



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



QUALITY IMPROVEMENT PLAN

2024-2026

Cultivating a Culture of Quality Improvement

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEVADA

AUGUST 2024





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QUESTIONS OR COMMENTS?

Contact DPBH's Agency Manager within the Public Health Infrastructure and Improvement Section at DPBHPII@health.nv.gov.



INTRODUCTION

Quality improvement (QI) in public health involves the use of a deliberate and defined improvement processes focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes to better achieve equity and improve the health of the community.

Cultivating a Culture of Quality at DPBH

Everyone at the Division of Public and Behavioral Health (DPBH) has a role to play in improving quality—from frontline staff to executive leadership—whether providing public health, behavioral health, or administrative services.

Cultivating a QI culture will empower DPBH staff to assume ownership for addressing internal and external issues and enhancing services for DPBH clientele in order to achieve the Division’s mission of “protecting, promoting, and improving the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.”

The [Quality Improvement Plan 2024-2026](#) (QI Plan) establishes the framework, systems, and processes necessary to cultivate a culture of quality improvement at DPBH. Specifically, it:

- Introduces staff to QI;
- Provides a foundation on which to expand QI efforts throughout the Division;
- Outlines goals, objectives, and strategies to move toward a culture of quality improvement; and
- Includes a plan to measure and monitor progress toward these goals.

QI in DPBH Organizational Plans

The QI Plan is closely associated with DPBH’s core organizational documents, as follows:

Strategic Plan

The QI Plan makes progress toward Goal 3 of the Division’s [Three-Year Strategic Plan 2023-2025](#), which is to “create a culture of quality by continuously improving efficiency and effectiveness of public and behavioral health services to Nevadans.”

Performance Management

Quality improvement is an essential component of performance management, and a key piece of DPBH’s Performance Management Plan and System. The PM System provides a structured, data-driven approach to identifying and prioritizing QI opportunities and, in turn, QI initiatives help strengthen the agency’s overall performance, efficiency, and effectiveness.

Workforce Development

Quality improvement is also a key component of DPBH’s focus on enhancing its greatest asset—our workforce. Identifying and implementing quality improvement initiatives around recruitment, retention, and general workforce development has the potential to improve staff satisfaction and experience, agency culture, and the services we provide to everyone in Nevada.



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MISSION

The mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

Preventable health and safety issues no longer impact the opportunity for all people to live in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

VALUES



Accountability

We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.



Health Equity

We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.



Innovation

We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.



Integrity

We do the right things for the right reasons to ensure public trust in our services.



Leadership

We provide accountability, inspiration, and a vision for sustainability for the entirety of the public and behavioral health systems in Nevada.



Partnership

We are a single team built on internal and external communication and collaboration.



DEFINITIONS & ACRONYMS

Definitions

Culture of Quality Improvement—A culture of quality improvement occurs when QI is fully embedded into the way the agency does business across all levels, branches, and programs. Leadership and staff are fully committed to quality, and the results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather establish and quantify progress toward measurable objectives.

Customer Satisfaction—The extent to which customer needs and expectations are met by a program or service.ⁱ

Evaluation—A systematic application of scientific methods to assess the design, implementation, improvement, or outcomes of a program.

Performance Improvement—Continual and systematic use of planning, monitoring and improvement activities to make intentional changes and improvement in public health capacity, processes, or outcomes.ⁱⁱ

Performance Management—Performance management is a systematic process that helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.ⁱⁱⁱ

Performance Management System—A performance management system serves as the framework to set goals, measure and report on progress, and make improvements.^{iv} A fully functioning performance management system that is completely integrated into the health agency's 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.^v

Plan, Do, Study, Act (PDSA)—The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act). It is an iterative problem-solving cycle that can be repeated to continue improving a process or carrying out a change.^{vi}

Quality Assurance (QA)—A planned, systematic review of a process; sometimes includes quality control, which is focused on reviewing the outputs or products of a process.

Quality Improvement (QI)—Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other



indicators of quality in services or processes which achieve equity and improve the health of the community.^{vii}

Quality Improvement Plan—A plan that serves as a roadmap to establish shared goals across the agency to foster a culture of quality.^{viii}

Quality Improvement Project Teams—DPBH staff who work together to conduct a QI project using QI tools and methods. These teams develop, implement, evaluate, and report on formal QI projects with support from the QI Council and QI Advocates.

Strategic Planning vs Program Planning and Evaluation—The Division's Strategic Plan and QI Plan encompass strategic planning and QI activities at the organizational level, while program planning and evaluation are program-specific activities that feed into these plans. Program evaluation is not the same as QI unless program evaluation data are used to design program improvements and measure the results through the formal QI process.

Storyboard—A graphic representation of a QI Team's quality improvement journey.

Acronyms

DPBH	Division of Public and Behavioral Health
DHHS	Department of Health and Human Services
PDSA	Plan, Do, Study, Act
PHAB	Public Health Accreditation Board
PHII	Public Health Infrastructure and Improvement Section
QI	Quality Improvement



CULTURE OF QUALITY AT DPBH

Quality improvement (QI) has long been a component of certain DPBH programs, but 2024 marks the beginning of a strategic and intentional effort to *cultivate a culture of quality improvement* throughout the Division to improve processes, programs, and services.

This requires spreading QI knowledge and awareness across the Division; encouraging staff at all levels and in all programs to take an honest look at existing processes and activities and share reflections; and supporting their efforts to identify, recommend, and test changes. To be successful, QI must be ingrained in the shared values, goals, attitudes, and practices of all individuals in the organization, and at DPBH QI is reflected in core values of innovation and accountability.

- **Innovation**—We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.
- **Accountability**—We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.

Measuring the Culture of Quality Improvement

In late 2022, DPBH conducted its first assessment of the Division's culture of quality improvement, using the National Association of County and City Health Officials' (NACCHO's) [Organizational Culture of Quality Self-Assessment Tool \(SAT\) Version 2.0](#). The assessment is based on [NACCHO's Roadmap to a Culture of Quality](#), which provides high-level guidance on progressing through six phases of quality improvement toward a culture of quality, from Phase 1: No QI Culture, to Phase 6: QI Culture, as described below.

PHASES OF A CULTURE OF QUALITY

1. No Knowledge of QI	• Staff and leadership are unaware of QI and its importance.
2. Not Involved With QI Activities	• Leadership understands and discusses QI with staff but does not enforce the implementation of or dedicate sufficient staff time and resources for QI.
3. Informal or Ad-Hoc QI Activities	• QI efforts are practiced occasionally throughout the agency, often without consistent use of a formal QI process.
4. Formal QI Activities Implemented in Specific Areas	• QI is being implemented in specific program areas, but QI is not yet incorporated into an agency-wide culture.
5. Formal Agency-wide QI	• QI is integrated into the agency's strategic and operational plans and systems. A QI group oversees the implementation of a QI plan to ensure organization-wide use of QI.
6. QI Culture	• QI is fully embedded across all levels and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally.



Roadmap to Culture of Quality Improvement

The Division's average culture of quality improvement score was **4.0** out of **6.0**, though scores for certain elements ranged from 3.5 to 4.7. This placed DPBH's culture of quality somewhere between *Phase 3: Informal or Ad-Hoc QI Activities* and *Phase 4: Formal QI in Specific Areas of the Agency*.

