

Center for Health Care Quality
Strategic Plan
2016 – 2017



January 2016

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I. Executive Summary

This Strategic Plan utilizes the CDPH Performance Management System to address organizational changes needed to improve the overall ability of the program to protect and preserve the California public health. This effort is organized using clearly delineated goals and objectives, evaluated annually, and will guide ongoing infrastructure and institutional change.

II. Background

The Center for Health Care Quality (CHCQ) is a large organization that operates state-wide and that handles a wide range of often high priority and serious situations which affect the health care of Californians. California is the most populated state and the third largest state in the US. Both geography and population size present challenges in maintaining public health and safety.

The size and scope of CHCQ operations is extensive. CHCQ employs 1,297 staff working in 14 District Offices across all 58 California counties and at headquarters offices in Richmond and Sacramento and supervises LA County enforcement efforts. The Center oversees all health care facilities in California.

The organization is undergoing rapid change. The provision of health care through the Affordable Care Act (ACA) has wrought changes in how an industry that represents one-sixth of the US economy operates. This and other new mandates have expanded existing workload in recent years; including addressing adverse events, medical breaches, expanded licensure standards, and refinements to ongoing survey workload.

The CHCQ has committed to significant change to efficiently address these wide ranging responsibilities and provide the necessary oversight of important and priority health care issues. CHCQ is adding capacity to manage the changing and evolving nature of the workload driven by these new mandates.

CHCQ has undergone an extensive needs assessment and gap analysis and is currently implementing recommendations for changing its operations. Efforts are underway to add short-term capacity for change management and quality improvement in order to support this important work and make long lasting changes to how the organization functions.

A key component of this effort is developing and implementing a Strategic Plan. The CHCQ Strategic Plan focuses on transforming program activities in order to meet the challenges of protecting and preserving California public health.

III. Purpose and Scope

The Strategic Plan provides a foundation for improving institutional and organization effectiveness. Its purpose is to provide a roadmap for developing the capabilities and infrastructure needed to sustain ongoing efforts to improve program function and adapt to changing organizational workload demands. This plan identifies how to achieve wide ranging goals and objectives oriented towards transforming program processes in order to meet the challenges of protecting and preserving the California public health.

The Strategic Plan is an extension of the CHCQ Vision and Mission to assure the safety and protection of all Californians receiving health care. CHCQ protects and preserves the public health and safety of patients, residents, and clients through ensuring high quality health care is provided by licensed and/or certified facilities, agencies, and qualified providers.

IV. CDPH Performance Management System

CHCQ adopts the CDPH Performance Management System. This system is based upon four key components, the Plan-Do-Check-Act cycle, and the use of SMART objectives.

CDPH Performance Management System Components:

The CDPH Performance Management System approach addresses four components:

1. Goals: Deciding what we want to accomplish that is supported by establishing objectives, tactics and strategies.
2. Measure: Tracking our progress toward our goals.
3. Progress: Analyzing and determining if we are achieving our goals, and if we are doing so on time.
4. Quality Improvement (QI): If we are not achieving our goals, or if they are not being achieved on time, determining how we can change what we are doing to meet our desired goals through quality improvement. Depending on the outcome, initiation of a QI project may be warranted.

Plan, Do, Check, Act (PDCA):

Within this system the performance of efforts are monitored and tracked within the context of the PDCA quality improvement cycle.

1. Plan: identifying an opportunity for improvement and creating a hypothesis about a solution to the problem.
2. Do: Test the hypothesis and collect data,
3. Check: Study the data and results

4. Act: Based on the data decide to adopt, adapt or abandon the tested solution. If adopted then seek to implement on a broader scale, as applicable, and monitor to hold the gains. If it's decided to adapt go back to the "Do" phase and try another solution. If the decision is to abandon, go to the "Plan" phase and start again.

SMART Objectives:

SMART Objectives are used to clearly describe what needs to be done for each goal. Goals are often broad statements of what an organization wants to accomplish. They set fundamental long-range direction and purpose of efforts, but can lack the detail needed to adequately define an effort.

Each CHCQ strategic plan goal is put in the context of objectives using the SMART criteria, see below.

