



Office of Performance Improvement
Minnesota Department of Health
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Quality Improvement Plan

Minnesota Department of Health

January 2013

MDH Quality Council approval date:

MDH Health Steering Team approval date:

I. Purpose and Scope

The purpose of the Minnesota Department of Health (MDH) Quality Improvement (QI) Plan is to guide the development, implementation, monitoring and evaluation of cross-departmental efforts to build a culture of continuous quality improvement throughout the organization. This includes both “big QI” efforts such as engaging our customers and “little qi” efforts such as decreasing the amount of hand-offs in a process.

The QI Plan provides a framework for the MDH Quality Council to use to enhance the culture of quality throughout the organization. As a result of these efforts, MDH believes it will better be able to protect, maintain and improve the health of all Minnesotans.

Quality improvement is a priority at MDH and the MDH Quality Council is working towards making QI expected and supported at all levels across the department.

At MDH, quality improvement is about:

- Intentionally and continually looking for ways to do our work better and adapt to change;
- Empowering employees to identify and make improvements;
- Meeting the needs of our customers; and
- Using data and information for decision making.

Quality improvement is an important piece of MDH’s performance management system, in which data is used for decision making and quality improvement tools and methods are applied when adequate progress towards achievement of results and standards is not being made.

Other important definitions are included in Appendix A.



II. Quality Improvement Roles and Responsibilities

Quality improvement is expected at all levels across the department; everyone has a role to play.

- The Executive Leadership Team (ELT) will demonstrate leadership support for continuous quality improvement. The ELT will be represented on the Quality Council.
- The *Health Steering Team* will be responsible for approving the annual QI Plan They will also refer any cross-divisional quality improvement opportunities to the Council for consideration and/or required action.
- DH’s *Quality Council* will provide the oversight and direction for cross-department QI activities. The Council will also provide leadership support and guidance for building capacity for quality improvement on all levels throughout the department, for communicating quality improvement activities and resources, and for recognizing QI efforts and successes (for more detail refer to the Council’s approved charter in Appendix B).

- Budget and staff resources exist within the *Office of Performance Improvement (OPI)* to provide consultation, facilitation and training for quality improvement efforts throughout the department. This includes but will not be limited to: facilitation of the MDH Quality Council; consultation or facilitation for cross-divisional QI projects; design and delivery of QI trainings; communication of QI activities; and housing and promotion of QI resources.
- Division Directors will be expected to have a basic understanding of quality improvement (definition, purpose, basic concepts) and to lead by example and foster a culture of quality within their respective divisions. This may include assessing and addressing QI training needs; referring any potential cross-divisional QI opportunities to the HST; encouraging managers/supervisors to integrate QI into their daily work; supporting a division quality council/team; and recognizing those who contribute to quality, efficiencies and cost savings.
- Managers/supervisors will also be expected to have a basic understanding of quality improvement (definition, purpose, basic concepts) and to lead by example and foster a culture of quality within their sections, units and program areas. This includes addressing QI training needs; referring any potential cross-section/unit/program QI opportunities to Division Directors; encouraging staff to use QI tools and integrate QI into their daily work; and recognizing those who contribute to efficiencies and cost savings.
- All employees are expected to continually look for ways to do their work better, share those ideas with their colleagues and Supervisors, and to contribute and adapt to change.

III. Quality Improvement Projects

The Quality Council is responsible for identifying, implementing, monitoring and evaluating cross-departmental QI projects. The Quality Council will aim to oversee the completion of two agency-wide QI projects annually. Priority will be placed on projects that align with the agency’s strategic plan, existing goals, and/or identified gaps. Additional projects will be initiated, as resources allow.

Identification of Cross-Departmental Projects

The Council will identify cross-departmental QI projects through the following avenues:

- Executive Leadership Team and Health Steering Team requests
- Accreditation Improvement Plan (to be received after site visit by the Public Health Accreditation Board)
- Other agency-wide assessments and/or surveys, such as the annual employee survey
- MDH performance measure review (when established)
- Monitoring of division-level projects for those that have the potential to impact other program areas or divisions

Project proposals, requests and ideas will be reviewed at regularly scheduled Council meetings. The Council will make a determination on whether to initiate the project or not by considering alignment with agency goals and availability of resources. Submitters will draft a Project Charter and send it to the Council Chair, the Council Facilitator or any Council member for consideration at the next Council meeting. Refer to Appendix C for a Project Charter.

