

California Department of Public Health  
Center for Health Care Quality  
Hubbert Report Remediation Recommendations Workplan Update  
February 2016

| Recommendation   | Targeted Goal (Considered Complete When...)<br><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 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"> <li>• Current Center for Health Care Quality (CHCQ) executives participating in California Department of Public Health (CDPH) leadership development and executive coaching program.</li> <li>• <b>Recruiting underway for remaining senior executive positions.</b></li> <li>• Deputy director, assistant deputy director, and policy and planning chief have been appointed.</li> <li>• Annual management reviews completed for managers and supervisors.</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                       | April 2016                          | <ul style="list-style-type: none"> <li>• Executive Governance Council members identified, comprising California Health and Human Services Agency (CHHS), CDPH, and CHCQ representation.</li> <li>• Contract for project management to oversee multi-year Remediation Recommendations Work Plan is completed and a <b>new Senior Organizational Development Manager ("change manager") is onboard to support change management and provide training.</b></li> <li>• <b>Hiring is proceeding for support staff (one position).</b></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                       | March 2016                          | <ul style="list-style-type: none"> <li>• CHCQ hired a stakeholder liaison in July 2015.</li> <li>• CHCQ meeting quarterly with all stakeholder advisory groups, with intermediate follow-up.</li> <li>• <b>Field operations analysts and a health program specialist are tracking resolution of action items for all stakeholder groups to measure the progress of CHCQ's timely response.</b></li> <li>• <b>Two public stakeholder forums a year have been held by CHCQ leadership since September 2014.</b></li> <li>• <b>A CHCQ stakeholder web site was built in November 2014. New postings to the site occur regularly.</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                         | March 2016                          | <ul style="list-style-type: none"> <li>• Contractor hired and strategic planning held for CHCQ executives and managers in early November; agenda included development of 2014-2017 strategic map.</li> <li>• Draft Strategic Map developed and posted to the <a href="#">CDPH web site</a>.</li> <li>• <b>Developed and implemented the CHCQ Strategic Plan and communicated it throughout the organization. Current document is provided to stakeholders on the CHCQ Stakeholder Forum web site.</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>• Central Applications Unit (CAU) restructuring contract completed. Hiring staff to begin phase-in of full centralization of CAU. Professional Certification Branch restructuring contract completed.</li> <li>• <b>Review of CHCQ organizational structures underway.</b></li> </ul>   |

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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                       | March 2016                          | <ul style="list-style-type: none"> <li>• <b>Branch Chief (BC) hired in February 2014, and a Health Program Specialist retired annuitant hired in July 2014, to begin close oversight and monitoring, including on-site review, observation, data analysis, audit review, survey workload, complaints and entity reported incident (ERI) investigations performance.</b></li> <li>• Intensive focused training and retraining provided by CHCQ Staff Education and Quality Improvement Section (SEQIS) to LA County Health Facilities Inspection Division (LACHFID) staff in April 2014-November 2014.</li> <li>• Developed and implemented on June 2014 a review tool, "Supervisor Worksheet for complaint/ERI investigations by Surveyors," to identify and ensure correct processing of deficiency findings and citations with audit review by supervisors and program managers for LAHFID.</li> <li>• Established the LA County Monitoring Unit (LACMU) in November 2014, staffed by a Health Facilities Evaluator Nurse (HFEN) supervisor and 2 HFEN surveyors to perform concurrent onsite quality reviews of skilled nursing facility recertification surveys with LACHFID staff through defined State Observation Survey Analysis (SOSA) process.</li> <li>• SEQIS staff performing ongoing, quarterly quality assurance audits with LA District offices and LACMU supervisor on compliance with State Performance Standards System quality standards for abbreviated survey process, allegation prioritization and standard level review for POD (principles of documentation).</li> <li>• Renewed LA County three-year contract (July 1, 2015 through June 30, 2018) with tighter controls in specific performance metrics for each year, including meeting federal tiered workload and timely, proper closure of long-term Care (LTC) complaints.</li> <li>• Established bi-weekly meetings with CHCQ and HFID Branch Chief, Assistant Branch Chief and Program Managers, and quarterly meetings with LAC and local and state ombudsman, to ensure consistency, review performance metrics and workload management, solve problems, and build collaboration.</li> <li>• Issued seven memos regarding survey process or other failures requiring corrective action plans by LACHFID to improve performance, compliance, and consistency.</li> <li>• As of August 2015 CHCQ has successfully addressed benchmarks set in April 2015 by Centers for Medicare and Medicaid Services (CMS) for LA contract management, complaints, reported events, tiered workload and LTC complaints.</li> </ul> |

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| 7. Establish and Monitor Key Performance Indicators      | The Program posts its initial Dashboard to the CDPH internet site.   | Urgent             | November 2014                       | June 2016                           | <ul style="list-style-type: none"> <li>IT staff has been assigned to the development of an online dashboard presentation for the performance metrics now posted in PDF format online. Developed additional metrics for dashboard reporting that follow strategic planning process.</li> <li>Quarterly updates being made to CHCQ Performance Metrics and posted to the CDPH web site.</li> <li>SB 75 established timelines for complaint investigations and citations.</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>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).</li> <li>Open Complaint Data tool developed to improve performance management of district office workloads.</li> </ul>  |
| 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 2016                           | <ul style="list-style-type: none"> <li><b>Executive Governance Council members have met with CDPH Human Resources Branch (HRB) executives to bring focus to this area. A workgroup was established for HRB &amp; L&amp;C to collaborate on Remediation Plan items 9 and 11.</b></li> <li><b>Ongoing statewide HFEN hiring process launched July 1, 2015.</b></li> <li><b>Work group meets every other week with HRB, streamlining processes and analyzing updated hiring data.</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.</li> <li>Created a staffing model to allocate field staff based on the district office's workload needs. CHCQ will continue to evaluate the accuracy and effectiveness of the DO-specific staffing model.</li> <li>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.</li> <li><b>Work group established to define workforce planning and staffing model; compare and contrast CalHR's and CHCQ's respective workforce planning models; and determine project timelines.</b></li> </ul> |