DPBH ORGANIZATIONAL CULTURE OF QUALITY SCORES, DECEMBER 2022

Foundational Element	DPBH Score	Sub-Element	Leadership Score*	Staff Score*
Staff Empowerment	4.4	Enabling Performance	4.7	4.3
		Knowledge, Skills, and Abilities	4.2	4.6
Teamwork and Collaboration	3.8	Collaborative Sharing and Improvement	3.8	4.4
		QI Team Performance	3.5	-
Leadership	4.1	Culture	4.1	4.4
		Resourcing and Structure	3.6	4.2
Customer Focus	4.1	Understanding the Customer	3.7	4.6
		Meeting and Exceeding Customer Expectations	4.1	4.1
Quality Improvement Infrastructure	4.0	Strategic Planning	3.7	4.3
		Performance Measurement and Use of Data	3.8	4.0
		Annual Quality Improvement Planning	3.8	4.4
Continual Process Improvement	3.9	Improving Standardized Work	3.9	4.4
		Planning for Quality Improvement Projects	3.8	-
		Testing, Studying, and Acting on Potential Solutions	3.4	4.2

*The leadership score is intended to measure two constructs: (1) the spread of QI across the entire agency; and (2) the formality of QI activities. The staff score is intended to measure staff perceptions of QI activities from their personal experiences at the work unit level.

Full results of the 2022 Organizational Culture of Quality Self-Assessment are available in Appendix A.

The Division is working on progressing toward Phase 6: Formal Agency-Wide QI, as described on the next page.



PHASE 6: FORMAL AGENCY-WIDE QI

The Division of Public and Behavioral Health's ultimate goal is to establish and maintain a culture of quality improvement in alignment with Phase 6 of NACCHO's QI Roadmap, as described below.

OVERVIEW: Executives and senior leaders fully embrace quality and ensure the sustainability of the culture by maintaining necessary resources. Leadership turnover has minimal negative impact on the organizational culture. Performance management and QI are fully embedded in the way business is done at the individual, team, and organization levels. Use of formal and informal QI tools and methods to solve problems and create improvements is second nature to employees. Performance data drives all decision making across the organization. The organization is seen as quality-driven and innovative. Employees are granted autonomy to fulfill QI responsibilities. Staff understand how they contribute to the organizations overall mission, vision, and strategic plan.

EMPLOYEE EMPOWERMENT

- ✓ All employees have the knowledge, skills, and abilities to fulfil their quality-related role
- ✓ New employee orientation includes agency values and goals around quality. All new employees are trained in QI within a predefined period.
- ✓ QI is incorporated into job descriptions and the performance appraisal process.
- ✓ Attitudes and propensity for quality are considered in hiring decisions.
- ✓ Employees are viewed and treated as the agency's greatest asset.

TEAMWORK AND COLLABORATION

- ✓ The agency uses and contributes to the evidence base in the field. The agency is widely regarded as innovative and quality driven.
- ✓ Informal groups are commonly formed for idea generation, innovation, and improvement. Formal teams are readily formed to implement improvements.
- ✓ All DPBH teams are structured with clear goals and targets, and consistently meet commitments.
- ✓ An environment of peer learning and sharing is encouraged and prevalent with multiple venues for sharing.

LEADERSHIP

- ✓ Executive leaders and middle managers fully embrace quality and hold staff accountable to engaging in QI.
- ✓ Executive leaders ensure sustainability of the quality culture by proactively maintaining resources.
- ✓ Leaders quickly identify and address resistance or barriers to sustaining the quality culture.
- ✓ Leadership turnover has minimal negative impact on the quality culture. Knowledge of quality principles and attitudes toward QI are considered when hiring new leadership.

CUSTOMER FOCUS

- ✓ Customer needs and values are central in decision making and daily operations.
- ✓ Externally, the agency is viewed as being customer focused and meets or exceeds customer expectations.
- ✓ Internal and external customers are proactively engaged in decision making and improvement processes.

QI INFRASTRUCTURE

- ✓ QI plan goals and objectives are consistently met and challenge the agency to continuously strive for improvement.
- ✓ A strong governance structure for quality initiatives exists ensuring the agency is accountable to quality related goals.
- ✓ Performance data drives all decision making and improvement activities in the agency.
- ✓ An efficient and cost-effective automated system for centralized data analysis and reporting is in place.

CONTINUOUS PROCESS IMPROVEMENT

- ✓ The use of formal and informal QI tools and methods to solve problems and create improvements is second nature to employees.
- ✓ Large, agency-wide QI initiatives consistently yield significant improvements.
- ✓ QI initiatives are occurring at all levels of the agency, on a formal and informal basis.
- ✓ Agencies processes are standardized, efficient, and ultimately yield high quality products and services to the community.



QUALITY IMPROVEMENT STRUCTURE, ROLES, AND RESPONSIBILITIES

At DPBH, Division-wide QI efforts are led by the Quality Improvement (QI) Council and disseminated to all units through various mechanisms including the QI Advocates, a group comprised of liaisons from each unit.

However, achieving the QI Council's vision of "a culture of quality in which employees at all levels are empowered to use evidence-based, data-led practices in everyday work to improve opportunities for all Nevadans to live life in the best possible health" requires leadership and commitment from the executive team, support from supervisors and managers, and buy-in and participation from staff at all levels.

Participation in the QI Council, QI Advocates, and QI Project Teams, or working on individual QI projects should be documented in the "Analyzing Situations and Materials" section of the *Employee Work Performance Standards* form and/or in regular, written updates provided to supervisors so that staff receive credit. While QI may not be identified explicitly identified in job descriptions, it falls under "other duties as assigned."

Quality Improvement (QI) Council

The QI Council leads and facilitates continuous quality improvement at DPBH. It is responsible for creating necessary systems and processes to move the Division toward a culture of quality, including:

- Developing, implementing, evaluating, and annually revising the QI plan;
- Monitoring and reporting progress toward QI goals and objectives to leadership quarterly and all staff annually;
- Actively learning about and promoting QI;
- Identifying, providing, and otherwise making available QI trainings and resources (including asking staff for input on training needs);
- Identifying training topics and providing training to QI Advocates;
- Reviewing the Performance Management System and other data to identify opportunities for improvement and recommending QI projects to staff and/or leadership;
- Encouraging and providing support for the identification of Division-wide and program-specific QI initiatives;
- Developing and implementing a QI communication plan and systems, as well as opportunities to discuss QI projects and ideas;
- Creating opportunities to share QI resources, best practices, results, and lessons learned;
- Serving as a resource for DPBH staff working on QI projects; and
- Recognizing, communicating, and promoting QI efforts and successes.

The QI Council is comprised of DPBH staff of all levels from various programs who have background or interest in QI and volunteer to serve in a QI leadership role. Members serve two-year terms, with the opportunity to renew membership for an additional term. The QI Council meets monthly through November 2024. Beginning in 2025, it meets at least four



times per year, during the first month of each quarter. Additional meetings may be called by the QI Coordinator as necessary. The QI Council Charter is located in Appendix B.