In general, quality improvement projects should follow “project management” principles to provide structure to the activity. This helps ensure clear purpose and scope, commitment of necessary resources, specified timeframes,

expected level of effort, management sponsorship and support, clear decision/implementation authority, and anticipated outcomes.

To ensure success, QI project teams should include individuals at various levels including “frontline” staff, program managers, division directors, and other staff or stakeholders. A QI project team may be developed to address a single QI project or it may be a more long-term team to address a series of related QI projects over time.

Implementation of Cross-Departmental QI Projects

Cross-Departmental QI projects will be sponsored by a Council member and led by staff in the appropriate program area(s). OPI staff will offer project consultation and/or facilitation, as requested.

Project teams will be expected to:

- Document the answers the questions:
What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in an improvement?
- Develop a Project Charter that outlines how the team will operate and what it will accomplish (refer to Appendix C for a Project Charter)
- Use Plan-Do-Study-Act or Lean methodology
- Document key steps of the process
- Report results to the Council
- Share documents, tools, lessons learned, etc. with others throughout the department
- Develop a project storyboard (refer to Appendix D)

Division/Office Level Projects

Each Division/Office will be responsible for identifying, implementing, monitoring, evaluating and documenting their respective QI projects. Quality Council members will report on division/office level Quality Council/Team activities and respective quality improvement activities. The goal of reporting on QI activities is to assess spread of QI throughout the department, monitor for projects that have department-wide significance and assist in celebrating successes.

The Council will make available guidance, tools and templates through a source (such as SharePoint or the MDH Intranet) accessible to staff. The Office of Performance Improvement is available to provide additional support and technical assistance as needed.

IV. Goals and Work Plan

In order to assess and monitor progress in advancing the culture of quality at MDH, the Quality Council will establish annual goals and describe activities it will undertake to achieve those goals. Goals will be established based on analysis of results from an annual all-employee survey which includes ten questions that measure organizational QI maturity. Refer to the QI Maturity Index questions in Appendix E.

Annual work plan goals and activities will be developed by the Council and related to improving scores within the three core areas of the QI Maturity Index: organizational culture; capacity/competency; and alignment and spread. Refer to work plan in Appendix F (to be developed).

V. Performance Monitoring and Reporting

- A. The Council will review the QI Plan and all related processes annually to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts. The evaluation will include comparison of actual results to target, problem identification and analysis for gaps in performance, and plans for improving performance.
- B. Cross-departmental QI projects will be monitored by the Council on a regular basis. After a project is initiated, the project lead will provide updates, as requested during Council meetings. The updates will include progress on reaching the project's aim, barriers encountered, strategies to address those barriers and project successes.
- C. Upon completion of cross-departmental projects, leads will report results through presentation of a project storyboard. If the project did not meet its aim, the team will need to determine if it will continue with a different QI project addressing the same problem, or if it will abandon the effort. If the project met or exceeded its aim, the project team will determine what efforts will be needed to sustain the improvements and offer suggestions on how to further implement improvements to other related areas.
- D. The Council will submit an annual report to HST for approval which summarizes:
 - Cross-department QI projects, including a summary of barriers to achieving aims, plans for addressing barriers and examples of successes and key learnings
 - Achievement on the comprehensive QI Maturity Score and data from the specific ten questions that make up the QI Maturity Index
 - A work plan for the next year
 - Any recommended changes to the QI Plan
 - Any recommended changes to the Council's Charter

VI. Training Plan

Developing staff capacity and competency to engage in continuous quality improvement is an essential component to building a culture of quality. Beginning in 2013, the Quality Council will support the following activities:

- Include 10-15 minutes on Quality Improvement at MDH new employee orientation, as part of the Executive Office's presentation. Include MDH's QI definition; why we are/should be engaged in QI; and examples of QI success at MDH.
- Encourage offices and divisions to consult with OPI for their QI training, consultation and technical assistance needs.
- Work with HRM to include a module or sections on QI Leadership in the Everyday Leaders Program and a course or module as part of the Leadership Development courses.
- Continue to develop and offer optional QI trainings, such as a QI 101 course.

