

**California Department of Public Health  
Center for Health Care Quality  
Remediation Recommendations Work Plan  
February 2015 Update**

	<b>Recommendation</b>	<b>Targeted Goal (Considered Complete When...) <i>As defined by Hubbert Systems Consulting's August 2014 Remediation Recommendations Report</i></b>	<b>CDPH Priority Tier</b>	<b>Anticipated Timeline for Initiation</b>	<b>Anticipated Timeline for Completion</b>	<b>Progress Report as of February 15, 2015</b>
<b>Leadership, Strategic Planning and Customer Needs</b>	1. Build a Visionary Executive Leadership Team	All vacant senior management positions are filled permanently with individuals who meet defined leadership qualifications; leadership development training has been completed; leadership qualities, competencies, and skills have been defined and communicated; and a process for ongoing evaluation of executives' performance is in place.	High	Spring 2015	Ongoing	<ul style="list-style-type: none"> <li>Current CHCQ executives participating in CDPH leadership development and executive coaching program.</li> <li><b>Deputy Director appointed; recruiting for Assistant Deputy Director and Chief, Policy and Planning.</b></li> </ul>
	2. Create a Change Management and Governance Structure	An Executive Governance Council has been established, trained in change management, and assignment of an executive sponsor for each improvement team has been made. In addition, a written change management plan that defines the structure, governance, and processes for implementation of all recommendations will be in place.	Urgent	November 2014	May 2015	<ul style="list-style-type: none"> <li>Executive Governance Council members identified, comprised of CHHS, CDPH, and CHCQ representation.</li> <li>Contracting process for Project Management to oversee multi-year Remediation Recommendations Work plan is underway.</li> </ul>
	3. Expand External Stakeholder Engagement	A designated external stakeholder unit and long-term care and non-long term care advisory committees are meeting regularly. In addition, a meaningful number of items tracked in the stakeholder issues log will be satisfactorily resolved.	Urgent	November 2014	November 2015	<ul style="list-style-type: none"> <li>First Semi-Annual All-Stakeholder meeting conducted in September 2014; responses to Stakeholder questions posted at new online Stakeholder Forum.</li> <li><b>Held interim All-Stakeholder meeting for discussion of Remediation Recommendations prioritization November 13, 2014.</b></li> <li><b>Semi-annual All Stakeholder Meeting Scheduled February 26, 2015</b></li> </ul>
	4. Develop and Implement a Strategic Plan	An L&C strategic plan including strategic objectives, measures, targets, and specific initiatives has been developed and communicated throughout the organization. In addition, there must be a plan and a clearly defined process for annual strategic planning.	High	Winter 2014	Spring 2015	<ul style="list-style-type: none"> <li>Contractor hired and strategic planning offsite held for CHCQ executives and managers in early November; agenda included development of 2014-2017 strategic map.</li> <li><b>Draft Strategic Map developed and can be found on the CDPH web site (<a href="http://www.cdph.ca.gov/programs/Documents/CHCQStrategicMap.pdf">http://www.cdph.ca.gov/programs/Documents/CHCQStrategicMap.pdf</a>)</b></li> </ul>
	5. Restructure L&C for Increased Efficiency and Accountability	Restructuring efforts have been fully implemented and an ongoing plan for evaluating organizational design and structure has been incorporated into the annual strategic planning process.	High	Winter 2014	Ongoing	<ul style="list-style-type: none"> <li>Preliminary discussions are underway.</li> </ul>
	6. Overhaul Approach for LA County Workload Management and Oversight	All work performed by LA County on behalf of the L&C Program is overseen by a defined organizational entity that leads, plans, schedules, coordinates, communicates, tracks, evaluates, reports, and corrects, as necessary. Interim milestones include identifying a contract officer/manager and key support staff, completion of a contract administration plan, development of key performance measures and related reports, and the scheduling of regular meetings.	Urgent	November 2014	November 2015	<ul style="list-style-type: none"> <li>CHCQ Branch Chief and Health Program Specialist I (retired Health Facilities Evaluator Manager II) assigned to oversight and supervision of Los Angeles County contract performance.</li> <li>CHCQ hired additional clinical state support for performing elements of County workload and to provide technical assistance and training exclusively to LA County contract employees.</li> <li>CHCQ executives meeting with LA County executives weekly to address ongoing issues.</li> <li><b>CHCQ continued training in LA County in investigation and survey practices.</b></li> </ul>

Updated February 2015

Note: Updated information appears in red.