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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"> <li>• CDPH web page updated to reflect current vacancies and salaries.</li> <li>• Statewide recruitment underway with coordinated HFEN interviews at all 14 district offices.</li> <li>• Released Request for Proposal (RFP) to contract for services to recruit HFENs.</li> <li>• 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.</li> <li>• Developing written recruitment materials for conferences and job fairs.</li> <li>• Review exit surveys and determine CHCQ's retention issues.</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% statewide.  | High               | Spring 2015                         | Spring 2016                         | <ul style="list-style-type: none"> <li>• Released Request for Proposal (RFP) to improve employee retention.</li> <li>• Evaluating exit interviews for program improvements.</li> <li>• Establishing manager, analyst, and HFEN workshops for engagement and quality improvement.</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                           | <ul style="list-style-type: none"> <li>• Established Onboarding and training workgroup.</li> <li>• Workgroup meetings scheduled monthly.</li> <li>• Released Request for Proposal (RFP) to contract for development of onboarding practices.</li> </ul>   |
| 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"> <li>• Onboarding and training workgroup reviewing common elements of onboarding and orientation for non-HFEN headquarters staff.</li> <li>• Workgroup meetings scheduled monthly.</li> <li>• Released Request for Proposal (RFP) to contract for development of onboarding practices.</li> </ul>   |
| 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>• 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.</li> <li>• Workgroup meetings scheduled monthly.</li> </ul>  |

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| 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>• An academy for district office managers and administrators took place in August 2015.</li> <li>• Supervisor academy is scheduled for January, March and June 2016.</li> </ul>   |
| 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"> <li>• CHCQ hired a stakeholder liaison/communications specialist in July 2015.</li> <li>• Created a statewide, district office Topics and Issues Council.</li> <li>• <b>Began publication of an internal CHCQ quarterly newsletter in October 2015; second issue published in February 2016.</b></li> <li>• <b>Began conducting twice yearly, CHCQ-wide all-staff meetings. First meeting occurred January 21, 2016; the next one is scheduled for July 21, 2016.</b></li> <li>• <b>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.</b></li> <li>• <b>Developing an internal interactive organization chart that will identify roles and responsibilities of all CHCQ units.</b></li> <li>• <b>Deputy Director and Assistant Deputy Director visited all 14 District Offices and will make the rounds again beginning in March 2016.</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                         | Summer 2016                         | <ul style="list-style-type: none"> <li>• Central Applications Unit restructuring contract completed.</li> <li>• Professional Certification Branch contract completed.</li> <li>• Two CHCQ Quality Improvement Teams worked with Fresno State consultants on complaint investigation and citation issuance processes.</li> <li>• <b>The Complaint Team has 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.</b></li> <li>• <b>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.</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 2016                         | <ul style="list-style-type: none"> <li>• <b>Tablets have been deployed to all HFEN field staff.</b></li> <li>• <b>Developed and provided in-person training to all staff who received laptops.</b></li> <li>• <b>In process of procuring vendor to implement digital forms.</b></li> </ul>   |

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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"> <li>• CHCQ has 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.</li> <li>• The following P&amp;Ps are expected to be released by 2<sup>nd</sup> quarter 2016:               <ul style="list-style-type: none"> <li>○ Voluntary Suspension of Beds or Service</li> <li>○ Process to refer ASCs to the Medical Board of California</li> <li>○ GACH Relicensing Survey Process</li> <li>○ Issuance of HHA Civil Money Penalties</li> <li>○ HHA Informal Dispute Resolution</li> <li>○ Federal Temporary Manager Process for HHAs</li> <li>○ HHA Licensure Process</li> <li>○ L&amp;C Duty Officer</li> <li>○ Abbreviated Standard Survey for SNFs</li> <li>○ Receivership Process</li> <li>○ SNF Relicensing Survey</li> <li>○ GACH PCI Certification Process</li> <li>○ Processing Medical Information Breaches</li> <li>○ Hospice licensure (Facility)</li> <li>○ Hospice Licensure (Provider)</li> <li>○ Guidelines for Inspection of Public Records</li> <li>○ Incompatible Outside Employment &amp; Activities</li> <li>○ Redaction Process</li> </ul> </li> </ul> |
| 21. Update Regulations             | [Not defined in Remediation Recommendations Report.]   | High                     | Spring 2015                               | Ongoing                                   | <ul style="list-style-type: none"> <li>• Four CHCQ regulation packages have been drafted and submitted for executive level reviews during FY 15-16.</li> <li>• Additional staff has been hired to draft regulations, including two attorney</li> <li>• Thirteen additional regulations are in the process of being drafted and are projected to be submitted for executive level reviews in FY 16-17.</li> </ul>   |

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