QI Coordinator

The QI Council is led by the QI Coordinator, who is also DPBH's Agency Manager who oversees PHII or his or her designee. The QI Coordinator is responsible for:

- Leading the QI Council;
- Scheduling QI meetings, developing agendas, and assigning a facilitator and scribe for each meeting;
- Ensuring accountability of QI Council members;
- Facilitating progress on the QI Plan;
- Facilitating the QI Advocates; and
- Liaising with and reporting to DPBH leadership on issues related to quality improvement, including communicating about QI activities and project results.

QI Advocates

The QI Advocates are comprised of liaisons from each unit. They support and champion QI in their section, bureau, or program. The QI Advocates meet regularly to engage in QI training, learn new skills, and help expand knowledge, awareness, and use of QI within their unit. Specifically, QI Advocates:

- Attend trainings and develop skills to implement QI in every day work;
- Engage their unit or program in QI by sharing learnings, tools, and resources with other staff and encouraging them to participate in QI projects;
- Identify and generate ideas for potential QI projects;
- Help lead, participate in, and/or maintain awareness of QI projects within their unit;
- Serve as a QI resource to their program and others, as necessary and as capacity allows;
- Support and participate in QI activities organized by the QI Council; and
- Provide input on QI activities and needs throughout the Division.

The QI Advocates are comprised of staff of all levels—from front-line employees to executive team members—and include at least one representative from each subdivision of DPBH. This group meets regularly at a standing day and time, as scheduled by the QI Coordinator. Training topics are identified and may be provided by QI Council members, QI Advocates with interest or expertise in certain areas, or others internal or external partners. Members serve two-year terms, with the opportunity to renew membership for additional terms.



QI Project Teams

Individual QI projects are conducted by teams of one or more DPBH staff (and customers), who convene to improve the efficiency, effectiveness, performance, or overall quality of a service or process. Project teams are expected to:

- Complete and submit the QI Project Scoping Document and obtain approval for the project;
- Use the QI Project Tracking Sheet and Plan-Do-Study-Act (PDSA) Project Guide or another formal QI approach to conduct the project;
- Report the results to the QI Council and the program/unit's QI Advocate by completing a QI Storyboard; and
- Share documents, tools, lessons learned, etc. with others, as appropriate.

QI Project Teams are comprised of a project leader and team members and supported by an executive sponsor. Each individual's role is outlined below.

Executive Sponsor—The Executive Sponsor is a high-level leader who can easily access senior leadership and promote the QI project. The Sponsor is also able to advise the Project Leader regarding whether the QI project aligns with the strategic direction and priorities of the program/unit and Division. The Sponsor supports the project by helping to remove obstacles that the Project Leader cannot, and to champion implementation of project recommendations. The Sponsor is not responsible for day-to-day project management.

Project Leader—The Project Leader spearheads the project from start to finish, including developing a plan/agenda for each team meeting and facilitating team discussion. The Project Leader communicates with the Executive Sponsor, requests assistance from the QI Council when necessary, and is the point of contact for the project.

Facilitator—Large or complicated QI projects may benefit from a trained Facilitator who can help guide the QI Team's work. The Facilitator functions as an advisor with expertise in the processes and tools that help QI teams be effective and may provide objective feedback to the members to help improve communication and/or meeting processes. If a team has identified a Facilitator, the Facilitator should be present at most meetings, especially in the early stages of development when the team is learning how to work together. If a team does not have a facilitator, and could benefit from one, please contact the QI Council at DPBHPHII@health.nv.gov.

Team Members—Team members are typically selected because they represent part of the process that is being improved. Sometimes, a staff member from outside of the process is included in team meetings to bring outside expertise and knowledge. All members have a responsibility to participate and share their knowledge with mutual respect for other team members. Team members rotate to fulfill roles such as recorder or timekeeper at each meeting. Recorders record content from brainstorming, consensus building, and other tools and processes on a flipchart, sticky wall, white board, or shared document visible to the team. It is important that the recorder write down what each team member says rather than their interpretation of what was said. The timekeeper responsibility also rotates among members and is selected at the beginning of each meeting. The timekeeper helps the team stay on task and manage its time effectively.

For more on the QI process, see page 22, "QI Project Process: Identification, Prioritization, Initiation, Documentation, and Reporting."



DPBH Executive Team

The DPBH executive team demonstrates leadership and commitment to QI by:

- Leading efforts to implement DPBH's Strategic Plan goals and objectives related to QI;
- Encouraging, promoting, and supporting a culture of quality; and
- Promoting and supporting QI efforts and initiatives.

High-Level Managers

High-level managers are expected to develop a basic understanding of QI (definitions, purpose, basic concepts), lead by example, and foster a culture of quality within their units, including:

- Identifying and referring potential cross-program QI opportunities to the QI Council;
- Encouraging managers/supervisors to integrate QI into their daily work,
- Supporting implementation of QI projects by:
 - Helping identify resources for QI projects;
 - Ensuring QI projects enhance the program's work or services and/or advance program, bureau, or Division goals, objectives, and strategic plans;
- Providing QI Project Teams opportunities to share their findings (e.g. at staff meetings);
- Recognizing staff who contribute to QI efforts; and
- Promoting and supporting a culture of quality improvement.

Managers/Supervisors

All managers and supervisors are expected to develop a basic understanding of QI (definitions, purpose, basic concepts), lead by example, and support QI by:

- Ensuring new staff complete the "Intro to QI at DPBH" training within 60 days of hire;
- Identifying and sharing opportunities for improvement and empowering staff to do the same;
- Encouraging staff to develop QI skills, participate in QI projects, and integrate QI into their daily work;
- Addressing QI training needs, or consulting with the QI Council to help address these needs;
- Referring potential cross-program QI opportunities to high-level managers;
- Recognizing staff who contribute to QI efforts; and
- Promoting and supporting a culture of quality improvement.



All Staff

In order to develop a culture of quality, *all* staff should:

- Develop an understanding of basic QI principles and tools;
- Understand their role and responsibility in improving their work and DPBH services through continuous quality improvement;
- Be able to identify potential QI projects and suggest improvements to colleagues and supervisors;
- Know how to initiate a QI project, where to receive support for QI projects, and how to report progress;
- Participate in QI activities as needed.

QI Support and Resources

Quality improvement efforts, including the QI Council, are supported by the Public Health Infrastructure and Improvement Section (PHII), which is overseen by the Agency Manager. While dedicated resources are not currently available to support QI efforts at DPBH, grant funding is used to enhance these efforts, when available (such as funding through the CDC's Public Health Infrastructure Grant or other grant program savings). In addition, the QI Council and DPBH leadership will work to identify resources that can be used to support QI, such as free QI trainings available through TRAIN.org.



QUALITY IMPROVEMENT GOALS

2024-2026 QUALITY IMPROVEMENT GOALS

- | | |
|---------------|---|
| Goal 1 | Strengthen DPBH leadership and supervisor/manager buy-in and support for QI, as well as their ability to communicate about its importance and value |
| Goal 2 | Enhance awareness of and engagement with QI through strong communication |
| Goal 3 | Provide training to increase the proportion of staff and programs that understand and apply QI concepts and the process for engaging in formal QI projects at DPBH |
| Goal 4 | Create systems to embed and sustain quality improvement in DPBH's structure and culture |

The goals outlined above align with and support progress toward Goal 3 of DPBH's Strategic Plan 2023-2025, which is to "create a culture of quality by continuously improving efficiency and effectiveness of public and behavioral health services to Nevadans."