- Specific
- Measurable
- Attainable/Achievable
- Relevant
- Time Bound

For more information on SMART objectives:

<http://cdphintranet/StratPlan/Documents/Smart%20Objectives%20guide%20from%20CDC.pdf>

V. Strategic Plan Organization and Framework

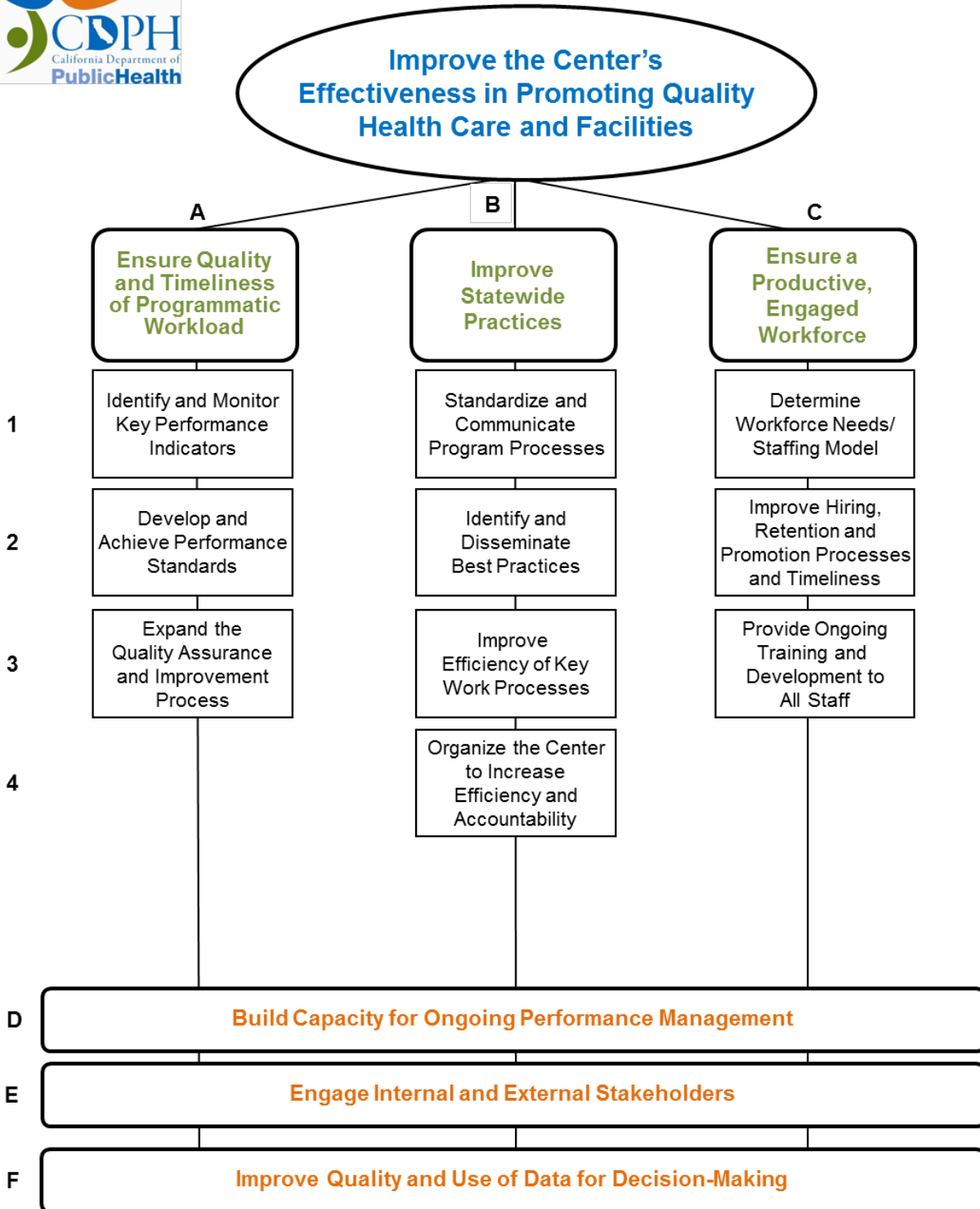
The CHCQ Strategic Plan is organized using a one page conceptual Strategic Map. This Map provides a framework aligning the Center's Vision and Mission with CHCQ's key challenge and important strategic Priorities and Objectives.

The below Strategic Map provides the structure and format for the Strategic Plan. Efforts are conducted under each Priority (A-C) and in each Objective area (1-4). Each of these efforts are designated by the Priority and Objective numbers, e.g. A1, and requires support from the cross-cutting Priorities (D-F).

