Continuous Quality Improvement (CQI) Plan
2023-2024

April 2023

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Purpose, Scope, and Background

The purpose of the 2023-2024 Continuous Quality Improvement (CQI) Plan is to describe the ways in which the Rhode Island Department of Health (RIDOH) will cultivate a culture of quality improvement, which will support RIDOH's mission to protect and promote the health and safety of Rhode Islanders. Continuous quality improvement is an iterative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes for State and local programs. This Plan presents the overall vision for CQI at RIDOH, the strategy for CQI training, and the goals for building and maintaining CQI capacity.

RIDOH's Strategic Framework, which includes three leading priorities, five strategies, and 23 population health goals (see Appendix 1), is the Department's blueprint for reducing health disparities and achieving health equity in Rhode Island. The 2023-2024 Continuous Quality Improvement Plan will provide a formal description of the CQI activities at RIDOH. These activities will support the Department's ability to improve the performance of key program processes and resulting outcomes, which will strengthen the Department's larger performance management system and enhance foundational capacity to achieve strategic framework outcomes through:
- o Establishment of a culture of CQI;
- o Development of CQI infrastructure; and
- o Application of CQI methods to daily practice.

Continuous Quality Improvement at RIDOH

Overview of CQI and Performance Management
Continuous quality improvement and performance management are complementary steps toward achieving strategic priorities and objectives at RIDOH. Performance management is the selection and use of quantitative measures that are compared to pre-identified targets to determine levels of achievement toward identified goals and to inform strategic direction. Performance management is closely linked with CQI as it provides a structured, data-driven approach to identifying and prioritizing opportunities for improvement.[1] Once opportunities for improvement are identified through monitoring of RIDOH performance measures, CQI tools can be employed to achieve targets identified in performance measures. With the addition of the RIDOH Performance Improvement Manager to the RIDOH Academic Institute, this new staff person will provide assistance and guidance with effective development of performance measures and utilization of CQI tools.

RIDOH conducts an annual process of reviewing potential performance measures for inclusion in the State budget development process through the Rhode Island Office of Management and Budget (OMB). OMB encourages the use of continuous quality improvement to achieve performance measures that make State government more customer service-oriented, transparent, and reliable for taxpayers. In 2022, RIDOH selected 11 performance measures to be included as a part of the State budget. As with other State agencies, RIDOH provided metrics for each budget program or significant RIDOH priority that clearly align with RIDOH's mission and strategic framework and the Governor's strategic priorities. The 11 performance measures are key metrics that align with population health goals identified in the strategic framework.

In addition to the newly identified 11 OMB performance measures, RIDOH started participating in the Executive Office of Health and Human Services (EOHHS) "PULSE Checks" in 2018. The "PULSE Check" process starts with a review of existing **P**erformance, diagnoses problems by **U**tilizing data, engages **L**eadership in strategic input, provides **S**upports to develop solutions, and finishes with the **E**xecution of recommended actions. RIDOH participates in EOHHS PULSE Check meetings on a quarterly basis. PULSE Check meetings focus on progress made toward goals and performance measures using data and analysis to understand progress or barriers to progress.

Development of RIDOH's OMB performance measures and utilization of the EOHHS PULSE Checks support RIDOH's application of performance management as a structured, data-driven approach to identifying and prioritizing opportunities for improvement using CQI tools and methods.

Structure of CQI program, roles, and responsibilities
This section describes how RIDOH will provide oversight and direction for CQI activities.