See Appendix C for the full QI Work Plan, which includes measurable objectives with time framed targets for implementation.



QI PROJECT PROCESS: IDENTIFICATION, PRIORITIZATION, INITIATION, DOCUMENTATION, AND REPORTING

Identification and Prioritization of QI Opportunities

At DPBH, quality improvement projects are identified through various means, including:

- Requests from the Executive Leadership Team;
- Division-wide assessments and/or surveys (e.g. the strategic planning process, workforce development surveys, organizational climate and staff satisfaction surveys, etc.);
- The Customer Satisfaction Survey;
- DPBH's Performance Management System;
- PHAB Accreditation preparation activities; and
- Suggestions from the QI Council, DPBH programs, and/or individual staff.

Priority will be placed on projects that align with the Division's mission, vision, strategic priorities, existing goals, and/or identified gaps based on performance data; the State Health Improvement Plan; and/or the Governor's priorities. The availability of resources to support QI projects will also be considered in the prioritization process.

Equity is critical to quality improvement, and to be prioritized, projects must also incorporate an equity lens—whether related to the impact of the project or how it is conducted and diversity of individuals who work on it.

Prioritizing, selecting and initiating QI projects occurs within programs/units, except for Division-wide QI projects, which are supported by the Public Health Infrastructure and Improvement Section, or another unit, as assigned. Programs are encouraged to consider equity as they prioritize QI projects.

QI Project Initiation and Process

The Quality Improvement Project Packet, available on HIP SharePoint Site outlines the steps required to initiate and implement a formal QI project at DPBH. The Packet includes:



To initiate a QI project, staff must complete the [QI Project Scoping Document](#) and receive unit-level approval to move forward. This document helps staff select an appropriate project and think about the best way to implement it. The signed form must be submitted to the QI Council via DPBHPII@health.nv.gov before the project begins.

The [QI Project Tracking Sheet](#) and [PDSA Project Guide](#) serve as tools to lead QI Project Teams through the PDSA cycle to complete a QI project—documenting decisions,



techniques, and team information along the way. These tools are designed to be referred to and completed as the QI Project Team progresses through each step in the QI process. Staff may use PDSA and these tools or another recognized QI approach (e.g. Six Sigma's Define, Measure, Analyze, Improve, Control (DMAIC); Kaizen, lean, rapid cycle improvement; etc.).

Upon completion of a QI project, QI Project Teams must document the project using the [QI Storyboard Template](#) and submit it to the QI Council via DPBHPHII@health.nv.gov. If the Project Team used an approach that does not translate well to the Storyboard Template, a summary of the project plan, team, potential solutions, approach, results, and future plans must be submitted to the QI Council in an appropriate format.

The QI Project Packet and examples of QI projects are available on the *Quality Improvement* tab of the Health Information Portal (HIP) SharePoint site.

As these new QI processes begin to be used Division-wide in September 2024, it is important that staff who recently completed QI projects or who are working on ongoing QI projects communicate about these projects to the QI Council by emailing DPBHPHII@helath.nv.gov.

For specific questions regarding the QI process or required documentation, please contact the QI Coordinator at DPBHPHII@helath.nv.gov.

Types of QI Projects

Quality improvement projects are classified by level and complexity. Projects can occur at three different levels: organization-wide, program/unit, or the individual level.

The Division's executive team, with assistance from PHII, addresses quality at a macro level through Organization-Wide QI projects. At the next level, bureau chiefs, program managers, and staff approach QI in their units by improving particular processes or systems through Program/Unit QI projects. At the individual level, staff members work to improve their own behaviors, processes, and environments through Individual QI projects.

QUALITY IMPROVEMENT PROJECT SCOPE ^{ix}		
Organization-Wide QI	Program/Unit QI	Individual QI
<ul style="list-style-type: none">• Focused on Division-level systems or processes• Tied to the strategic plan• Responsive to a community need• Cuts across programs and activities	<ul style="list-style-type: none">• Program/unit level• Tied to program-level performance or strategic plan• Focused on a specific project, process, or service delivery	<ul style="list-style-type: none">• Focused on individual, daily work• Tied to yearly individual performance and performance plans



In addition, project complexity is stratified in three categories:

1. Simple;
2. Moderately Complex; and
3. Very Complex.

Simple QI Projects are typically fairly quick, take four hours or less to complete, and involve one to three people. Moderately Complex QI projects may require a formal facilitator or staff member with experience conducting QI projects. Very Complex QI Projects may include other divisions of DHHS or other external partners, require a facilitator or staff member with substantial QI training, and may be tied to key strategic goals.

TRAINING AND RESOURCES

Developing staff capacity and competency to engage in continuous quality improvement is essential to cultivating a culture of quality at DPBH. Training opportunities range from QI basics to deeper dives into various QI approaches, specific tools that can be used at various steps of the QI process, and peer networking and learning events that review best practices and lessons learned.

The QI Council works with the QI Coordinator and other appropriate staff to identify, develop, support, and track a range of in-person and virtual, live and asynchronous training opportunities offered by DPBH and external partners, including:

- An “Intro to QI at DPBH” for all staff, including new staff;
- Training for QI Advocates;
- Brown Bag Lunch and Learn Sessions;
- QI training for supervisors/managers, including strategies to communicate and champion QI; and
- In-depth training such as Lean Six Sigma certification.

As of September 2024, newly hired staff must view the “Intro to QI at DPBH” recorded training as part of the onboarding and orientation process, or within 60 days of hire.

Staff completion of QI trainings are tracked annually, and the QI Council works to evaluate and revise trainings as needed to meet identified needs.

The QI Calendar in Appendix D includes various planned training opportunities, and an updated list of QI training opportunities is available on the *Quality Improvement* tab of the Health Information Portal SharePoint site.



QI COMMUNICATIONS

Improving QI at DPBH is the focus of one of three goals outlined in DPBH's 2023-2025 Strategic Plan and a top priority for the executive team. Cultivating the desired culture of quality improvement requires clear, consistent communication and messaging. Two key components of communication are the message itself and how it is conveyed.

Messaging

The Division-wide emphasis on continuous quality improvement is new, and it is important to communicate clear expectations and ensure consistent messaging from all levels of management.

Communication about expectations should ensure supervisors and managers understand QI is a priority, know how to communicate and champion it, and support QI efforts among all levels of staff.

Communications about QI must also clearly convey those individual contributors, supervisors, managers, and the executive team all have a role to play in cultivating a culture of quality improvement at DPBH.

In addition, it is essential to communicate the importance of introducing all staff to QI concepts and processes. While QI is not the full-time responsibility of most staff, it can and should be incorporated into most roles, and this expectation should be communicated Division-wide.

Other key messages about QI include:

- QI is not about placing blame or punishment; it is about identifying opportunities for improvement.
- QI provides an opportunity to make daily work easier and more efficient.
- QI projects provide information; the results of a project will not be used against an individual or a program. Some QI projects may lead to an improvement and others may not.
- DPBH continues to provide flexibility in the types of QI methods, tools, resources, and approaches used, based on specific needs or requirements.
- QI is within reach of all staff and will get easier with practice.

