Washington State Department of

Health

Quality Improvement Program

Washington State Department of Health
Revised April 2012

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The Department of Health (DOH) Quality Improvement Program

Overview

DOH is committed to a quality improvement (QI) program as a proven way to enhance our organization's performance and achieve desired results. A high-performing, quality improvement organization actively changes the way business is done by:

- focusing on the needs of the customer.
- using data to analyze problems and performance concerns.
- involving employees who know and are impacted by the improvement opportunity.
- developing solutions and improvements based on analysis.
- engaging customers and stakeholders.
- implementing improvements based on data.
- monitoring and evaluating performance.
- continually making improvements over time.

Quality Improvement is a continuing cycle of measurement, analysis, and improvement.

This current plan builds on past efforts at the DOH. This update is an opportunity to assess the progress the agency has made, reinforce what's working well, and improve in those areas of implementation which are lacking.

Multi-focus program

The DOH Quality Improvement Program is a disciplined approach to performance management that includes organizational strategic planning, performance management and accountability, operational/business planning and performance, and focused quality improvement efforts. This approach is consistent with the Baldrige National Quality Award and Washington State Quality Award (WSQA) frameworks for pursuing and achieving organizational excellence in seven criteria categories: Leadership; Strategic Planning; Customer and Market Focus; Measurement, Analysis and Knowledge; Workforce Focus; Process Management; and Organizational Results.

Leadership and Strategic Planning – -Department senior leadership sets direction for the organization through strategic planning. This plan provides a vision of the organization as it sees itself in the future; a clearly stated mission that expresses the reason(s) the organization exists and for whom; and, goals, objectives, strategies, and performance measures which will move the organization toward its vision in incremental, achievable steps.

Customer and Market Focus – Knowing the needs of our customers and stakeholders is key to focusing agency resources for the greatest impact in addressing changing demands and meeting our mission. Management is charged with implementation of agency strategies, operational plans, and meeting day to day business demands.
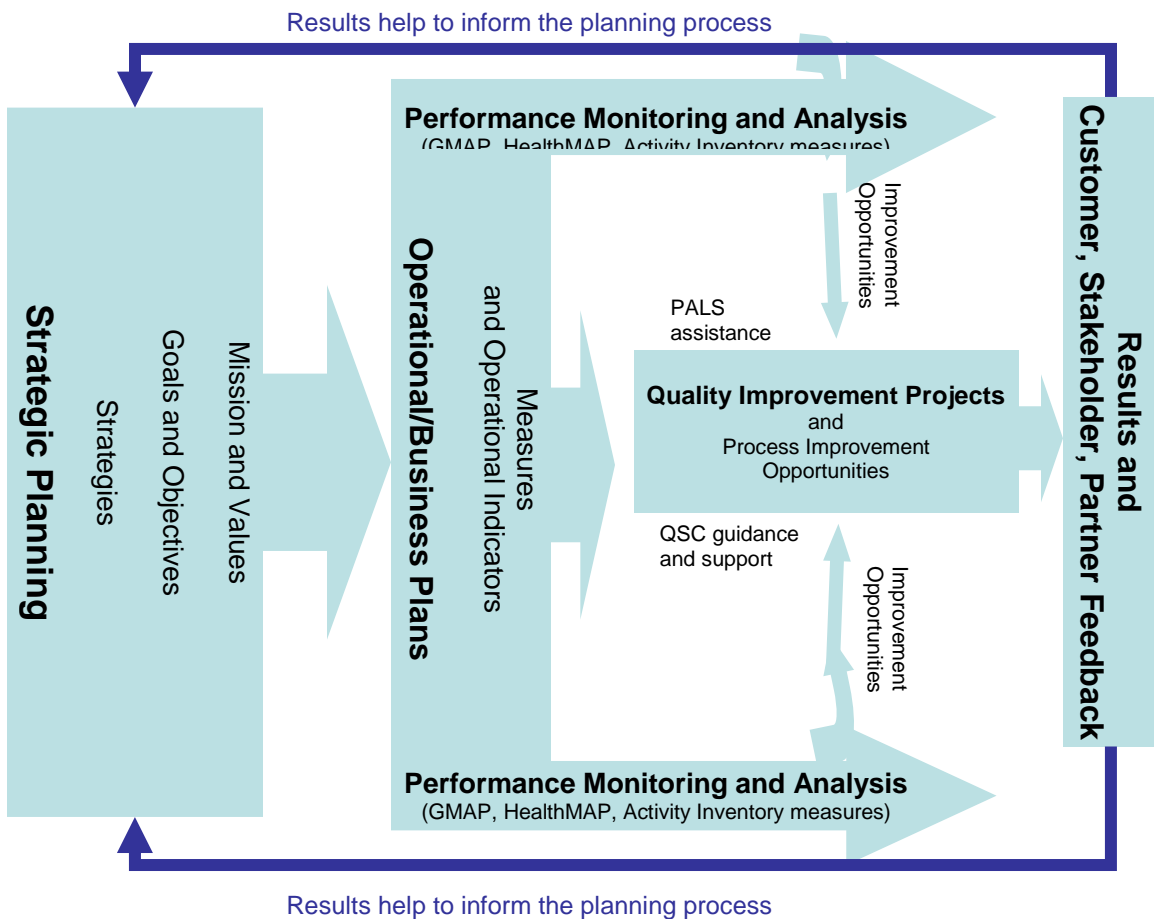
Measurement, Analysis, and Knowledge – Regular reviews of selected performance measures and indicators through the Governor's Government Management Accountability and Performance (GMAP), the agency's internal Health Management Accountability and