VI. Strategic Map



Center for Health Care Quality Strategic Map: 2014-2017



VII. CHCQ Strategic Map Action Plans

Strategic Map Action Plans (SMAPs) are provided under each Map Objective. The SMAP format is used by CDPH and adopted by CHCQ to provide a short summary of each effort and how it will be conducted. Each SMAP addresses an area of the overarching Objective under which it is located.

SMAPs are comprised of an overall goal, a SMART Objective, and provide a baseline, improvement target, and operational tactics. SMAPs, see below, represent ongoing efforts that will be updated on an annual basis as they are implemented; including achievements, lessons learned, and any identified issues or barriers.

A. Ensure Quality and Timeliness of Programmatic Workload

The Strategic Priority A of the CHCQ Strategic Map addresses the completion of program workload and includes Objectives A1, A2, and A3. Each of the Objectives addresses important criteria for assuring that workload is completed meeting required time frames and in a manner consistent with policy and procedure.

A1. Identify and Monitor Key Performance Indicators

The CHCQ has committed to developing and using Key Performance Indicators (KPIs) to track and monitor workload. These KPIs are developed using workload and institutional data that has gone through extensive validity and accuracy checks. The refined data is then reported using detailed specifications on a quarterly basis. Please see www.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx for the most current report. CHCQ will add two additional KPIs each year.

A1.1 Goal:	Increase Key Performance Indicators (KPIs) usage.		
SMART Objective	Increase the number of validated, verified, and reported workload performance measures for use as KPIs by two annually.		
Baseline	Two KPIs currently in use		
	Target	Target Date	Progress
	4 KPIs in 2016 6 KPIs in 2017	12/31/2017	TBD

Tactics:

- Identify priority workload data and refine metrics and reporting specifications
- As needed, clarify and standardize data entry processes
- Create tracking and monitoring reports for KPIs
- Update reports quarterly and monitor progress

A2. Develop and Achieve Performance Standards

The CHCQ, Licensing and Certification (L&C) Program is contracted by the federal Center for Medicare and Medicaid Services (CMS) to conduct extensive oversight of health care facilities. The results of these efforts are aggregated annually by CMS and compared to preset CMS workload benchmarks to determine program performance. Efforts are underway to improve the existing tracking of workload and develop ongoing performance monitoring. Ultimately, these efforts will help the program address workload completion with the goal to increase the overall number of met benchmarks.

A2.1 Goal:	Improve workload monitoring, tracking, and achievement.		
SMART Objective	Increase the number of CMS State Performance Standards met by 25% annually.		
Baseline	TBD - Number of standards met/not met report due February 2016		
	Target	Target Date	Progress
	25% (projected)	12/31/2016	TBD

Tactics:

- Establish baseline using annual performance report published in February
- Select actual targets for improvement from baseline
- Track and monitor performance across CHCQ operational units
- Follow up in operational areas where improved performance is needed

An important subset of L&C performance is the oversight of health facilities in Los Angeles (LA) County. LA County has approximately a third of all California health facilities and the LA County Department of Public Health is contracted to oversee all long-term care facilities. Extensive monitoring of their survey workload is underway and their efforts will be evaluated using CMS workload benchmarks.

A2.2 Goal:	Improve the timeliness and completion of LA County contracted workload.		
SMART Objective	Improve the LA County workload performance on CMS State Performance Standards by 25% annually (projection).		
Baseline	TBD - Number of standards met/not met report due February 2016		
	Target	Target Date	Progress
	25% (projected)	12/31/2016	TBD

Tactics:

- Establish baseline using annual performance report published in February
- Select actual targets for improvement from baseline
- Track and monitor performance by LA County
- Follow up on items not meeting benchmarks to improve performance

A3. Expand the Quality Assurance and Improvement Process

The CHCQ, L&C Program has staff working across all 58 California counties. California is the third largest state in the US and maintaining standardized practices and procedures is an ongoing effort. L&C is currently expanding existing quality assurance efforts to include a new process. This effort will extend training that staff receives during academies from the classroom into work setting. The new State Observation Survey Analysis (SOSA) surveys are conducted by highly trained staff that shadow ongoing surveys and provide feedback on how field staff can make their efforts more consistent with established policy and procedure.

