



New Mexico Department of Health

QUALITY IMPROVEMENT PLAN 2020



Letter from the QI Sponsor

When Secretary Kunkel asked me to serve as the Office of The Secretary (OTS) representative on the Quality Improvement Council and on DOH quality initiatives in general, I eagerly and optimistically accepted that assignment. I know how absolutely committed she is to promoting a culture of quality in our Department and I am very pleased to serve as part of that important effort.

Culture is an umbrella term that describes the characteristics and knowledge of a particular group of people and it encompasses the social behaviors and norms of the assembly. While changing culture in an organization as large and as well established as DOH is a herculean task, the timing for a major transformational effort may be heavily influenced by the current crisis. People who study organizational change generally agree that meaningful cultural change often requires a burning platform combined with committed, capable leadership.

And, we now have both. This COVID -19 pandemic has certainly provided the burning platform and we are fortunate our current leadership is committed to building a solid and sustained Health Department. For example, OTS had already set the goal for pursuing organizational excellence in DOH's FY2021-23 strategic plan. With COVID 19, our reaching for excellence is even more important today than when it was first considered, and to accomplish that, a robust and dynamic quality program is absolutely essential. The first step in developing a culture of quality and pursuing organizational excellence may be to recognize that quality improvement is not a task, but a process. It is not a set of boxes to be checked but a disciplined set of principles that influence the way we look at problems. It is a rational reductionist approach to breaking down a problem into its fundamental elements, identifying the root cause of the problem, and determining changes at the micro level that will ultimately positively influence the macro process. The elemental code or vocabulary of quality improvement is Plan, Do, Check and Act (PDCA). The more we use this approach the easier it will be to see the benefits from the effort. The cultural change we seek occurs when the majority, if not the entirety, of the group becomes involved in thinking PDCA whenever a problem, a mistake, an error, or a workaround is identified.

This plan provides a foundation for a long-term shift toward organizational improvement and excellence by developing a quality improvement framework with divisional controls and wide-ranging participation. Since Quality Improvement relies on egalitarian involvement to truly work effectively, the plan identifies divisional quality change agents as QI Catalysts. Catalysis is a process which increases the rate of chemical reaction, so thus a QI Catalyst is a great and appropriate term. Catalysts are the agents that provide the stimulus for increasing the reaction velocity without themselves being consumed. Catalysts are the ultimate matchmakers that bring the reactants together - making it easier for the reaction to take place without ending up as part of the final product. With that analogy in mind, the QI Catalysts are available to coach, to mentor, and to guide the newcomers to the process and to help them achieve the satisfaction that comes from making important jobs easier and more efficient.

I invite you to read this plan carefully. Having seen QI work in several organizations, I am confident that the results are worth many times the effort it takes to achieve that level of intellectual capacity. If we all take it seriously, it could improve our work lives significantly, and I look forward to working with you to help make that happen.

Dr. Thomas Massaro
NMDOH Chief Medical Officer &
Quality Improvement Council Sponsor



Table of Contents

| | |
|--|----|
| Letter from the QI Sponsor..... | 2 |
| QIP Introduction & Purpose | 4 |
| QI's Connection to Performance Management..... | 6 |
| QI Infrastructure & Organizational Chart..... | 7 |
| QI Roles & Responsibilities | 9 |
| QI Council and QI Catalysts Interrelationship | 11 |
| QI Project Identification and Implementation | 12 |
| QIC's 2020 Implementation Plan | 13 |
| QI Competency-Based Training & Development..... | 15 |
| QI Resources & Customer Feedback Mechanisms | 19 |
| QI Evaluation & Assessment | 20 |
| Appendix A: QI Definitions & Acronyms | 22 |
| Appendix B: QI Representatives for NMDOH | 24 |
| Appendix C: QI Project Report Form | 25 |
| Appendix D: AIM Statement Form | 26 |
| Appendix E: The Very Fast Improvement Tool (VFIT)..... | 28 |

QIP Introduction & Purpose

Quality Improvement (QI) is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act (PDCA), which focuses 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, and outcomes. Measurable improvements can be evaluated by the performance management system as well as reflected by better running services and processes benefitting the health of the community.

QI begins with a problem. The first step is to determine the root cause of that problem, identify the customers effected and involved, sort through any and all quantitative data sources, and then use wide-ranging tools to ascertain how to be more effective. When a problem-solving process like QI becomes ingrained into everyday practices, it can be a catalyst for optimizing the program, division, and/or the department's ability to fulfill its vision - to create a healthier New Mexico.



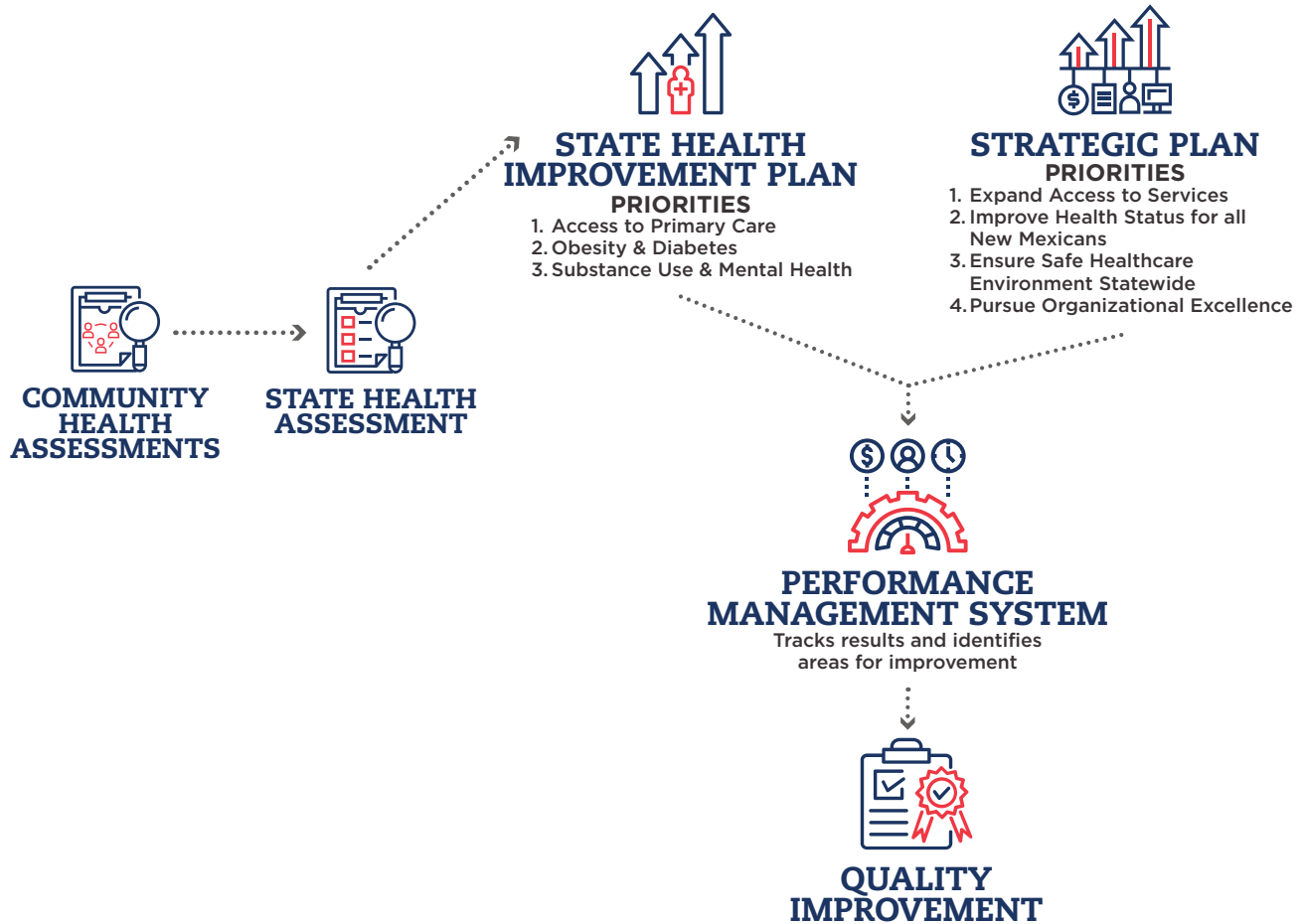
The New Mexico Department of Health (NMDOH) is committed to the ongoing improvement of its programs, services, and processes and has an interest in systematically evaluating and improving their quality. The overall intent is to achieve a high level of efficiency, effectiveness, and customer satisfaction. In order to accomplish that intent, NMDOH must emphasize a culture of quality improvement, thereby benefitting our programmatic and administrative activities and realizing our vision.