Communication Strategies

Various communication strategies will be used to ensure clear internal communication about QI, staff's roles and responsibilities related to QI, QI processes and achievements, and available resources to support a culture of quality improvement. These include:

- An "Intro to QI at DPBH" training for all staff, which provides an overview of the Division's QI structure, expectations, and processes;
- The Quality Improvement page on the Health Information Portal (HIP), which serves as a go-to resource for everything related to QI, and provides:
 - An overview of QI and how it benefits DPBH services and staff;
 - Links to QI tools, resources, and trainings;
 - Examples of QI projects and completed QI project storyboards;
 - The QI Plan;



- QI Council and QI Advocates meeting agendas and materials; and
 - An internal dashboard tracking QI metrics.
- The Quality Improvement Newsletter, which includes:
 - General information about QI;
 - Upcoming QI trainings and events;
 - Information about QI approaches and tools;
 - Communication about the Annual QI Report and QI data; and
 - Acknowledgement and celebration of QI accomplishments.
- Updates about QI in *The Accreditation Pathway: A Journey to Excellence* monthly newsletter to all staff;
- Individual QI Council members and QI Advocates disseminate QI information by:
 - Reporting on QI activities at their unit/program-level staff meetings;
 - Sharing QI tools and other learnings with staff in their program; and
 - Celebrating and posting QI Project Storyboards in their respective offices.
- Presentations about the results of QI efforts at Brown Bag Lunch and Learns or other QI events;
- Presentations about QI at unit/program-level meetings, as requested;
- Regular updates/presentations at supervisor meetings led by HR;
- Quarterly meetings with staff who are currently working on QI projects to discuss projects, challenges, lessons learned, etc.;
- An annual QI summit or week to document and celebrate QI successes and lessons learned during the past year. This event may include presentations, displays of QI project storyboards, and trainings about QI.
- Quarterly reports to the DPBH executive team;
- Annual QI reports to the director of DHHS, Public Health Resource Officer, State Board of Health, and all staff; and
- Two-way communication about QI through the ability to ask the QI Council questions or for assistance via DPBHPHII@health.nv.gov.



QI PLAN MONITORING, EVALUATION, AND REPORTING

In the spirit of quality improvement, this plan and related QI efforts will be monitored, evaluated, and revised regularly, and reports will be provided internally and externally as described below.

Monitoring

- The QI Council tracks QI projects started and completed, QI training and technical assistance provided to staff, and staff engagement quarterly through the QI data dashboard on the HIP SharePoint site.
- The QI Council also reviews and documents QI Work Plan implementation quarterly.
- The QI Advocates and Project Leads provide quarterly updates to the QI Council regarding the status of ongoing QI projects.

Evaluation

- The QI Council evaluates the QI Plan annually in July each year and documents progress toward goals and objectives of the previous year. The Council discusses strengths, opportunities for improvement, and lessons learned and incorporates these lessons as it revises or creates new goals and objectives for the coming year.
- The Division's overall culture of quality is assessed biennially using NACCHO's Organizational Culture of Quality Self-Assessment, beginning in summer 2025.

Reporting

- The QI Coordinator reports QI Work Plan implementation progress quarterly to the executive team.
- The QI Council publishes an Annual QI Report in July each year, and the QI Coordinator reports overall progress to the executive team, Director of DHHS, Public Health Resource Officer, State Board of Health, and all staff. The Annual QI Report includes a comparison of actual results compared to goals and objectives outlined in the Work Plan, a summary of annual data from the QI data dashboard, and Storyboards for QI projects completed during the year.
- In addition, the QI Coordinator presents the annual report to the executive team, summarizing:
 - Progress on the Work Plan;
 - Division-Wide QI projects, including key data, barriers to achieving aims, plans to address barriers, successes, key lessons, and sustainability plans;
 - The most recent Organization Culture of Quality Score;
 - Any recommended changes to the QI Plan or the QI Council Charter or operations; and
 - A Work Plan for the next year.
- Progress toward achieving a culture of QI is measured by:
 - The Organizational Culture of Quality Score, assessed biennially; and
 - Progress toward QI Plan goals and objectives.



SUSTAINABILITY

As with all large change initiatives, the strategies and approach to cultivating a culture of quality improvement at DPBH will be adapted based on successes and lessons learned, feedback received, and evaluation and assessment results. The *Roadmap to a Culture of Quality* will continue to be used as the primary guide to ensure progress is made.

As QI infrastructure is developed, more staff are trained, and communication channels are improved, it is likely we will see significant growth in the number of QI projects undertaken each year. Evaluating these efforts and tracking progress on the QI Work Plan, and making necessary changes, will ensure DPBH's culture of QI continues to evolve and improve—ensuring we do our best to “protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.”



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APPENDIX A—2022 DPBH CULTURE OF QUALITY SURVEY: SUMMARY RESULTS

2022 DPBH CULTURE OF QUALITY SURVEY: SUMMARY RESULTS

BACKGROUND

As part of the Division of Public and Behavioral Health's (DPBH's) efforts to assess leadership and staff in developing, using, assessing, and updating performance management and quality improvement systems, the Division conducted an online Culture of Quality Survey using Qualtrics and email distribution between November 22, 2022, and December 16, 2022. A total of 517 DPBH staff responded, including four members of the executive leadership team and 513 other staff.

The survey was a recreation of NACCHO's [Organizational Culture of Quality Self-Assessment Tool \(SAT\) Version 2.0](#), a standardized tool that measures organizational maturity of various elements of a culture of quality and helps identify next steps for transformational change.

The assessment tool includes one version for leadership and a separate version for staff. The leadership version includes 59 diagnostic statements and is intended for senior level and QI leaders to gain an understanding of the degree to which a QI culture is spreading across the agency and to understand the formality of these efforts. The staff version includes 27 of the 59 diagnostic statements and collects feedback on items where input is necessary from a critical mass of staff to understand staff perceptions of QI in the agency. Both versions of the tool were used by DPBH.

PHASES OF QUALITY IMPROVEMENT

The assessment is based on [NACCHO's Roadmap to a Culture of Quality](#), which provides high level guidance on progressing through six phases of quality improvement toward achieving a culture of quality. These phases extend from Phase 1: No Knowledge of QI, to Phase 6: QI culture.



The assessment uses a standardized, six-point scoring system to rate the agency's culture of quality for various foundational elements critical to building a culture of quality, including:

- Staff empowerment;
- Teamwork and collaboration;
- Leadership;
- Customer focus;
- Quality improvement infrastructure; and

- Continual process improvement.

The point system aligns with the phases of quality improvement depicted above.

DPBH CULTURE OF QUALITY RESULTS

The Division's Culture of Quality score is 4.0 out of 6.0, indicating DPBH's overall culture of quality is largely in *Phase 4: Formal QI in Specific Areas of the Agency*. However, scores for individual foundational elements ranged from 3.8 to 4.4, and sub-element scores ranged from 3.5 to 4.7. This information will be useful as DPBH identifies priorities and areas of focus for its QI efforts and activities in the near-term.

