

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

2024 PERFORMANCE IMPROVEMENT PLAN

Approved November 2023

INTRODUCTION & CONTENTS

At the Iowa Department of Health and Human Services (HHS), performance improvement (PI) is the name given to the formal tools and processes used to better understand challenges, set goals, develop strategies, evaluate progress, and improve outcomes. This name was inspired by the intentional and collaborative integration of the Performance Management and Quality Improvement programs.

To guide these important functions, HHS develops an annual plan that describes the department’s resources, goals, strategies, activities, timelines, and performance measures related to PI. The plan is organized by the following elements:

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LIST AND DESCRIPTION OF KEY QUALITY TERMS

List of Key Terms	Description of Key Terms
Dashboard	Visualizations of performance data and accompanying narrative context published to the HHS public website.
Health Equity (HE)	Health Equity is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health.
Performance Improvement (PI)	The intentional and collaborative integration of quality improvement and performance management. PI is name given to the tools and processes the HHS uses to better understand challenges, set goals, develop strategies, evaluate progress, and improve outcomes.
Performance Management (PM)	A systematic process of using data to make decisions in which data is used to measure, monitor, and communicate progress toward planned outcomes.
Performance Management (PM) Workshops	Three, 60-minute workshops held quarterly. Activities include: <ul style="list-style-type: none"> • Team strategy session facilitated by answering the Results-Based Accountability™ (RBA) Performance Accountability Questions. • Support from the performance management, quality improvement, and health equity coordinators. • Sharing knowledge and experience to help a partner team implement their strategy or collaborate on a mutually beneficial goal.
Plan-Do-Check-Act (PDCA) Cycle	An iterative, four-step cycle used for the continual improvement of processes and carrying out change. May also be referred to as Plan-Do-Study-Act (PDSA) cycle.
Quality Improvement (QI)	The intentional use of a defined framework to better understand processes, develop and test innovations, and continuously analyze measurable results. The framework used at the Iowa Department of Health and Human Services is the Plan-Do-Check-Act cycle (PDCA).
Quality Improvement (QI) Adventure	A formal quality improvement initiative that utilizes support from the HHS QI Council. The PDCA model is used to dive into a problem or process to remove waste and improve

	efficiency through a sprint (90 day), half-marathon (6 months) or full-marathon (one year) process.
RASCI Chart	A quality improvement tool used to communicate roles and responsibilities of a project or process. Roles are assigned to tasks as either responsible, accountable, supportive, consulted or informed.
Results-Based Accountability™ (RBA)	RBA is two, interconnected processes: performance accountability and population accountability. Performance accountability is used by programs, agencies, and service systems to improve their performance and service recipient outcomes. Population accountability is used by communities to improve the quality of life for their populations. Performance accountability contributes to population accountability.

KEY ELEMENTS OF THE PI STRUCTURE

Key elements of the PI structure include: leadership team support, support from supervisory staff, team member buy-in and planning and implementation of the PM, QI, and HE programs. The following table outlines responsibilities and the purpose of each of these key elements.

Key Element	Responsible Staff	Role in the Structure
HHS Leadership Team Support	HHS Senior Leadership team	<ul style="list-style-type: none"> Allocates resources to PI. Participates in PM trainings, PM workshops, QI trainings, and QI adventures as appropriate. Encourages team member participation in PI activities (e.g. add to work plans, submit a QI adventure, attend a workshop).
Coordinator Supervision	Bureau Chief, HHS Bureau of Performance	<ul style="list-style-type: none"> Advise HHS PM and QI coordinators in development and implementation of PI plan and activities. Reviews and approves PI Plan.
PI Planning and Implementation	HHS PM Coordinator HHS QI Coordinator	<ul style="list-style-type: none"> Publish PI plan annually. Implement PI plan via PM and QI activities. Evaluate PM and QI activities.
PM Planning and Implementation	HHS PM Coordinator	Responsible for the development and implementation of the performance management system including PM trainings and workshops.
QI Planning and Implementation	HHS QI Coordinator	Responsible for the development and implementation of the quality improvement system including QI trainings and adventures and leadership of the QI Council.
QI Council	<ul style="list-style-type: none"> HHS QI Coordinator HHS PM Coordinator Senior Leadership Team representative Two Bureau Chief representatives Eight staff members 	<ul style="list-style-type: none"> Review and approve PI plan. PI champions – recognize when QI is in action or when PI support may be needed/encourage colleagues to use the PM and QI systems. Create a network of skilled facilitators to support QI work through QI training and the QI adventure process. Provide QI training to HHS team members.