VII. Communication Plan

Clear and consistent communication is also critical to building a culture of continuous quality improvement throughout MDH. It is evident from the most recent survey of MDH employees (2012) that many are unaware of MDH QI activities and resources.

The Communication Plan serves to outline the strategies and activities the Quality Council will engage in to regularly communicate QI within MDH and to organize and share QI documentation. They include:

A. Making QI Visible

- Post MDH's QI definition in common areas (i.e. neighborhood centers)
- Create and promote a MDH QI Intranet homepage

B. Recognizing Quality Improvement Efforts

- Acknowledge QI project accomplishments through Commissioner Kudos.
- Oversee MDH's nomination process for the Governor's Continuous Improvement Awards. Acknowledge these QI projects through the MDH Intranet homepage.
- Publicize and archive completed QI projects on the [MDH QI Intranet page](#).
- Post completed project summaries (Report Outs and storyboards) on the [MDH QI Intranet page](#).
- Physically display storyboards (i.e., on OPI office windows, in the Golden Rule Building and in regional offices).

C. Documenting QI Project Activity

- Require cross-divisional QI project teams to develop a project storyboard.
- Strongly encourage division/office-level projects to develop a project storyboard.

D. Regularly Reporting on QI Efforts and Achievements

- Present QI updates and messages from the Council Chair at First Mondays.
- Provide regular updates and annual reports to the Health Steering Team.
- Present at division/office and/or program-level meetings, as requested.
- QI project (cross-department and division/office/program specific) leads present storyboards to the Quality Council upon project completion.
- Host quarterly Brown Bag lunches to provide updates on the work of the Council and improvement projects the Council supports (alternate between OLF and GRB; use ITV).

E. Enhancing, maintaining and promoting QI resources and tools

- Promote QI tools, resources, and trainings through links from the MDH Intranet home page to the [MDH QI external page](#).

F. Organizing and Sharing QI Documents on SharePoint

- Use the SharePoint QI site to store documents from the Quality Council and cross divisional projects (e.g. meeting agendas and summaries, project documentation).

Because recognition is a component of building a culture of quality in an organization, the Council supports the MDH Achievement Awards. The Council would also like to consider offering its own annual QI achievement awards. This may be held in conjunction with MDH's Achievement Awards (i.e. review nominations and identify those eligible for a quality award and/or the Governor's Continuous Improvement Awards).

VIII. Evaluation

The effectiveness of the QI Plan will be measured through results from the annual MDH employee survey that incorporates the ten questions used to calculate a QI maturity score. Since 2011, MDH has been monitoring its QI maturity through use of these ten questions. The same ten questions are being used to monitor QI maturity within the local public health system. The tool consists of ten questions covering the following topics: staff participation in decision-making; leadership trained in PDSA; quality tasks integrated into job descriptions; knowledge of existence of a QI plan; collection of customer satisfaction feedback; staff ability to work across program boundaries; perception that agency decision-makers believe that QI is important; belief that there is a pervasive culture of continuous quality improvement; alignment of quality with agency policies and plans; and capacity to engage in QI. Refer to Appendix E for the QI Maturity Tool.

IX. Appendices

Appendix A: Quality definitions

Appendix B: MDH Quality Council Charter

Appendix C: Project Charter template

Appendix D: Project Storyboard template

Appendix E: QI Maturity Tool

Appendix F: MDH Quality Council Work Plan (to be developed)

Appendix A. MDH Quality Council Definitions

Updated January 2013

Accreditation

According to the Public Health Accreditation Board (PHAB), Accreditation is defined as:

- The development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards.
- The periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards.
- A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

Alignment

Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals.

Baldrige National Quality Program. (2005).

Competencies

Core competencies are fundamental knowledge, abilities, or expertise associated in a specific subject area or skill set.