Foundational Element	DPBH Score	Sub-Element	Leadership Score*	Staff Score*
Staff Empowerment	4.4	Enabling Performance	4.7	4.3
		Knowledge, Skills, and Abilities	4.2	4.6
Teamwork and Collaboration	3.8	Collaborative Sharing and Improvement	3.8	4.4
		QI Team Performance	3.5	-
Leadership	4.1	Culture	4.1	4.4
		Resourcing and Structure	3.6	4.2
Customer Focus	4.1	Understanding the Customer	3.7	4.6
		Meeting and Exceeding Customer Expectations	4.1	4.1
Quality Improvement Infrastructure	4.0	Strategic Planning	3.7	4.3
		Performance Measurement and Use of Data	3.8	4.0
		Annual Quality Improvement Planning	3.8	4.4
Continual Process Improvement	3.9	Improving Standardized Work	3.9	4.4
		Planning for Quality Improvement Projects	3.8	-
		Testing, Studying, and Acting on Potential Solutions	3.4	4.2

*The leadership score is intended to measure two constructs: (1) the spread of QI across the entire agency; and (2) the formality of QI activities. The staff score is intended to measure staff perceptions of QI activities from their personal experiences at the work unit level.

NEXT STEPS

These results can be used to make progress toward a culture of quality. Next steps include:

1. Assembling a Quality Improvement Team(s);
2. Using scores to identify specific areas to target for improvement;

3. Prioritizing and selecting specific strategies to outline in the Quality Improvement (QI) Plan and developing the Plan (see [NACCHO's list of transition strategies](#) for each foundational element to facilitate progress); and
4. Assigning parties who will be responsible for implementing and monitoring QI activities.

APPENDIX: PRIORITIZING & SELECTING STRATEGIES

To prioritize and select strategies to include in the QI Plan NACCHO recommends:

- (1) reviewing and identifying strategies to make progress toward a culture of quality; and
- (2) prioritizing and selecting strategies.

NACCHO provides a list of [transition strategies](#) related to each foundational element. Reviewing these lists will help identify strategies that have not been implemented at DPBH. Most strategies will come from the phase that corresponds to sub-element scores (3 – 4); however, all strategies from preceding phases should have been implemented as strategies within sub-elements build on each other.

To prioritize strategies for implementation, it is helpful to consider the following criteria.

- **Assessment Scores**—Certain Foundational Element scores are stronger than others. It may be helpful to identify the lowest scoring foundational elements and sub-elements and select one or more on which to focus.
- **Existing resources**—Identify strategies for which resources are or will be available over the next QI planning period.
- **Feasibility**—Prioritize strategies that can be feasibly implemented over the next QI planning period.
- **Buy-in**—Consider which strategies may cause resistance across staff and key stakeholders and prioritize those which will garner buy-in.
- **Impact**—Identify strategies that have the potential for greatest impact on advancing QI culture.

Developing a culture of quality occurs when agency leadership and staff at all levels are engaged in a deliberate approach to continually assess and improve performance—fostering awareness and alignment of each unit towards improving processes.



APPENDIX B—QI COUNCIL CHARTER

QUALITY IMPROVEMENT (QI) COUNCIL CHARTER

MISSION

The QI Council's mission is to develop a culture of quality improvement in which employees at all levels are empowered to use evidence-based, data-led practices in everyday work to improve opportunities for all Nevadans to live life in the best possible health.

PURPOSE

The QI Council provides leadership, guidance, and support to both leadership and staff at the Division of Public and Behavioral Health (DPBH) within Nevada's Department of Health and Human Services (DHHS) as it works to cultivate a Division-wide culture of continuous quality improvement. The QI Council is responsible for creating necessary systems and processes to move the Division toward a culture of quality, including building QI capacity on all levels; communicating and sharing QI activities and resources; and recognizing QI efforts and successes.

MANTRA

Cultivating a culture of quality improvement.

GOALS

- Develop a sustainable QI culture that promotes continuous QI efforts at all levels of the agency.
- Increase and expand staff ability and capacity to conduct QI, and empower staff to improve the efficiency and effectiveness of their work with a customer focus.
- Recognize and celebrate QI efforts throughout the Division.
- Meet and sustain QI standards for national public health accreditation.

GUIDING PRINCIPLES

The Council operates under the following principles. It will:

- Ground its work in fostering a culture of continuous QI and promoting the use of QI methods and tools;
- Make data-driven and evidence-based decisions;
- Respect and rely on staff's knowledge and experience;
- Ensure the customer perspective is central to decision-making and strive to consistently meet or exceed customer expectations;
- Ensure processes are transparent, collaborative and inclusive;
- Create a positive culture and feedback loop by communicating about QI in a positive manner and celebrating and incentivizing QI successes early and often;
- Foster engagement and accountability with all those involved in QI efforts; and

- Emphasize learning and improvement, rather than judgment and blame.

QI COUNCIL STRUCTURE

Appointment

DPBH staff who have background or interest in QI volunteer or are appointed by Division leadership to serve as a QI member.

Membership

The QI Council is comprised of staff from various programs and units, and includes a combination of supervisors/managers and non-managerial staff. Members serve two-year terms, with the opportunity to renew membership for an additional term. No more than half of QI Council members rotate off the Council in a given year.

Meetings

The QI Council meets monthly through November 2024. Beginning in 2025, it meets at least four times per year, during the first month of each quarter. Additional meetings may be called by the QI Coordinator as necessary. Members are asked to attend these meetings or send a representative.

Selection Criteria

QI Council members:

- Have background or interest in QI;
- Commit to championing QI throughout DPBH by helping develop and promote QI efforts;
- Are flexible and collaborative and willing to contribute to a new and developing initiative;
- Are available to attend meetings regularly and complete required work when necessary; and
- May have formal training or experience with QI.

Staff Support

The QI Council is supported by the Public Health Infrastructure and Improvement (PHII) Section. Support includes drafting agendas and meeting minutes, securing meeting rooms when necessary, and distributing materials and communications. Technical support is provided in the drafting of the QI Plan, annual Work Plans, and Annual QI Reports.

Decision-Making

Whenever possible, group consensus will be sought when making decisions. If consensus is not achieved, the group will vote on the decision with members attending the meeting and the majority vote will decide the outcome.

Time Commitment

The estimated time commitment for QI Council members will vary, but is anticipated to be two to four hours per month, including meeting time and preparation.

ROLES, RESPONSIBILITIES, AND SCOPE

QI Council Members

- Develop, implement, evaluate, and annually revise the QI plan
- Monitor and report progress toward QI goals and objectives to leadership quarterly and all staff annually
- Identify, provide, and otherwise make available QI trainings and resources (including asking staff for input on training needs)
- Actively learn about and promote QI
- Identify training topics and providing training to QI Advocates
- Review the Performance Management System and other data to identify opportunities for improvement and recommend QI projects to staff and/or leadership
- Encourage and provide support for the identification of Division-wide and program-specific QI initiatives
- Develop and implement a QI communication plan and systems, as well as opportunities to discuss QI projects and ideas
- Create opportunities to share QI resources, best practices, results, and lessons learned
- Serve as a resource for DPBH staff working on QI projects
- Recognize, communicate, and promote QI efforts and successes

QI Coordinator

- Leads the QI Council
- Schedules QI meetings, develops agendas, and assigns a facilitator and scribe for each meeting
- Ensures accountability of QI Council members
- Facilitates progress on the QI Plan
- Facilitates the QI Advocates
- Liaises with and reports to DPBH leadership on issues related to quality improvement, including communicating about QI activities and project results

REPORTING

The QI Coordinator reports QI Work Plan implementation progress quarterly to the executive team. In addition, the QI Council publishes an Annual QI Report in July each year, and the QI Coordinator reports annual progress to the executive team, Director of DHHS, Public Health Resource Officer, State Board of Health, and all staff.