<p>HE Planning and Implementation</p>	<p>HHS HE Coordinator</p>	<ul style="list-style-type: none"> • Responsible for the development and implementation of the HHS Office of Health Equity framework. • Attends PM workshops. • Collaborates with PM and QI Coordinators on integrating HE concepts into the PI system.
<p>Team member Buy-In</p>	<p>All HHS team members</p>	<ul style="list-style-type: none"> • Participate in PI activities (PM trainings, PM workshops, QI trainings, QI adventures, etc.). • Recognize when PI work is being done outside of formal PI activities. • Recognize when PI tools are needed.

DESCRIPTION OF PI LEARNING OPPORTUNITIES OFFERED TO ALL LEVELS OF DEPARTMENT STAFF.

It is important to support the development of QI and PM skills and competencies in the HHS workforce, beginning with new employees. At new employee orientation, team members are introduced to PI concepts and information about the PM and QI systems as well as their role within those systems.

Additionally, HHS provides QI trainings throughout the year, which are available to all staff. A full list of courses is included in the appendix.

DESCRIPTION OF THE PROCESS FOR IDENTIFYING, PRIORITIZING, AND INITIATING QI PROJECTS.

QI work in HHS takes place both formally and informally. Details of both types are included below.

INFORMAL

All team members are encouraged to conduct quality improvement in their daily work using the PDCA cycle and through the PM system. Informal QI initiatives are identified, prioritized and initiated by team members conducting the work.

FORMAL

Formal QI adventures facilitated by QI council members are identified in one of three ways:

1. HHS leadership identifies a QI opportunity (e.g. address a priority in the strategic plan, improve a department-wide process).
2. A QI opportunity is identified through the performance management process or through a review of performance measures.
3. Individual employees submit an idea for a QI effort.

Regardless of how opportunities are identified, if team members would like to initiate a QI Adventure with support from the QI Council, the QI Adventure request submission process must be completed. Upon receipt of the QI Adventure request, the HHS QI coordinator reviews the request and determines if the request is a formal QI Adventure or if technical assistance for informal work is needed. All requests are then presented to the QI Council for review. If needed, the QI Council utilizes a process to prioritize QI Adventures.

GOALS AND OBJECTIVES OF PI PLAN IMPLEMENTATION

GOALS

Establish and maintain a PI culture in HHS, in which:

- Performance data drives decision-making.
- Management and staff recognize the benefits of PI.
- Management and staff identify PI opportunities.
- Management and staff participate in PI activities.
- Appropriate resources are maintained to support PI infrastructure.

In order to accomplish these goals, the HHS PM and QI coordinators will implement the following strategies.

STRATEGIES

- Offer high-quality PI opportunities to staff
 - QI trainings and QI adventures
 - PM trainings and PM workshops
- Solicit feedback from participants to ensure PI offerings meet their needs.
 - QI participant surveys
 - PM participant surveys
- Showcase the positive impact of PI participation
 - Share success stories
- Refine PI offerings based on participant feedback, best practices, and environmental conditions.

PERFORMANCE MEASURES FOR CALENDAR YEAR 2024

- 500 HHS team members will formally participate in PI activities.*
- 85% of PM workshop participants will report that workshops helped their team achieve at least one workshop goal.
- 85% of QI training participants report they will use what they learned in their work.

* Though a small portion of HHS staff, this is nearly double the number of staff supported in the legacy department of public health where these PI efforts originated.

MONITORING THE IMPLEMENTATION OF THE PI PLAN

REVIEWING

The HHS PM and QI coordinators are responsible for reviewing the plan annually. Before implementation of the plan begins, the QI Council, PHAB Accreditation Coordinator and Bureau of Performance Bureau Chief must review the plan.

