| **Defining Data & Measures** | * Obtain knowledge on how to properly define and document measures | * Inventory data sources & potential measures | * Identify &/or develop the reliable sources of data that feed into measures | * Identify &/or develop the reliable sources of data that feed into measures for the entire organization; ensure that measures are standardized across the organization | * Establish automatic data generation |
| **Using Data & Measures** | * Obtain knowledge in basic techniques in representation of data | * Visually communicate the measured results * Learn to calculate return on investment (ROI) for improvement activities * Initiate improvement directions and actions for underperforming measures | * Develop improvement plans (strategic & annual & operational) using organization data * Train individuals to be proficient in statistical tools and analytical methods * Solve select organization problems using gathered and objectively analyzed data (see Sub-Element 6.2) * Visually communicate scorecards and improvement status in select areas * Extract lessons learned from use of scorecards; adjust measures accordingly | * Align all strategic, tactical, and operational measures * Give individuals the skills to reliably analyze data and measures * Analyze all organization measures during the planning processes * Install IT tools in support of defined processes and their measures | * Align all individual, team, and area measures with Strategic, tactical, and operational measures * Give every individual the vital few, accurate, useful, and real time data they need to be successful * Use data gathered and objectively analyzed to address all organization problems; fact-based decision making |

Foundational Element 5: QI Infrastructure  
**Sub-Element 5.3: Annual Quality Improvement Planning**

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| **Collecting and Analyzing Data** | * Become knowledgeable in the concepts, process, and methods used in annual QI planning efforts | * Form a QI Leadership Team (e.g. QI Council) representing all areas of the organization to lead and oversee QI plan development and implementation * Gather organization leadership’s priority areas & sources of pain * Gather quality culture self-assessment results and associated transition strategies. | * QI Leadership team collects & analyzes organization data: Strategic directions, quality culture self-assessment results and associated transition strategies, customer data, employee assessment data, performance data & process value stream gaps | * QI Leadership team extracts lessons learned on the planning process; Implement learnings * QI Leadership team collects & analyzes organization data: Strategic directions, lowest scoring QI culture roadmap elements and transition strategies, customer data, team assessment data, organization scorecards & process value stream gaps | * Expand the planning team and process to include external partner organizations * Collect data and solicit recommended directions from area leaders and all employees * Use real time data and data analysis to increase the QI Plan’s quality |
| **Developing the Annual Improvement Plan** | * Benchmark other QI plans | * Prioritize evaluated data; select annual improvement areas and associated QI projects * Define measure(s), objectives, preliminary tactics, resources for each selected improvement area | For the specific areas of the organization:   * Establish annual measures & targets * Prioritize evaluated data, root causes, and solutions; selects annual improvement areas * Define cascaded measure(s), objectives, preliminary tactics, resources for each selected improvement area * Create and utilize change management plans, communications plans, and training plans | * QI Leadership team establishes organization wide annual measures & targets * QI Leadership team prioritizes all organization evaluated data; select annual improvement areas * Define cascaded measure(s), objectives, preliminary tactics, resources for the entire organization * Evaluate the plan for potential failure points (e.g. are the plan’s objectives & tactics aligned to measures, can the plan close the gap/fix the problems; are resources & funding constrained); adjust the plan * Create and utilize change management plans, communications plans, and targeted stakeholder analysis | * Align every individual’s goals and measures to the organization’s QI and other improvement plans |
| **Achieving Annual Improvements** | * Become knowledgeable in the concepts, process, and methods used in good annual improvement plans | * Communicate improvement plan to all organization members in scope * Educate project team members & the leader in key QI concepts and methods and their role * Utilize the Improvement process, improvement methods to achieve project goals (see Element 6) * Conduct routine project progress checks with the area’s leadership team(s) | For the specific organization areas in QI Scope:   * Educate project team members & the leaders in key QI concepts and methods and their role * Utilize the Improvement process, improvement methods to achieve project goals (see Element 6) * Conduct routine project progress checks with the organization’s leadership team | * Educate all project team members & all leaders in advanced key QI concepts and methods and their role * Utilize the Improvement process and improvement methods to achieve all project goals (see Element 6) * Cascade the annual plan, measures, & targets throughout the entire organization * Conduct routine project progress checks with the QI Improvement leadership team | * Utilize visual and IT tools to quickly track and communication progress * Establish a quick problem escalation system |