Figure 1: *Organizational Roles and CQI Responsibilities*

RIDOH Academic Institute (RAI) Director/CQI Director	The RAI Director is responsible for formulating and maintaining a department-wide continuous quality improvement initiative. The RAI Director leads the CQI Council and serves as the link between RIDOH's leadership and Department-wide efforts conducted in continuous quality improvement. The Performance Improvement Program is housed within the RIDOH Academic Institute.
Assistant CQI Director	Currently the Assistant CQI Director is the Newborn Screening Program Manager, who is responsible for: • Assisting with leadership of Performance Improvement Program; • Assisting with CQI project identification; • Assisting with CQI activities; and • Supporting evaluation.
Performance Improvement Manager	The Performance Improvement Manager reports to the Director of the RIDOH Academic Institute. The Performance Improvement Manager is responsible for the day-to-day work related to formulating and maintaining a Department-wide CQI initiative, including: • Initiating, facilitating, and/or assisting internal and external partners with CQI projects; • Assisting with CQI project identification and implementation; • Facilitating implementation of RIDOH's performance management system; and • Leading evaluation efforts.
Accreditation Manager	The Accreditation Manager reports to the Director of the RIDOH Academic Institute, and is responsible for: • Fostering, advocating for, and supporting a culture of CQI at RIDOH as it relates to public health department accreditation; • Assisting with CQI project identification; • Assisting with CQI activities; and • Supporting evaluation.
CQI Council Consists of: • CQI Director • Assistant CQI Director • Performance Improvement Manager • Accreditation Manager • CDC Public Health Associate • Additional staff representing RIDOH	The CQI Council is responsible for: • Fostering, advocating for, and supporting a culture of CQI at RIDOH; • Completing CQI training; • Supporting and participating in the use and implementation of other CQI methods (Kaizen, Lean) as they become known and available at RIDOH; • Initiating and facilitating CQI activities with internal and external partners; • Participating and conducting periodic review of RIDOH's CQI Plan and recommend new initiatives related to any CQI gaps across the department;

Divisions, Centers and Programs, as identified	• Evaluating and reporting; • Communicating the goals of a culture of CQI to internal and external partners, as applicable, related to CQI training, initiatives, available tools and resources, success stories, research and data derived from CQI activities; • Maintaining institutional knowledge and serving as stewards for promoting core, foundational CQI values and Public Health Accreditation Board (PHAB) accreditation standards (e.g. PDSA and Lean methodology); and • Engaging in the design and review of the CQI Plan. Roles, responsibilities, and term will be refined over time.
RIDOH Academic Institute (RAI)	The RAI is the organizational home for the agencywide Performance Improvement Program. RAI enhances RIDOH's efforts to establish and facilitate partnerships and collaborations with academic and research colleagues across the state and build upon internal and external partnerships and synergy to expand workforce development for health and healthcare professionals.
Extended Executive Leadership Team	The Extended Executive Leadership Team (EELT) is comprised of the Director of Health, the Deputy Directors, Division Directors, Medical Directors, and Operations Directors (including Legal Counsel and the Chief Financial Officer). The EELT meets bi-weekly and is informed about the performance measures and CQI activities by the CQI Director on a regular basis.
Health Policy and Leadership Committee (HPLC)	The Health Policy and Leadership Committee is comprised of the Director of Health, the Deputy Directors, Division Directors, Medical Directors, Operations Directors, and the leads of each of the Centers within RIDOH. This group meets weekly for one hour. The CQI Council presents updates on performance improvement work to this group at least twice per year to gain, and continue to foster, leadership support for CQI and performance improvement. Updates to the Committee highlight accomplishments, processes that were made more efficient, outcomes from CQI activities, and why the CQI process was valuable. Highlighting CQI success stories provides a way to celebrate staff efforts and demonstrates the value of conducting CQI activities. The HPLC also reviews the CQI Plan and Annual Reports.

CQI Project Identification

RIDOH continues to maintain and refine a population health approach to performance management. This approach aligns with the State of Rhode Island's performance management

program (within the Office of Management and Budget) to improve government efficiency by streamlining processes, promoting innovation, and encouraging greater interagency cooperation. Areas for performance improvement are identified through review of performance measures, and CQI is the tool by which these improvements are achieved.

