

Welcome to  
Big QI - Agency Wide  
Performance Management  
and link to National Standards

x  
July 27, 2011

*Public Health Performance Management  
Centers for Excellence*

[Public Health Performance Management Centers for Excellence](#)

# Public Health Performance Management Centers for Excellence

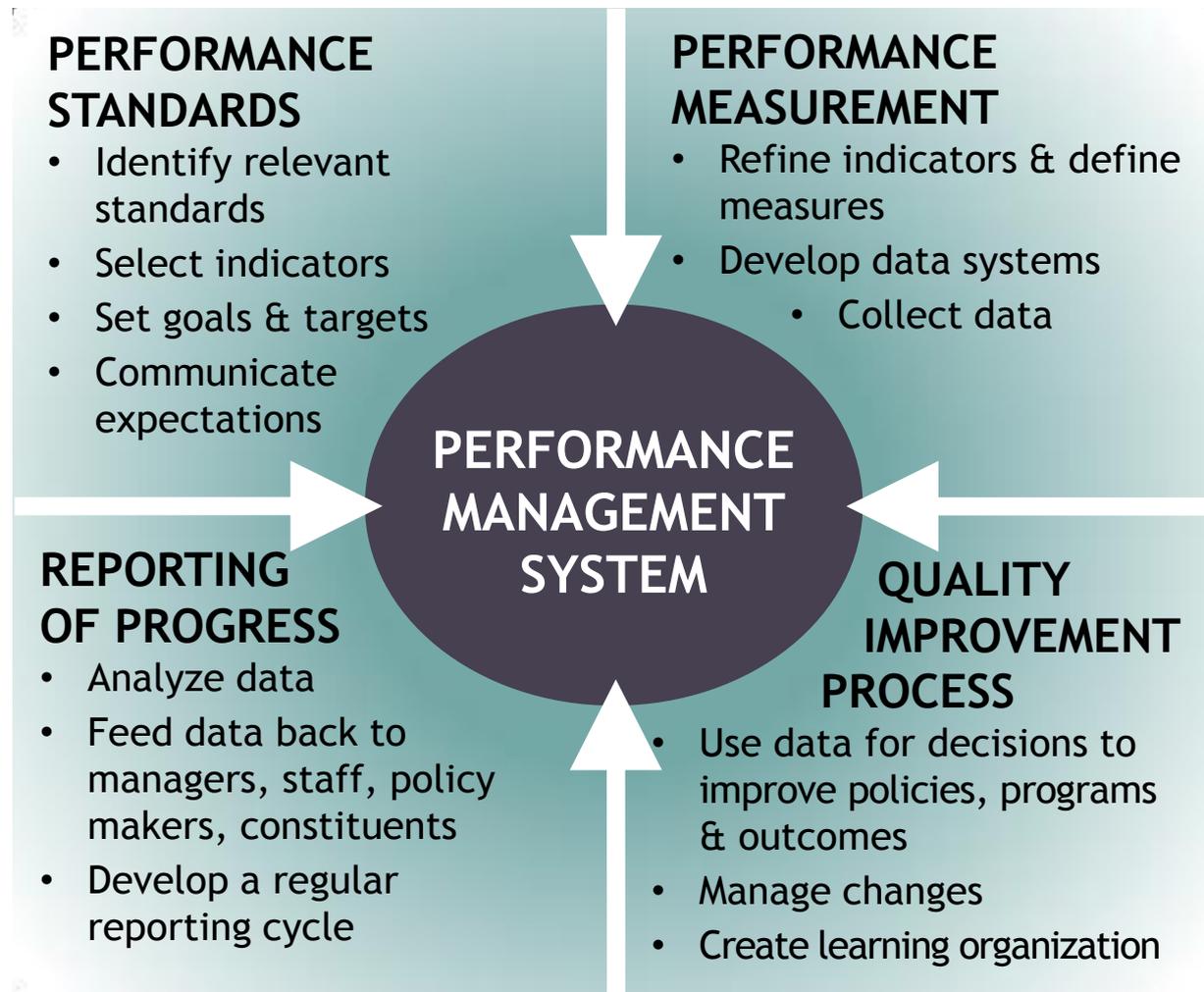
## Learning Objectives

In today's session the participants will be able to describe:

