

Quality Improvement Activity: Chartering Work Groups/QI Teams

Note that the organization used this opportunity to wrestle with standing committees, etc , to reduce duplicative meetings and lack of clarity about scope and charge, duration of work, and address groups that had taken on a life of their own, with accountability. Task focused, time-limited chartered work groups include QI Project Teams.

Organization-wide work groups are chartered by the Leadership Team, based on a proposed charter brought by one or more members of the team. There are *standing chartered work groups* (for example, the Quality Improvement Committee) as well as *task focused, time-limited chartered work groups*. Task focused organization level work groups are created when the topic under discussion will require multiple meetings and affects one or more of the following:

- Two or more departments
- Finances
- How services are fundamentally delivered

If there is a question as to whether a work group should be chartered as an organization level group, the issue should be brought to the Leadership Team for a decision.

The process for chartering an organization level work group includes:

- A standard template that describes the charge to the group, the membership, and the support to be provided (see draft template attached).
- All chartered work groups have a scope of work that defines their tasks. Standing work groups are asked to develop timelines for their scope of work and report back both the proposed time lines and any changes to those time frames. Task focused work groups are given time frames as a part of their charge and scope of work. In either case, timely completion of work and updates about work status are important.
- Both types of work groups will use tools such as process mapping and data analysis to develop recommendations, as well as assuring a review of corporate compliance issues and financial impact.
- The person(s) drafting the charter should identify the general composition of the group and assure that there is representation from the affected clinical and support units (focusing on positional representation, not on names).
- The proposed charter is brought to the Leadership Team for review and adoption.
- The work group's products and recommendations return to the Leadership Team for review and adoption/prioritization of resources. Depending on their content, some recommendations may require review and adoption by the Board of Directors.

Departmental Work Groups

Any director (*head of department—the subdivision of this organization*) has the authority to charter work groups within a work unit (for group assignments, not day-to-day problem solving) using the same chartering format and process to assure clarity of assignment, scope and timeframes.

These charters will be provided on an informational basis to the Leadership Team, in order to develop awareness of various work groups operating within the organization and to identify the potential of coordinating similar efforts across work units. The products and recommendations of these work unit groups would also be provided to the Leadership Team on an informational basis.

Charter Format

Name:

This group is a Standing Work Group/ a Task Focused, Time Limited Work Group (select one)

Chair:

Lead Staff:

Membership (by position type, not name, note term of membership if Standing Work Group):

Focus:

Specific scope of work includes:

Note that every work group is to consider financial implications as well as corporate compliance issues as a part of their scope of work.

Management Commitments:

Staff Support:

Policy:

Affected Stakeholders/Personnel:

For Standing Groups:

Reports to:

Standing Groups that Report Here:

Timelines: Develop timelines for the scope of work outlined above and report back on them as well as changes that occur

For Task Focused Groups:

Reports to:

Timelines: The following timelines are anticipated for completion of the scope of work outlined above

Examples of Three QI Team Charters:

1. QUALITY IMPROVEMENT STEERING COMMITTEE CHARTER

(Final 1-25-07)

Mission Statement

The Quality Improvement Steering Committee is chartered by the Senior Management Team to prioritize and subsequently direct the implementation of agency-wide strategic projects. The team will manage agency performance by monitoring performance measures and tracking strategic projects. The Quality Improvement Steering Committee will oversee and provide guidance to the Performance Accountability Liaison Team and the Project Management Resource Team.

Responsibility

The Quality Improvement Steering Committee is responsible for:

1. Establishing improvement program policies, goals and performance indicators.
2. Creating a quality improvement project selection and review process.
3. Providing guidance and oversight of agency quality improvement activities, including:
 - Conducting a quarterly performance review.
 - Identifying and reviewing implementation issues.
 - Resolving staff, management and resource conflicts.
 - Recommending program improvements.
 - Preparing an annual report.

The Quality Improvement Steering Committee promotes the quality improvement program and supports recognition of both individual and team accomplishments. Its members are responsible for helping create a quality improvement culture. In this culture, employees use quality improvement principles and tools in their day-to-day work, with extensive support and guidance from leadership.

The steering committee reports to the Senior Management Team and other management and staff work teams. Its executive sponsors play a critical role in maintaining leadership support.