Performance (HealthMAP), and agency budget activity inventory measures provide opportunities for assessing progress toward goals and for identifying potential improvements.

Workforce Focus and Process Management – A healthy work environment staffed with a well managed, informed, accountable, and appreciated workforce are key ingredients to a successful quality improvement program. Informed employees who are involved in analysis, identifying root causes for improvement opportunities, and in developing solutions will contribute their knowledge and best practices in the best interests of the agency.

Organizational Results – Monitoring performance and evaluating results of strategic and operational plans provides data and information to inform future planning and decision making.

These various components work together in a continuous cycle, moving the agency towards its vision:

Results help to inform the planning process

Strategic Planning

Goals and Objectives

Strategies

Mission and Values

Operational/Business Plans

Measures and Operational Indicators

Performance Monitoring and Analysis
(GMAP, HealthMAP, Activity Inventory measures)

Improvement Opportunities

PALS assistance

Quality Improvement Projects
and
Process Improvement Opportunities

QSC guidance and support

Improvement Opportunities

Performance Monitoring and Analysis
(GMAP, HealthMAP, Activity Inventory measures)

Results and Customer, Stakeholder, Partner Feedback

Results help to inform the planning process

Strategic and Operational Planning

Strategic planning helps focus resources on those vital few objectives we have chosen as top priorities to move the agency toward its vision. Strategic objectives require special effort to accomplish. They cannot be done through a "business as usual" approach. If we are fortunate, additional resources may be available through special funding or other means to accomplish major efforts. If not, we must choose to either put additional time/effort in, over and above the normal capacity, or find ways to carve out resources from other priorities.

It is a significant challenge to balance ongoing operational workloads with the special or extra effort required for strategic initiatives and other quality improvements. We may need to reduce or give up doing some of the things we have been doing, in order to find resources for planned improvements.

The agency strategic planning process is outlined in Appendix A.

Performance Monitoring

By using meaningful measures and indicators to monitor both operational performance and progress on special initiatives such as strategic efforts or quality process improvements we can assure that we are on track with the intended results and help identify additional operational and process improvement opportunities.

The department's performance management system includes:
- periodic progress and status reviews through the GMAP process.
- internal HealthMAP reviews.
- quarterly progress reports on budget activity inventory measures and strategic plan performance measures.
- operational plan reviews and ongoing monitoring of performance data and information.
- assessment conducted every three years on the Public Health Standards.
- assessment conducted every three years through the Washington State Quality Award (WSQA).

We use a "dashboard" set of measures to tie all performance measures into a more cohesive appraisal of agency performance and progress.

Annual agency self-assessments and periodic employee surveys also provide important information for the agency's planning processes. Continuing analysis of organizational performance and results of internal and external assessments are sources of data and information important to decision making about the agency's future.

The department's performance management system is outlined further in Appendix B.

Quality Improvement Activities

We identify opportunities to improve and enhance services and performance through active planning and performance monitoring. Quality improvement tools and techniques applied in a variety of group and team situations enable the important data collection, problem analysis, and employee involvement which are keys to improving performance.

This disciplined approach to problem solving and process improvement work very well when quality tools are applied to define and analyze problems and develop process improvements. The well-known "Plan – Do – Study – Act" (PDSA) cycle applied at the organizational level, relates to the strategic planning and implementation process. Planning takes place, objectives and strategies are implemented, performance and results are monitored and analyzed, and the organization takes action to reinforce positive outcomes, or explore new opportunities identified through data analysis.

When applied to a specific problem or process, the PDSA cycle is applied in a more focused manner, using specific tools and techniques to help work groups and teams to identify, analyze, and implement measurable improvements.

Quality Improvement Roles and Responsibilities

The *Quality Steering Committee (QSC)* at the executive level provides agency oversight and guidance for performance management activities (quality improvement projects, WSQA, Public Health Standards assessment, etc.) and quality improvement in the department. Primary committee responsibilities include review and approval of the agency Quality Improvement Plan, encouraging and fostering a supportive quality improvement environment; championing quality improvement activities, tools and techniques; and selecting and supporting agency quality improvement projects. The committee is chaired by the director of the Office of Performance and Accountability and guided by its charter.