A3.1 Goal:	To improve survey practices across all District Offices (DOs).		
SMART Objective	To initiate SOSA surveys and standardize survey practices across all 14 DOs by the end of 2017.		
Baseline	None – No DOs have been SOSA surveyed		
	Target	Target Date	Progress
	One DO per month	12/31/2017	TBD

Tactics:

- Expand and conduct SOSA surveys across all DOs
- One DO to be SOSA surveyed each month
- Provide ongoing feedback to DOs on SOSA findings

B. Improve Statewide Practices

The Strategic Priority B of the CHCQ Strategic Map address improving statewide practices used by the program and includes Objectives B1, B2, B3, and B4. Each of the Objectives addresses important criteria for improving the overall function and performance of internal CHCQ operations.

B1. Standardize and Communicate Program Processes

The CHCQ is a large organization that operates state-wide and handles a wide range of often high priority and serious situations which affect the health care of Californians. Extensive communication at many levels and purposes are constant and an ongoing part of the organization. These efforts will be incorporated into a comprehensive communication plan that expands current approaches and techniques to include new technology and communication strategies as they become available.

B1.1 Goal:	Improve CHCQ communication		
SMART Objective	By December 31, 2017, develop, implement, and evaluate a comprehensive CHCQ communication plan.		
Baseline	N/A – Process measure benchmarks in development		
	Target	Target Date	Progress
	Achieve benchmarks	12/31/2017	TBD

Tactics:

- By end of 2016, have implemented all components of an approved Communication Plan. Benchmarks include:
 - Ongoing meetings, including All-Staff, Topics and Issues Council, Stakeholder meetings, CHCQ Steering Committees
 - Ongoing CHCQ newsletters, staff surveys, and outreach on promotion of quality and process improvement initiatives
 - Identified communication strategies addressing CHCQ functional areas and efforts, e.g. training, policies, and onboarding

- Approval for all components of a Communication plan
- By end of 2017, have evaluated and updated CHCQ Communication plan.
 Benchmarks include: :
 - Identified and implemented communication plan evaluation
 - Review Communication plan components' effectiveness
 - Revise Communication Plan to address findings
 - Approval of updated Communication plan

B2. Identify and Disseminate Best Practices

The size and scope of CHCQ operations is extensive and the organization is undergoing rapid change. New workload has been added in recent years addressing adverse events, medical breaches, expanded licensure standards, and refinements to ongoing survey workload. CHCQ is implementing a Council organized to identify promising and best practices that can effectively meet the changing workload demands. The goal is to enable and support standardized change that show evidence of success.

B2.1 Goal:	Increase the use of best practices across CHCQ		
SMART Objective	By December 31, 2017, establish and use a Topics and Issues Council to identify and promote promising and best practices.		
Baseline	None – Number of best practices implemented		
	Target	Target Date	Progress
	TBD	12/31/2017	TBD

Tactics:

- Implement and support ongoing Topics and Issues Council meetings
- Use Council to identify potential resolutions to ongoing problems
- Quarterly, identify and track identified promising and best practices
- Annually, set expansion baseline and improvement targets.

B3. Improve Efficiency of Key Work Processes

The CHCQ has had ongoing quality improvement efforts that have been focused on addressing and improving the quality and function of survey workload. These efforts are currently being expanded to include the use of continuous process improvement techniques throughout the CHCQ management structure. Existing quality improvement

staff will be formally certified and integrate process improvement strategies into important work group efforts and across subdivisions of CHCQ.

B3.1 Goal:	Expand the use of continuous process improvement		
SMART Objective	By December 31, 2017, expand the use of process improvement techniques across CHCQ Teams, Sections, and Units.		
Baseline	None - Number of teams with certified process improvement specialists		
	Target	Target Date	Progress
	TBD	12/31/2017	TBD

Tactics:

- Certify existing process improvement staff in formal process improvement
- Embed process improvement in CHCQ Steering Committees and workgroups
- Certified staff to serve as process improvement liaisons to managers
- Determine process improvement use across CHCQ subdivisions and units
- Annually, set expansion baseline and improvement targets.

B4. Organize the Center to Increase Efficiency and Accountability

The CHCQ has committed to significant change to efficiently address wide ranging responsibilities and oversight of important and priority health care issues. An important component of the ongoing changes is to engage stakeholders in this process. Keeping stakeholders informed is a priority and this engagement will be tracked in order to assure timeliness and to improve communication about the efforts underway to transform CHCQ. Ideally, request responses should not take more than 30 days.