**California Department of Public Health  
Center for Health Care Quality  
Remediation Recommendations Work Plan  
February 2015 Update**

	<b>Recommendation</b>	<b>Targeted Goal (Considered Complete When...) <i>As defined by Hubbert Systems Consulting's August 2014 Remediation Recommendations Report</i></b>	<b>CDPH Priority Tier</b>	<b>Anticipated Timeline for Initiation</b>	<b>Anticipated Timeline for Completion</b>	<b>Progress Report as of February 15, 2015</b>
<b>Measurement, Analysis, and Performance Improvement</b>	7. Establish and Monitor Key Performance Indicators	The Program posts its initial Dashboard to the CDPH internet site.	Urgent	November 2014	November 2015	<ul style="list-style-type: none"> <li>IT staff have been dedicated to the development of an online dashboard presentation for the performance metrics now being posted in PDF format online. Developed additional metrics for dashboard reporting that follow strategic planning process.</li> <li><b>CHCQ Performance Metrics are posted and can be found at <a href="http://www.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx">http://www.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx</a>.</b></li> </ul>
	8. Build Capacity for Ongoing Organizational Improvement	The Performance Management and Improvement Section has been formed, trained, and demonstrates the capability to lead and support QI/PI initiatives for the L&C Program.	Urgent	November 2014	April 2016	<ul style="list-style-type: none"> <li>Preliminary discussions underway for Recommendation #5 include consideration of this recommendation.</li> <li>Have initiated Data Integrity Group, with members from all levels of program who either have responsibility for data input or data use, charged to investigate and propose methods for ensuring the quality of CHCQ's performance data.</li> <li><b>Continued Data Integrity Group dialogue, identifying areas needing improvement.(e.g., triaging, prioritizing and timeframes.)</b></li> </ul>
<b>Workforce</b>	9. Improve Hiring and Promotion Processes	The time to hire and promote L&C staff is decreased to an average of less than two months.	High	Spring 2015	Winter 2015	<ul style="list-style-type: none"> <li>Executive Governance Council members have met with CDPH Human Resources Branch executives to bring focus to this area.</li> <li><b>A workgroup was established for HRB &amp; L&amp;C to collaborate on Remediation Plan items 9 and 11.</b></li> </ul>
	10. Develop a Staffing Model and Workforce Plan	The Program has adopted and implemented a new methodology for projecting staffing needs and has a well- developed, comprehensive, written policies and procedures for workforce planning.	High	Winter 2014	Spring 2017	<ul style="list-style-type: none"> <li>Evaluation of adjustments to workload projection process and necessary changes to related procedures. District Office staffing model based on workload distribution in development.</li> </ul>
	11. Design and Implement a HFEN Recruitment Strategy and Campaign	When the vacancy rate for HFENs is less than 5% state- wide and a comprehensive long-term recruitment strategy and plan have been adopted.	Urgent	November 2014	November 2015	<ul style="list-style-type: none"> <li>Preliminary discussions regarding options for acquiring Retention and Recruitment expertise underway.</li> <li><b>In the process of developing a Scope of Work for contract.</b></li> </ul>
	12. Design and Implement an Employee Retention Plan for District Offices	The turnover rate for HFENs, District Office Supervisors, and District Office Managers is less than 10% state-wide.	High	Spring 2015	Spring 2016	<ul style="list-style-type: none"> <li>Preliminary discussions related to Recommendation # 11 also considering opportunities to address this recommendation concurrently.</li> </ul>
	13. Improve HFEN On-Boarding and Initial Training	Improvements to HFEN on-boarding and initial training have been implemented including a HFEN mentoring program. In addition, measureable improvements to new-hire satisfaction will be accomplished, which may be evaluated using a periodic employee survey.	Medium	Fall 2015	Fall 2016	Pending

Updated February 2015

Note: Updated information appears in red.

**California Department of Public Health  
Center for Health Care Quality  
Remediation Recommendations Work Plan  
February 2015 Update**