Nash DB, Reifsnyder J, Fabius RJ, and Pracilio VP. (2011). Population Health: Creating a Culture of Wellness. Sudbury, MA: Jones and Bartlett

Continuous Quality Improvement (CQI)

Continuous Quality Improvement (CQI) is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. The primary goals are to improve the efficiency, effective-ness, quality, or performance of services, processes, capacities, and outcomes.

Centers for Disease Control and Prevention, National Public Health Performance Standards Program; Public Health Foundation. (2007). Acronyms, Glossary, and Reference Terms.

Customer Satisfaction

Customer satisfaction is a measure of how products and services supplied by an organization meet or surpass customer expectations. Customer satisfaction is the number of customers, or percentage of total customers, whose reported experience with an entity, its products, or its services (ratings) exceeds specified satisfaction goals.

Farris PW, Bendle NT, Pfeiffer PE, ReibsteinDJ. (2010). Marketing Metrics: The Definitive Guide to Measuring Marketing Performance. Upper Saddle River, NJ: Pearson Education, Inc.

Lean

Lean refers to a collection of principles and methods that focus on the identification and elimination of non-value added activity (waste) involved in producing a product or delivering a service to customers.

James Womack, Daniel Jones, and Daniel Roos coined the term “lean” in their 1990 book, The Machine that Changed the World, to describe the manufacturing paradigm (often referred to as the Toyota Production System)

Mission

A mission statement is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

Centers for Disease Control and Prevention, National Public Health Performance Standards Program; Public Health Foundation. (2007). Acronyms, Glossary, and Reference Terms.

Performance Management

Performance Management uses data for decision-making, by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made.

Plan-Do-Study-Act (PDSA)

PDSA refers to the process of continual improvement and learning proposed by Walter Shewhart and espoused by W. Edwards Deming. The letters stand for Plan, Do, Study, and Act. The four stages of the PDSA cycle: Plan – the change to be tested or implemented; Do – carry out the test or change; Study – data before and after the change and reflect on what was learned; Act – plan the next change cycle or full implementation.

Program Evaluation

Program evaluation is defined as the systematic application of social [or scientific] research procedures for assessing the conceptualization, design, implementation, and utility of social [community] intervention programs.

Rossi PH, Freeman HE, Lipsey MW. (1999, 6th Ed.). Evaluation: A Systematic Approach. Sage.

Quality Improvement (QI)

Quality Improvement (QI) is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization.

Public Health Accreditation Board

Quality Improvement Plan

The Quality Improvement Plan is a basic guidance document indicating how the department will manage, deploy, and review quality throughout the organization. The main focus is on how we deliver our products and services to our customers and how we ensure that we are aligned to their needs. The Quality Improvement Plan describes the processes and activities that will be put into place to ensure that quality deliverables are produced consistently. Over time, the Quality Improvement Planning, business planning, and strategic planning will integrate themselves into one aligned

document. Initially, however, the Quality Improvement Plan needs to be separate to give it the proper focus and attention throughout the organization.

Kane T, Moran JW, Armbruster S. (2010). Developing a Health Department Quality Improvement Plan. Sedgwick County Health Department, KS.

Strategic Plan

A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department.

Public Health Accreditation Board

Values

Values (and principles) describe how the work is done, what beliefs are held in common as the basis for the work.

Public Health Accreditation Board

Vision

Vision is a statement of the agency's goals—why it does what it does and what it hopes to achieve.

Public Health Accreditation Board

Appendix B. Quality Council Charter

Minnesota Department of Health Quality Council Charter January 4, 2012

I. Purpose of the Council

The Quality Council (Council) is chartered to create, implement, monitor and evaluate the quality improvement efforts at the Minnesota Department of Health (MDH) and to support department leadership in building a culture of continuous quality improvement throughout the organization.

II. Goals

MDH goals in pursuing the creation of the Council are to:

- A. Assure departmental success with CQI efforts
- B. Assure that staff performance training needs are met
- C. Use customer feedback for improvement planning
- D. Promote a culture of quality
- E. Recognize and acknowledge CQI efforts and to celebrate success

III. Definitions

Continuous Quality Improvement (CQI) is an intentional, ongoing effort to improve the efficiency, effectiveness or performance of services, processes, capacities, and outcomes.¹ QI efforts can include evaluation and improvement of all processes and programs that have either direct or indirect impact on the quality experienced by both internal and external customers.