MONITORING

The HHS PM and QI coordinators will track performance measures through the PM system, providing performance measure data prior to annual review. Performance measures are shared with the QI Council via their annual review and approval of the plan. Staff, stakeholders, and the public may view the measures at the division’s performance measure webpage.

PLAN FOR IMPLEMENTATION

A RASCI chart is a quality improvement tool used to communicate the roles and responsibilities within a project or process. Roles are assigned to tasks as either responsible, accountable, supportive, consulted or informed. The table below describes each element of a RASCI chart.

RASCI Chart Elements	
R = Responsible	The person or people who are responsible for completing the project tasks.
A = Accountable	The person who is accountable for the project’s completion.
S = Supportive	The person or people who help those responsible for project tasks.
C = Consulted	A person or people not directly involved but important to the process, like a subject matter expert.
I = Informed	A person or people who receive output from the project.

The following RASCI chart outlines how the PI Plan is developed, approved, implemented and monitored.

Process Title	Performance Improvement Plan Process							
Process Owner	HHS PM Coordinator and HHS QI Coordinator							
	HHS PM Coord.	HHS QI Coord.	PHAB Coord.	Performance Bureau Chief	QI Council	Senior Leadership	HHS Team Members	Public (Website)
Update plan	R, A	R, A	—	—	—	—	—	—
Review plan	R, A	R, A	C	C	C	—	—	—
Approve plan	R	R	I	A	I	I	I	I
Implement plan	R, A	R, A	I	I	C	I	I	—
Monitor performance	R, A	R, A	I	C	C	I	I	I

PI COMMUNICATION STRATEGIES

HHS will use the following methods and channels to communicate PI-related efforts to staff and stakeholders.

Staff

- SharePoint
 - PM agendas
 - PM workshop action reports
 - QI Council information
 - QI postcards
 - QI storyboards
- Email
 - Monthly workforce development coordinator emails (QI training opportunities).
 - 'How HHS Works' staff e-newsletter to refresh and educate on PI
 - 'Inside HHS' staff e-newsletter to highlight PI efforts and successes

Partners, Stakeholders, and the Public

- [PI webpage](#)
- [Performance Measures webpage](#)

APPENDIX A: LIST OF PI TRAININGS OFFERED

List of QI Classes	Occurrence	Description
New Employee Orientation to Performance Improvement	Six Times a Year	Performance Improvement Overview - What is QI and PM and how do they work together to build a culture of quality at Iowa HHS.
PDCA...huh? The ABCs of the Plan-Do-Check-Act Cycle (PDCA) in QI	Three Times a Year	How can you be more deliberate in your approach to problem solving and making improvements? The Plan-Do-Check-Act (PDCA) cycle is the quality improvement method used by HHS to understand problems, develop solutions, test solutions and analyze results. Learn more about the Plan-Do-Check-Act quality improvement method in the first hour and then enjoy a hands-on activity in the second part of the class.
What's Causing Your Problem? And What Are You Going to do About It? (QI Tool for Root Cause Analysis)	Twice a Year	Unsure what is causing your problem? Learn about a quality improvement tool that can help you see your problem and understand what is causing it. During this training session, attendees will practice working through a cause and effect diagram. This training session goes on to teach about the solution and effect diagram that can help generate many solutions to help address the problem.
Find Your FLOW...chart (QI Tool for Documenting and Improving Processes)	Twice a Year	Want to see how work really flows through a process? Flowcharting is a QI tool to help individuals and teams see their processes and identify areas of waste and to identify opportunities for innovation. In this session, attendees will learn about three different levels of flowcharting and how they can be used to make improvements for our teams and customers.
Get Your Brainstorming On – Affinity Diagrams	Twice a Year	An affinity diagram is a great QI tool that can be used to make brainstorming sessions more successful. Many ideas are generated and organized in a meaningful way with this tool to help gain consensus and buy-in with teams. After affinitizing teams are able to create action plans to help move work forward.
Get Your Brainstorming On – Mind Maps	Twice a Year	Discover how to use the mind mapping tool for individual brainstorming or group brainstorming sessions to visually display and organize ideas. This tool takes a large topic and breaks it into pieces to uncover all ideas and discover where there are linkages between ideas. After a mind map is created, you can then develop action plan to help move the work forward.