The *Performance and Accountability Liaisons (PALS)* group at the operational level is composed of representatives from across the agency who provide input, advice, and assistance in those activities that strengthen quality improvement and performance management in the agency. Activities these representatives engage in include strategic planning, GMAP and HealthMAP monitoring, analysis, and reviews; activity inventory measures management; Public Health Standards assessment and monitoring; and, quality improvement project support. PALS is chaired by the Director of the Office of Performance and Accountability and guided by its charter.

The *Office of Performance and Accountability (OPA)* is responsible for coordinating, liaison, and ensuring consistency in the department's performance management system. The Director of the Office of Performance and Accountability leads the strategic planning process and develops and coordinates GMAP, HealthMAP, Public Health Standards, and activity inventory performance management processes. The Office provides guidance to senior management regarding best practices in performance management, monitoring, and accountability.

OPA provides a comprehensive performance management system to the employees of the department to hold ourselves accountable, provide continuous quality process improvement, and maximize resources.

Additional details about the department's Quality improvement approach are described in Appendix C.

Selecting Quality Improvement Projects

Quality improvement projects may be longer term, larger scale strategic efforts or they may be shorter term, smaller scale efforts such as process improvements. Regardless of the scale, these projects should be approached with some similarity. There should be planning, data collection and analysis, testing and measuring of performance to ensure that changes will in fact be improvements, then continuous review and improvement over time.

In general, quality improvement efforts should follow "project management" principles to provide structure to the activity. This helps to ensure clear purpose and scope, commitment of necessary resources, specified timeframes, expected level of effort, management sponsorship and support, clear decision/implementation authority, and anticipated outcomes.

Agency level QI projects – Agency level projects should be approved only after review and consideration by the agency QSC. The QSC may be given final authority for implementation of project recommendations, or approval may be required from the Senior Management Team (SMT). Agency QI projects cross divisional lines, involve multiple offices and programs and address high priority agency initiatives or key services. These projects may be identified through performance indicator reviews or through strategic and operational planning that identifies a need for improvements or new initiatives. The Performance Accountability Liaison (PALS) group should be a prime source of quality improvement opportunities.

These improvement opportunities will be addressed at the agency level and be afforded the support and resources that a high priority activity deserves. This includes agency level resource support such as facilitation and/or coaching from OPA staff.

Other agency QI projects – Divisions and programs/units are encouraged to initiate their own quality improvements projects. These projects should also follow project management principles and apply common quality improvement tools and techniques to help teams achieve their desired results. Programs/units and sponsors desiring to pursue quality improvement efforts are encouraged to coordinate with OPA for advice and assistance.

See "Quality Improvement: Project Screening Criteria" in Appendix E.

The current Quality Improvement work plan is posted on the agency's intranet and is reviewed and updated annually.

Monitoring and Oversight

Department staff are encouraged to conduct ongoing quality improvement analysis as a part of their overall job responsibilities. This involves continually evaluating processes and outcomes in order to improve them. If concerns or issues are brought to the attention of Department staff, management, or the Quality Steering Committee, staff will conduct a qualitative and quantitative analysis as necessary to resolve the concerns or issues. These issues could involve a wide range of topics and might involve the entire organization or any component of the organization.

Monitoring and oversight activities can take place at several levels throughout the Department. For those quality improvement efforts that do not rise to the level of Quality Steering Committee monitoring and oversight, it is the expectation that divisional managers, supervisors or quality improvement managers oversee such efforts and report quarterly to the QSC the efforts engage at the division level. The Quality Steering Committee will sponsor, monitor, and oversee quality improvement efforts that are accepted by the Committee. Quality improvement efforts sponsored by the Quality Steering Committee will be initiated through the use of a formal quality improvement project form.

Communication Plan

Regularly articles regarding quality improvement activities and success stories from completed improvement projects will be published in the Sentinel News. In addition, agendas, meeting minutes, and action plans are available on the agency's shared drive and storyboards are displayed in the lobby of each building at the end of the project.

Appendix A – DOH Strategic Planning Process

The strategic plan identifies key goals the agency will pursue during the next four to six year period and the objectives, strategies and measures that will be undertaken to help achieve the agency's vision. The plan undergoes a detailed review every two years in preparation for each new biennial budget and is adjusted as needed to respond to changing conditions and new information that impacts the organization. The plan is formally reviewed annually, in alternate years, for minor adjustments as need. Elements of the plan are monitored quarterly during the HealthMAP sessions.

Divisions should develop and implement their strategic plans during alternate years from the agency's major reviews. This allows the divisions time to receive and develop supportive responses to the agency plan.