**Foundational Element 5: QI Infrastructure  
Sub-Element 5.4: Administrative & Functional Processes and Systems**

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| **Understanding the Impact of Administrative and Functional Systems & Processes** | * Organization leaders understand and identify the administrative and functional processes * Establish administrative and functional process ownership. | * Administrative and functional process leaders and teams begin defining administrative and functional process value streams (process input, suppliers, steps, process output, customers, measures scorecard, owner, system technology, and deficits) | * Identify how the administrative and functional processes impact customer satisfaction (directly or indirectly through others) * Solve and install 1 or more customer focused process improvement(s) | * Administrative functional process leaders define all processes’ value streams (process input, suppliers, steps, process output, customers, measures scorecard, owner, system technology, and deficits) * Incorporate administrative and functional processes into annual QI planning efforts. * Drive process improvement system changes rather than conforming processes to fit the technical system(s) | * Evaluate, root cause, and modify the administrative and functional systems and processes to support the organizational structure * Identify all necessary IT system changes from process value streams and customer requirements |
| **Supporting QI Strategies** | * Administrative and functional process owners obtain QI training * Administrative and functional process owners obtain Value Stream training | * Administrative and functional process owners contribute to other organization QI projects as a process or system subject matter expert | * Administrative and functional process team members contribute to other organization QI projects as a process or system subject matter expert | * Customers and other organization members participate in administrative and functional QI projects | * Incorporate all administrative and functional processes into organizational strategic and QI planning processes |

**Foundational Element 6: Continuous Process Improvement  
Sub-Element 6.1: Selecting and Applying QI Methods**

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| **Selecting Appropriate QI Methods** | * Gain knowledge of value, waste, and key forms of waste. * Gain knowledge of various problem solving and improvement methods. * Learn how to develop effective goal statements. | * Identify an area for improvement and develop a goal statement. * Get an external expert or develop internal expertise to help identify appropriate QI methods. | * Train QI team members how to distinguish between value and waste, the forms of waste, and how to select appropriate improvement methods. * Adopt a standard set of QI methods. * Document how to select a QI method based on an understanding of a) the improvement goal or target state, and b) the type of waste(s) present. | * Establish a mentoring system to coach QI team members in the selection of QI methods. * Spread the use of QI methods to all areas of the organization. * Train all organization members in basic understanding of the standard QI methods. * Build skills in advanced tools (e.g., Flow, Mistake Proofing). * Involve all organization members in the development of gaps, goals, and the selection of QI methods. | * Develop internal expertise (or utilize external expertise) to provide coaching on selection and application of improvement methods. * Engage a majority of organization members in the identification of waste, development of improvement goals in alignment with QI plans, and selection of QI methods. * Integrate standard QI methods into all aspects of organizational improvement. * Internal experts audit for proper QI method use. |
| **Applying QI Methods Effectively** | * Gain knowledge in the basic principles and practices of proven, reliable QI methods. | * Implement a small QI project with a high likelihood for success – following a standard methodology – to gain understanding and proficiency in basic improvement. | * Establish a mentorship relationship with an external expert to coach QI leaders on effectively applying QI methods. * Train QI team members how to apply basic QI methods. * Develop greater understanding of QI methods through repetitive applications and after-action learning. * Implement measures to track post-improvement results. | * Establish a mentoring system to coach QI team members in the use of QI methods. * Involve all organization members in the application of QI methods. * Provide opportunities for QI team members to apply improvement methods more than 25% of their available time. * Make measures of post-improvement results and lessons learned available to all work team members. | * Engage a majority of organization members in leading the application of formal QI methods. * Drive sharing and learning of applications of QI methods throughout the organization. * Provide opportunities for QI team members to apply QI methods more than 50% of their available time. |

Foundational Element 6: Continuous Process Improvement

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| **Defining Improvement Objectives** | * Gain knowledge of how to measure process performance and establish improvement objectives. | * Select a process that has “pain points” and document performance gaps and targets. | * Begin all process improvement efforts by documenting in a standard format current performance, gaps, targets, and improvement approach. | * Utilize annual improvement planning and formal process management to prioritize process improvement efforts. * Utilize a standard format throughout the organization for defining process improvement objectives. | * Engage a majority of organization members in using a standard format for defining process improvement objectives. |
| **Analyzing Work Processes** | * Gain knowledge of process mapping and analysis techniques. | * Map a current state work process. * Gather process performance data. * Conduct waste analysis of the process. | * Provide skills and coaching in effective Cause and Effect Analysis. * Begin all process analysis by observing the actual work process where it is performed. * Engage those who do the work in mapping the process, providing and analyzing performance data. * Follow a standard method for mapping processes and conducting process data and waste analysis. | * Utilize a standard format throughout the organization for conducting process data and waste analysis. * Utilize enhanced data analysis techniques (e.g., statistical analysis) in process analysis to understand causal relationships. | * Provide skills and coaching to organizations members at all levels to effectively document processes and use data to analyze processes utilizing a standard method. |
| **Developing Proposed Work Process Improvements** | * Gain knowledge of what ideal, low-waste processes look like. | * Identify potential improvements by looking for ways to Eliminate, Combine, Re-sequence, or Simplify process steps (ECRS). * Map a proposed future state work process. | * Investigate other processes in the area to identify approaches and solutions that can be replicated. * Engage those who do the work in developing process improvements. * Prioritize potential solutions based on their expected impact on achieving the stated goal and the organization’s ability to implement the solution. | * Investigate other processes throughout the organization to identify approaches and solutions that can be replicated. * Analyze proposed future state processes for impacts to other areas of the value stream. * Implement advanced improvement techniques such as Flow to drive higher process Value Added Ratio. * Analyze proposed future state processes for potential human error and apply mistake-proofing techniques to minimize errors. * Structure all proposed solutions as experiments which must be tested and validated. | * Research solutions for potential replication from external and non-similar applications. * Conduct predictive analysis (FMEA) of proposed future state processes to identify potential failure points. * Provide skills and coaching to organization members at all levels to effectively mistake-proof work processes. |

