

California Department of Public Health
Center for Health Care Quality
Hubbert Report Remediation Recommendations Work Plan Update
September 14, 2018

| 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 September 2018 |
|--|--|--------------------------|--|---|--|
| 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 | July 2017 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. |
| 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 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • Executive Governance Council established, trained and taken on executive sponsorship for four steering committees overseeing resolution of remediation recommendations and ongoing follow up. • Completed written change management plan that provides a methodology for pursuing institutional change across the organization. • Change management plan provides strategies, an organizational infrastructure, employee engagement with group processes, and a strong management commitment to manage change through thoughtful, deliberate, and specific action steps. |
| 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 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. |
| 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 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. |
| 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 Branch (CAB) restructuring contract completed. • Hired additional staff for phase-in of full CAB centralization. Staff training completed and new CAB processes developed. • Professional Certification Branch restructuring contract completed. • Review of CHCQ organizational structures continues with creation and evaluation of alternate designs. Also see Recommendation 8. |

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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 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • CHCQ developed an operating plan, organizational structure, processes, and metrics for measuring and monitoring LA County performance, and negotiated a new contract incorporating these features. • 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 for closed complaints by QI unit. • Negotiated a new three-year contract and a one-year extension 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. |
| 7. Establish and Monitor Key Performance Indicators | The Program posts its initial Dashboard to the CDPH internet site. | Urgent | November 2014 | November 2014 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. |
| 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"> • Also see Recommendation #5. • 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. • Assessing tasks, appropriate staffing, and organizational structure to complete them. |
| 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 | December 2018 | <ul style="list-style-type: none"> • Reduced the time to hire by working with CalHR, consultants and CDPH human resources team. • Consultants assisting with the integration of the employee onboarding, performance evaluation, promotion, and retention processes. |

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| 10. Develop a Staffing Model and Workforce Plan | The Program has adopted and implemented a new methodology for projecting staffing needs and has well-developed, comprehensive, written policies and procedures for workforce planning. | High | Winter 2014 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • Committee completed draft of the CHCQ supplement to CDPH Workforce Development and Succession Plan. • Committee completed review of the TEAM application. • Created a staffing model to allocate field staff based on the district offices' workload needs. |
| 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 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • CHCQ developed and implemented a comprehensive on-site and online recruitment program to identify nurses ready for a change. • Consultants contributed expertise and confirmed the validity of recruitment initiatives and outreach. • Vacancy rate for 620 authorized HFEN positions dropped from 18% to 4.6% since initiation of workgroup in 2016. • Hiring continues to be a priority. |
| 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 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • Developed the retention action plan (RAP) methodology with guidance from consulting group. • Annual all-staff survey identified scale-based responses from 13 district offices; each office developed their own RAP, leading to improved communication and engagement between staff and management. • Turnover rate for HFEN has gone from 27% down to 10%. • Turnover rate for district managers is 1%. |
| 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 | December 2017 | <ul style="list-style-type: none"> • Onboarding documents being finalized, implementing 4th Q 2017 • Overhaul to new surveyor training academy completed. |
| 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 | March 2018 | <ul style="list-style-type: none"> • Developing Non HFEN training and tracking documents. • Developing evaluation tool to measure progress. • Developing training for supervisors to guide improvements. |

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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 | March 2018 | <ul style="list-style-type: none"> Communicated CDPH and CHCQ training courses to field staff. Developing evaluation tool to measure progress. |
| 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 2017 | <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. Supervisor academies held in January, March, and June 2016. Conducted staff and manager trainings on strengths-based approaches and process improvement approaches at headquarters and district offices. |
| 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 | December 2018 | <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. Deputy Director and Assistant Deputy Director visited all 14 District Offices in 2015 and 2016, with plans to repeat the cycle in 2017. Surveyed all CHCQ staff about communications. Workgroups have been formed to examine best practices and develop a CHCQ-wide communication plan. |
| 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. The complaint and citation teams are working together to align and integrate these two processes. Lean "White Belt" training is now being offered to CHCQ staff. |

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| 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 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • CHCQ developed infrastructure to improve and leverage technology and data systems that support its business processes. • We collaborated with the CA Department of Technology to develop a best practice IT strategy. • We also partnered the IT application development and support branch to create data reporting systems, change control and project management processes, and to design and implement an enterprise architecture roadmap. • Laptop tablets have been deployed to all HFEN field staff. • Developed and provided in-person training to all staff who received laptops. • Project team has been created to advance and accelerate tablet use in the field. |
| 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 | August 2017 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. |
| 21. Update Regulations | [Not defined in Remediation Recommendations Report.] | High | Spring 2015 | September 2018 | <ul style="list-style-type: none"> • Completed. See the Goal Completion Report. • All regulations comprising Division 5 of the California Code of Regulations is complete and approved by the CDPH director. • Regulations writers are on board, have undergone training with Office of Administrative Law, and actively drafting multiple regulations. • Nine regulations on track for submission and review by Health and Human Services Agency in Fiscal Year 18-19. • Biweekly meetings with CDPH regulation-writing attorneys and weekly meetings with regulations unit staff ensure progress on all packages. |

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