Key milestones in the agency strategic planning process:

- Assess and analyze agency performance compared to the current strategic plan, the Governor's and other key stakeholder priorities, selected performance indicators and measures, and emerging issues and trends.
- SMT reaffirms or refreshes the agency vision, mission, and values.
- SMT develops and communicates initial goals and areas of focus to the PALS Strategic Planning team.
- The PALS Strategic Planning team develops objectives, strategies, and measures to achieve goals and develops supporting narrative for the plan.
- SMT modifies and approves final plan.
- The strategic plan is deployed and communicated to agency staff.
- Periodic performance reviews monitor progress through GMAP, HealthMAP, activity inventory updates, and other management reviews.
- Results of performance reviews help inform future planning.

Appendix B – DOH Performance Management

The department's performance management includes the following activities in a systems approach to monitoring and managing agency performance:

GMAP Reviews – The Governor's periodic review forums for analyzing performance for key indicators and focusing resources where needed to achieve desired results.

HealthMAP – The agency's monthly review forums for monitoring performance against key indicators and measures, to focus resources to improve performance, and achieve desired results.

Activity Inventory Updates – Quarterly updates to key measures to track performance at the activity level.

Public Health Standards Assessment – An assessment conducted every five years to measure agency performance against established public health standards.

Washington State Quality Award Assessment – An assessment conducted every three years to assess agency performance in six key areas:
Leadership
Strategic Planning
Customer and Market Focus
Measurement, Analysis, and Knowledge
Workforce Focus and Process Management
Organizational Results

Governor's Agency Self-Assessment –   Each year since 1998, the Governor's Office has asked agencies to do a self-assessment based loosely on the Baldrige Criteria. It is a way to see if strategies we put in place last year or the year before are working. It shows where we are getting better and where we may want to focus some process improvement activities for the coming year, or elements we may want to address in our strategic plan or business plan.

Employee Satisfaction Survey – Every two years the state's Department of Personnel provides agencies with a set of core questions that are used to assess employee satisfaction. Agencies have the option to include additional questions to address areas of concern. The results of the survey are used to discover areas of concern from the employee's perspective and implement process improvement opportunities.

Operations/Business Plan Reviews – Divisions, offices, and programs identify meaningful indicators and measures to monitor their operational performance and progress toward unit goals. Performance is monitored quarterly at a minimum and may be measured more often, depending on the frequency of the measure and level of activity. These results help tell our story and answer the question, "How are we doing?"

Appendix C – Quality Improvement Approach, Tools, and Techniques

Key Principles

This approach reflects a strong commitment to sustainability and success by emphasizing:

- **Simplicity in design.** The approach uses a disciplined process improvement methodology that can be applied in larger scale projects as well as in smaller scope process improvements through the Rapid Cycle Improvement (RCI) technique. The RCI provides quick results with minimum administrative burden.
- **Just-in-time training.** Training is designed to coincide with actual use, which reinforces the learning process.
- **Clear goals.** This disciplined approach is used to establish project and process improvement goals, strategies, and performance measures.
- **Commitment to oversight.** This includes monitoring and evaluating results to design and implement program improvements. It is important to understand the current situation, or the current level of performance, to allow comparison after improvements are implemented.
- **A focus on the front line.** Staff must see it done at the division and office level to buy into a quality improvement program.
- **Concentration on meaningful business issues.** The ongoing work plan will focus on strategic improvements and significant business practices with measurable gains for internal and external customers.

The program work plan includes the full Plan-Do-Study-Act cycle. The work plan is updated annually in January. An application and chartering method is used to add new projects and quality improvements. Appendix G includes a draft application for the project selection process.

The Rapid Cycle Methodology (Used for smaller in scope process improvements)

The RCI approach uses standard quality improvement tools to answer three basic questions: What are we trying to do? How will we know that a change is an improvement? What change can we make that will result in improvement?

These three questions provide the analytic framework. Based on the success of other organizations, the cycle, from the launch of the team to identifying improvement steps, takes 90 to 100 days. On some sharply defined improvements with strong management support, methods such as the *Breakthrough Approach* can provide actual results within that timeframe.

This is much shorter than some methods. The incremental and time-limited aspects speed completion of the improvement cycle.

The rapid cycle approach takes advantage of many familiar methods and tools. Data is analyzed statistically and visually to reveal where problems exist and improvement makes sense. Root cause analysis determines what is causing bottlenecks, inefficiency, variation outside the norm, and other problems. Problem solving by those who know and understand the process is used to construct solutions and monitoring ensures progress is made, setting the stage for further gains.

Larger Scope Quality Improvements

Basic principles of project management apply in both the RCI approach and for larger scope projects as well. The discipline is in taking time at the beginning to analyze the current situation, to understand current performance, and to establish some means of measuring performance for comparison after improvements are implemented.

Larger projects benefit from time spent to collect and explore data and other current information about the improvement opportunity and to document baseline measures. It is also essential to develop team cohesiveness and to be clear on purpose, scope, time, and resource commitments. By applying proven quality improvement tools and methods along with other team dynamics and meeting management techniques the team stays focused and continues to progress toward team goals.