Process

1. The PALS team sends the assessed project with a recommendation to add to the list of Strategic Projects or to return the project to the submitter as an Operational Project.
2. If the project is accepted as strategic the Quality Improvement Steering Committee will then assess the project for prioritization.
3. The Quality Improvement Steering Committee will make a recommendation to the Senior Management Team for project prioritization.
4. The project will be routed to the Quality Improvement Steering Committee for project management technical assistance and oversight.
5. Projects that are prioritized as Tier 1 projects will be ensured the appropriate resources for project completion.
6. Projects prioritized as Tier 1 will be tracked and will report progress, benchmarks, milestones, and resource constraints monthly.
7. Projects ranked as Tier 2 or Tier 3 will be reported quarterly.

PROJECT RANKING DEFINITION

- **Tier 1** projects are **Essential** activities with the agency’s highest level of commitment which may require current activities to be adjusted.
- **Tier 2** projects are **Important** activities, which are very important but must be considered against other ongoing activities if funds are not sufficient.
- **Tier 3** projects are **Beneficial** activities, which are beneficial to agency programs, but will only be pursued if they do not infringe upon higher level priorities.

Membership

New members will be nominated by the team or the Senior Management Team and invited to participate. Meetings will be held monthly and generally last 1 hour. The Quality Improvement Steering Committee shall consist of two to three SMT members, the Director of Performance and Accountability, the Deputy Secretary who shall serve as chair, one or two members of the Chief Administrators’ Group, one or two members of the Performance Accountability Liaisons workgroup and lead staff.

Current Members

Gregg Grunenfelder	Sam Marshall	Rick McNeely	Susan Ramsey	Lois Speelman
Jennifer Tebaldi	Chris Townley	Frank Westrum	Bill White	

The Performance and Accountability Director will remain a standing member of the Quality Improvement Steering Committee. The Deputy Director will remain the standing chair.

Definitions: **Operational:** Short term in nature and impacts the area within one program
Strategic: Long term in nature and impacts more than one program or division
Project Management Resource Team: A team made up of Department of Health Employees assisting quality improvement teams with facilitation, benchmarking, performance measures, baseline development, etc.

2. PERFORMANCE ACCOUNTABILITY LIAISONS (PALS) TEAM CHARTER **(Final 1-25-07)**

Mission Statement

The Performance Accountability Liaison Team will receive, review, prioritize and recommend strategic projects to support the vision, mission and strategic goals of the Department of Health with a focus on performance and accountability.

Responsibility

1. Quality Improvement

- Ensure that the DOH has a Quality Improvement Process that results in improved functioning of the department.
- Establish quality improvement policy direction with financial, cultural, operational parameters.
- Guide and coach PALS peers and program staff on strategies to achieve operational change.
- Guide the quality improvement program and project selection process with PALS input.
- Assist in changing the culture to one of quality results.
- Ensure awareness and communication of philosophies, strategies, information and best practices related to quality results and improvement initiatives at all levels.
- Provide tools, expertise and training to support the pursuit of innovative quality results and improvement initiatives.
- Provide recognition and rewards for individual teams who achieve quality results.
- Mentor, motivate, encourage and empower people who pursue and support quality results in DOH.
- Focus on implementation of quality results while fostering innovation.
- Eliminate barriers to empowerment and staff/management partnerships: Focus on POSITIVE quality results.
- Minimize oversight and non-productive interference with delivery processes for quality results.

2. Public Health Improvement Partnership (PHIP)

- Provide direction and input to coordination of the Standards Assessment processes including the training, the site visits, and communication about the results and implementation of strategies for improvement.
- Act as a key contact for reporting on the Standards Assessment

3. Strategic Planning

- Act as coordinating workgroup for the development of the DOH Strategic Plan. This may involve development of pieces/sections of the Strategic Plan, coordination within the division represented to coordinate the development of other sections.
- Receive and recommend the priority of strategic projects to support the vision, mission and strategic goals of the Department of Health; and

- Disseminate strategic information intended to inform employees and stakeholders of the DOH vision, mission and direction.
- Act as a key contact for reporting on the strategic plan measures.

4. GMAP/HealthMAP

- Be a communication resource about GMAP/HealthMAP within the DOH.
- Provide information about trainings and opportunities for observation to the work area represented.

5. Performance Measures

- PALS will be a key contact within their area for reporting on performance measures.