RIDOH identifies CQI projects in multiple ways:

- **Quarterly PULSE Check Meetings**
  One way that CQI projects come about is through the quarterly PULSE Check performance review meetings. Each of the 11 OMB measures are discussed. If a program is not meeting its targets, or if a target should be changed (increased or decreased), a CQI project may be considered if it has the potential to achieve the desired outcome. CQI tools such as process mapping or the Plan-Do-Study-Act method can be used to better understand the existing process and assess where changes can be made to improve outcomes. CQI projects involve staff at all levels in the program. Staff meet to analyze the root cause of problems, brainstorm and test potential solutions, and identify what data to use to evaluate the CQI project. This bottom-up approach of engaging staff at all levels of the program increases the likelihood that staff will embrace the changes to the process, and the changes to the process will be sustained after the CQI project is complete.

- **Reviewing efficiencies across the department**
  Programs may develop CQI project ideas that are more ad hoc and not necessarily related to their performance measures. Projects may be identified by Program staff, Center leads, or Division directors. To request support from the RIDOH Academic Institute Performance Improvement Manager, staff are asked to use the CQI project charter and AIM statement templates (see Appendices 2 and 3). If these tools have not been previously used, the Performance Improvement Manager will meet with staff to assist with development and completion.

- **Customer feedback**
  Customer feedback is another way that RIDOH identifies possible CQI projects. Customer feedback is important to developing a culture of quality and better ensures that RIDOH is responsive to the needs of its constituents and the communities served. RIDOH has several programs that routinely collect customer feedback, including the State Health Laboratories (SHL) and the Center for Public Health Communication. The SHL sends annual customer satisfaction surveys via email to programs within RIDOH, the Department of Environmental Management, police departments, and medical providers who use SHL services.

  The Center for Public Health Communication also provides high-quality customer service through operation of a Health Information Line (HIL), which is a single point of entry for telephone inquiries for the Department. The HIL is staffed by six full-time staff (five agents, one manager) with English, Spanish, and limited Portuguese capacity. The HIL fields an average of 7,500 (non-emergency) calls per month. Services include complaint intake, monitoring and responding to RIDOH's general inbox, referring callers to associated community services and resources, and triaging and managing inquiries from the Governor's Office of Constituent Affairs.

  Another way that RIDOH collects customer feedback is through a constituent complaint tracker which was created in 2023 through collaboration between the Center for Public Health Communication, and the Office for Policy, Planning and Strategy, which includes the Legislative Team. When inquiries are submitted to the Governor's Office, they are directed

to RIDOH's internal communications team who address each question and connect the constituent to the appropriate division for assistance. Submissions that are tracked include those that are still unresolved after having made a reasonable effort and allowed a reasonable amount of time for resolution to the question or issue. The data collected includes the types of inquiry, the number of submissions received per year, and the number resolved per year.

CQI Project Prioritization
CQI projects that align with performance measures associated with the population health goals will be prioritized. If there are multiple potential CQI projects to consider, criteria to decide which project to conduct first may include urgency, the team's bandwidth in terms of project scope and timeline, projects that are likely to have the highest impact, and ease of implementation. The following criteria are also used to decide which projects should be prioritized:

- **Strategic:** The extent to which the CQI project would advance and promote overall strategic goals and strategic plans for RIDOH and its programs
- **Supported:** The extent to which available resources, including staff and budget (if applicable), can support the project
- **Feasible:** The extent to which the project is within the control of the program and team
- **Measurable:** The project must have an initial measure and an end measure (i.e., hours before and after, number of errors before and after, cases before and after, days before and after, etc.)
- **Systematic:** Follows a systematic process or approach such as a Plan-Do-Study-Act (PDSA)
- **Complete:** The time the project would take to complete a first phase. The project will be complete when the PDSA is complete and the solution or change that was tested is either adapted, adopted, or abandoned.

Budget and resource allocation
Resources for the CQI effort include funding through a five-year grant from the Centers for Disease Control and Prevention (CDC) Public Health Infrastructure Grant, which was awarded in December 2022 to strengthen public health workforce and infrastructure. Additional support from the Office of Management and Budget (OMB) includes Lean training, templates, webinars, and other online learning tools.