B4.1 Goal:	Improve Stakeholder Engagement and CHCQ Response to Inquiries		
SMART Objective	By December 31, 2017, improve CHCQ’s response time to 30 days for stakeholder meeting action items and other periodic stakeholder requests		
Baseline	90-day response – estimated based on quarterly meetings		
	Target	Target Date	Progress

	30-day response	12/31/17	Planned Quarterly Measurement
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Tactics:

- Ongoing engagement with stakeholder analysts
- Weekly status review of quarterly stakeholder action items
- Solicit ongoing stakeholder feedback

C. Ensure a Productive, Engaged Workforce

The Strategic Priority C of the CHCQ Strategic Map addresses workforce issues and includes Objectives C1, C2, and C3. Each of the Objectives addresses important criteria for assuring that CHCQ maintains the necessary staff resources needed to implement and meet ongoing workload demands.

C1. Determine Workforce Needs/Staffing Model

The CHCQ employs 1,297 staff across 14 District Offices and headquarters. Efforts are underway to refine and improve how CHCQ determines the number of staff needed. The adjustments needed and recommendations will be incorporated into an updated workforce estimate process to improve the delineation of workforce needs.

C1.1 Goal:	Improve the allocation and use of staffing resources		
SMART Objective	By December 31, 2017, develop, implement, and evaluate a revised CHCQ workforce projection		
Baseline	N/A – Process measure benchmarks in development		
	Target	Target Date	Progress
	Achieve benchmarks	12/31/2017	TBD

Tactics:

- By end of 2016, update the existing staffing workforce projection process
 - Benchmarks:
 - Identified workforce projection strategies that integrate refinements into existing staffing numbers, e.g. timeliness of workload targets
 - Added new workload and legislative requirements into staff estimates
 - Obtain approval of staffing workforce refinements and updated projections
- By end of 2017, evaluate the updated staffing workforce projection process

- Benchmarks:
 - Implemented evaluation of workforce projection process
 - Reconciled staff allocation to existing workload demands
 - Revised staffing workforce projection process to address findings
 - Obtain approval of updated staffing workforce projection process

C2. Improve Hiring, Retention and Promotion Processes and Timeliness

The process of hiring staff is a constant part of any organization with a large workforce and improving this process is a key component of ongoing CHCQ efforts to reduce staff vacancy rates. This process has significant challenges when hiring staff in 14 District Offices located across California. Efforts to improve the hiring process will be evaluated prospectively by establishing the average time it takes to fill positions and work towards the objective of reducing that time by 20%. Ideally, the hiring process should not take more than 120 days from start to finish.

C2.1 Goal:	Reduce the time to fill positions by streamlining the recruitment and hiring process		
SMART Objective	By December 31, 2017, identify components of the hiring process from the time a HFEN position is vacant to the time a position is filled and reduce the individual component processing by 20 percent		
Baseline	TBD pending statistics from HRB		
	Target	Target Date	Progress
	120 day response	12/31/2017	TBD

Tactics:

- Engage managers in relevant divisions in the Department
- Identify hiring components and track performance data monthly
- Initiate statewide recruitment initiative

C3. Provide Ongoing Training and Development to All Staff

The CHCQ provides direct training to many of the staff overseeing health care in California facilities. These trainings are offered through Academies and ongoing in-service meetings. Employees also have access to more general training through CDPH and the State Personnel Board. Additionally, there are several leadership training courses offered by the Health and Human Services (HHS) Agency and sponsored by CDPH. CHCQ will focus on expanding staff training and part of this effort is increasing the numbers of managers who have leadership training.

C3.1 Goal:	Increase those who have attended leadership training		
SMART Objective	Increase the number of CHCQ staff that have attended leadership training by 5% annually.		
Baseline	TBD - Number of existing managers with leadership training		
	Target	Target Date	Progress
	5% increase (projected)	12/31/2016	TBD

Tactics:

- Establish Baseline and set Target
- Send staff to HHS Agency training
- Send staff to CDPH sponsored leadership training
- As needed, pursue contract for separate leadership training

VIII. CHCQ Strategic Plan Evaluation and Reporting

The Strategic Plan progress will be evaluated and updated annually. This evaluation will examine progress on each SMAP; including achievements, issues and barriers to implementation, and next steps. The plan will be revised annually to include updated SMAPs, progress reports, and new CHCQ strategic efforts.