COMMUNICATION PLAN

The QI Council will develop communications that convey appropriate QI messaging and information to clearly communicate the importance, value, and expectations of QI activities at DPBH. This includes, but is not limited to the QI Plan, QI tab on the Health Information Portal (HIP) site, QI Council agendas and notes, and other QI materials and resources.

QI CHARTER APPROVAL AND CHANGES

Action	Date	By	Notes
Draft Approved	7/26/24	QI Council	Unanimously approved by Council

APPENDIX C—2024-2026 QUALITY IMPROVEMENT WORK PLAN

The QI Council's mission is to develop a culture of quality improvement in which employees at all levels are empowered to use evidence-based, data-led practices in everyday work to improve opportunities for all Nevadans to live life in the best possible health.

Two primary metrics are used to measure progress toward this mission:

1. Increase in the Division's average score on the NACCHO Organizational Culture of Quality Self-Assessment from 4.0 in 2022 to 4.5 (indicating DPBH has formal QI activities in various areas) by July 2025, and to 5.0 (indicating formal agency-wide QI activities) by July 2026; and
2. Level of completion of QI Plan goals and objectives.

QI Plan Goals

- Goal 1:** Strengthen DPBH leadership and supervisor/manager buy-in and support for QI, as well as their ability to communicate about its importance and value
- Goal 2:** Enhance awareness of and engagement with QI through strong communication
- Goal 3:** Provide training to increase the proportion of staff and programs that understand and apply QI concepts and the process for engaging in formal QI projects at DPBH
- Goal 4:** Create systems to embed and sustain quality improvement in DPBH's structure and culture

Goal 1: Strengthen DPBH leadership and supervisor/manager buy-in and support for QI, as well as their ability to communicate about its importance and value

Objectives	Strategies	Timeline	Responsible
1.1 Clearly communicate support for QI activities and QI expectations from the executive team—including DPBH administrator, deputy administrators, and agency manager—to all staff regularly After Sept. 2024, highlight and celebrate specific QI activities and their impact on the Division.	a. DPBH administrator communicates this message via email and meetings to leadership team and all staff	Sept. 2024 Jan. 2025 (July 2025)	PHII Agency Manager/UNR Team draft language for administrator to send
	b. Deputy administrators and agency manager communicate support for QI via email and in meetings	Sept. 2024 Jan. 2025 (July 2025)	Deputy administrators, agency manager
1.2 Provide at least two supervisor-specific trainings about QI annually, including basic QI principles, expectations, strategies for championing a QI culture, and how to support employees to learn about QI and engage in QI projects	a. Identify and distribute training opportunities for supervisors, managers, and executive team	Dec. 2025 Jan. 2025	QI Council
	b. Offer supervisor training through the monthly supervisor meeting led by HR. Highlight and recognize QI happening throughout DPBH and encourage more	Twice annually, schedule in collaboration with HR	QI Council and HR
1.3 Develop and share at least two tools/resources for supervisors and managers to communicate effectively about the importance of QI and QI goals and expectations by the end of 2024	a. Consult QI Council for input on effective communication from managers	Aug. 2024	QI Coordinator, QI Council, and UNR Team
	b. Draft QI Talking Points for supervisors and another resource (TBD)	Sept. 2024	UNR Team
	c. Distribute to leadership, supervisors, managers	Sept./Oct. 2024	QI Council/QI Coordinator
1.4 Have the executive team, supervisors, and managers provide opportunities for staff to share QI results and report them to the QI Council on a regular basis (e.g., as a standing agenda item at team meetings, program-level presentations, or displaying QI storyboards)	a. Add QI update as a standing agenda item for executive team meetings	Aug. 2024	DPBH Administrator/ Executive Assistant
	b. Encourage supervisors/managers to add QI discussion to team meeting agendas and one-on-one meetings with staff to discuss QI ideas, projects, and successes	Sept. 2024, ongoing	DPBH Administrator, supported by Deputy Administrators and regular communication from the QI Council

	(QI projects can be at the individual or program-levels)		
	c. Ask supervisors/managers or, where appropriate, QI Advocates, to report QI activities to the QI Council quarterly	Quarterly, beginning Sept. 2024 (with update on existing QI efforts)	QI Council / QI Coordinator

Goal 2: Enhance awareness of and engagement with QI through strong communication			
Objectives	Strategies	Timeline	Responsible
<p>2.1 Introduce QI and DPBH's QI policies and processes to all staff, emphasizing its importance, value, and applicability to the individual, program/unit, and organization by the end of September 2024.</p> <p>Ensure this communication is positive and reflects the messaging outlined in the QI Plan.</p>	a. Develop plan to introduce QI Plan, processes, expectations to all staff	Aug. 2024	QI Council
	b. Roll-out new QI processes to all staff	Sept. 2024	DPBH Administrator, Deputy Administrators, QI Coordinator, and QI Council
	c. Strongly encourage all staff to attend or watch "Intro to QI at DPBH" training	Sept. 2024	DPBH Administrator, Deputy Administrators, QI Coordinator, and QI Council
	d. Require new staff to watch "Intro to QI at DPBH" as part of training	Ongoing	Supervisors
<p>2.2 Develop and implement at least three (3) effective methods of sharing information about QI across programs/units to increase staff engagement (e.g. meetings, presentations, "lunch and learns," or storyboards) by July 2025</p>	a. a. Develop quarterly "Lunch and Learn" brown bag sessions	Dec. 2024, and March, June 2025	QI Council and QI Advocates
	b. Establish a quarterly meeting of staff currently working on a QI project	Oct. 2024, and Jan., April, and July 2025	QI Coordinator, QI Council
	c. Work with HR to integrate information about QI for supervisors into existing supervisor meetings (see also Goal 1.2)	Twice annually, schedule in collaboration with HR	QI Council and HR
<p>2.3 Create a positive QI feedback loop/culture by celebrating QI successes early and often through regular, positive communication</p>	a. Develop bi-monthly QI newsletter to share info, resources, training opportunities, QI successes and lessons learned, highlight specific QI projects	Sept. and Nov. 2024, and Jan., March, May, and July 2024	QI Coordinator, QI Council, and UNR Team
	b. Showcase and celebrate QI efforts annually through a week-long summit that includes training, presentations, and visual displays of QI efforts and achievements	Planning: May-June 2025 Celebration: July 2025	QI Coordinator, QI Council, QI Advocates
	c. Identify potential opportunities for staff to receive the merit award	Ongoing	QI Council, Supervisors, and Managers

Goal 3: Provide training to increase the proportion of staff who understand and programs that apply QI concepts and the process for engaging in formal QI projects at DPBH