RIDOH's Public Health Associate Program Assistant also supports RIDOH's ongoing CQI efforts. The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the CDC. Associates are assigned to state, tribal, local, and territorial public health agencies and non-governmental organizations, and work alongside other professionals across a variety of public health settings.

Future Desired State of CQI
Knowledge of CQI varies greatly across the Department, with some divisions utilizing formal processes. Due to the rate of staff turnover during the COVID-19 response, all Divisions have some staff who are new to CQI and in need of educational opportunities. Achieving a Department-wide culture of quality improvement will require involvement from staff at all levels of the organization, with every Division dedicating time to learning and implementing CQI to help their programs become more efficient and effective.

RIDOH uses the 6-Phases Roadmap to a Culture of Quality from the National Association of City and County Health Officials (NACCHO) to assess its progress toward the goal of fully integrated performance management systems (see Appendix 6). According to the NACCHO's QI Roadmap, an agency has reached the most integrated level of phase 6 when:

"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."

RIDOH last conducted this assessment in 2016 and the organization was between phase 3 (informal or ad hoc CQI activities) and phase 4 (formal CQI activities implemented in specific areas) of the framework. RIDOH did not conduct the assessment during the COVID-19 pandemic; however, the next assessment will be conducted by the end of 2023 or early 2024. RIDOH will refer to NACCHO's Self-Assessment Tool Version 2.0 when designing the self-assessment. RIDOH will use the assessment to:

1) Determine RIDOH's current phase on NACCHO's Roadmap to a total institutional CQI culture; and
2) Use findings to identify strategies and prioritize staff groups to engage in CQI efforts to transition into higher phases of NACCHO's framework.

After conducting the Department-wide assessment at the end of 2023 or early 2024, the CQI Council will use the results of that assessment to further promote CQI across the Department. RIDOH's goal is to strengthen and expand the current CQI vocabulary and understanding in everyday work and engage staff at all levels to move the Department toward phase 5 (formal agencywide CQI) of the roadmap by 2026.

CQI Plan 2023-2024

To maintain and support a culture of quality improvement at RIDOH, the CQI Plan aims to achieve three main goals, as shown below.

Figure 2: *Goals and Objectives*

Goal 1: Build and maintain CQI capacity (Training)			
Objective	**Timeframe**	**Person(s) Responsible**	**Measure**
Increase the proportion of staff who receive basic CQI 101 training (one-hour TRAIN webinar course ID 1058705)	Measured annually	Division Directors	- Percentage of staff who attend the one-hour webinar during each calendar year, starting in 2023 - Percentage of new employees who view the one-hour webinar in the first two months of employment
Create a CQI training curriculum	2023-2024	CQI Council	- Number of trainings created
Increase staff knowledge of CQI and confidence in applying CQI tools to improve processes	2023-2025	CQI Council	- Number of staff who complete CQI training curriculum - Number of trainings completed - Number of staff who start, but do not complete, the CQI training
Goal 2: Engage staff in CQI activities (Utilization)			
Objective	**Timeframe**	**Person(s) Responsible**	**Measure**
Progress made to address PHAB "opportunities for improvement"	Ongoing, reporting annually in December	CQI Council	- Number of opportunities of improvement fully addressed each year
Strengthen the implementation of the performance management system in relation to CQI	Ongoing	CQI Council	- Number of CQI projects completed - Number of CQI projects identified
Maintain a CQI presence to support and promote a culture of CQI	Ongoing	CQI council	- Number of members of the Policy and Leadership Committee in the CQI Council - Number of Divisions represented in the Council

			(n=6) - Number of members in the Council with CQI expertise beyond RIDOH training (Survey them about their involvement in any CQI activities)