**Sub-Element 6.2: Planning for Process Improvements**

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| **Preparing for Testing** | * Gain knowledge of what are effective tests, how to write a hypothesis statement, and how to develop test plans. | * Promote the perspective that proposed solutions are tests which must be tested and validated. * Educate QI team members on how to develop a statistically valid test. * Begin developing hypotheses and test plans as part of improvement activities. | * Develop standardized work for defining hypotheses and creating test plans. * Train QI team members in basic statistical concepts and how to develop effective hypotheses and test plans. * Guide QI teams in the development of test plans for proposed solutions within all major improvement projects. | * Spread the use of standardized work for defining hypotheses and developing test plans throughout the organization. * Build skills in statistical analysis techniques to improve the effectiveness of test plans. | * Conduct Measurement System Analysis to validate the ability to accurately measure test results. * Require that all proposed solutions – for all improvement activities – have a documented hypothesis and test plan prior to testing or implementing. |
| **Conducting Testing** | * Gain knowledge on how to effectively and efficiently conduct tests. | * Conduct several tests and measure the results. | * Train QI team members in how to effectively conduct tests, measure results, and analyze causes. * Develop standardized work for conducting tests. * Conduct tests for proposed solutions within all major improvement projects. | * Spread the use of conducting tests using standardized work throughout the organization. | * Enable all organization members and leaders to test as frequently as possible. * Build the habit of conducting tests for all proposed solutions within all improvement activities. |
| **Following-up After Testing** | * Gain knowledge on how to interpret test results and validate conclusions. | * Engage QI team members in reviewing test results. | * Require documentation of results and detailed action plans (what, how, who, when) as a deliverable from every test. * Develop standardized work for reporting test results. * Train QI team members in how to effectively interpret and respond to test results. | * Spread the use of reporting test results using standardized work throughout the organization. * Conduct Cause and Effect Analysis on the gap between predicted and actual results. * Share test results and learnings on how to test throughout the organization. * Measure and track the correlation between predicted and actual results. | * Use test results to guide learning, modification, and installation of proposed solutions. |

Foundational Element 6: Continuous Process Improvement

**Sub-Element 6.3: Testing Proposed Solutions**

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| **Extracting Learning from Experience** | * Gain knowledge in effective ways to extract learning (e.g., SRLD®, After Action Reports) * Gain knowledge in gathering practical knowledge from others and capturing it with standardized work. | * Begin to use methods in extracting learnings from initial improvement projects and problem situations. * Begin to document relevant work knowledge from subject matter experts. | * Adopt a process for extracting learning. * Educate QI team members how to extract learnings using standardized work. * Capture learnings from testing proposed solutions, prior to rollout of the solution. * Conduct formal lessons learned as part of the closure of improvement projects. | * Spread lessons learned process to all areas of the organization including administrative and functional processes. * Increase the frequency with which lessons learned are captured. * Require the use of lessons learned after all improvement activities (e.g., improvement projects, strategic/annual planning). | * Enable all organization members to be skilled in participating and conducting lessons learned. * Incorporate routine reflection and learning into all daily work processes. * Encourage open, on-the-job individual and team learning. * Drive knowledge retention, transfer, and training by documenting knowledge from subject matter experts in all areas of the organization. |
| **Implementing and Sharing Learning** | * Gain knowledge in effective ways to share learning. | * Identify simple methods for sharing learnings (e.g., email, face-to-face, website) * Gather and use learnings from others. | * Require the development of detailed action plans (what, who, when, how) for implementing actions resulting from lessons learned. * Develop a process and system for storing and sharing learnings; teach QI team members in their use. * Audit how well QI team members implement and share learnings (i.e., conduct Lessons Learned on the Lessons Learned process). | * Make lessons learned sharing system usable throughout the organization. * Establish (or participate in) a learning communities (see Sub-Element 2.2). * Track results from implementing actions from lessons learned. * Integrate into all improvement efforts researching lessons learned and best practices for potential application. * Reward and recognize organization members for sharing both positive and negative learnings. | * Track repeat problems and address causes of re-occurrence. * Share learnings externally with other organizations. |