The Quality Improvement Plan (QIP) serves as a strategic infrastructure plan, providing the framework for our internal QI operations and focusing on the key objectives and tasks that will be implemented in 2020 and beyond. The overall purpose being to create a long-term institutionalized culture of quality throughout the department.

This QIP is part of our agency's commitment to protecting and improving the health, safety, and well-being of all New Mexicans and it reflects our agency's mission statement that reads:

Our mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

In our quest to continually strive for organizational excellence, measured by our customer feedback, our system of performance management and improvement, and our ability to maintain our rigorous accreditations and certifications, this infographic represents the health department's primary system components and how they are linked.




WORKFORCE DEVELOPMENT

Workforce Development is foundational to all

First, it begins with community health assessments at the local level. These assessments identify key health needs and issues through a comprehensive data collection process and should ideally flow into NMDOH's State of Health in New Mexico report, which is an overall state health assessment (SHA). The state health assessment evaluates New Mexico's population's health status.

With the SHA's comprehensive data, the statutorily required State Health Improvement Plan (SHIP) proposes a long-term state health plan, where the most pressing health priorities are determined and strategies are then developed for the entire state to tackle. The SHIP goes beyond NMDOH's scope and acts as an inter-agency, tribal and community-oriented health improvement plan for New Mexico. Under NMSA 9-7-4.1, the department is also required to develop a state health improvement plan that meets accreditation standards of the public health accreditation board.

The SHIP works in tandem with the strategic plan, but the strategic plan is department specific and guides the agency's direction for a three-year period. It fundamentally provides an action plan for NDMOH's key objectives and best practices.



When it comes to performance management, the intention is to have a rich system that goes beyond New Mexico's Accountability in Government Act's (AGA) requirements by developing both internal and external divisional performance measures. While the AGA measures represent both SHIP and strategic plan priorities, there are areas where DOH would like to monitor and track administrative and operational effectiveness and progress. Each division should have an aligned strategic plan with appropriate internal objectives and corresponding performance measures.

All of which will provide opportunities to look for areas of improvement. When targets or expected results are not met, that is an opportunity for quality improvement practices to be utilized, looking for solutions to those identified problem areas.

Underlying all of this is workforce development and training. NMDOH commits to building public health workforce competency and capacity in order to carry out all of these components, with the ultimate aim to fulfill our mission for a healthier New Mexico.

Overall, all of these interlocking elements push NMDOH to continuously review and work toward systemic alignment. With a solid strategic plan, a highly institutionalized performance management system, a thorough data driven perspective on New Mexico's health status, and the regular determination of state health priorities, NMDOH should advance quality and performance and therefore provide accountability, sustainability and results.

QI's Connection to Performance Management

Divisions are aligning their internal strategic planning, infrastructure, processes, and programmatic services to the department's four strategic goals, the governor's priorities, and the assets each division brings to the department.

The four strategic goals are:

- Expand Access to Services
- Improve Health Status for all New Mexicans
- Ensure Safe Healthcare Environments Statewide
- Pursue Organizational Excellence

The fourth goal was created specifically to integrate the primary functions of planning, accountability and improvement components, i.e., strategic planning, performance management and quality improvement.

All state agencies report annually on their AGA measures as part of the budget proposal and performance management process. It also identifies "key" agencies, which are those with large mandates and budgetary responsibility, to report on their performance quarterly. The LFC takes these reports and makes scorecards for the legislative body, whereby each departmental key measure is given a green, yellow or red color rating for good to bad progress.

NMDOH is a key agency with quarterly reporting expectations. Consequently, NMDOH measures are reported on quarterly with the various programs stating what areas of improvement will be worked on in the next quarter. The reports summarize the development of the strategic plan's goals and objectives and demonstrates annual progress of the performance measures. This is an opportunity to check-in and review the objectives, activities and measures to account for what has been accomplished, or not, and to look for areas for expansion or improvement.

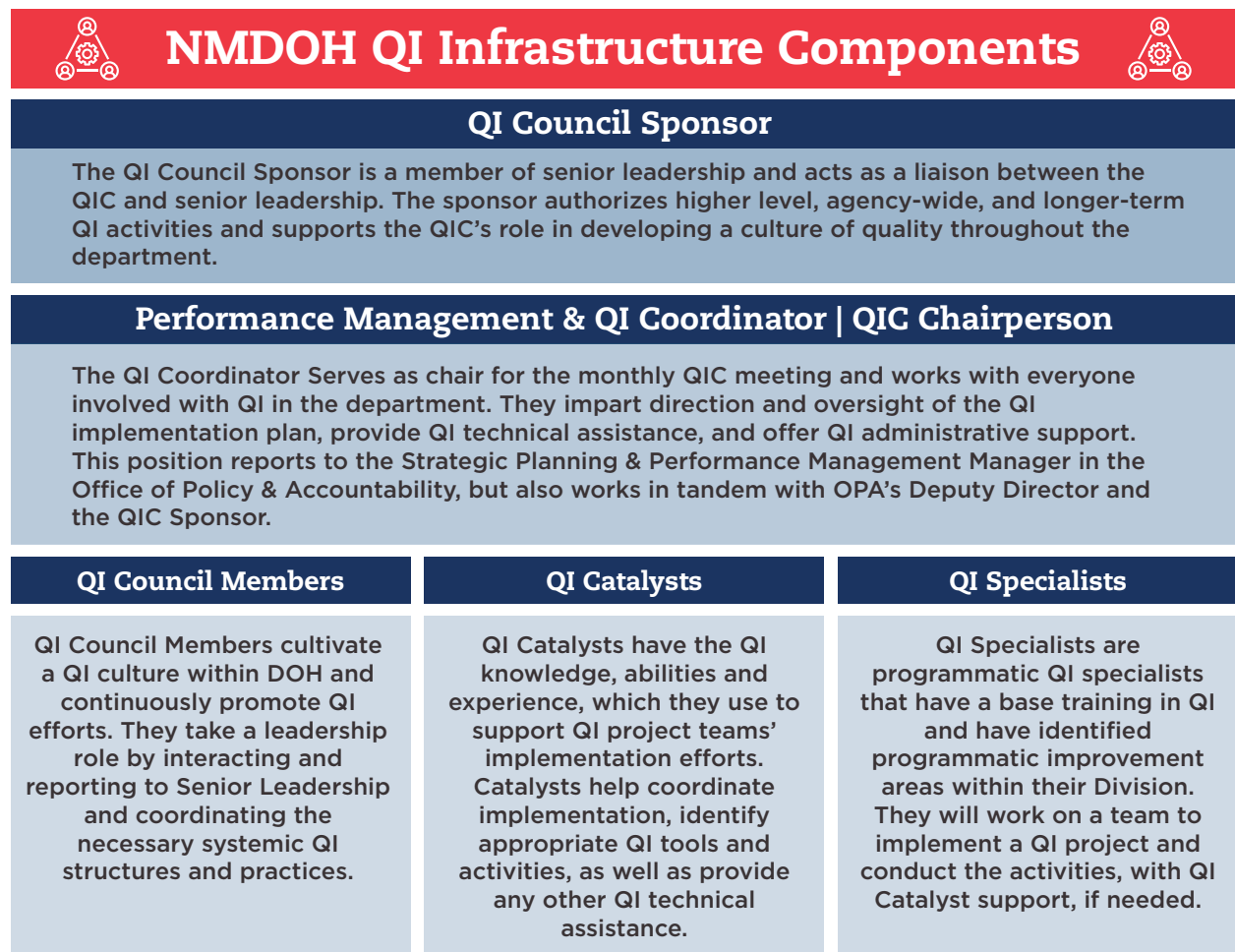
The Secretary has requested regular quarterly follow-up sessions, after the submission of the Legislative Finance Committee’s (LFC) scorecard. In these meetings the LFC scorecard will be compared to our progress reports, contextually nuanced aspects of results not met will be discussed, and problem areas will be identified and improvement plans sought. During senior leadership meetings, division directors will review quarterly progress, report on their division’s performance, and look for improvement needs.