The Health Steering Team (HST) is MDH's leadership team, comprised of the Commissioner, the Deputy and Assistant Commissioners, division and office directors.

Quality Improvement (QI) Plan is a document that identifies and prioritizes specific areas of current performance for improvement, establishes targets and timelines, and assigns responsibility for carrying out the improvement effort.

IV. Council Responsibilities and Scope

The Council's work will support leadership and staff by recommending and monitoring training, resources and structures to support quality improvement efforts performed by leaders and staff. The Council will have the following objectives:

- A. Develop and monitor implementation of MDH's QI plan.
- B. Foster a customer-focused orientation throughout the department.
- C. Strengthen MDH capacity to use quality improvement methods and tools.
- D. Communicate to all staff about QI efforts, recognize and acknowledge QI efforts, and celebrate success.
- E. Promote a culture of quality.

V. Council Structure

Membership

During 2012, the Council will include one representative from the ELT, one representative from each bureau, two ADDs, the Director of the Office of Performance Improvement and one additional HST representative.

Membership for 2012 include the following:

- Jim Koppel, Deputy Commissioner (Chair)
- Joanne Bartkus, Director of Public Health Laboratory
- Jane Braun, Director of Office of Emergency Preparedness
- Deb Burns, Director of Office of Performance Improvement
- Maggie Diebel, Director of Community and Family Health
- Chris Everson, Assistant Director of Infectious Disease Epidemiology, Prevention, and Control
- Jose Gonzalez, Director of Office of Minority and Multicultural Health
- Jamie Gudknecht, Director of Human Resource Management
- Darcy Miner, Director of Compliance Monitoring
- Karen Welle, Assistant Director of Health Policy

In future years, the membership of the Council will include additional members from multiple levels of the organization and include members who demonstrate expertise in quality improvement, performance management, and organizational development.

Membership Terms

With the exception of initial 2012 HST members, members will serve 2-year staggered terms. No more than half of Council members will rotate off the Council in a given year. A new member orientation session will be held each year and will be facilitated by the Council chair(s) and OPI staff.

Leadership

The Commissioner will appoint a chair or co-chairs.

Staffing

The Office of Performance Improvement (OPI) will staff the Council and provide support in the form of agenda planning, expert consultation, coordination, and facilitation as needed.

VI. Council Meetings

- A. The Council will meet every other month during the first year and quarterly thereafter for two hours at a time.
- B. In the first year, the Council will hold a half day planning session to develop the QI plan. In each subsequent year, a special session will be held to review and make changes to the plan.

VII. Guiding Principles

The Council will operate using the following principles:

- A. It will ground its work on CQI methodology and employ CQI tools to understand and improve outcomes.

- B. Its decisions will be data-driven and evidence-based, but it will also use and respect people’s knowledge and experience.
- C. It will make the customer perspective central to its decision-making and strive to consistently meet or exceed customer expectations.
- D. Its processes will be transparent, collaborative and inclusive.
- E. It will foster engagement and accountability with all persons involved in the CQI effort.
- F. It will focus on learning and improvement rather than judgment and blame, and value prevention over correction.

VIII. Team Norms

The Council will establish, at a minimum, team norms for communication issues, decision-making, participation, attendance, confidentiality, and preparedness for meetings.

IX. MDH QI Plan

The purpose of the Quality Improvement Plan is to establish annual priorities for department quality improvement efforts and to provide a structure for developing, monitoring, evaluating and promoting those activities. HST will approve the MDH QI Plan annually.

X. Performance Monitoring

- A. The Council will operate under an annual schedule. Throughout each year, appropriate subject matter leads will attend Council meetings to report on progress for existing QI efforts from their area. The subject matter expert will present actual to target performance, barriers to reaching target, plans for addressing barriers and examples of successes and learning. The Council will provide advice and technical assistance as needed. It may support the effort by helping identify organization-wide issues that impede success.
- B. The Council will review its charter and all related processes annually to ensure they remain adaptive to change and meet the needs of all who are impacted by QI efforts. The evaluation will include comparison of actual results to target, problem identification and analysis for gaps in performance, and plans for improving performance.
- C. The Council will survey stakeholders annually to measure the level of satisfaction with the Council’s work and processes. The survey will also solicit training needs and ideas for future QI projects.

