

California Department of Public Health
Center for Health Care Quality
Remediation Recommendations Work Plan Update
February 3, 2017

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 November 2016
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"> • <i>Current Center for Health Care Quality (CHCQ) executives completed California Department of Public Health (CDPH) leadership development and executive coaching program, and underwent additional training in strengths-based leadership, exemplary leadership practices, and change management.</i> • Deputy Director, assistant deputy director, and policy and planning chief have been appointed. • <i>Remaining senior executive positions have been filled through promotions and/or recruitment.</i> • Annual management reviews completed for managers and supervisors.
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	April 2017	<ul style="list-style-type: none"> • Executive Governance Council members identified, comprising California Health and Human Services Agency (CHHS), CDPH, and CHCQ representation. • Contract for project management to oversee multi-year Remediation Recommendations Work Plan is completed and a new Senior Organizational Development Manager ("change manager") is onboard to support change management and provide training. • <i>Hiring completed for support staff (one position).</i> • <i>A written change management plan is in process with input from senior leadership. Committees continue to work on open remediation recommendations.</i>
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	August 2015	Completed. <u>(See the attached summary report here.)</u>
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	January 2016	Completed. <u>(See the attached summary report here.)</u>
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"> • Centralized Applications Unit (CAU) restructuring contract completed. • <i>Hired additional staff for phase-in of full CAU centralization. Staff training completed and new CAU processes developed.</i> • Professional Certification Branch restructuring contract completed. • <i>Review of CHCQ organizational structures continues with creation and evaluation of alternate designs. Also see Recommendation 8.</i>

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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	Ongoing	<ul style="list-style-type: none"> • Designated a Branch Chief and an LA County Monitoring Unit (LACMU) staffed by a Health Facilities Evaluator Nurse (HFEN) supervisor, two HFEN surveyors and a retired annuitant to provide oversight and monitoring of LA County's performance, including on-site review, observation, data analysis, and audits. • Provided focused training to LA County Health Facilities Inspection Division (HFID) staff. • Implemented a review tool to ensure correct processing of deficiency findings and citations by HFID supervisors and managers. • Performed concurrent onsite quality reviews of surveys with HFID staff using State Observation Survey Analysis (SOSA) process. Provided targeted training to address identified issues. • Performed quarterly audits of quality, prioritization, and principles of documentation. • Negotiated a new three-year contract with LA County with a defined work plan for each year. • Created performance metrics worksheet for effective tracking of contracted workload. • Established biweekly conference calls with HFID management to review performance metrics, discuss workload management, solve problems, and build collaboration. • Provided written feedback to HFID management regarding identified concerns and required corrective action plans when appropriate. • Ongoing monthly SOSA and quarterly quality assurance audits. • Ongoing training based on needs assessments and performance monitoring. • Ongoing monitoring of contract performance.
7. Establish and Monitor Key Performance Indicators	The Program posts its initial Dashboard to the CDPH internet site.	Urgent	November 2014	November 2014	<i>Completed.</i> (See the attached summary report here.)

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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	December 2017	<ul style="list-style-type: none"> • <i>Also see Recommendation #5.</i> • Continued Data Integrity Group: members from all levels of program with responsibility for data input or data use working to identify areas needing improvement (e.g. triaging, prioritizing and timeframes). • Open Complaint Data tool developed to improve performance management of district office workloads. • <i>Assessing tasks, appropriate staffing, and organizational structure to complete them.</i>
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	July 2017	<ul style="list-style-type: none"> • <i>CHCQ continues to work closely with the CDPH Human Resources Branch to improve hiring timelines. Consultants hired to assist with improving recruitment, onboarding, and retention of HFENs and other staff.</i>
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"> • <i>Evaluated and adjusted workload projection process and procedures.</i> • Created a staffing model to allocate field staff based on the district offices' workload needs. CHCQ will continue to evaluate the accuracy and effectiveness of the DO-specific staffing model. • CHCQ has adjusted inputs of the estimate's key variables to more accurately reflect the staffing needed to accomplish mandated workload. CHCQ will continue to evaluate the estimate model, and the methodology for estimating the key inputs. • Work group established to define workforce planning and staffing model; compare and contrast CDPH's, CalHR's and CHCQ's respective workforce planning models; and determine project timelines. • <i>Preparing a CHCQ supplement to the CDPH Workforce Development and Succession Plan.</i>

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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 2016	<ul style="list-style-type: none"> • CDPH web page updated to reflect current vacancies and salaries. • Continuous statewide recruitment underway with coordinated HFEN interviews at all 14 district offices. • <i>Consultants hired to assist with improving HFEN recruitment.</i> • Work group established to develop recruitment campaigns for HFENS and other classifications, develop and distribute fliers to promote vacancies; develop electronic job boards and career opportunities web pages; develop written recruitment materials for nursing conferences and job fairs; attend nursing conferences and job fairs. • Developing written recruitment materials for conferences and job fairs. • Review exit surveys and determine CHCQ's retention issues. • <i>Successful participation in regional career fair.</i> • <i>Consultant retained and progressing on comprehensive evaluation and recommendations for short- and long-term HFEN recruitment.</i>
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% statewide.	High	Spring 2015	December 2017	<ul style="list-style-type: none"> • <i>Consultant retained and progressing on comprehensive evaluation and recommendations for onboarding and retention.</i> • Evaluating exit interviews for program improvements. • Establishing manager, analyst, and HFEN workshops for engagement and quality improvement.
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	<ul style="list-style-type: none"> • Established onboarding and training workgroup. • Workgroup meetings scheduled monthly. • <i>Onboarding consultants retained to develop effective strategies to increase new-hire satisfaction and retention.</i> • <i>Updated the new surveyor training academy.</i>
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	<ul style="list-style-type: none"> • Onboarding and training workgroup reviewing common elements of onboarding and orientation for non-HFEN headquarters staff. • Workgroup meetings scheduled monthly. • Released Request for Proposal (RFP) to contract for development of onboarding practices. • <i>Onboarding consultants retained to develop effective strategies to increase new-hire satisfaction and retention.</i>