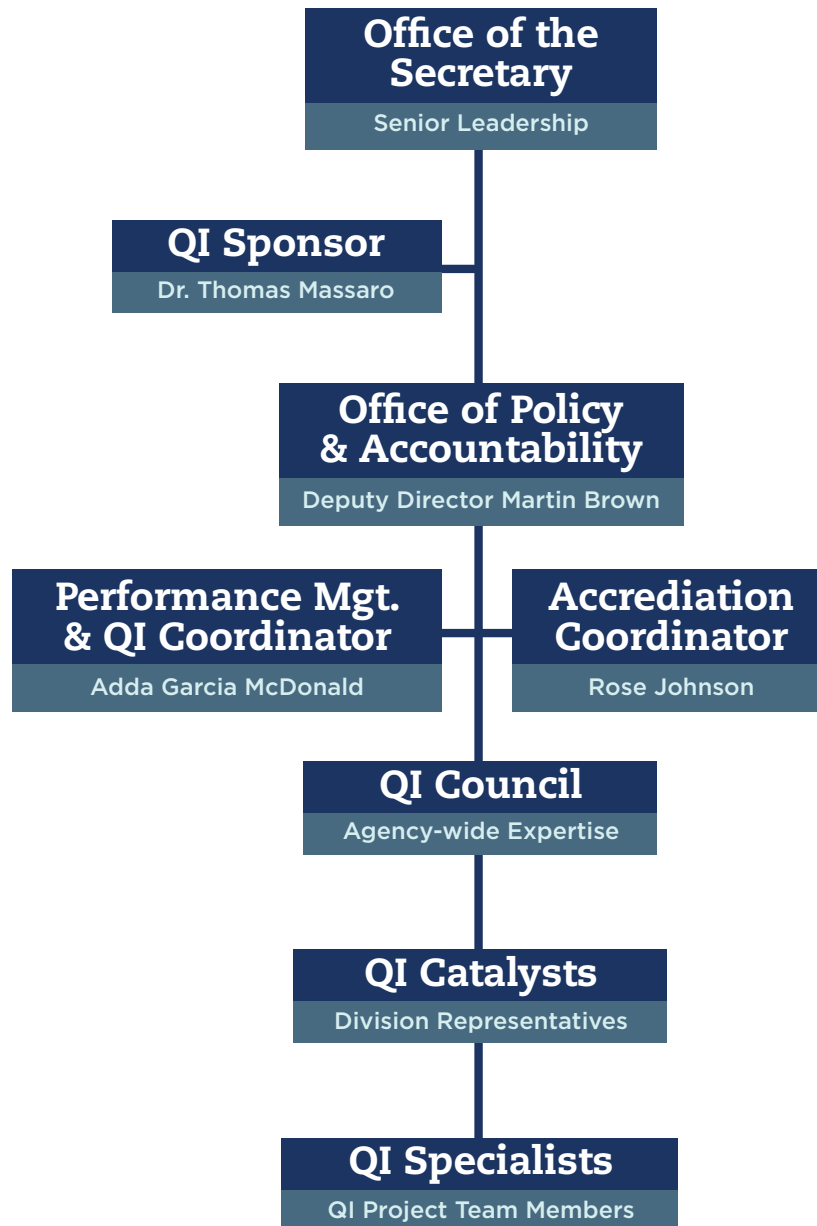
The NMDOH QI Council will also review the quarterly performance management progress report against the LFC scorecard, discuss any unmet targets/potential problem areas, and determine if they signify a need for a quality improvement project.

QI Infrastructure & Organizational Chart

QI Infrastructure Components

Just as QI projects need a team to conduct their quality improvement process, NMDOH has found a range of QI folks to institute an agency-wide sustaining team-oriented culture of quality.





Quality improvement is embedded throughout NMDOH, from the top to the bottom of normal operations. The Office of the Secretary identifies a senior leader to be the QI Sponsor to the QI Council. Together with the Office of Policy & Accountability, these three roles focus on the big picture institution and cultivation of a quality improvement culture throughout NMDOH. The QI Council also works with QI Catalysts to monitor and support QI projects and activities. Thus, they act as the bridge between senior leadership and the QI practitioners. QI Catalysts are division leads, providing their expertise and guidance within their division's programs and administrative practices. The QI Specialists are the "boots on the ground", basically the folks conducting QI projects and utilizing QI methods and tools for programmatic improvements.

QI Roles & Responsibilities

It is assumed that everyone involved with QI has a foundational knowledge of QI approaches and processes, know how to use QI tools, and understand when to use what tools.

Senior Leadership & QI Sponsor

The sponsor is designated by the Office of the Secretary (OTS). The QI Council Sponsor serves as a liaison for the QIC to the Cabinet Secretary and other senior managers. The QI Council Sponsor has the option to attend any and all QIC meetings and will coordinate with the Performance Management and Quality Improvement Coordinator to communicate activities between the QIC, Senior Management and OTS.

The QI Sponsor:

- Works towards QI-related performance and/or professional development goals for all of NMODH.
- Champions the incorporation of QI throughout the department.
- Advocates with senior leadership for QI infrastructure needs, like funding and personnel.
- Recognizes the necessity of staff roles, i.e., QI Council members, QI Catalysts, or QI Specialists, and advocates for the consent of their time given towards QI efforts.
- Provides an update of the QIP to the senior management team.
- Assists with employee and program recognition initiatives celebrating QI successes.

The Office of Policy and Accountability

The Office of Policy and Accountability (OPA) facilitates system improvement, advances health equity and ensures standards and strategies to promote the Department of Health's excellence. OPA staff provide administrative oversight and technical support for not only NMDOH's quality improvement activities, but also strategic planning, performance management, workforce development, policy development and public health accreditation.

When it comes to quality improvement specifically, OPA support includes:

- Providing the vision, oversight & direction to quality improvement's operational infrastructure.
- Ensuring annual budgeting allocations to the department's quality improvement & performance management programs are made through NMDOH Administrative Support Division to provide finance and resources in each annual budget projection round to the Office of Policy and Accountability.
- Providing and/or coordinating staff training in QI methods and tools.
- Providing technical assistance to programs conducting continuous QI or quality planning, which may include data collection/analysis, advice on quality methods/tools, or meeting facilitation.
- Facilitating QI initiatives, to include development and implementation of a plan of quality improvement in the agency, tracking and reporting on improvement efforts, and promoting collaboration with programs to create a sustainable quality improvement process.
- Maintaining dedicated QI staffing for the department, with the PM/QI Coordinator, the Accreditation Coordinator, the Strategic Planning & Performance Management Manager as well as ongoing support from OPA's Deputy Director.

Performance Management Coordinator | QIC Chairperson

The QI Council Chairperson acts as the intermediary to the QI Council's Sponsor and to QI Catalysts. The QIC Chairperson should understand all departmental QI activities and divisional operations as well as provide and/or find QI technical assistance when needed.

The QIC Chairperson:

- Schedules, convenes, and facilitates the QIC meetings.
- Develops and distributes QIC meeting agendas.
- Follows-up on assignments to QIC members.
- Assures that meeting minutes are being recorded and disseminated for the QIC.

QI Council

QIC membership is ideally representative of NMDOH's divisions and facilities in an effort to ensure that QI is actively maintained throughout the Department and that identified QI experts are available at the division-level. QIC members are invited by the council and represent those who are interested and available to attend meetings, e.g., they have the consent of their immediate supervisor and division director and are the best qualified and/or experienced to serve on the Council.