XI. Reporting

Each year, the Council will submit, for HST’s approval, a report summarizing:

- A. The performance of each item in the QI log, including, as appropriate, a summary of barriers to reaching target, plans for addressing barriers and examples of successes and learning.
- B. Any recommended changes to the Council’s charter.
- C. The QI plan log for the coming year.
- D. The results of the Council’s performance evaluation, including, as appropriate, a summary of barriers to reaching target, plans for addressing barriers and examples of successes and learning.

XII. Communication Plan

The Council will undertake communications activities each year that will include updating an Intranet page to contain CQI training and tools, the Council charter and work plan, the QI plan log, the schedule for reporting project progress to the Council, QI Project tracking forms, the annual HST reporting documents and survey results. The Council will develop additional tools and features of the page as time and resources allow. The communication plan will enable the Council to create, implement, monitor and evaluate quality improvement efforts at MDH and to support department leadership in building a culture of continuous quality improvement throughout the organization.

XIII. Schedule

Milestone	Target Date
Draft of Quality Council charter developed	November 18, 2011
Project introduced to HST	December 7, 2011
Draft of Quality Council charter reviewed by HST	January 4, 2012
Council members confirmed	February 1, 2012
First meeting of Council	By March 15, 2012
Quality Council charter finalized	By March 15, 2012
QI planning session with Public Health Foundation	March or April

Approved by the MDH Health Steering Team on January 4, 2012.

Appendix C. Project Charter Template

Updated February 20, 2013



QI Project Charter

Project Title		
Project Start Date		
Executive Sponsor		
Project Lead		
Project Description / Statement of Work		
Business Case / Statement of Need (<i>Why is this project important now?</i>)		
Customers	Customer Needs / Requirements	
Project Definition		
Project Goals		
Project Scope		
Project Deliverables		
Resource Needs/Costs		
Project Constraints / Risks (<i>Elements that may restrict or place control over a project, project team, or project action</i>)		

Implementation Plan / Milestones <i>(Due dates and durations)</i>			
Communication Plan <i>(What needs to be communicated? When is communication needed? To who? How?)</i>			
Change Management / Issue Management <i>(How decisions will be made? How changes will be made?)</i>			
Project Team Roles and Responsibilities			
Team Members	Roles	Responsibilities	
Stakeholder Roles and Responsibilities			
Stakeholders	Roles	Responsibilities	

Sponsor Sign-Off:

Name:	Date:
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Appendix D. Project Storyboard Template

Updated January 2013

Agency/health dept. name: _____
Division: _____
Section/Unit/Program: _____
Project Title: _____
Contact Name: _____
Contact Tel#/Email: _____

PLAN
Identify an Opportunity and Plan for Improvement

1. Getting Started

Start typing here

2. Assemble the Team

Start typing here

3. Examine the Current Approach

Start typing here

4. Identify Potential Solutions

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5. Develop an Improvement Theory

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DO
Test the Theory for Improvement

6. Test the Theory

Start typing here

CHECK
Use Data to Study Results of the Test

7. Check the Results

Start typing here

ACT
Standardize the Improvement, Establish Future Plans

8. Standardize the Improvement or Develop New Theory

Start typing here

9. Establish Future Plans

Start typing here

Development of this resource was supported in part by funds from the National Public Health Improvement Initiative (NPHII).

Appendix E. QI Maturity Tool

Updated January 2013

Minnesota’s public health practice-based research network has recommended a series of ten questions that measure QI maturity. These ten questions span three key domains of QI (organizational culture, capacity/competency, and alignment/spread).¹ In 2013, Minnesota community health boards began reporting annually on these questions through the Planning and Performance Measurement Reporting System (PPMRS). MDH began to use these ten questions to monitor organizational QI maturity through annual surveys of all employees that began in 2011.