Including a facilitator in the project to assist with the team process and coach on these various techniques keeps the team moving forward and enables team leaders to focus on goals and results.

Just-in-Time Training

Too often, training is provided before people are ready for it or to individuals who may not need it. Presenting the team process and discussing the project purpose and scope at the beginning helps create a successful team environment. Coaching on appropriate tools and techniques, applied to specific situations when needed increases learning and ensures training time is focused on knowledge and skills that are immediately applied.

Quality Improvement Program Goals

Senior and mid-level managers help answer the question "what are we trying to accomplish?" This input is used to develop the following four program goals:

1. Institutionalize the use of QI principles and skills for better, customer-focused results.
2. Set clear expectations for gains in public health, program quality, and agency efficiency.
3. Communicate program performance targets and achievements to staff and customers.
4. Assure the effective use of public resources.

It is the responsibility of leaders to develop strategies and measures for each of these goals. The program must be a model for applying QI principles. This includes documenting gains through the use of the department's HealthMAP and other tracking systems and regular survey or assessment instruments.

Quality Improvement Tools and Techniques

OPA provides suggested quality improvement tools, techniques, references, and resources through its Intranet page. OPA staff also suggest effective methods or ideas for solving team

issues around making progress and/or staying focused on team purpose and goals.   They are also available to facilitate the team through the quality improvement process.

Much of the structure for organizational improvement is already in place. For that reason, this plan emphasizes the quality process improvement side. The overall goal is to institutionalize quality improvement, create clear expectations, communicate performance, and ensure accountability.

Lean is a standard management philosophy and system across state government. We are building capacity to lead, implement, and support our employees in their efforts to identify waste, eliminate delays, save money, and provide high quality services. Agency leadership, resources and employee involvement are key components of implementing Lean. The transformation to sustainable, continuous improvement will take many years – achieving results along the way.

Appendix D – Governance

Oversight

The Quality Steering Committee provides guidance and oversight of agency quality improvement activities, including:

- Conduct a quarterly performance review.
- Identify and review implementation issues.
- Resolve staff, management, and resource conflicts.
- Recommend program changes.

The Steering Committee promotes the program. It supports recognition of both individual and team successes. Its members help create a culture in which employees use QI principles and tools in their day-to-day work and have support and guidance from leaders.

The steering committee reports regularly to the Secretary, SMT, and other management and staff work teams. The executive sponsors play a critical role in maintaining leadership support.

The program focuses on a limited number of agency wide initiatives yearly. As each is completed, learning from the effort is shared and a new project is added to take its place. The approach is exported to divisions and offices for broader use.

The ability to continually make incremental and breakthrough improvements is the ultimate measure of success.

Quality Steering Committee Charter

The Quality Steering Committee Charter defines the department's Quality Improvement Program governance. It serves as the contract between the QI Steering Committee and the Senior Management Team, outlines governance expectations, timelines, and roles and responsibilities. The charter is posted on the agency intranet site and is reviewed and updated annually.
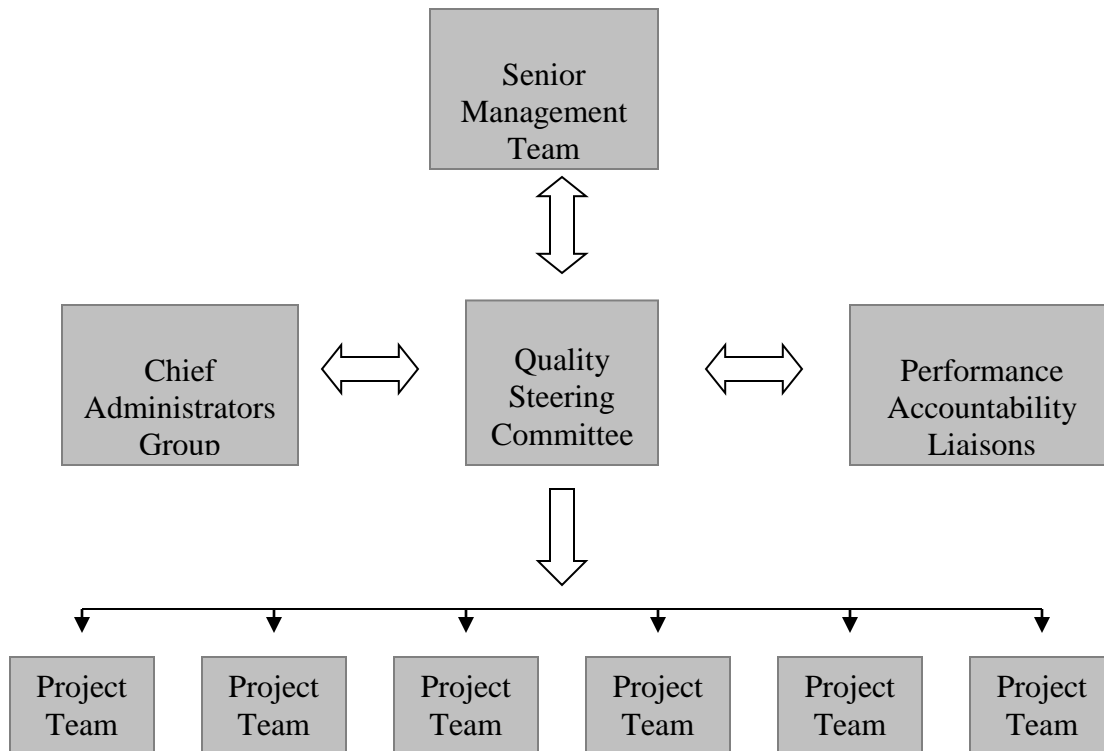
Quality Steering Committee