Meetings are scheduled on the second Thursday of every month. With appropriate advance notice, additional meetings may be scheduled as needed and regular meetings may be postponed and rescheduled. Expected QIC agenda items and tasks are to review and discuss departmental QI project activities and to discuss implementation plan progress.

The QIC has a Chairperson, the PM/QI Coordinator, and a Deputy Chairperson. The Chairperson position shall be permanent. The Deputy Chairperson will be elected by the QIC from the QIC membership. The Deputy Chairperson will serve for one year and may be re-elected to serve multiple terms.

The QI Council:

- Provides ongoing leadership and oversight of continuous quality improvement activities.
- Facilitates and coordinates QI projects and QI Catalysts.
- Ensures that QI activities are conducted in accordance with the QI plan.
- Documents and authorizes QI projects and reviews their success, or otherwise.
- Assembles the QI Catalysts and assists in their recruitment, training, and development.
- Coordinates and seeks approval for division QI Catalyst resources.
- Prioritizes issues referred to the QIC for review.
- Assures the data obtained through QI activities are analyzed.
- Recommends appropriate follow-up and problem resolution.
- Appoints sub-committees or teams to work on specific issues.
- Assures that resources are properly allocated by establishing priorities for planning, implementing, and evaluating improvements pertaining to QI.
- Monitors division improvement efforts that directly support NMDOH priority measures.
- Identifies strategies to ensure the sustainability of quality improvement efforts.
- Leads NMDOH's culture shift toward customer-focused, evidence-based, continuous improvement practices.
- Reviews and revises the Quality Improvement Plan on at least an annual basis.

QI Catalysts

QI Catalysts and their respective project teams are accountable to their respective divisions.

The QI Catalysts are QI division leaders, who:

- Perform the function of the 'go to' or lead person within their division, facility, bureau or program that can assist with forming a QI project, getting approval for their project and seeking whatever technical assistance may be needed to conduct the QI project.
- Document requirements for QI coordination and know the appropriate channels for requesting QI assistance from within the agency.
- Serve as the project manager for larger QI projects and help facilitate team processes.
- Report QI project progress to the QI Council.
- Work with the QIC to assess division performance measures progress and identify any areas needing improvement.
- Liaise with QI specialists.
- Review and qualify any cost benefit approaches and realizations attributed to QI projects.

QI Specialists

Long-term the hope is that everyone will have foundational QI knowledge but as a way to imbue a culture of quality throughout the agency, QI specialists will be hands-on QI technical assistance to their division. They'll also act as QI internal advocates and team members, helping to create a QI state of mind.

The QI Specialists:

- Assist with the design and implementation of QI projects.
- Provide QI knowledge and help guide and review QI projects.
- Participate in proposed departmental-wide administrative QI projects.

QI Council and QI Catalysts Interrelationship

While the QI Council is the overarching agency-wide lead and Catalysts are instrumental to divisional QI operations and infrastructure, both need to work together to promote and operationalize quality improvement practices throughout NMDOH. That interrelationship is important to developing a culture of quality.

On a quarterly basis, the QI Catalysts will participate in the monthly QI Council. It will be the month after the submission of a quarterly performance management progress report (March, June, September, December) and the intent will be to review performance measure progress, look for QI project opportunities, and discuss existing QI project developments.

Those quarterly meetings shall include:

- Review of quarterly performance management results, specifically targets not met.
- Look at the progression of current QI divisional projects.
- Discuss QI project barriers, challenges, and results.
- Ascertain new QI project proposals and or needs.

Other Interrelational Tasks:

- Act as a conduit between QI project teams and receive requests for additional help and/or department resources.
- Document proposed and completed QI projects for inclusion in OPA's database.
- Participate in QI Council Sub-committees.
- Share positive project outcomes throughout the department.
- Communicate QI activities, processes, and results to the agency.



QI Project Identification and Implementation

Quality improvement motivations can include:

- Strategic plan or state health improvement plan prioritization and improvement
- Employee experience
- Program or customer feedback evaluations
- Program or administrative performance issues
- Employee engagement surveys
- Performance measure targets being unmet
- Risk assessment
- Resource issues / return on investment concerns

Any staff member may identify and pursue a quality improvement project at any time and includes QI projects related to employee suggestions that are referred to the QI Council. Projects may range from simple initiatives that are easy to implement and have low impact to bigger projects that span multiple divisions and require substantial expertise and resources.

Project Selection

Employees who desire resources or other support for a quality improvement project may submit a brief QI project request form to either the QI Council or their division's QI Catalyst. In considering the request, the QI Council may suggest quality improvement strategies or tools, may provide hands-on guidance, or may offer other expertise to promote successful project implementation. When warranted, the QI Council may request additional project resources through the senior management team or the QI Council Sponsor.

In addition to employee-initiated projects, the QI Council may elect to initiate quality improvement projects. The QI Council will prioritize projects that improve program outcomes, employee engagement, major administrative processes, or other areas identified in the department's Strategic Plan, Workforce Development Plan, or performance scorecard.

The QI Council maintains a cohort of QI Catalysts to assist quality improvement project teams in the implementation of their projects. Upon request, the QI Catalysts are available to participate in quality improvement projects as coaches or facilitators.

The QI Council has developed, and continues to develop, a variety of different approaches to encourage employees to report employee-initiated quality improvement projects. For example, employees who make relatively straightforward improvements may elect to report the project using the Department's Very Fast Improvement Tool, or VFIT. The VFIT is a reporting tool that asks a few basic questions about the project. It is intended to provide employees the opportunity to report simple projects to the QI Council.

The QI Council will maintain a database of reported quality improvement projects via submissions of an online QI Project Report form. The purpose of the form is to gather an inventory of QI activities within NMDOH to report quality improvement project descriptions and efforts for reaccreditation reporting and to get a baseline of QI activities throughout the department. The Council may use these projects to suggest and promote other projects. The Council's library of reported projects will be available to the workforce on the Department's intranet-based Quality Improvement Toolkit.

QIC's 2020 Implementation Plan

The following Implementation plan is a living section within this Quality Improvement Plan and can be reviewed at any time by the QI Council. This Implementation Plan formulates the QI Council work plan, which is reviewed once a month at the QI Council meeting and then updated and amended every year by the QI Council.



PURPOSE: To institutionalize a culture of quality throughout NMDOH

| Goal 1 | Objectives & Activities | Measure | Lead & Timeframe |
|--|--|--|--|
| Engage more of the existing NMDOH QI & PM expertise. | <ol style="list-style-type: none"> 1. Delineate roles and responsibilities between QIC & Catalysts. 2. Identify divisional catalysts and institute their roles and responsibilities. 3. Review PM quarterly reports. 4. Assess NMDOH PM infrastructure to support building a QI infrastructure. 5. Include QI criteria in employee recognition. | Have at least one Catalyst per division identified and operational, by the end of 2020. | <ol style="list-style-type: none"> 1. QIC & OPA 2. QIC & OPA 3. QIC & OPA's performance management team 4. OPA's performance management team |
| Goal 2 | Objectives & Activities | Measure | Lead & Timeframe |
| Engage in QI projects that utilize QI Catalysts and Specialists. | <ol style="list-style-type: none"> 1. Use Catalysts to assess and guide the QI project reviews. 2. Use project form and accreditation submissions to assess/learn and do the PDCA cycle. | Have at least 3 QI projects conducted that are PHAB worthy, by the end October 2020. | <ol style="list-style-type: none"> 1. Catalysts & PM/QI Coordinator 2. QIC & PM/QI Coordinator |
| Goal 3 | Objectives & Activities | Measure | Lead & Timeframe |
| Establish a QI Communication Plan. 3 audiences: -leadership/sponsors -catalysts and specialists -broader NMDOH | <ol style="list-style-type: none"> 1. Develop a QI terminology guide. 2. Develop NMDOH QI manual. 3. Create a NMDOH case study. 4. Promote NMDOH QI infrastructure to senior leadership and the workforce. 5. Report on QIC progress and activities. 6. Use and promote CHILEnet's QI Toolkit. 7. Develop a marketing plan. | Increase the percent of staff who believe fostering a culture of quality improvement is important to their work, in the 2020 PHWINS employee survey responses. (Current baseline from 2017 is 65%, below national average) | <ol style="list-style-type: none"> 1. PM/QI Coordinator & QIC 2. PM/QI Coordinator 3. ? 4. OPA 5. QIC |