- Describe the four components of Performance Management ( based on Turning Point)
- List three capacities needed to build a QI Program in an agency
- State two important components of a QI Plan
- Describe the link between QI and Accreditation

# Public Health Performance Management Centers for Excellence

Turning Point Performance Management Collaborative, 2003



# Public Health Performance Management Centers for Excellence

## Performance Standards

- Establish performance standards
  - State or Public Health Accreditation Board (PHAB) standards
  - Agency-level Strategic and Improvement Plans
  - NACCHO Operations Definition
- Establish and define outcomes and indicators
  - Process outcomes
  - Health outcomes



PERFORMANCE  
STANDARDS

# Public Health Performance Management Centers for Excellence

## Performance Measurement

## PERFORMANCE MEASUREMENT

### Monitoring of Performance

- Review of performance (Accreditation/Self-Assessment) results
- Program evaluation results

### Monitoring of Indicators and Outcomes

- Process/short-term outcomes
- Health indicators and outcomes

# Public Health Performance Management Centers for Excellence

## Quality Improvement Process

- Establish QI structure and capacity in agency
  - Establishing QI councils and plans
  - Conducting QI teams
- Quality improvement methods and tools
  - Plan-Do-Check/Study-Act cycle
  - Rapid Cycle Improvement (RCI)
  - Improvement collaboratives
  - Lean Six Sigma
  - Adapting or adopting model practices



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## Definition of Quality Improvement

“ A management process and set of disciplines that are coordinated to ensure that the organization consistently meets and exceeds customer requirements. ”

**QI** Top management philosophy resulting in complete organizational involvement

**qi** Conduct of improving a process at the micro-system level

Bill Riley and Russell Brewer, Review and Analysis of  
QI Techniques in Police Departments, JPHMP Mar/April 2009

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## Sample Story Board

**Ottawa County Health Department (OCHD)**  
115 employees  
Four offices: main office in Holland  
Serving a population of 260,000



**Team Members:**  
 Lisa Bickelmyer - Health Officer  
 Christine Pender - Assistant Health Administrator  
 Dr. Paul Moore - Public Health Director  
 Sara Brown - Epidemiologist  
 Sarah Kuehn - Public Health Manager  
 Heidi Kuehn - Chief of Public Health Practice  
 Nancy Chapp - Communicable Disease Manager  
 Amber Lutzman - Communicable Disease Manager  
 Catherine Johnson - Infection Control Manager

**Quality Improvement Story Board**  
Creating a Culture of Quality



### Plan

Identify an Opportunity and Plan for Improvement.

**1. Getting Started**  
 Ottawa County Health Department (OCHD) was transitioning to a new leadership team and a strategic change of organizational related structures. To help address the OCHD organizational areas of opportunity a version of the Public Health Organizational Assessment Survey was implemented.



OCHD leadership was cognizant of the planned improvements and submitted the personnel and financial resources to the project.

**2. Assemble the Team**  
 The OI team consisted of the OCHD Administration Team because the nature of the project required a department-wide approach. A workshop and timeline were created and regular meetings were established.

**AIM Statement**  
 Improve organizational health by improving the relationship between staff and management by addressing communication issues highlighted in the annual employee survey and providing ongoing development to current and future leaders.

**3. Examine the Current Approach**  
 The initial project flow of the health department was "bottom up only". Organizational changes were implemented based on anecdotal evidence and informal employee communication. A process was developed and engaged to measure and improve the direct key organizational elements.



OCHD required baseline data by administering an employee survey based on the Public Health Organizational Assessment Survey. The survey evaluated their organization to assess employee leadership, communication, employee engagement, planning, and other resources, process, and results.