The initial goals were to broaden assessment of QI maturity beyond the top official to include all employees, and to establish state and local baseline QI maturity scores. The QI maturity score is calculated based on responses to the following 10 questions:

1. Staff members are routinely asked to contribute to decisions at my public health agency.
2. The leaders of my division are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.
3. Job descriptions for many individuals responsible for programs and services at my division include specific responsibilities related to measuring and improving quality.
4. My public health agency has a quality improvement plan.
5. Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.
6. When trying to facilitate change, staff has the authority to work within and across program boundaries.
7. The key decision makers in my agency believe quality improvement is very important.
8. MDH currently has a pervasive culture that focuses on continuous quality improvement
9. MDH currently has aligned our commitment to quality with most of our efforts, policies and plans
10. MDH currently has a high level of capacity to engage in quality improvement efforts

MDH Survey Results 2011 and 2012

Name of Survey	Survey Date	# of Responses	Response Rate
Agency Culture and QI Efforts	June 2011	1,111	73%
Employee Engagement and Quality Maturity	September 2012	990	65%

Overall MDH QI Maturity Score:

2011 = **2.28**

2012 = **2.70**

¹These ten measures represent a subset of a much more extensive 37-item survey developed, tested, and administered nationally to top public health officials as a way to measure the QI maturity of individual health departments. For more information: Joly BM, Booth M, Mittal P et al. Measuring quality improvement in public health: the development and psychometric testing of a QI Maturity Tool. *Eval Health Prof* 2012; 35(2): 119-47.

The QI maturity score corresponds to the *Roadmap to an Organizational Culture of Quality Improvement* produced by the National Association of County and City Health Officials:

0-2.9: Low QI (no knowledge, not involved, starting to get involved)

3.0-3.9: Medium QI (ad hoc QI)

4.0+: High QI (Borderline Formal QI, Formal QI, QI Culture)

The QI maturity score (as of now) is simply being used to measure progress of MDH (and the LPH system) in increasing organizational QI. A target has not been set for MDH.

Question	Response Category	2011	2012
Staff members are routinely asked to contribute to decisions at my public health agency.	Strongly Agree/Agree	49%	40%
	Neutral	25%	24%
	Disagree/Strongly Disagree	20%	29%
	I don't know	6%	6%
The <i>leaders</i> of my division are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	Strongly Agree/Agree	28%	29%
	Neutral	14%	15%
	Disagree/Strongly Disagree	10%	15%
	I don't know	48%	40%
Job descriptions for many individuals responsible for programs and services at my division include specific responsibilities related to measuring and improving quality.	Strongly Agree/Agree	33%	30%
	Neutral	16%	17%
	Disagree/Strongly Disagree	16%	14%
	I don't know	35%	38%
My public health agency has a quality improvement plan.	Strongly Agree/Agree	22%	47%
	Neutral	12%	14%
	Disagree/Strongly Disagree	8%	6%
	I don't know	58%	31%
Customer satisfaction information is routinely used by many individuals responsible for programs and services in my public health agency.	Strongly Agree/Agree	29%	25%
	Neutral	17%	17%
	Disagree/Strongly Disagree	15%	16%
	I don't know	39%	41%
When trying to facilitate change, staff has the authority to work within and across program boundaries.	Strongly Agree/Agree	37%	30%
	Neutral	18%	19%
	Disagree/Strongly Disagree	26%	32%
	I don't know	19%	17%
The key decision makers in my agency believe quality improvement is very important.	Strongly Agree/Agree	56%	53%
	Neutral	13%	15%
	Disagree/Strongly Disagree	4%	10%
	I don't know	27%	21%
MDH currently has a pervasive culture that focuses on continuous quality improvement	Strongly Agree/Agree		35%
	Neutral		24%
	Disagree/Strongly Disagree		23%
	I don't know		15%
MDH currently has aligned our commitment to quality with most of our efforts, policies and plans	Strongly Agree/Agree		35%
	Neutral		23%
	Disagree/Strongly Disagree		16%
	I don't know		23%
MDH currently has a high level of capacity to engage in quality improvement efforts	Strongly Agree/Agree		36%
	Neutral		20%
	Disagree/Strongly Disagree		17%
	I don't know		24%

Appendix F. MDH Quality Council Work Plan

To be developed.