PURPOSE: To institutionalize a culture of quality throughout NMDOH

| Goal 4 | Objectives & Activities | Measure | Lead & Timeframe |
|---|---|--|--|
| Develop QI and PM competencies throughout the workforce. | <ol style="list-style-type: none"> 1. Review online TRAIN modules and assess if any meet our QI competency needs. 2. Develop the NMDOH QI competency-based QI training curriculum. 3. Expand IHI membership and trainings. 4. Develop a QI career pathway. | Have the five competency-based training modules ready for 2021 implementation. | <ol style="list-style-type: none"> 1. OPA & Learning Mgt. Center 2. OPA & Learning Mgt. Center 3. OPA |
| Goal 5 | Objectives & Activities | Measure | Lead & Timeframe |
| Assess Performance Management progress and look for QI project opportunities. | <ol style="list-style-type: none"> 1. Conduct quarterly reviews in QIC. 2. Bring in divisional QI catalysts to discuss QI project possibilities. | Identify at least 2 to 3 QI projects from the performance management system, by the end of 2020. | <ol style="list-style-type: none"> 1. QIC & OPA's performance management team 2. QIC & Catalysts |
| Goal 6 | Objectives & Activities | Measure | Lead & Timeframe |
| Deliver QI to programs and pursue organizational excellence. | <ol style="list-style-type: none"> 1. Formalize sub-committees and their activities. 2. Develop a NMDOH QI infrastructure plan and present to senior leadership. 3. Review implementation plan progress on a regular basis. 4. Review and amend the QIPMDP. | Have NMDOH's QI operational infrastructure plan in place by the end of 2020. | <ol style="list-style-type: none"> 1. QIC 2. OPA 3. QIC 4. QIC & OPA |

QI Competency-Based Training & Development

New Employee Orientation

The stages of recruitment for Quality Improvement starts with New Employee Orientation (NEO) where employees are introduced to the agency's Accreditation, Quality Improvement and Performance Management systems and are given information on how to become a part of these agency initiatives.

NMDOH Quality Improvement Competency Based Training & Development

After the webinars and QI/PM workshop conducted in 2018, it was decided that NMDOH needed to formulate an agency-wide QI/PM curriculum. To develop a training curriculum, a core set of QI competencies were identified for all QI oriented workforce, as well as competencies specific to the QI roles. A competency-based framework for a scaffolded QI training program was created in 2019 and now 2020 will be about developing the skills-based modules to conduct the QI trainings.

**NMDOH Quality Improvement Competency**

NMDOH QI Core Competencies for Everyone Involved with QI Projects

- ✓ Design Improvement activities to address priority quality gaps
- ✓ Identify and engage key stakeholders to support, plan, implement and manage quality improvement
- ✓ Set the improvement aim to clarify what is to be achieved and how it will be measured
- ✓ Understand the fundamental quality improvement concepts and principles
- ✓ Conduct situational analysis of quality gaps
- ✓ Conduct a root cause analysis to understand why the quality gap exists in the system process
- ✓ Identify, test and implement prioritized actions (changes) to address gaps identified
- ✓ Manage, analyze and use data for the improvement process
- ✓ Set indicators/measures to demonstrate whether improvement efforts lead to change
- ✓ Pull important ideas, facts, etc. together and establish a basis for further discussion
- ✓ Interpret quantitative and qualitative data and integrate findings into organizational plans and operations
- ✓ Use evidence in developing programmatic or operational improvements
- ✓ Assess the effects of policies, programs and services on different community populations
- ✓ Support and advocate for the diversity of NM's individuals and populations being addressed in quality improvement activities and factor their needs into the ensuing outcomes



Competencies by QI Role



All QI Roles will have a foundation in the core competencies.

| QI Council Member Competencies | QI Catalyst Competencies | QI Specialist Competencies |
|--|--|--|
| Provide support to quality improvement teams to conduct and manage the improvement process and initiatives | Manage, help organize, and run improvement teams | Share information and participatory style leadership (knowledge, skills, attitudes) with team members so goals can be achieved |
| Build and promote QI training & development opportunities | Explain the fundamental QI concepts and principles | Use baseline data to plan improvement work and collect and validate implementation data |
| Institutionalize quality improvement into the public health system | Identify and assign roles to key staff and stakeholders | Disseminate baseline findings to stakeholders and collect input |
| Explain the fundamental QI concepts and principles to the Department | Work with content experts to determine appropriate content for improvement | Plan to test/implement the prioritized change idea |
| Assess, identify and develop competency training needs | Apply coaching strategies to support the implementation of improvement activities | Describe ways to improve individual and program performance |
| Facilitate and promote an enabling QI environment | Identify what was learned from an improvement activity | Identify what was learned from an improvement activity |
| Support staff to undertake, manage and sustain QI activities into routine work/culture | Support staff to undertake, manage and sustain QI activities into routine work/culture | Develop and test tools to rapidly assess the system and identify gaps |
| Communicate the roles of governmental public health and other partners in improving the health of communities served | Contribute to continuous improvement of individual, program and organizational performance | Contribute to continuous improvement of individual, program and organizational performance |
| Interact with the larger inter-related agency system to influence improvement efforts | Use effective listening techniques, such as questioning, paraphrasing, and summarizing ideas | Use effective listening techniques, such as questioning, paraphrasing, and summarizing ideas |

The overarching purpose of the QI curriculum is to promote and develop a culture of quality throughout NMDOH that will ultimately improve health programs, services and operations. While the goal of the QI curriculum is to:

- Improve staff knowledge and capacity;
- Use and apply quality improvement methods and tools; and
- Conduct programmatic and/or operational QI projects



QI Training Curriculum



Curriculum Purpose

To promote and develop a culture of quality throughout NMDOH that will ultimately improve health programs, services and operations.

Curriculum Goal

To improve staff knowledge and capacity to use and apply quality improvement methods in order to conduct programmatic and/or operational quality improvement projects.

Trainings

Quality Improvement 101: Quality Fundamentals

Competencies

- Understand the fundamental quality improvement concepts and principles
- Set the improvement aim to clarify what is to be achieved and how it will be measured
- Pull important ideas, facts, etc. together and establish a basis for further discussion
- Use effective listening techniques, such as questioning, paraphrasing, and summarizing ideas

Quality Improvement Fundamentals Objectives:

- Participants will be able to ascertain the differences between QI & QA
- Participants will go through the Plan, Do, Check, Act process cycle and describe its key principles
- Participants will study and compare good vs. bad AIM statements
- Participants will practice effective listening and discussion techniques

Quality Improvement 102: Root Cause Analysis & Stakeholder Involvement

Competencies

- Identify and engage key stakeholders to support, plan, implement and manage quality improvement
- Conduct a root cause analysis to understand why the quality gap exists in the system process
- Manage, analyze and use data for the improvement process
- Assess the effects of policies, programs and services on different community populations
- Disseminate baseline findings to stakeholders and collect input

Quality Improvement Root Cause & Stakeholder Involvement Objectives:

- Participants will collect data and information in order to fully understand the problem
- Participants will be able to identify the project gap and root cause
- Participants will receive and review a stakeholder analysis template
- Participants will look at best practices in stakeholder involvement and begin to use cause and effect process analysis to determine possible unintended consequences
- Participants will write a SMART AIM statement based on the stakeholder and root cause analyses

QI Program Specialist: Practitioners Guide to QI Improvement Tools

Competencies

- Design improvement activities to address priority quality gaps
- Conduct situational analysis of quality gaps
- Use evidence in developing programmatic or operational improvements
- Support and advocate for the diversity of NM's individuals and populations begin addressed in the quality improvement activities and factors their needs into the ensuing outcomes
- Develop and test tools to rapidly assess the system and identify gaps
- Use baseline data to plan improvement work and collect and validate implementation data