3: Foster a culture of CQI at RIDOH (Communication)			
Objective	**Timeframe**	**Person(s) Responsible**	**Measure**
Engage the Health Policy and Leadership Committee in CQI strategic dialogue	Ongoing	CQI Council	- Number of CQI discussions with Policy and Leadership Committee (n = 2) (Once every six months with the goal of increasing to quarterly)
Provide CQI update at staff-wide meetings, highlight successes achieved via CQI projects	Annually	CQI Council	- Number of all staff meetings that included CQI on the agenda (n=1)
Reach a CQI culture measured by NACCHO's 6-Phases Roadmap to a Culture of Quality	Annually	CQI Council	- Conduct Department-wide survey using the NACCHO self-assessment tool version 2.0 - Goal of advancing one phase per year - Reach phase 5 by 2026
Integration and implementation of CQI in RIDOH's Strategic Plan and State Health Improvement Plan	Ongoing	CQI Council	- Number of CQI goals/activities included in each of the plans - Progress made on the formulated goals/activities in each plan
Maintain and update the SharePoint sections for CQI, Accreditation, and Performance Improvement	Ongoing	Performance Improvement Manager	- Number of visits to the CQI SharePoint pages - Average time spent by viewer

Plan Evaluation and Monitoring
Monitoring of the CQI Plan will be the responsibility of the CQI Director and the Performance Improvement Manager and will include preparation of an Annual Report available to all staff. The Annual Report will also be presented by the CQI Council to the Health Policy and Leadership Committee and shared via SharePoint, newsletter, all employees' staff meetings, or other Department-wide mechanisms.

To assess the effectiveness of this CQI Plan, the CQI Annual Report will include results on all goals and objectives listed in this plan. This annual report will include, at minimum:
- o Number of CQI projects completed;
- o Number of staff participating in the CQI projects/activities;
- o Number of staff trained on the basics of CQI;
- o Lessons learned, devised from the CQI completed projects; and
- o Priorities for the next year.

The plan will also include the following measures:

1. **Capacity measure:** This will measure the capacity that RIDOH has created for CQI. A target will be proposed and/or revised for achieving this measure in the next year.
   Measures: Number of staff who view the one-hour CQI webinar; and,
   Number of Policy and Leadership staff who attend the one-hour CQI webinar.

2. **Process measure:** This will measure the number of CQI projects that were *completed* during a calendar year from among all CQI projects conducted during that period.
   Measure: Percentage of CQI projects (including Lean) completed during the year

3. **Outcome measure:** This will measure in what phase (1-6) of the Roadmap to a Culture of CQI RIDOH is in as an organization.
   Measure: Reach Phase 5 of the Roadmap to a Culture of CQI by end of 2026

The CQI Plan will be updated every three years unless there are indications that warrant it to be updated more frequently. The CQI Plan is shared with staff via SharePoint and is available on the RIDOH website.

Training Plan

The RIDOH Performance Improvement Program will engage staff by offering training about utilizing CQI tools, which will increase efficiency in their programs and help them better meet programmatic and departmental goals. Staff will be taught how to apply the PDSA framework and other CQI concepts and tools throughout the CQI project lifecycle. To provide links to educational resources and tools for engaging in performance management and continuous quality improvement, RIDOH maintains CQI pages on SharePoint.

RIDOH uses the TRAIN Learning Network, a centralized training platform run by the Public Health Foundation (PHF) that is available to all RIDOH staff for CQI training. All trainings (including any not hosted through TRAIN) will be promoted and made available on SharePoint. The Performance Improvement Manager will coordinate with RIDOH's Office of Workforce Development and Employee Engagement to promote CQI trainings through development of curricula for new staff onboarding and ongoing professional development.

Below is a table of suggested trainings for staff.