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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"> • Executive Governance Council members 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. • Monthly facilitated calls and quarterly in-person meetings in place for field staff training supervisors. • Monthly training session for field operations and HQ support staff in ASPEN software applications, data integrity, and updates in processes. • Workgroup meetings scheduled monthly. • <i>Updated the new surveyor training academy.</i>
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"> • Executive Governance Council members 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. • An academy for district office managers and administrators took place in August 2015. • <i>Supervisor academies held in January, March, and June 2016.</i> • <i>Cross-section of supervisors and managers participated in two leadership development trainings focused on strengths-based leadership and change management.</i>
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 2016	<ul style="list-style-type: none"> • CHCQ hired a stakeholder liaison/communications specialist in July 2015. • Created a statewide, district office Topics and Issues Council. • Began publication of an internal CHCQ quarterly newsletter in October 2015. • Began conducting twice yearly CHCQ all-staff meetings. • Established new distribution list naming convention using CHCQ as division identifier and implemented updated home groups (org chart based), along with manager and project groups. • <i>Deputy Director and Assistant Deputy Director visited all 14 District Offices in 2015 and 2016, with plans to repeat the cycle in 2017.</i> • <i>Surveyed all CHCQ staff about communications.</i> • <i>Workgroups have been formed to examine best practices and develop a CHCQ-wide communication plan.</i>

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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	Summer 2016	<ul style="list-style-type: none"> • Central Applications Unit restructuring contract completed. • Professional Certification Branch contract completed. • Two CHCQ Quality Improvement Teams worked with Fresno State consultants on complaint investigation and citation issuance processes. • The Complaint Team completed pilot testing of dedicated District Office complaint teams to focus on LTC complaints and the 90-day completion timeline. The team is planning statewide implementation. • The Citation Team developed a standardized tracking tool to log the progression of citation development/approval. Team continues effort to develop best practices to streamline development of citations. • <i>The complaint and citation teams are working together to align and integrate these two processes.</i> • <i>Lean "White Belt" training is now being offered to CHCQ staff.</i>
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 2016	<ul style="list-style-type: none"> • Laptop "tablets" have been deployed to all HFEN field staff. • Developed and provided in-person training to all staff who received laptops. • <i>Project team is being created to advance and accelerate tablet use in the field.</i>

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20. Update Policies and 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"> • CHCQ restructured the Policy Section to establish a "Policy Unit" consisting of a manager, three analysts, and two retired annuitants dedicated to updating policies and procedures. The manager is onboard. • <i>In 2016, we published the following Policies and Procedures (P&P's):</i> <ul style="list-style-type: none"> ○ <i>16-01 GACH Elective Percutaneous Coronary Intervention Program</i> ○ <i>16-02 ASC Referrals to Medical Board of California</i> ○ <i>16-03 SNF Abbreviated Standard Survey (Federal Complaint Process)</i> ○ <i>16-04 Administrative and Personnel Guidelines for Inspection of Public Records</i> ○ <i>16-05 SNF Complaint Teams</i> ○ <i>16-06 Administrative and Personnel Document Redaction</i> ○ <i>16-07 HHA Informal Dispute Resolution</i> ○ <i>16-08 SNF Admission of Temporarily Evacuated Residents</i> ○ <i>16-09 GACH Uploading Language Assistance Policy</i> ○ <i>16-10 Medical Information Breach Investigation Process</i> ○ <i>16-11 HHA Temporary Manager</i> ○ <i>16-12 L&C Duty Officer Responsibilities</i> ○ <i>16-13 GACH Adverse Event Investigation</i> • <i>The following P&Ps are expected to be released in 2017:</i> <ul style="list-style-type: none"> ○ <i>APH Administrative Penalty for State Immediate Jeopardy</i> ○ <i>APH Administrative Penalty for State Non-Immediate Jeopardy</i> ○ <i>GACH Administrative Penalty for State Immediate Jeopardy</i> ○ <i>GACH Administrative Penalty for State Non-Immediate Jeopardy</i> ○ <i>GACH Relicensing Survey</i> ○ <i>Hospice Licensure (Facility)</i> ○ <i>Hospice Licensure (Provider)</i> ○ <i>SNF Relicensing Survey Process</i>
21. Update Regulations	[Not defined in Remediation Recommendations Report.]	High	Spring 2015	Ongoing	<ul style="list-style-type: none"> • CHCQ and the CDPH Office of Legal Services have each hired additional staff to draft regulations. • <i>One regulation package related to primary care clinics has been promulgated.</i> • <i>Sixteen CHCQ regulation packages are in active development, including five packages related to Title 22 requirements for general acute care hospitals.</i>

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