Practitioners Guide to QI Improvement Tools Objectives:

- Participants will become familiar with some of the more commonly used QI tools and determine when they are best used within a QI project
- Participants will develop a performance target with an established baseline
- Participants will practice team development through brainstorming and conducting QI tools

QI Catalyst Training: How to Mentor QI Projects

Competencies

- Manage, help organize and run improvement teams
- Explain the fundamental QI concepts and principles
- Identify and assign roles to key staff and stakeholders
- Apply coaching strategies to support the implementation of improvement activities
- Use effective listening techniques, such as questioning, paraphrasing, and summarizing ideas

QI Catalyst Training Objectives:

- Participants will study group dynamics and conflict management theories while practicing effective coaching and listening techniques
- Participants will lead a QI tool activity while applying effective coaching strategies and using active listening techniques
- Participants will give and receive feedback

QI 103: How to Continually Monitor Improvement & Build a Quality Culture

Competencies

- Identify what was learned from an improvement activity
- Set indicators/measures to demonstrate whether improvement efforts lead to change
- Interpret quantitative and qualitative data and integrate findings into organizational plans and operations
- Identify, test and implement prioritized actions (changes) to address gaps identified
- Assess the effects of policies, programs and services on different community populations

QI Catalyst Training Objectives:

- Participants will assess the effects of an improvement project, determine what is or isn't working and how to respond
- Participants will look at improvement tracking data and conclude whether to redefine targets
- Participants will be able to identify issues and sustain ongoing process performance and improvement measures
- Participants will see how performance management is directly aligned to quality improvement

The plan in 2020 is to inventory on-demand, online opportunities in TRAIN that fit our knowledge-based competency needs and then develop experiential in-class trainings for the skills-based components.

QI Resources & Customer Feedback Mechanisms

QI Resources on the NMDOH CHILEnet

QI tools are accessible by all NMDOH employees through a QI Toolkit portal on our internal CHILEnet website. Within the QI Toolkit portal, employees may find additional assessment, planning, decision-making, and communication tools, QI templates, and other QI resources. The names of current QI Council members and QI Catalysts are also listed here.

Examples of things that are available on the CHILEnet QI Toolkit webpage:

- a. Pathway to Performance Webinars
- b. AIM Statement Form
- c. The Very Fast Improvement Tool (VFIT)
- d. QI Project Report & QI Project Request Forms
- e. Customer Feedback
- f. QI Communications & Promotions
- g. QI Resources & Links

Customer Feedback Mechanisms

The New Mexico Department of Health is a large institution, with a spectrum of public health services provided statewide. Thus, customer feedback is collected and considered throughout multiple parts of the organization and is a regular ongoing operational dynamic.

NMDOH offers multifaceted, real time opportunities for customer feedback. These real time opportunities are designed to meet the needs of the variety of customers NMDOH serves, which include but are not limited to the following: the people DOH serves, legislators, health system collaborators, other government agencies, and a wide range of public health stakeholders. The definition of a customer also extends to NMDOH employees and contractors.

The nature of NMDOH's work in communities, facilities, public health offices, and programs results in NMDOH continually adjusting to customer needs. In this way, there are multiple systematic and ongoing assessments of customer feedback on NMDOH performance.

Examples of Different Customers and Mechanisms for Customer Feedback

Provided below is a list of some of the mechanisms NMDOH utilizes to elicit and gather customer feedback. Although the list is not exhaustive, it provides some examples of the multifaceted customer feedback information systems that exist for the continual improvement for the delivery of services at NMDOH.

- The Vital Records and Health Statistics Bureau (BVRHS) continually asks for front counter customers to express their satisfaction with services provided, which they've had reflected as one of their AGA performance measures for several years (Percent of vital records front counter customers who are satisfied with the service they received). Quarterly surveys are given to customers at the state office and at the Albuquerque public health office. Among all the surveys, an average of 98.8% of customers have indicated satisfaction.
- Within the Public Health Division, which oversees NMDOH's local public health offices, there is also a regular system to collect customer service feedback. Their survey asks about services received, office staff interaction, timeliness, and quality of services. This feedback is collected via several different methods, whether it's through word-of-mouth, phone or electronic communications, and the feedback is brought back to program management in order to be addressed and used for improvement opportunities.

- The Public Health Division also provides support via regional health promotion teams to local community-based health councils, which assess local health needs, identify gaps in services, develop community health assessments and priorities, and coordinate community health improvement initiatives.
- The Division of Health Improvement's Quality Management Bureau conducts compliance surveys of providers of Medicaid Home and Community Based Waiver services. Distinct from the compliance aspect of this work, they work to identify provider areas for customer improvement through survey follow-up and/or Licensure Status Requests.

Responding to Customer Requests

The results of quality improvement activities are communicated to staff, the governing entity, and others as appropriate through staff meetings, division/program newsletters and the Secretary's messaging posted on CHILEnet. These activities are also communicated through public messaging via the media, the NMDOH website, documented quality improvement projects and presentations, expert witness testimony, and answers to questions posed by legislators, their constituents, and other members of the public.

At the NMDOH division level, each program is responsible for analyzing and responding to customer feedback and any continual improvement options considered for implementation. The NMDOH senior management team analyzes, provides feedback, makes recommendations, and implements agency and division level initiatives.

QI Evaluation & Assessment

Many QI projects within NMDOH are conducted as accountability functions to outside federal entities like CMS, HRSA, SAMHSA, etc. and don't require sanctioning from the QI Council because they are standard best practices. But, projects that have a significant alignment to the strategic plan or performance management or are large administrative inter-agency processes, are generally reviewed and approved by the Council prior to project initiation. Projects requiring QI Council approval shall be prioritized in respect to those projects targeting aspects of NMDOH's strategic plan or those that have significant impacts on NMDOH. The Council may routinely request progress updates from the teams carrying out these projects, and the Council, as well as QI Catalysts, may advise and provide guidance to the teams as needed.

QI Council's Implementation Plan Progress Reviews

The QI Council has a regular monthly standing agenda item to review implementation plan progress. Plus, they annually assess the department's progress toward a culture of quality. The assessment will include a review of NMDOH's quality improvement plan, infrastructure and processes, as well as a consideration of the benefits, both potential and realized, related to NMDOH's collective quality improvement efforts (including alignment with the workforce development plan and the NMDOH's strategic plan). To do this, they go through the implementation plan goals to reassess their value for the upcoming year, make changes, plus cross off objectives while adding new ones. The measures are also looked at to see if they've been met, and if not, they are discussed and readjusted as needed.

The QI Council Sponsor appropriately reports back to senior leadership about QI infrastructure progress.

This approach to monitoring and evaluation encompasses a review of NMDOH's collected quality improvement documents as well as NMDOH's Quality Improvement processes and practices. Monitoring and evaluation will be on-going and will continually provide feedback on NMDOH's progress toward a culture of quality and the benefits accruing from NMDOH's Quality Improvement work. Lastly, ongoing monitoring and evaluation will help NMDOH identify opportunities to advance and accelerate its progress toward a healthier New Mexico.

QI Project Report Form & Project Database

Multiple tools have been developed for reporting completed quality improvement projects to the QI Council. The Council collects these reports and communicates lessons learned throughout the Department. In addition, the Council maintains a comprehensive inventory via the QI project form of completed projects.

The information collected includes:

- Division/Program that conducted the project
- Timeframe
- Project lead and team members
- Problem statement
- Analysis summary & project description
- QI Project type and tools used
- Change summary & lessons learned
- Measurable outcomes achieved

This QI project inventory is a tool for evaluation and assessment. Collectively, the database gives us a sense of divisional strengths and weaknesses, key QI staff and their knowledge and capabilities, preferred QI approaches and tools, etc.

Internal Customer Feedback

QI projects do not always have an immediate impact on external customers in the state because sometimes there can be a quality-oriented focus on internal processes and customers. Those internal customers and the inner operations of the department ultimately impact NMDOH service provision through better functioning administrative processes and workforce development.