Lead staff: Performance and Accountability Office Director

Meets: **Once a quarter**. Special sessions may be called by the chairperson. Committee members are expected to be personally engaged by attending meetings.

Reports to: SMT, Secretary, Deputy Secretary

Roles and Responsibilities, All Steering Committee Members:
- Establish overall quality improvement (QI) program policies, goals, and selected performance indicators.
- Establish a QI project selection and review process. (Including regular review of customer needs, agency performance data -- ensure that decisions are data-driven, not based on hunches or opinions -- develop criteria for deciding when a QI effort/project might be indicated)
- Provide guidance and oversight of the agency's QI efforts:
  1) Review quality performance indicators quarterly to assure progress toward specific, achievable QI goals and objectives.
  2) Identify potential QI program implementation issues and develop secondary data analysis to determine if further review is warranted.
  3) Resolve conflicts related to funding, priorities, external commitments, cross-organizational boundaries, management, and employees.
  4) Recommend changes in program, process, and policy.
- Prepare an annual report to the SMT.

- Promote QI program and project support with key internal stakeholders: the full SMT, agency mid-management, and employees. Encourage the involvement of teams of highly capable individuals from all department levels, disciplines, and divisions.
- Encourage and support timely recognition of individual and team performance accomplishments.
- Communicate clear messages about desired QI outcomes and priorities to internal and external audiences; clearly connect the department's strategic plan to performance improvement.
- Gather and share best practices.

Roles and Responsibilities, SMT QI Executive Sponsors/Committee Chair:
- **Serve as a catalyst for results and change;** create a clear strategic business plan.
- Lead organizational direction and agency culture for quality improvement.
- Establish QI policy direction for the department within financial, cultural, operational parameters.
- Monitor and report back to the SMT on progress made to achieve:
  1) Performance-orientated QI priorities, and
  2) Agency cultural changes directly associated with achieving desired outcomes/goals.
- Identify and communicate the consequences of failing to achieve desired QI outcomes, goals.
- Drive out fear of a QI culture and overcome standard resistance ("We've tried that before.").
- Guide and coach peers and middle managers on strategies to achieve operational change (know and use quality principles).
- Obtain and provide regular updates to Senior Management Team members.
- Ensure the strategic significance of the QI program and its projects by endorsing and defending them as a valued investment of resources that serves agency strategic objectives.
- Guide the QI program and project selection process for SMT approval, funding, and staffing. Ensure resources are dedicated; barriers to success removed.

Roles and Responsibilities, CAG Steering Committee Members:
- **Serve as a change agent;** translate the strategic business plan into a strategic operations plan.
- Establish QI policy direction for the department within financial, cultural, operational parameters.
- Monitor and report back to CAG and division staff progress made to achieve:
  1) Performance-orientated QI priorities, and
  2) Agency cultural changes directly associated with achieving desired outcomes/goals.
- Guide and coach CAG peers and program staff on strategies to achieve operational change.
- Drive out fear of a QI culture and overcome standard resistance ("We've tried that before.").
- Guide the QI program and project selection process through CAG input.

Roles and Responsibilities, PALS Steering Committee Members:
- **Serve as a customer activist:** identify and meet customer expectations.
- Establish QI policy direction for the department with financial, cultural, operational parameters.
- Monitor and report back to PALS and division staff progress made to achieve:
  1) Performance-orientated QI priorities, and
  2) Agency cultural changes directly associated with achieving desired outcomes/goals.
- Guide and coach PALS peers and program staff on strategies to achieve operational change.
- Guide the QI program and project selection process considering PALS input.
- Help to shape and participate in agency performance management activities

Roles and Responsibilities, QI Steering Committee Lead Staff (OPA):
- Design tools to monitor QI performance compliance.
- Design tools for QI program evaluation and reporting.
- Review and analyze performance reports. Provide secondary data gathering and analysis as needed.
- Prepare quarterly and annual QI reports. Analyze for patterns and indicators of QI program change.
- Provide QI program technical assistance to department leadership, management, employees.