**Foundational Element 6: Continuous Process Improvement**

**Sub-Element 6.4: Extracting Lessons Learned**

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|  | **PHASE 1: No Knowledge of QI**  **🡫**  **PHASE 2: Not Involved with QI Activities** | **PHASE 2: Not Involved with QI Activities**  **🡫**  **PHASE 3: Informal or Ad Hoc QI** | **PHASE 3: Informal or Ad Hoc QI**  **🡫**  **PHASE 4: Formal QI Implemented in Specific Areas** | **PHASE 4: Formal QI Implemented in Specific Areas**  **🡫**  **PHASE 5: Formal Agency-Wide QI** | **PHASE 5: Formal Agency-Wide QI**  **🡫**  **PHASE 6: Organization Wide Culture of QI** |
| **Identifying & Validating Best Practices** | * Gain knowledge on what best practices are and how to effectively identify them. | * Define and communicate what best practices are and how to identify them. | * Develop a process for identifying and validating best practices. | * Identify key best practices for the organization. * Maintain list of current best practices in all areas of the value stream, including administrative and functional processes. | * Expand the identification of best practices across all processes and functions, both internally and with partners. |
| **Documenting Best Practices** | * Gain knowledge on methods and formats to develop and document best practices. | * Develop and begin to use standardized work for capturing best practices after improvement projects. | * Teach QI team members how to develop and document best practices. | * Adopt across the organization a standard method and format for developing and documenting best practices. * Incorporate standard format into best practice sharing system. | * Incorporate the use of best practice sharing into all work processes. |
| **Sharing & Replicating Best Practices** | * Gain knowledge on how to effectively share and replicate best practices. | * Identify simple methods for sharing best practices (e.g., email, face-to-face, website) * Identify mentors in the organization and develop role profile. | * Develop a process and system for capturing and sharing best practices. * Train QI team members to use the best practice sharing system. * Teach mentoring responsibilities and skills to mentors, and assign responsibilities for sharing best practices. | * Expand best practice sharing system across organization, including administrative processes. * Replicate best practices across organization. * Spread use of mentors throughout the organization. * Establish (or participate in) a best practice community (see Sub-Element 2.2). * Track sharing and implementation of best practices and results from replication. * Integrate into all improvement efforts researching best practices for potential application. * Recognize and reward organization members for the use/adoption of best practices. | * Track the frequency of re-development of similar solutions (i.e., “re-inventing the wheel”) and share results and causes with the organization. * Recognize and reward coaches and mentors for their effect on transferring knowledge. * Seek out and share best practices externally. |