There are several ways NMDOH builds in internal customer feedback mechanisms.

- **QI suggestion box** on CHILEnet. NMDOH's internal dashboard to information and resources, has a robust QI Toolkit with access to tools, webinars, technical assistance, etc. Here, a QI suggestion box will be made available for employees to submit their ideas and feedback related to departmental QI processes and needs.
- **PH Wins Employee Engagement Survey** participation. The Public Health Workforce Interests and Needs Survey (PH WINS) works to understand the workforce strengths and gaps on key issue areas, including quality improvement. One of the questions on quality is being used as a performance measure in the implementation plan, which provides a sense of how important the concept of fostering a culture of quality improvement is important to staff. It's conducted every three years and the next rollout is expected in the Fall of 2020.
- **TRAIN learning management system** will have online QI training module surveys completed by participants at the end of each training.
- **Voice of the customer** QI tools will be designed and emphasized with all departmental QI activities. Such things as surveys, interviews, focus groups, and feedback methodologies will help determine the experiences, perceptions and expectations of NMDOH's workforce.

Appendix A: QI Definitions & Acronyms

Definitions:

Quality Improvement (QI): is the strategic, deliberate implementation or management of change to achieve measurable, desirable outcomes. Outcomes may relate to efficiency, effectiveness, performance, or experience, and may apply to people, programs, processes, or services. QI is designed to raise the quality of a product/service to a higher standard.

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

Quality Assurance: is different than quality improvement in that it measures compliance against necessary standards and tends to be reactionary after an event or issue transpires.

Performance Measure: is a measure of how well a process or activity is meeting a desired result.

Performance Management: Performance Management is the discipline of applying and reviewing performance measures and their targets and activities, with the intention of looking for opportunities for improvement.

Plan, Do, Study, Act (PDSA, also known as Plan-Do-Check-Act): An iterative, four-stage, problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. (Embracing Quality in Local Public Health: Michigan's QI Guidebook, 2008)

QI Council: A group of QI expertise, representing all the division, who ensure that QI is actively maintained and operationalized throughout the department.

QI Catalysts: Division-level employees who have been trained to provide QI training, tools, and other resources to assist with a QI project.

QI Specialists: NMDOH programmatic level employees who are trained in QI, implement QI projects, and conduct QI tools and activities.

QI Council Sponsor: A member of NMDOH Senior Management who will serve as a liaison for the QIC to the Cabinet Secretary and other Senior Managers. The QI Council Sponsor has the option to attend any and all QIC meetings and will coordinate with the Accreditation and Quality Improvement Coordinator and QIC Co-Chairs to communicate activities between the QIC, Senior Management, and the Office of the Secretary.

Quality Improvement (QI) Tools: QI Tools are devices, instruments, or mechanisms used in the QI process to help achieve the desired outcome(s). Examples of tools include: Aim Statement; Cause and Effect Diagram; Five Whys; Force Field Analysis; and the PDCA Cycle.

Quality Culture: QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and 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 they establish and quantify progress toward measurable objectives. (Roadmap to a Culture of Quality Improvement, NACCHO, 2012)



Acronyms:

ASD: Administrative Services Division

DDSD: Developmental Disabilities Services Division

DHI: Division of Health Improvement

ERD: Epidemiology Response Division

MCP: Medical Cannabis Program

NMDOH: New Mexico Department of Health

OFM: Office of Facilities Management

OGC: Office of General Counsel

PHD: Public Health Division

SLD: Scientific Laboratory Division

SHA: State Health Assessment

SHIP: State Health Improvement Plan

SP: Strategic Plan

QIP: Quality Improvement Plan

NACCHO: National Association of County and City Health Officials

PHAB: Public Health Accreditation Board



Appendix B: QI Representatives for NMDOH

QI Council Sponsor

Dr. Thomas Massaro

QI Council Members

Adda Garcia McDonald, OPA - Chair

Danny Maxwell, DHI - Co-chair

Sandra Cole, ERD

Jeff Lara, PHD

Kathleen Lawicki, PHD

Cathy Rocke, PHD

Thelia Tafoya, Facility: SATC

Susan Seefeldt, ERD

Twila Kunde, SLD

Allison Treloar, SLD

Steve Schan, DDS

Dennis O'Keefe, DDS

Kayleigh Lopez, Facility: NMBHI

Mary Chenoweth, Facility: NMRC

Martin Brown - OPA

Dave Daniels, PHD

QI Catalysts

Dave Daniels, PHD

Angie Brooks, DDS

Steve Schan, DDS

Thelia Tafoya, Facility: SATC

Marie Stinnett, PHD

Dennis O'Keefe, DDS

Mary Chenoweth, NMRC

Robin Kualapai, PHD

Danny Maxwell, DHI

John Olguin, Facility: NMBHI

Brenda Frink, Facility: TLH

Appendix C: QI Project Report Form

(Available as a fillable online form)



New Mexico Department of Health Quality Improvement Council (QIC) Quality Improvement Project Report

Purpose: To gather an inventory of QI activities within NMDOH to report on quality improvement project descriptions and efforts for reaccreditation reporting.

Note: Detailed attachments, including historical background, storyboards, stakeholder/customer analysis and QI analytical tools are encouraged and appreciated as attachments, but a minimal summary and preliminary details on the QI project proposal will help the QIC track and coordinate quality improvement efforts throughout the Department.

| | |
|------------------|--|
| Division/Program | |
| Project Name | |
| Project Leader | |
| Team Members | |

| |
|--|
| Problem Statement (What was the initial problem you were trying to solve?) |
| |

| |
|---|
| Analysis Summary (What, if any, root causes were identified?) |
| |

| | |
|---|---|
| QI Project Type (check all that apply) | |
| <input type="checkbox"/> Administrative/Operational | <input type="checkbox"/> Program level |
| <input type="checkbox"/> Safety or Compliance | <input type="checkbox"/> Division level |
| <input type="checkbox"/> Population Health | <input type="checkbox"/> Agency level |

| | | |
|---|--|---|
| QI Tools Used (Check all that apply) | | |
| <input type="checkbox"/> Flow Charts | <input type="checkbox"/> SMART Matrix | <input type="checkbox"/> Data Collection Matrix |
| <input type="checkbox"/> Run Chart | <input type="checkbox"/> Prevention Matrix | <input type="checkbox"/> 5 S's |
| <input type="checkbox"/> Force Field Analysis | <input type="checkbox"/> Fishbone Diagram | <input type="checkbox"/> 5 Whys |
| <input type="checkbox"/> Gantt Chart | <input type="checkbox"/> Pareto Diagram | <input type="checkbox"/> Affinity Diagram |
| <input type="checkbox"/> Bar Chart | <input type="checkbox"/> Histogram | <input type="checkbox"/> Benchmarking |
| <input type="checkbox"/> SWOT Analysis | <input type="checkbox"/> Voice of the Customer Table | <input type="checkbox"/> Other: |

| |
|---------------------|
| Project Description |
| |

| |
|--|
| Change Summary (How did the changes made address either identified root causes and/or customer needs?) |
| |

| |
|---|
| Measurable Outcome(s) (What was the expected outcome(s)? How will it/they be measured?) |
| Outcome #1: |
| Outcome #2: |
| Outcome #3: |

| |
|---|
| Lessons Learned (What would you recommend future teams learn from your effort?) |
| |

For assistance with this form please contact:
 Adda Garcia McDonald, Performance Management and Quality Improvement Coordinator
Adda.GarciaMcDonald@state.nm.us
 505-827-2531

Appendix D: AIM Statement Form



What is an Aim Statement?

An Aim Statement is an explicit description of a quality improvement team's desired outcomes, which are expressed in a measurable and time-specific way. An Aim Statement answers the question, "What are we trying to accomplish?" The Aim Statement guides the team's work by stating the team's quality improvement goal in specific, measurable, and time-bound terms.

How to draft an Aim Statement

When developing an Aim Statement, the team should agree on a few important things:

- What is the specific outcome we are trying to accomplish?
- Who will benefit from the accomplishment?
- What is the setting for the intended improvement?
- By when will we accomplish the improvement?
- By how much do we desire to improve?