Title	Skill level	Organization	Time and Method	Content Description	Publish date
Quality Improvement 101	Introductory	NICHQ	One-hour web-based training-self study	- Teaches the fundamentals of quality improvement and how to use this methodology to create effective, beneficial change	https://www.train.org/rhodeisland/course/1067632/details
Quality Improvement 102	Introductory	NICHQ	One-hour web-based training-self study	- Further insight into the quality improvement best practices needed to create effective changes	https://www.train.org/rhodeisland/course/1073517/details
Quality Improvement Series	Introductory	Western Region Public Health Training Center	One-hour web-based training-self study	- Series focuses on different quality improvement topics and illustrates strategies organizations can use as quality improvement measures	https://www.train.org/rhodeisland/course/1074896/details
Quality Improvement Quick Guide Tutorial	Introductory	Public Health Foundation	One-hour web-based training-self study	- Guide with the latest CQI resources and tools to help determine which resources to use when pursuing improvement projects within your organization	Updated in 2017 https://www.train.org/rhodeisland/course/1030628/details
Introduction to Quality Improvement in Public Health	Introductory	Public Health Foundation	30-minute web-based training-self study	- Introductory course that is meant to teach public health professionals the basic concepts of quality improvement	Updated in 2020 https://www.train.org/rhodeisland/course/1059243/details
Plan to Plan CHIP 1-A	Introductory	University of Michigan	One-hour web-based	- Introduce the community health improvement plan	April 16, 2021 https://www.train.org/rhodeisl

Community Health Improvement Plan			training-self study		and/course/1098096/details
An Introduction to the Model for Improvement	Introductory	Institute for Healthcare Improvement	One hour webcast (Recorded)	- Builds on a foundation of applied science - Approach to achieving rapid and significant improvements in care delivery and outcomes - Teaches the Plan-Do-Study-Act (PDSA)	https://www.train.org/rhodeisland/course/1058705/details
QI: The Model for Improvement (two short videos)	Introductory	Institute for Healthcare Improvement	Six-minute webcast (Recorded)	- Overview of the goals and process of quality improvement	https://www.train.org/rhodeisland/course/1063227/details
IS-45: Continuous Improvement Overview	Introductory	Independent Study Program (FEMA)	One-hour web-based training-self study	- Introduction to Continuous Improvement - Overview of the Continuous Improvement process - Reviews frequently used data collection methods	https://www.train.org/rhodeisland/course/1092863/details
Quality Improvement for Family Planning Programs	Introductory	Reproductive Health National Training Center	Web-based training-self study 90 minutes	- Advantages of quality improvement - Steps to implement quality improvement in a family planning setting - Describe questions/steps in the Model for Improvement - Identify at least two strategies to incorporate quality improvement in agency's culture	https://www.train.org/rhodeisland/course/1077664/details

Communication Plan

Information about the Department's continuous quality improvement efforts will be communicated to staff in a variety of ways:

- **SharePoint:** The CQI Plan will be made available on the CQI sub-section of SharePoint. A section of the RIDOH SharePoint site contains information about CQI, accreditation, and performance measures. It is updated on an ongoing basis and contains resources, including tools to use when implementing a CQI project (see Appendix 4).

- **Storyboards:** When staff complete CQI projects they will be encouraged to develop storyboards that describe how improvements were achieved. These storyboards should share successes and lessons learned from that may benefit other RIDOH staff.

- **Leadership Meetings:** Updates on PM and CQI will also be provided at Extended Executive Leadership Team meetings, Health Policy and Leadership meetings, PULSE Check meetings, and All-Staff meetings, as appropriate. The CQI Council will present to these groups at least twice a year to gain and foster leadership support. These meetings will highlight CQI accomplishments, efficiencies gained, outcomes achieved, and why it was valuable to utilize the CQI process.

Resources

National agencies and collaborators make available a number of resources to support Continuous Quality Improvement. These are available on RIDOH's SharePoint. Some of these resources are listed below.

- The Public Health Foundation: www.phf.org
- Public Health Quality Improvement Encyclopedia: www.phf.org/resourcestools/Pages/PublicHealthQualityImprovementEncyclopedia
- National Association of City and County Health Officials: http://www.naccho.org/topics/infrastructure/accreditation/quality.cfm
- National Network of Public Health Institutes: http://nnphi.org/tools/public-health-performance-improvement-toolkit-2
- Association of State and Territorial Health Officials: http://astho.org/Programs/Accreditation-and-Performance/
- https://www.astho.org/topic/public-health-infrastructure/performance-management/
- ASTHO QI Plan Toolkit: https://www.astho.org/globalassets/pdf/accreditation/quality-improvement-plan-toolkit.pdf
- Public Health Quality Improvement Exchange: https://www.phqix.org/
- The Public Health Memory Jogger II: www.goalqpc.com
- Lean Enterprise Institute: www.lean.org
- Lean Ohio, with many resources online at: http://lean.ohio.gov/Resources.aspx
- TKMG Academy, a course library for leadership development and performance improvement: http://www.ksmartin.com/webinars/
- Institute for Healthcare Improvement, based in Boston and contains a website with professional CQI videos: www.ihi.org
- National Institute for Children's Health Equality: http://www.nichq.org/