Affected Stakeholders/Personnel: Key customer and constituent groups, agency leadership (SMT and CAG), the Program Management Team (PMT). **Key customer and constituent groups include:**
- Public (at-large and individuals).
- State Board of Health.
- Elected officials – local, state, and federal.
- Other Washington state agencies, non-DOH boards and commissions.
- Local Washington governments (not LHJs).
- Other states' agencies.
- Federal agencies.
- Local Health Jurisdictions.
- Regulated entities (DOH boards and commissions, licensees, certificated, permitees, registrants, etc.).
- Service providers and suppliers.
- Department employees (and associated advisory committees).
- Department programs.
- Advocacy groups/individuals.
- Media.
- Tribes.
- Potential, affected businesses (tobacco industry, hospitals, insurance companies, etc.).
- Data providers.
- Data users.
- Private sector research community.

- Academia.
- Community-based organizations.
- Trade associations.

Appendix E – Selecting Quality Improvement Projects

Organizational improvement initiatives come from reviews of organizational performance, and might include:

- Areas where the agency or individual programs partially met or did not meet a public health standard.
- An analysis of activity inventory performance measures where efforts are falling short.
- Strategic Plan measures dealing with human resources, customer service, and organizational improvement.
- Results of evaluations of programs or administrative systems and functions. This could include external and internal audit conclusions.
- Regular surveying of employees about their views on systems that need improvement.
- Regular assessment of internal and external customer service data from across the department.

Management is responsible for implementation, which can be tracked through the regular SMT quarterly review process, GMAP, HealthMAP, and other performance management reviews.

The screening form in Appendix F helps guide the selection of quality improvement projects.

Appendix F - Quality Improvement: Project Idea

Project Description

Project Title:

Background
1. What has the situation been like in the past?

2. Who is the customer?

3. What is the problem now?

4. Quantify it (where you have data).

Project Objectives
1. How would the customer's experience be different once the situation has been improved?

2. What is the change in performance you want to achieve?

3. Quantify it (if you can).

Boundaries
1. What other offices or divisions within the agency and work processes are within the scope of this effort?

2. What work is outside the scope of this effort?

Workshop Charter

Title

Enter text here.

Workshop Sponsor	Workshop Project Lead	Workshop Facilitator

Background

Enter text here.

AIM Statement

Enter text here.

Metrics

Enter text here.

Deliverables

Enter text here.

Scope & Boundaries

Enter text here.

Supplier	
Input	
Process	
Output	
Customer	

Problem Statements & Effects

Enter text here.

Workshop Date/Time/Location

Date	Time	Location

Workshop Participants

Name	Role/Function	Name	Role/Function

Workshop Guiding Principles

1. Demonstrate trust to other Workshop participants.
2. Follow through on any commitments you make or assignments you accept.
3. Display professional courtesy during meetings and discussions with other Workshop participants.
   a. Listen to different points of view.
   b. Maintain self-esteem of all participants.
   c. Listen while others are speaking.
   d. Provide Workshop participants equal opportunity to speak on a topic.
   e. Be positive and constructive.
   f. Focus comments on the process, not the person.
4. Provide regular progress reports to the Workshop sponsor(s).
5. Consider cost-benefit aspects of our products and actions.
6. Use consensus decision-making process.
   a. Use multi-voting decision as our secondary decision-making process.
   b. Use majority rules decision making as our tertiary decision-making process.
7. Keep sensitive information within the group.
8. Ask for help if you cannot complete your assignments on time.
9. Do not let cell phones, pagers, & laptops disrupt the workshop.
10. Have fun.

Roles and Responsibilities

The table lists who does what before and after the Workshop.

Who	Does What
Before the Workshop Starts	
Sponsor	Provides guidance and authorization to the Workshop Project Lead in • preparing the workshop charter and • selecting workshop team members
	Commits resources for the workshop
	Ensures leaders of associated function commit to providing resources for the workshop
	Provides opening comments to the workshop participants
	Attends the report-out on the final day of the workshop
Project Lead	Organizes the evaluation meeting to develop the workshop charter
	Ensures completion of the Evaluation & Planning Phase Checklist
	Ensures the correct team members are committed to participating in the entire workshop
	Sends a meeting notice out to the workshop participants
After the Workshop Ends	
Sponsor	Hold Project Lead and Implementation Team responsible for achieving improvements (final results)
	Commit resources necessary to execute process improvement implementation plans
	Ensure leaders of associated functions commit resources necessary to execute process improvement implementation plans
	Support follow-on action plan status meetings
	Sponsor appropriate out-of-scope improvement recommendations and go-forward plans
Project Lead	Ensure workshop participants begin implementing their assigned actions
	Hold implementation meetings with key team members
	Keep track of all open action items and measure progress (i.e. first pass yield, number of transaction, cycle time)
	Link action plan improvements to the future state map

Signature of Workshop Sponsor:	
Signature of Workshop Project Lead:	

Appendix H – Glossary of Terms

Action Plan   An action plan refers to specific steps that are intended to impact short and longer term strategic objectives. Action plans include the details of who, what, when and how. Action planning reduces the objective to achievable, measurable steps. Action steps drive toward an objective. Objectives in turn drive toward a goal.