Objectives	Strategies	Timeline	Responsible
3.1 Identify QI training opportunities and provide QI resources to staff by December 2024, and update regularly	a. Explore existing trainings and applicability to DPBH staff. Consider resources such as American Society for Quality , Association of State and Territorial Health Officials , Institute for Healthcare Improvement , NACCHO , National Network of Public Health Institutes , and Public Health Foundation	Develop an initial list by September 2024 Update by June 2025	QI Coordinator, QI Council
	b. Develop in-house trainings, where necessary, such as “Intro to QI at DPBH” and supervisor-specific trainings	Ongoing	QI Coordinator, QI Council
	c. Create a page with QI resources on the Health Information Portal (HIP site)	Sept. 2024	QI Coordinator, QI Council, and UNR Team
3.2 Consider DPBH staff’s QI training needs, and develop a strategic plan for building knowledge by expanding available QI training over multiple years by July 2025	a. Look to other public health agencies for resources and models (e.g. Colorado)	Feb. 2025	QI Council
	b. Identify desired trainings	June 2025	QI Council
	c. Develop trainings as necessary	Ongoing	QI Council
3.3 Ensure at least 25 percent of staff have completed QI training by July 2025 (and increase this figure to 50 percent by 2026)	a. Distribute training opportunities Division-wide using communication methods described in Goal 2	Ongoing	QI Council
	b. Track and monitor the staff who complete QI training quarterly (including name, position, and program) and report a summary of this information to leadership and all staff through the annual QI report	Ongoing	QI Coordinator / PHII
3.4 Provide at least 20 staff with in-depth training on a formal QI approach, such as Lean Six Sigma, by July 2025.	a. Identify funding, schedule training, identify appropriate staff (ensuring representation of as many programs as possible), and hold training	July 2025	QI Coordinator
3.5 Require each program at DPBH to conduct at least one QI project in FY 2024-2025	a. Convey this expectation and resources for assistance to the entire Division and track completion	July 2025	QI Coordinator, QI Council

Goal 4: Create systems to embed and sustain quality improvement in DPBH's structure and culture			
Objectives	Strategies	Timeline	Responsible
4.1 Establish a QI Council by spring 2024 to lead and sustain QI efforts and report to the executive team	a. Identify QI Council members	Spring 2024	PHII Agency Manager
	b. Develop a QI Council charter, and outline its vision, roles, and responsibilities	July 2024	QI Council
4.2 Draft a QI plan with time-framed and measurable goals and objectives by August 2024	a. Review NACCHO Roadmap, strategies, and DPBH Strategic Plan	April 2024	QI Council
	b. Conduct SWOT analysis	April 2024	QI Council
	c. Develop goals, objectives, and strategies	July 2024	QI Council
	d. Establish QI expectations, policies, and processes	August 2024	QI Council
4.3 Convene program/unit-level QI liaisons to extend knowledge and information about QI throughout the agency by July 2024	a. Identify interested staff	May 2024	QI Coordinator
	b. Convene QI Advocates	Spring 2024	QI Coordinator
	c. Work to fill gaps so all units have representation	Dec. 2024	QI Coordinator, QI Council
4.4 Explore/identify various models for continuous process improvement (e.g. Lean, Six Sigma, Rapid Cycle, and others) and determine the best option(s) for the agency by July 2024	a. Review QI approaches	June 2024	QI Council
	b. Create process guides, templates, and other resources to help facilitate QI projects	July 2024	QI Council
4.5 Incorporate QI into Work Performance Standards and the performance appraisal process by July 2025	a. Identify best process for achieving this objective and work with appropriate staff to implement it	Dec. 2024	QI Coordinator, QI Council
4.6 Track and monitor the: <ul style="list-style-type: none"> • Number of QI projects initiated and completed quarterly • Types of QI projects completed • Units/programs engaged in QI • Results of completed QI activities Report these numbers to the executive team and all staff through the annual QI report	a. Develop a data dashboard on the HIP SharePoint site, as well as a process for tracking and monitoring this information b. Document this process in the Performance Management System	Dec. 2024	QI Coordinator, QI Council, in collaboration with the Office of Analytics



APPENDIX D—2024-2025 ANNUAL QI CALENDAR

Month	Activity
July 2024	<ul style="list-style-type: none">• QI Council Meeting• QI Advocates Meeting• Celebrate Innovation Month (<i>Accreditation Pathways</i> newsletter)
August 2024	<ul style="list-style-type: none">• QI Council Meeting• QI Advocates Meeting• Prep for QI roll-out Division-wide<ul style="list-style-type: none">◦ Publish QI Plan◦ Develop QI tab on HIP SharePoint site◦ Develop “Intro to QI at DPBH” training for all staff and new hires◦ Draft first one or two issues of the QI newsletter
September 2024	<ul style="list-style-type: none">• QI Council Meeting<ul style="list-style-type: none">◦ Review and document Work Plan implementation◦ Update QI dashboards◦ Accreditation Coordinator reports QI progress to executive team• QI Advocates Meeting• Roll out QI Plan, structure, resources, to entire Division<ul style="list-style-type: none">◦ Live “Intro to QI at DPBH” training◦ Send first edition of QI newsletter
October 2024	<ul style="list-style-type: none">• QI Council Meeting• QI Advocates Meeting• Quarterly meeting re: QI current projects
November 2024	<ul style="list-style-type: none">• QI Council Meeting• QI Advocates Meeting• Send QI newsletter
December 2024	<ul style="list-style-type: none">• Brown Bag Lunch & Learn (early Dec.)
January 2025	<ul style="list-style-type: none">• QI Council Meeting<ul style="list-style-type: none">◦ Review and document Work Plan implementation◦ Update QI dashboards◦ Accreditation Coordinator reports QI progress to executive team• QI Advocates Meeting• Quarterly meeting re: QI current projects• Send QI newsletter
February 2025	<ul style="list-style-type: none">• QI Council and Advocates support DPBH staff as needed on QI projects
March 2025	<ul style="list-style-type: none">• QI Council Meeting<ul style="list-style-type: none">◦ Review and document Work Plan implementation◦ Update QI dashboard◦ Accreditation Coordinator reports QI progress to executive team



	<ul style="list-style-type: none">• QI Advocates Meeting• Send QI newsletter• Brown Bag Lunch & Learn
April 2025	<ul style="list-style-type: none">• QI Advocates Meeting• Quarterly meeting re: QI current projects
May 2025	<ul style="list-style-type: none">• QI Council Meeting<ul style="list-style-type: none">◦ Review and document Work Plan implementation◦ Update QI dashboards• Send QI newsletter
June 2025	<ul style="list-style-type: none">• QI Advocates Meeting• Brown Bag Lunch & Learn
July 2025	<ul style="list-style-type: none">• QI Council Meeting<ul style="list-style-type: none">◦ Review and document Work Plan implementation, update QI dashboard, and develop 2024-2025 Annual QI Report◦ Update/revise QI Plan goals, objectives, and strategies and make any other necessary changes to QI Plan◦ Create 2025-2026 QI Calendar◦ Accreditation Coordinator reports QI progress to executive team, director of DHHS, public health resource officer, and all DPBH staff• Quarterly meeting re: QI current projects• Celebrate Innovation and Quality Improvement Month<ul style="list-style-type: none">◦ Send QI newsletter◦ Plan QI Week to showcase and celebrate progress over the past year



APPENDIX E—QUARTERLY REPORTS ON IMPLEMENTATION OF THE 2024-2026 QI WORK PLAN

This section will be updated in September 2024, December 2024, March 2025, and June 2025.



APPENDIX F—QI PLAN RECORD OF CHANGES

Date of Change	Description of Change	Page Number(s)