Definitions

Continuous Quality Improvement (CQI): CQI in public health is the use of a deliberate and defined improvement process, such as the Plan-Do-Study-Act method, which focuses on activities that are responsive to community needs and improving population health. CQI 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. CQI responds to the question "How can we improve what we do?"

CQI Culture: NACCHO describes the last of six phases of the roadmap for CQI when "QI is fully embedded into the way the agency does business, across all levels, departments, and programs. In phase 6, leadership and staff are fully committed to quality, and results of CQI efforts are communicated internally and externally. Even if leadership changes, the basics of CQI 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." (See https://virtualcommunities.naccho.org/qi-roadmap/phases). For RIDOH, this goal will be reached when every program, initiative, and event supported, sponsored and maintained by RIDOH, uses the CQI principles. This involves having all staff trained in the basic principles of CQI, maintaining a CQI team, and favoring an organizational structure where CQI is encouraged, supported, and recognized as part of RIDOH itself.

Kaizen: Japanese word that means "change for the better". Kaizen is a CQI method that uses many tools to improve a process and achieve rapid results.

Lean: Lean is a CQI methodology that focuses on identifying and eliminating non-value added or wasteful activities. Value is defined from the perspective of the community/populations we serve. Knowing what your community/population values, helps one to identify the value-added steps (those activities which are truly needed).

Plan-Do-Study-Act (PDSA): According to the *Evolution of the PDSA Cycle*, PDSA is an iterative four-step management method used in business for the control and continuous improvement of processes and products. It is also known as the Deming circle/cycle/wheel. Deming first named the improvement cycle, *Plan-Do-Check-Act*, and the check phase was used to confirm whether the changes lead to an improved outcome. Deming later revised this to *Plan–Do-Study-Act* to emphasize studying and analyzing the data and what was learned from the changes made to the process. RIDOH uses *Study* due to the deeper level of analysis this term conveys compared to *Check*.

References

1. *Turning Point Performance Management National Excellence Collaborative. From Systems to Silos: Using Performance Management to Improve the Public's Health*. Retrieved from http://www.turningpointprogram.org/pages

2. The Deming Institute (2023). PDSA Cycle - The W. Edwards Deming Institute

Appendix 1: *RIDOH Strategic Framework*

The RIDOH Strategic Framework is the Department's blueprint for reducing health disparities and achieving health equity in Rhode Island.

THREE LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

FIVE STRATEGIES

1. Promote healthy living for all through all stages of life
2. Ensure access to safe food, water, and healthy environments in all communities
3. Promote a comprehensive health system that a person can navigate, access, and afford
4. Prevent, investigate, control, and eliminate health hazards and emergent threats
5. Analyze and communicate data to improve the public's health

Appendix 2: *Rhode Island AIM Statement Template*

AIM STATEMENT TEMPLATE

We aim to: (What are we trying to accomplish? Use words like improve, reduce, and increase to identify the overall goal. Make it specific, measurable, achievable, and relevant.)

by how much: (include the baseline number you are starting from, and how much you hope to increase, decrease, or change that baseline)

by when: (specific time frame, i.e., month/year in which you intend to complete the improvement

because: (Why is it important? Answer the "so what" question and describe the rational and reasons to work on this improvement project.)

for: (Who is your specific target population/customer?)