Alignment   Alignment refers to the consistency of plans, processes, information, analysis and direction for both inter and intra agency goals.

Analysis   Analysis is the examination of facts and data to provide a basis for effective decision making. Analysis often looks at a cause-effect relationship

Approach   Approach is the method used to carry out the action plan.

Baseline The current condition that exists in a situation or representation (model) of a situation. Usually used to differentiate between a current and a future representation.

Benchmarks   Accepted industry standards are called benchmarks. Benchmarks are often used to as comparative data points for below average, average or above average performance.

Customer   Customer refers to actual and potential users or beneficiaries of the products or services of the organization. Customers also include stakeholders and partners.

Data   Data are the information, statistics, facts, figures and/or numbers that inform decision making and the establishment of objectives. Data is also used to quantify performance levels.

Deployment   Deployment refers to the extent to which an approach is applied in pursuing the strategic objective. Deployment refers to the depth and breadth at which actions are carried out to meet the strategic objective.

Effective   The word "effective" in strategic planning refers to how well a process or measure addresses its intended purpose. Determining effectiveness requires a look at how well the approach is aligned with the strategic goal, how well the approach is deployed and a determination if the intended outcome was achieved.

Goals   "Goal" refers to a future condition or performance level the organization intends to achieve. Goals are ends that guide objectives and action steps and can be short or long term. Long term goals are referred to as "strategic," "breakthrough" or "key."

Integration   Integration refers to harmonization or synchronization of plans, processes, decisions, actions, communications and results with key or strategic goals. Integration is achieved when individual units or sections act to support key goals.

Key   The major or most important goals, objectives or actions are "key." Key goals are most important to organizational success.

Leadership   Leadership refers to how direction, guidance and support is exercised, formally and informally, to carry out and accomplish strategic goals. It is the basis for how key decisions are made, communicated and carried out. Leadership sets high but achievable performance expectations and models values, ethical behavior, teamwork and future leadership development. The leadership team develops the culture of continuous self assessment and quality improvement.

Measures   Measures are also referred to as indicators. These terms refer to numerical information, or data, that quantifies input, output, performance and outcomes. Measures can be simple (referring to one action) or a composite.

Milestones   This refers to a significant or important event or marker in the process of working toward the key goal. Milestones are major indicators of progress such as completed action steps.

Mission   The mission is the organization's overall function or purpose. The mission states the intended accomplishment of the organization.

Objective   The term "objective" indicates an organization's desired accomplishment. Objectives can be short or long term. Long term objectives are referred to as "strategic objectives." Action steps drive toward an objective. Objectives in turn drive toward a goal. A strategic objective is a significant and necessary step in accomplishing the goal.

Outcome   The term outcome refers to the results intended or achieved. The intended final results can be referred to as Ultimate outcome.

Output   "Output" refers to the level or amount of effort or activity put into a project. Output can refer to hours, products, or other productivity that is required to achieve the intended outcome.

Partners   The term "partner" refers to key organizations or individuals who work in concert with you to accomplish a common goal. Partnerships may be formal and written with specific timetables and milestones.

Performance   "Performance" refers to the outcomes resulting from processes, services, or work relative to the stated objective or goal. Performance is quantifiable and stated in measurable terms. *"Operational performance"* refers to human resource, leadership, organizational and ethical performance relative to effectiveness, efficiency and accountability. Performance measures can be used at the individual, unit, section, division or agency level. *"Performance excellence"* often refers to a culture within the workplace that routinely looks for opportunities for individual and organizational improvement.

Process   A "process" is a set of linked activities with the purpose of producing a product, service, or outcome. Processes may involve people, machines, tools, techniques and materials in

a sequence of defined steps. Process may also include a general understanding of reaching a desired end.

Productivity   "Productivity" refers to efficiency. It can refer to individual or organizational measures.

Results   The measurable outputs and outcomes achieved are referred to as results. Results are used to inform next steps in planning.

Stakeholders   Individuals or organizations that might be affected by actions or successes are referred to as "stakeholders." Stakeholders include employees, customers, partners or policy makers.

Sustainability   Sustainability refers to an organization's ability to meet current customer and stakeholder needs while preparing to meet future needs. Sustainability involves proactive visioning and planning.

Systematic   Systematic refers to approaches, actions, or processes that are well reasoned, well ordered, repeatable and implemented and integrated across the organization.

Work Systems   The phrase "work systems" describes how employees are organized into formal and informal units in order to accomplish the mission. Work systems include the management of human resources, staff communications, recognition and succession planning. An effective work system enables and encourages all employees to contribute to the best of their ability.