**Foundational Element 6: Continuous Process Improvement**

**Sub-Element 6.5: Sharing Best Practices**

**Foundational Element 6: Continuous Process Improvement**

**Sub-Element 6.6: Effectively Installing Standardized Work**

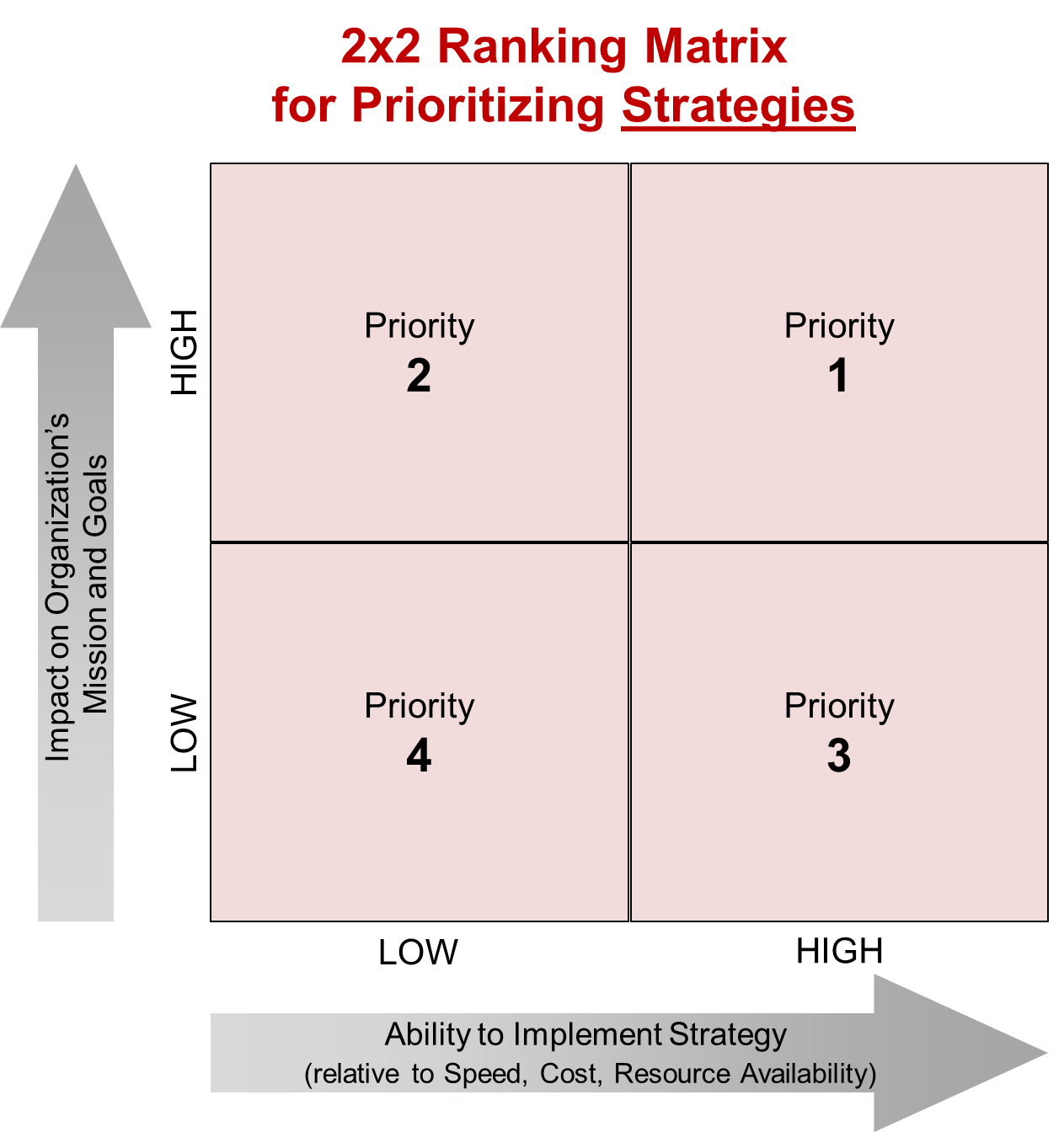
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| **Developing Standardized Work** | * Gain knowledge of what standardized work is, how standardized work is used to reduce process variability and drive continual process improvement, and effective formats for its use. | * Train QI team members on what standardized work is, how standardized work is used to reduce process variability and drive continual process improvement, and effective formats for its use. * Develop a format and approach for documenting standardized work. * Have QI team members create and use standardized work in a work process. | * Refine the format of standardized work to include all key features and drive consistency in its use. * Develop standardized work for all key work processes. * Make developing/updating standardized work a required output of all process improvement efforts. | * Deploy the standardized work formats and system throughout the organization. * Establish standardized work as part of required documentation for all key work processes. * Train all organization members how to create standardized work using the standard format(s) * Create standardized work for key work processes in all areas of the value stream. * Utilize process variation measures as a means for identifying the need for new/updated standardized work. | * Regularly audit the status of all standardized work to ensure it is up-to-date and reflects the most current process; root cause and address gaps. * Establish standardized work for utilizing and continually improving the standardized work formats. * Incorporate standardized work and key work process knowledge directly into the workplace through applications such as visual controls and mistake proofing. |
| **Teaching and Using Standardized Work** | * Gain knowledge of how to effectively and efficiently roll out standardized work and train people in its use. * Gain knowledge of how to effectively and efficiently manage standardized work to make it easy to find, use, and update. | * Roll out standardized work that has been created, train team members how to use it, and gather feedback. * Establish a process for managing changes to standardized work. * Establish a system for storing and managing updates to standardized work. | * Establish a formal approach for rolling out and training organization members on how to find, use, and update standardized work. * Train all organization members on the standardized work relevant to their work – how to find it, use it, and update it. * Make standardized work documentation available and visible where the work is performed. * Refine the process and system for managing standardized work. | * Integrate rollout and training of standardized work into the formal training system. * Deploy standardized work to all areas of the organization that perform the same work. | * Regularly audit the use of all standardized work to ensure it is being followed and updated; conduct cause and effect analysis and address gaps. * Incorporate into organization leader responsibilities the roll-out, training, and tracking use and performance of standardized work. * Integrate the standardized work system with the best practice sharing system. * Continuously improve the speed at which standardized work is updated and rolled out. |