<p>Too Many Ideas? No Problem! (QI Tool for Identifying Priorities for Action with a Group)</p>	<p>Twice a Year</p>	<p>When there are a lot of ideas to choose from and you are not sure what to tackle first, the prioritization matrix can help figure it out. This tool helps teams analyze potential solutions by looking at level of impact with the amount of effort needed to implement the solution. By doing this teams have a better understanding of which ideas should go into an action plan, including what may be short term or long-term action items. This tool is part of the project management badge series.</p>
<p>Seeing the Big Picture (QI Tool for a High-Level Perspective on a Process)</p>	<p>Twice a Year</p>	<p>The suppliers, inputs, outputs and customers quality improvement tool, known as SIPOC, is a way to view a complete process at a high level. The tool is used to document what all goes into and comes out of a process which includes conversations about suppliers, inputs, outputs and customers. It can be useful with complex issues to figure out where main points of frustration may be in a process or to document less complex processes for succession planning.</p>
<p>Who's Got That? (QI Tool for Making Sure Your Team Doesn't Drop the Ball)</p>	<p>Twice a Year</p>	<p>Does your team need help communicating roles and responsibilities of a process or project? The RASCI Chart is a QI tool that can help! In this training, learn what RASCI stands for and how one can be used to help eliminate duplication of effort and ensure all work is covered on a project or process. This tool is part of the project management badge series.</p>
<p>Chaos...Chaos Everywhere...or Not? Kan Ban Boards</p>	<p>Twice a Year</p>	<p>Kanban boards are a tool to help you or a team organize to do items. See what needs to be done, what is being worked on and what has been completed using this tool. Kanban boards can be used in collaborative physical spaces or virtual spaces. Come see examples and learn how to create one. This tool is part of the project management badge series.</p>
<p>Chaos...Chaos Everywhere...or Not? Gantt Charts</p>	<p>Twice a Year</p>	<p>Do you need to create an action plan with clear timelines? Gantt charts are a great way to keep the team on track by outlining activities that need to be completed, identifying who is responsible for each activity and assigning a timeline for when the work should be done. This tool is usually completed electronically which makes it a good tool for a virtual work environment. This tool is part of the project management badge series.</p>

<p>What's Pushing Your Forward? What's Holding You Back?</p>	<p>Twice a Year</p>	<p>If your team needs to identify what's driving you toward a change or holding you back from it, the force field diagram can help to visualize those factors. Once teams understand factors impacting a change, a plan can be created to help maximize potential that teams can make improvements and reach the ideal state. This tool is part of the project management badge series.</p>
<p>Facilitation Fundamentals: Role of the Facilitator</p>	<p>Twice a Year</p>	<p>In this session of the Facilitator Series, the role of the facilitator before, during and after an event will be discussed including strategies for how to be a successful facilitator. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.</p>
<p>Facilitation Fundamentals: Reading the Room</p>	<p>Twice a Year</p>	<p>In this session of the Facilitator Series, explore potential challenges a facilitator may experience including dealing with difficult personalities and situations. Tips and tools for dealing with challenges are provided/discussed. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.</p>
<p>ORID: Facilitation Method</p>	<p>Twice a Year</p>	<p>In this session of the Facilitator Series, the Art of Focused Conversation or ORID method will be taught and practiced to enhance facilitation skills. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.</p>
<p>Preparing to Facilitate a Meeting</p>	<p>Twice a Year</p>	<p>Meetings, meetings and more meetings. In this session of the Facilitator Series, learn about four types of meetings and tips for facilitating effective meetings. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.</p>
<p>Screen to Screen: Lean Coffee Style</p>	<p>Twice a Year</p>	<p>Are you wondering how to facilitate conversations in a virtual environment? In this session of the facilitator series, virtual facilitation is the main topic. Learn about the lean coffee format, which is a structured, but agenda-less meeting where the discussion is participant led. This tool can be used for in-person facilitation, but this session keeps virtual facilitation front and center. Chat with other HHS team members about their experiences and lessons learned with virtual facilitation. This is a high-level training for beginning facilitators or more experienced facilitators looking for a refresher.</p>