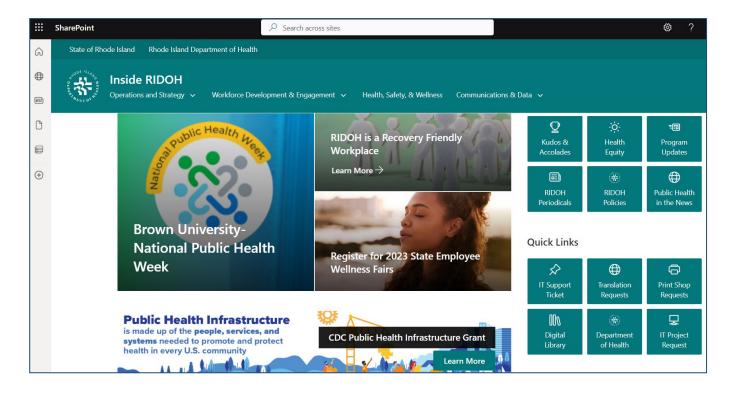| **Example of an Aim Statement:** |
|---|
| By April 2022, RIDOH will decrease the duration of the FTE new hire approval process for RIDOH hiring managers. The duration will be shortened by 10% based on baseline duration identified in November 2021. |

Appendix 3: *CQI Project Identification/Charter Template*

Continuous Quality Improvement Project Charter

Date:	
CQI Project Lead(s):	

AIM STATEMENT

The **aim** of this project is to:	

Deliverables

1.	
2.	
3.	
4. PowerPoint and posterboard of the project	

Scope

In Scope	Out of Scope

Team

Name	Role for the Project

Team meeting schedule

Regular meetings	Ad-hoc meetings

Stakeholders

Stakeholder Name	Impact on Project	Strategies to Communicate and/or Gain Support

Appendix 4: *CQI SharePoint Homepage*

Inside RIDOH SharePoint Site: https://rigov.sharepoint.com/sites/DOH

For questions about this plan, please contact:
Lauren Bruce, MPH
Performance Improvement Manager
Rhode Island Department of Health
Lauren.Bruce.ctr@health.ri.gov

Appendix 5: The membership and rotation of the CQI council and staffing and administrative support.

CQI Council members will serve for two years at a time. At the end of the two-year period, all members will have the opportunity to sign up for another two years or rotate off. Members are identified by Division Directors, the CQI Director, and the Performance Improvement Manager. Members will be identified and invited to join the Council based on their involvement with performance management and quality improvement activities. Some examples of the staff who may be identified and invited to join the Council include epidemiologists, evaluators, data analysts, program managers, and center leads. The CQI Director will coordinate with Division Directors who will identify representatives from their division to serve on the Council.

The CQI Council will have representation from most Divisions, with some divisions having more than one staff person on the Council depending on their areas of expertise. The new members will be onboarded to the Council before the end of 2023. New members will complete a minimum of one hour of CQI training as a refresher of CQI tools. All administrative support and facilitation for the CQI Council meetings will be coordinated by the CQI Director and the Performance Improvement Manager.

Appendix 6: How customer feedback is analyzed and how results are considered for quality improvement of policies, programs, and/or interventions.

Several RIDOH programs collect customer feedback through constituent complaints, the Health Information Line, public inquiries, survey responses, focus groups, key stakeholder interviews, and other sources. Once feedback is collected, the program analyzes the information to assess if there is a need that should be addressed or if a process is not working as efficiently as it should be. After the gap is identified, RIDOH conducts quality improvement activities to improve efficiency.

Appendix 7: How QI efforts are communicated to the governing entity

The Office of Management and Budget (OMB) and the Executive Office of Health and Human Services (EOHHS) are RIDOH's governing entities. RIDOH meets with OMB and EOHHS to on a quarterly basis to report on QI activities. At each quarterly meeting, one of RIDOH's programs is highlighted. The program presents slides with updates on their CQI projects at the quarterly After the programs share their CQI project plans and updates with the EOHHS Secretary and Assistant Secretary, EOHHS provides feedback and recommendations for the CQI Project.