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| **Managing Work Process Performance** | * Gain knowledge on how to establish good work process measures (see Sub-Element 5.1) * Gain knowledge in factors affecting human performance, coaching, teaching, communicating, and providing feedback. | * Identify current work process performance measures, gather data, establish baseline. * Establish work process owners; clarify that ongoing process improvement is their responsibility | * Establish and publicize work process performance measures and targets for key work processes in specific areas as well as during improvement activities. * Train QI team members to be able to effectively understand process measures and analyze data to understand causes. * Train work process owners in the skills of coaching, teaching, communicating, problem solving, and providing feedback. * Have work process owners audit improved areas via visible observation, participating in improvement activities, reviewing results, and providing work process coaching. | * Establish an organization-wide work process performance scorecard with measures that are aligned from the organization leader to the individual contributor. * Routinely communicate work process performance to key stakeholders. * Expand training and work process auditing to include all work process owners throughout the organization. * Periodically share coaching issues across the organization. | * Routinely assess and re-establish the measure targets in order to drive work process excellence. * Visually display process performance measures in all work areas for all organization members and stakeholders. * Make coaching more regular and engage everyone in giving effective feedback to one another. |
| **Continually Improving Work Processes** | * Gain knowledge in work process management, problem solving, and work process ownership. | * Solicit work process feedback from organization members. * Periodically identify process issues and brainstorm improvement ideas. | * Establish a Continual Improvement System (CIS) during improvement activities or as part of regular process management; train team members and use routinely. * Establish Management of Change (MOC) work process to manage the installation of work process improvements. * Provide a mechanism for work process owners to request improvement activities for prioritization. | * Deploy the Continual Improvement System for all improvement activities & key work processes. * Solicit work process feedback from customer, supplier, and other affected work processes for all key work processes. * Establish work process owners for all key work processes. * Work process owners identify additional opportunities for Kaizen. | * Provide all organization members the knowledge and skills to individually self-assess, identify opportunities, and implement improvements. * Engage Customers, Suppliers, and other affected work processes in continually identifying improvements. * Routinely audit all key work processes and compare to the standardized work; identify and address gaps. * Routinely research for new best practices that can be replicated. |

**Foundational Element 6: Continuous Process Improvement**

**Sub-Element 6.7: Process Management, Results, and Continual Improvement**

**Prioritization Matrix**



**Glossary of Terms**

**Accreditation –** Accreditation for public health departments is defined as: 1) The development and acceptance of a set of national public health department accreditation standards; 2) The development and acceptance of a standardized process to measure health department performance against those standards; 3) The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and 4) The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

**Best Practices –** The current best-known way to do something. Best practices are a) recognized as consistently producing results superior to those achieved with other means, b) can be standardized and adopted/replicated by others, and c) will produce consistent and measurable results. Replication required the adoption in a different process, area, or organization such that the results of the original application can be reliably reproduced. Best practices will evolve to become better as improvements are discovered.

**Cause and Effect Diagram –** A problem solving technique used to understand the underlying causes of a specific issue and determine effective solutions to address the issue. The visual, diagram-based technique establishes the relationship of how all possible causes combine to produce the effect. Cause and Effect Analysis is very similar to Root Cause Analysis although broader in concept in that CEA drives practitioners to look for multiple cause and effect relationships rather than a single root cause.

**Change Management –** A structured approach to transitioning an organization from a current state to a future desired state

[**Check Sheet**](http://qiroadmap.org/check-sheet/) **–** A tool used to record and compile data as they occur, so that patterns and trends can be identified.

**Coaching Training –** Leadership training provided to supervisors and managers. The training is focused on improving leaders in 4 areas: Managing Performance, Developing People, Improving Processes, and QI skills (goal setting, value and waste detection, measurement, extracting learnings, working with others, communication, action planning, information based problem solving, decision making, and teaching/coaching others).

**Continual Improvement System (CIS) –** A visual storyboard used to continually improve the process by involving the work team in tracking measures; identifying problems, issues, improvement ideas, and concerns; and evaluating, solving, and installing the solutions. Routine team meeting occurs for all team members to be engaged and involved.

[**Control Chart**](http://qiroadmap.org/control-chart/) **–** A tool used to monitor performance over time by identifying and distinguishing common and special causes of variation.

**Core competencies –** The key knowledge, skills and abilities required to succeed in performing a role

**Customer Perspective Measures –** Measures that represent how the customer would judge the product/service and their experience in using it.

**Deming’s 14 Points of Management –** A standard reference for quality transformation from Deming’s 1982 book now titled “Out of the Crisis” 1. Create a constant purpose toward improvement 2. Adopt the new philosophy 3. Stop depending on inspections 4. Use a single supplier for any one item 5. Improve constantly and forever 6. Use training on the job 7. Implement leadership 8. Eliminate fear 9. Break down barriers between departments 10. Get rid of unclear slogans 11. Eliminate management by objectives 12. Remove barriers to pride of workmanship 13. Implement education and self-improvement 14. Make ‘transformation’ everyone’s job.

**Administrative and Functional Processes –** The work processes and systems that support the daily operations of the organization such as HR, Finance, Legal, Purchasing, Compliance, IT.

**Extended Value Stream –**  “All of the actions—both value creating and wasteful—required to bring a product (or service) from raw materials into the arms of a customer.” (Jones and Womack, “Seeing the Whole”) An Extended Value Stream map is the high level (“100, 000 ft.”) view of a process. Extended value stream mapping includes the high level steps and information about a process that spans beyond the internal organization to include the process steps of the external partners.