Process

1. Quality Improvement

- The PALS will submit projects to the Quality Improvement Committee Team who will review projects submitted to be determined if the project is strategic or operational.
- An initial response will be submitted to the Project Leader within 30 days from project being submitted to the PALS.
- If a project is considered operational, the Project Leader will be contacted to allow for an appeal process, i.e.: more information may be required.
- If a project is determined to be strategic, the PALS will meet and evaluate the project using an assessment model.
- The finalized recommendations will be submitted to the Quality Improvement Steering Committee with a copy provided to the Project Leader.
- The expected results are recommendations pertaining to appropriately scored strategic projects, based on consistent objective criteria.
- Periodic communication to all Divisions regarding quality results processes and progress.

2. Public Health Improvement Partnership Standards (PHIP)

- PALS will assist in the gathering of documentation from their program/division for meeting the PHIP standards.

3. Strategic Planning

- PALS will be a key contact within their area for reporting quarterly on strategic plan measures.
- PALS will assist in the development of an agency-wide strategic plan which is due to OFM June 1 of 2008 for the 2010-2012 Biennium.

4. GMAP/HealthMAP

- PALS will be a key contact within their area for reporting on the Governor's GMAP forums.
- PALS will assist in the quarterly development of their program/division's HealthMAP session.

5. Performance Measures

- PALS will assist in the alignment of division strategic plan measures to agency-wide strategic plan measures.
- PALS will ensure the quarterly reporting of OFM Activity Measures within their program/division.

Membership

The PALS is an ongoing committee that will meet as frequently as needed to evaluate strategic projects in an expeditious/timely manner. Team members will be a cross-representation of all levels of staff from within the agency. Each division will have at least one member on the group. Team members will be replaced as openings occur and as best ensures the continuity of the team.

Current Membership

Tracy Auldredge	Bonita Berndson	Katherine Deuel	Amy Ferris	Fred Garcia
Patti Larson		Pamela Lovinger	Sam Marshall	Stacy May
Rick McNeely	Sabine Meuse	Frank Muskopf	Diane Offord	Susan Ramsey
James Robertson	Charles Satterlund	Rita Schmidt	Jeff Smith	Patty Steele
Catherine Suter	Jennifer Tebaldi	Chris Townley	Frank Westrum	Bill White

Current Team Assignments

Chair: Susan Ramsey

Recorder: Jill Edgin

Time Keeper: Jill Edgin

3. Project Management Resource Team Charter

(Final 1-25-07)

Mission Statement

The Project Management Resource Team will provide consultation to project team leaders to facilitate successful strategic project completion.

Responsibility

Team members shall promote the quality improvement program by encouraging the involvement of all team members.

Team members will provide guidance to project teams ensuring that decisions are data-driven, providing facilitation, benchmarking, baseline development, performance measures, and other quality improvement tools.

Process

1. The Project Management Resource Team will receive prioritized list projects from the PALS team.
2. The team leader will delegate a project to a member of the team to assess the project.
- 2a. A team member will contact a Tier 1 level project within 7 working days of receipt of project from Team Leader – Tier 2 within 10 working days, and Tier 3 within 20 working days.
3. Team members use a checklist to interview team and establish baseline documentation.
4. Project Management Resource Team members will assist Team Leader in developing performance measures.
5. Project Management Resource Team member will provide feedback on project status to project Team Leader.
6. The Team Leader will provide feedback to PALS and the Quality Steering Committee.

Membership

The Project Management Resource Team is an ongoing team that will meet as frequently as needed but no less than quarterly to coordinate Project Team activities. Replacement of Team Members will occur in a fashion to maintain the continuity of the team. Membership will be assessed on demonstrated project management skills and or the ability and desire to learn.

The Project Management Resource Team through its evaluation process will maintain a list of those with technical and project management skills to qualify them as a member of the Project

Management Resource Team. Team members will rotate membership no more than every six months.

Current Team Members

Susan Ramsey

Facilitators	Chart / Analyze Data	Performance Measures	Baseline / Benchmarking	Logic Models
Craig Colombel	X	X	X	
Lorraine Edwards				
George Haase	X	X	X	X
Kathi Lloyd				
Josephine Pompey				

Current Team Assignments

Chair: Susan Ramsey
Recorder: Rotating