By putting the team's answers to these questions together, the team can complete their Aim Statement.

What

For whom

By when

How much

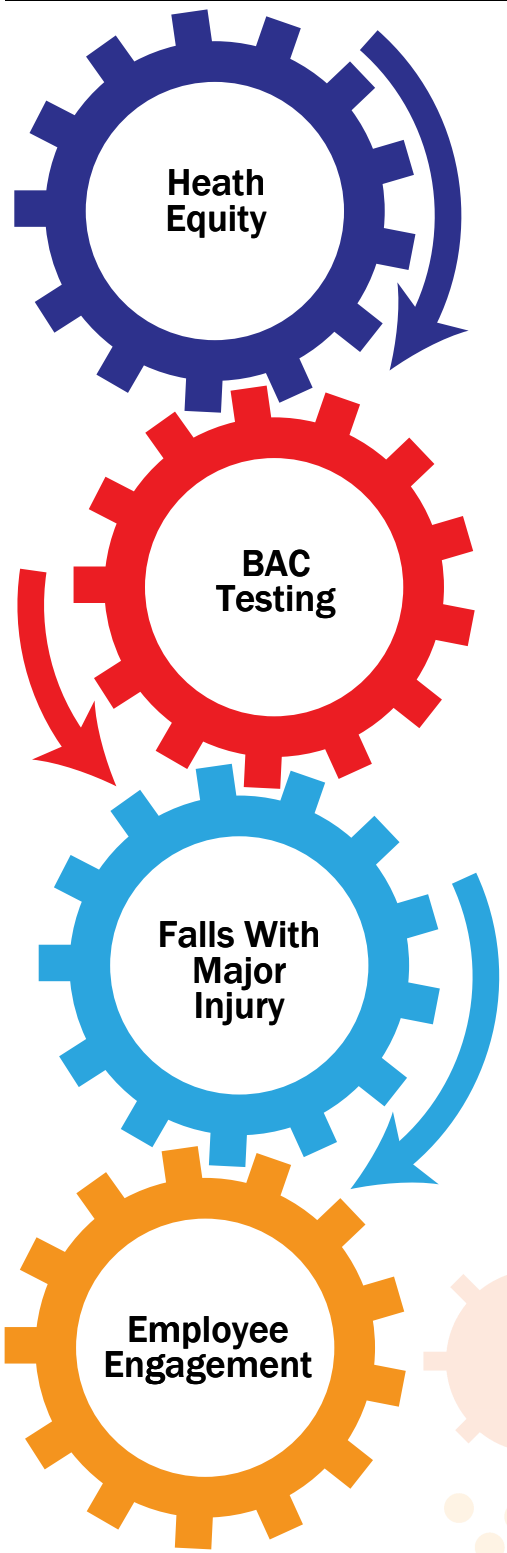
Full statement

Turn to page 2 to view example Aim Statements

Questions? Contact a Quality Improvement Catalyst or other member of the NMDOH Quality Improvement Council. For more information, visit the NMDOH Quality Improvement Toolkit at: <http://chilenet/Pages/QIToolkit.aspx>

<http://chilenet/Pages/QIToolkit.aspx>

EXAMPLE AIM STATEMENTS



By December 15, 2018, the Office of Health Equity will ensure that 70% or more of externally published NMDOH documents are written at the seventh grade reading level to ensure literary access to all New Mexicans.

By June 2019, the Scientific Laboratory Division will complete and report at least 90% of blood alcohol tests from driving - while-intoxicated cases to law enforcement within 15 calendardays

By October 30, 2018, the Facilities Management Division will improve patient safety by reducing the percentage of NMDOH long-term care residents who experience a fall with major injury to less than 3%.

By September 2019, the percentage of the NMDOH workforce who identify as engaged will increase from 64% to 75%.

Appendix E: The Very Fast Improvement Tool (VFIT)



The NMDOH Quality Improvement Council has defined quality improvement as the strategic, deliberate implementation or management of change to achieve measurable, desirable outcomes. Outcomes may relate to efficiency, effectiveness, performance, or experience, and may apply to people, programs, processes, or services.

Quality improvements come in many forms. These improvements can be motivated by program evaluations, employee engagement surveys, or other performance management activities. Employees may also initiate quality improvement projects to address a problem that hinders their ability to work efficiently and effectively.

At NMDOH, all employees are empowered to solve problems and improve processes and performance. To share these solutions and encourage continuous improvement across the Department, employees are also encouraged to document the approach taken to achieve the improvement.

Formal quality improvement is a structured approach to address problems that involves the use of a defined process (for example, Plan, Do, Check, Act) to identify the root cause of a problem, develop and test solutions, and achieve and sustain measurable improvements. Many formal quality improvement projects require significant expertise as well as time and energy. Often, simple problems may exist that can be addressed without a formal quality improvement project. Given the array of problems that may be addressed, and the demands of a formal quality improvement approach, employees wanting to engage in quality improvement should use an approach that is well-matched to the cost, size, or complexity of the problem to be addressed.

The Very Fast Improvement Tool (VFIT) is a useful tool for documenting quality improvement initiatives without an intensive or demanding quality improvement project. This tool may be a good fit for uncomplicated problems having attributes such as:

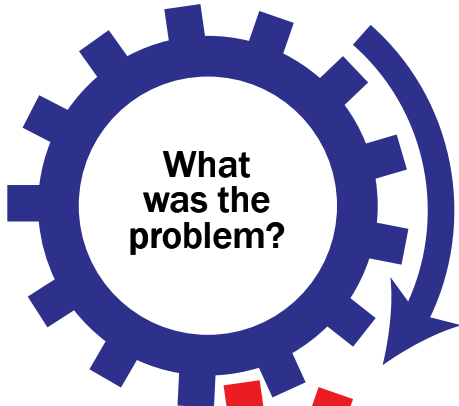
- Feasible solution already known
- Few people affected by the proposed change
- Change is no-cost or low-cost
- Little resistance to the proposed change

To use the VFIT effectively, employees are encouraged to solve problems or make improvements rapidly, either on their own or with a small team, and then document the improvement. Documented VFIT initiatives can be submitted to the NMDOH Quality Improvement Council to support and further organizational improvement.

Questions? Contact a Quality Improvement Catalyst or other member of the NMDOH Quality Improvement Council. For more information, visit the NMDOH Quality Improvement Toolkit at:
<http://chilenet/Pages/QIToolkit.aspx>

<http://chilenet/Pages/QIToolkit.aspx>

VERY FAST IMPROVEMENT TOOL (VFIT)



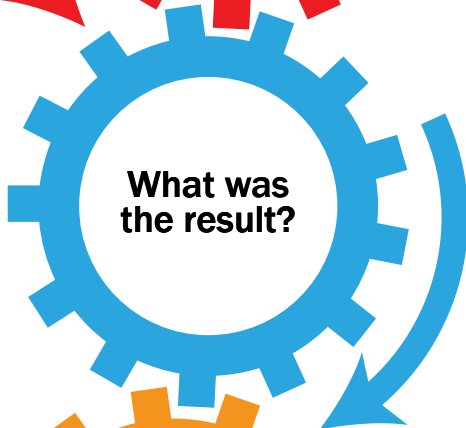
Use this space to describe the problem addressed.

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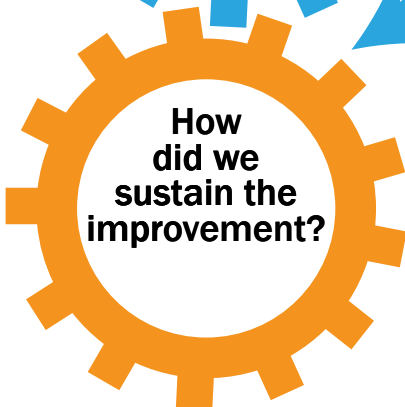
Use this space to describe the action(s) taken to address the problem.

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Use this space to describe the results.

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Use this space to describe how the improvement has been sustained or will be sustained.

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

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