**External Customer –** Those people that receive the service or offering and whose success you are trying to immediately enable.

**Flow –** An advanced improvement method that seeks to improve work process capacity or throughput and reduce cycle time. It accomplishes this via performing tasks one at a time (vs. batch processing), balancing the work content between people, reducing wait time between process steps, and performing tasks as they are needed.

**FMEA –** Failure Modes and Effects Analysis. A predictive method for analyzing potential “things gone wrong” and prioritizing them based on their risk.

**Gemba (or Genba) –** Where the work is accomplished; the action of going to see the actual process, understand the work, ask questions, and learn.

[**Histogram**](http://qiroadmap.org/histogram/) **–** A graphical tool used to summarize frequency distributions over time

**Hypothesis –** A proposed explanation which is unproven. A hypothesis must be tested in order to be validated. Proposed improvement solutions that are derived from analysis are hypotheses that must be tested to be shown to be correct.

**Improvement Activity –** A systematic quality improvement activity or a project that includes an aim (goal) statement; a work plan with tasks, responsibilities and timelines; intervention strategy(ies); and measures for tracking change.

**Internal Customer –** Stakeholders within the organization or between organizations that have requirements to satisfy in order to deliver the service to the external customer. Ex: Handoffs from one person to another in a work process that provides the service to the Customer.

**Leaders –** Anyone who directs the work of others, including senior managers, chiefs, directors, middle managers, supervisors, and governing entities.

**Lessons Learned –** Knowledge generated through a formal method of exploring and understanding after doing something.

**Kaizen (event) –** An improvement method for making rapid process improvements. Typical application consists of: prior planning followed by fully executing the process improvement cycle over a period of days; performed at the sub-process level or where the work is done (“gemba”); focused on making improvements by detecting and eliminating waste.

**Kano –** Noriaki Kano’s research suggests that there are types of customer values (must be, delighters, satisfiers) which, when understood, open up opportunities to add value and increase customer satisfaction. These include features that customers may not even expect in the offering, but if present, would delight them and features that win greater response from customers the more they are present. A Kano survey of customers can be constructed and executed to identify these values. This is a useful technique for deciding which features you want to include in a product or service.

**Learning Community** - A group formed to advance the collective knowledge around a particular topic area in a way that supports the growth of knowledge among individual members of the group. Learning communities often include members that exhibit a diversity of skills, experience, and expertise; have an objective of continually advancing collective knowledge, skills, and abilities; and support mechanisms for sharing what is learned.

**Management of Change (MOC) –** A formal process to evaluate and properly manage any modifications to the design, documentation, execution, or control of a work process. Not to be confused with Change Management, a systematic approach to leading an organization through a change.

**Measurement System Analysis:** A set of techniques used for estimating the amount of variation in the measurement process, in order to validate that the measurement process will provide accurate and reliable data. Variation in the measurement process will contribute to the observed true variation in the process and potentially lead to false interpretation of the data during analysis.

**Mistake-Proofing –** An improvement method for minimizing human error within work processes.

**Non-Judgmental Culture -**  A culture where all employees live by a set of values, behaviors, and approaches that are open and not integrating a judgment whatsoever. All employees and leaders look at problems as opportunities for improvement, use data and information to understand issues, and work to identify the root causes to issues without arbitrarily passing judgment and assigning blame.

**Organization Scorecards –** Table of measures that quantitatively illustrate performance. Some scorecards measures are cascaded down from the leaders with other measures from the teams.

[**Pareto Chart**](http://qiroadmap.org/pareto-chart/) **–** A tool used to identify problems that offer the greatest potential for improvement by showing their relative frequency or size in a descending bar graph

[**Performance Management System**](http://qiroadmap.org/performance-management-system/) **–** 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 on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

**Performance Measures –** A quantitative tool to help understand, manage, and improve what organizations do. Performance measures let us know: How well we are doing; if our processes are in statistical control; if we are meeting our goals; if and where improvements are necessary; if our customers are satisfied. They provide us with the information necessary to make intelligent decisions about what we do. A performance measure is composed of a number and a unit of measure. The number gives us a magnitude (how much) and the unit gives the number a meaning (what). Performance measures are always tied to a goal or an objective (the target)

[**Plan-Do-Study-Act**](http://qiroadmap.org/plan-do-study-act/) **(PDSA) –** A continuous quality improvement model for improving a process. Similar to the scientific method, PDSA steps involve the development of a hypothesis (Plan), an experiment or intervention (Do), evaluation or data analysis (Study/Act).

**Process Mapping –** An improvement method in which a process is depicted graphically with relevant data, which enables understanding and analysis for improvement.  Includes methods such as Value Stream Mapping and Sub-Process/Swim Lane Mapping.