	<b>Recommendation</b>	<b>Targeted Goal (Considered Complete When...) <i>As defined by Hubbert Systems Consulting's August 2014 Remediation Recommendations Report</i></b>	<b>CDPH Priority Tier</b>	<b>Anticipated Timeline for Initiation</b>	<b>Anticipated Timeline for Completion</b>	<b>Progress Report as of February 15, 2015</b>
<b>Workforce, continued</b>	14. Improve On-Boarding and Initial Training for Non-HFEN Staff	Improvements to on-boarding and initial training for all staff have been implemented. In addition, measureable improvement in new-hire satisfaction will be accomplished, which may be evaluated using a periodic employee survey.	Medium	Fall 2015	Fall 2016	Pending
	15. Implement a Comprehensive Program for Ongoing Training and Staff Development	Improvements to ongoing training and staff development for all staff have been implemented and measureable improvement in employee satisfaction with training has been accomplished (i.e., via a periodic employee survey).	Medium	Fall 2015	Fall 2016	<ul style="list-style-type: none"> <li>• Executive Governance Council members have met with CDPH's Office of Leadership and Workforce Development executives to investigate and plan for inclusion of CHCQ employees in CDPH training and staff development programming.</li> <li>• <b>NO UPDATE</b></li> </ul>
	16. Develop and Implement a Leadership and Management Skills Development Program	A comprehensive leadership and management skills development program has been implemented and measureable improvement in supervisor and manager satisfaction has been accomplished.	Medium	Fall 2015	Fall 2016	<ul style="list-style-type: none"> <li>• Executive Governance Council members have met with CDPH's Office of Leadership and Workforce Development executives to investigate and plan for inclusion of CHCQ managers and supervisors in CDPH leadership and management skills programming.</li> <li>• <b>An academy is scheduled for Managers and administrators in August 2015.</b></li> <li>• <b>Supervisor academy is scheduled in September and November 2015.</b></li> </ul>
<b>Operations</b>	17. Improve Communication, Collaboration, and Sharing of Best Practices	A comprehensive communication plan has been implemented for the L&C Program as a whole and for each of the recommendations in this report. In addition, the Program should demonstrate measureable improvement in employee satisfaction (i.e., via survey) with internal communication, collaboration, and sharing of best practices (e.g., those described in the Assessment and Gap Analysis report).	Urgent	November 2014	November 2015	<ul style="list-style-type: none"> <li>• CHCQ has committed to posting progress updates related to this Remediation Recommendations Work plan online monthly. Discussions underway related to contracting for Recommendation #2 (Project and Change Management) includes considerations for deliverables addressing this recommendation.</li> <li>• <b>Recruiting for a Stakeholder Liaison and Communications Specialist.</b></li> </ul>
	18. Implement Lean Thinking for Key Work Processes	At least three key work processes, e.g., facility complaint investigations, state licensing surveys, and citation/penalty issuance, have been measurably improved (i.e., fewer hours expended, improved outcomes, or both) using the Lean Thinking approach.	High	Spring 2015	Fall 2016	<ul style="list-style-type: none"> <li>• CHCQ has two contracts in place and underway that will apply Lean Thinking to its Centralized Applications function and to investigation of allegations against Certified Nurse Assistants, Home Health Aides, and Certified Hemodialysis Technicians.</li> <li>• <b>CHCQ developed a centralized citation tracking log that managers can use to improve the efficiency of issuing and completing the citation process.</b></li> </ul>
	19. Deploy IT Hardware and Software Upgrades	The business process and technology maps have been completed; policies and procedures have been updated; and requirements for IT upgrades have been approved.	Medium	Fall 2015	Spring 2017	<ul style="list-style-type: none"> <li>• <b>ITSD is testing tablets for surveyors</b></li> </ul>

Updated February 2015

Note: Updated information appears in red.

California Department of Public Health  
Center for Health Care Quality  
Remediation Recommendations Work Plan  
February 2015 Update

	Recommendation	Targeted Goal (Considered Complete When...) <i>As defined by Hubbert Systems Consulting's August 2014 Remediation Recommendations Report</i>	CDPH Priority Tier	Anticipated Timeline for Initiation	Anticipated Timeline for Completion	Progress Report as of February 15, 2015
Operations, continued	20. Update Policies & Procedures	Updated L&C policies and procedures are current and easily accessible to all staff. In addition, the infrastructure and necessary resources will be in place to ensure the Program's policies and procedures remain current.	High	Spring 2015	Fall 2016	<ul style="list-style-type: none"> <li>• CHCQ has hired two retired annuitants with field experience as subject matter experts to begin updating the policy and procedures manual. Preliminary discussions related to recommendation #5 (restructure L&amp;C) address this recommendation as well.</li> </ul>
	21. Update Regulations	[Not defined in Remediation Recommendations Report.]	High	Spring 2015	Ongoing	<ul style="list-style-type: none"> <li>• CHCQ and CDPH Office of Legal Services have formed a workgroup to ensure submission of several regulation packages to the Office of Administrative Law in 2015, including licensing requirements for Intermediate Care Facilities for the Developmental Disabled (ICF-DD) - Nursing, ICF-DD-Habilitative, and ICF-DD-Continuous Nursing, as well as for Adverse Events, and Medical Information Breaches, among others.</li> <li>• CHCQ and CDPH Office of Legal Services have formed a workgroup to ensure submission of several regulation packages to the Office of Administrative Law in 2015, including 1) clarifying terms for reporting Adverse Events; 2) aligning the CNA training curriculum with the statute, and specifying an equivalency test for person dually certified as a CNA and HHA; 3) clarifying requirements for change of owners of licensed SNFs and hospitals; 4) clarification of the Medical Information Breach process; 5) and the development of a prescribed training curriculum for SNFs to provide to staff concerning residents who are lesbian, gay, bisexual or transgender.</li> </ul>

Updated February 2015

Note: Updated information appears in red.