**QI Coach –** A QI expert who is capable of coaching the QI Leadership Team, the QI Leader, and QI Teams through strategic and QI planning, the improvement process, and QI methods.

**QI Leader –** The QI Leader will lead, facilitate, and drive QI to success in the organization by providing focus and leadership. The responsibilities include QI education, adoption, planning, project execution, communication and change management, the sharing of learnings, and measuring QI results. (e.g., PIM, QI Coordinator)

**QI Leadership Team –** The organization leaders who are accountable for the success of the organization and QI. Their responsibilities include modeling the organization's values, establish the strategic and QI goals, objectives, and measures, and the achievement of those goals, and lastly the elimination of barriers. (e.g., PM/Quality Council)

**QI Method –** A formal improvement methodology which utilizes data and information within problem solving to reliably generate improvement solutions. (e.g., SRLD, Process Mapping and Waste Analysis, Kaizen, Mistake Proofing, 5S, Flow, Quick Change, Sigma)

**QI Plan –** The set of improvement projects and activities with defined objectives, tactics, resources, timelines, measures, and targets. The QI plan is intended to focus the organization on the high priority QI activities during the planning cycle (typically 1 year). The QI plan is established by evaluating & prioritizing the strategic plan, customer gaps, process gaps, organization directions, employee gaps, and prior learnings.

**QI Practitioner –** Any person who applies, or practices, the application of standard improvement method(s) and technique(s), under the guidance of a QI Leader. A QI Practitioner can lead teams in the application of standard QI methods.

**QI Team Structure –** The structure of the QI individuals, from the Organization’s Leadership team to the QI Leadership team and QI team members. This includes the number, location, and dedication of the QI Leaders and QI team members.

[**Quality Improvement (QI)**](http://qiroadmap.org/quality-improvement-qi/) **–** A formal, systematic approach (such as plan-do-check-act) applied to the processes underlying public health programs and services in order to achieve measurable improvements

[**Rapid Cycle Improvement**](http://qiroadmap.org/rapid-cycle-improvement/) **–** An improvement process, based on the PDSA model, which involves testing a change idea on a small scale to see how it works, modifying, and re-testing until customers are satisfied and it becomes a permanent improvement.

**ROI –** Return on Investment. Return on Investment tool is designed to help agencies and organizations estimate the economic returns from investments made in strategies that enhance public health service delivery (quality improvement efforts or QI). It is recommended that the tool be used throughout the improvement process (pre- and post-implementation)

[**Scatter Diagram**](http://qiroadmap.org/scatter-diagram/) **–** A graphical tool used to identify the possible relationship between the changes observed in two different sets of variables.

**SRLD –** A formal QI method to evaluate a situation and capture the lessons learned by: 1) Evaluating the Status achieved; 2) Determining the Reasons the status was at, above, or below the desired results; 3) Extracting the Learnings; 4) Establishing the Directions to implement the learnings.

**Standardized Work –** Documented methods which define how work is done. Standardized work reflects the current best-known way to do something, and is documented in a way that enables it to be effectively used while work is performed, resulting in decreased variation and a basis for continual process improvement.

**Statistical Control:** The state of a stabilized process in which the process performances within the expect tolerances and only common causes of variation remain (all special causes of variation having been removed), as evidenced on a control chart by the absence of (1) data points beyond the control limits, and (2) non-random patterns of variation.

[**Strategic Plan**](http://qiroadmap.org/strategic-plan/) **–** A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

**SWOT Analysis –** A strategic planning method used to evaluate the Strengths, Weaknesses, Opportunities, and Threats to determine strategic objectives. Strengths are characteristics of organization that give it an advantage over others; Weaknesses are characteristics that place the organization at a disadvantage relative to others; Opportunities are elements that the organization could exploit to its advantage; Threats are elements in the environment that could cause trouble for the organization. The analysis associates the internal and external data to develop strategies.

**Value –** Activities the customer is willing to pay for and changes the product, service, and information and done right the first time.

**Value Added Ratio (VAR) –** A measure of process improvement. For a given process, VAR can be measured by the time spent doing value-added tasks divided by the total process time.

**Value Stream –** The high level (“40,000 ft. view”) of the flow of information and materials required to produce a product or service for a customer (typically within a single work unit or organization). Value Stream mapping and analysis is a fundamental method to identify opportunities for improvement. Value stream maps include the major process steps, informative data, how information flows and a timeline for delivering products or services.

**Visual Controls –** A technique for enabling people to effectively manage their work through easily seen and understood visual indicators which make an abnormal condition stand out by: a) showing the current condition, b) showing what the standard is, and c) linking to an action.

**Waste –** Anything that adds cost or otherwise consumes resources without adding value.

**Work Team-** A team formed around a work process, function or area. Typically in place over a sustained period of time.