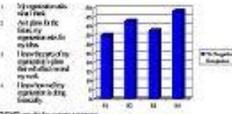
OCHD CHANGE REPORT	AS PRACTICE RATE
1. LEADERSHIP	2.7
2. CUSTOMER FOCUS	2.4
3. MEASUREMENT	1.9
4. STRATEGIC PLANNING	2.2
5. HUMAN RESOURCES	1.8
6. FINANCIAL MANAGEMENT	2.3
7. BUSINESS RESULTS	2.8

OWA

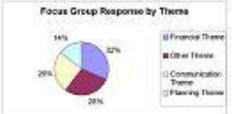
### Study

Use Data to Study Results of the Test.

**7. Study the Results**  
 The survey results data was compared against the previous year's baseline data. The size of the OCHD Improvement Cycle with people and weighted scores.



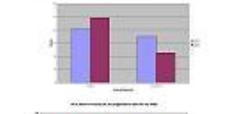
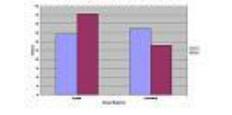
OCHD results by survey category:



Focus Group Response by Theme:

- Financial Theme: 14%
- Other Theme: 28%
- Communication Theme: 28%
- Planning Theme: 28%

**4. Identify Potential Solutions**  
 Based on the survey and focus group findings, the team identified three action items to improve communication through the department services. To develop a "Teamwork 101" course to assist staff in understanding the formal details of the change process, and to provide better step development for supervisory personnel. OCHD used the survey mechanism to determine the reason for a trend shift. To help define the issues in their OCHD conducted focus groups.


**5. Develop an Improvement Theory**  
 Problem:  
 1. OCHD cannot form groups, their communication between staff and management will improve as measured by the annual Organizational Assessment Survey administered in January 2008.  
 2. OCHD creates an informal support structure and process that communication between staff and management will improve as measured by the annual Organizational Assessment Survey administered in January 2008.  
 3. OCHD implements employee training opportunities that the capacity of current and future leaders will be developed as measured by the annual Organizational Assessment Survey administered in January 2008.

**6. Test the Theory**  
 OCHD's theory will continue to be tested using data from an employee survey which will be administered on an annual basis. As focused during the first phase of the survey development on questions for customer focus, "what does 'organization' mean? The survey will be modified three years to allow as needed for our needs.  
 Baseline results will be compared against the baseline survey data administered in an increase in employee communication and leadership capacity in separate staff account.

### Do

Test the Theory for Improvement.

**8. Standardize the Improvement or Develop a New Theory**  
 Some organizational changes have been behavioral (communication and leadership) and these will continue to be reflected in the annual survey results. Further development of a formal "Teamwork 101" training will provide long-term well access regarding the baseline aspects of the organization. The leadership development program will continue to reinforce positive leadership in many layers of the organization.

**9. Establish Future Plans**  
 OCHD will establish their assumptions and continue to clear organizational impediments. OCHD will assess the survey annually (quarterly frequency), will not measure the survey data and determine focus areas for improvement depending on multiple factors such as survey methodology or other departmental initiatives.

### Act

Standardize the Improvement and Establish Future Plans

Ottawa, MI example Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook, 2008

[www.accreditation.localhealth.net](http://www.accreditation.localhealth.net)

More storyboards at National Network for Public Health Institutes

[www.nnphi.org](http://www.nnphi.org)



# Public Health Performance Management Centers for Excellence

## Reporting Progress

- Performance in standards
- Indicators and outcomes
  - Health indicators
  - Program evaluation data
- Regular data tracking, analysis and review
- Basis for QI efforts



**REPORT  
PROGRESS**

# *Public Health Performance Management Centers for Excellence*

## Example of Performance Management Policy

# Public Health Performance Management Centers for Excellence

## Developing a Performance Management System

(PHAB measures 9.1.1 & 9.1.2)

- Purpose and Context
- Scope
- Authority
- Definitions
- Goals and Objectives
- Guiding Principles
- Structure, Roles and Implementation
- Annual Schedule and Coordination with Fiscal Year

# Public Health Performance Management Centers for Excellence

## KPHD Strategic Management System Goals

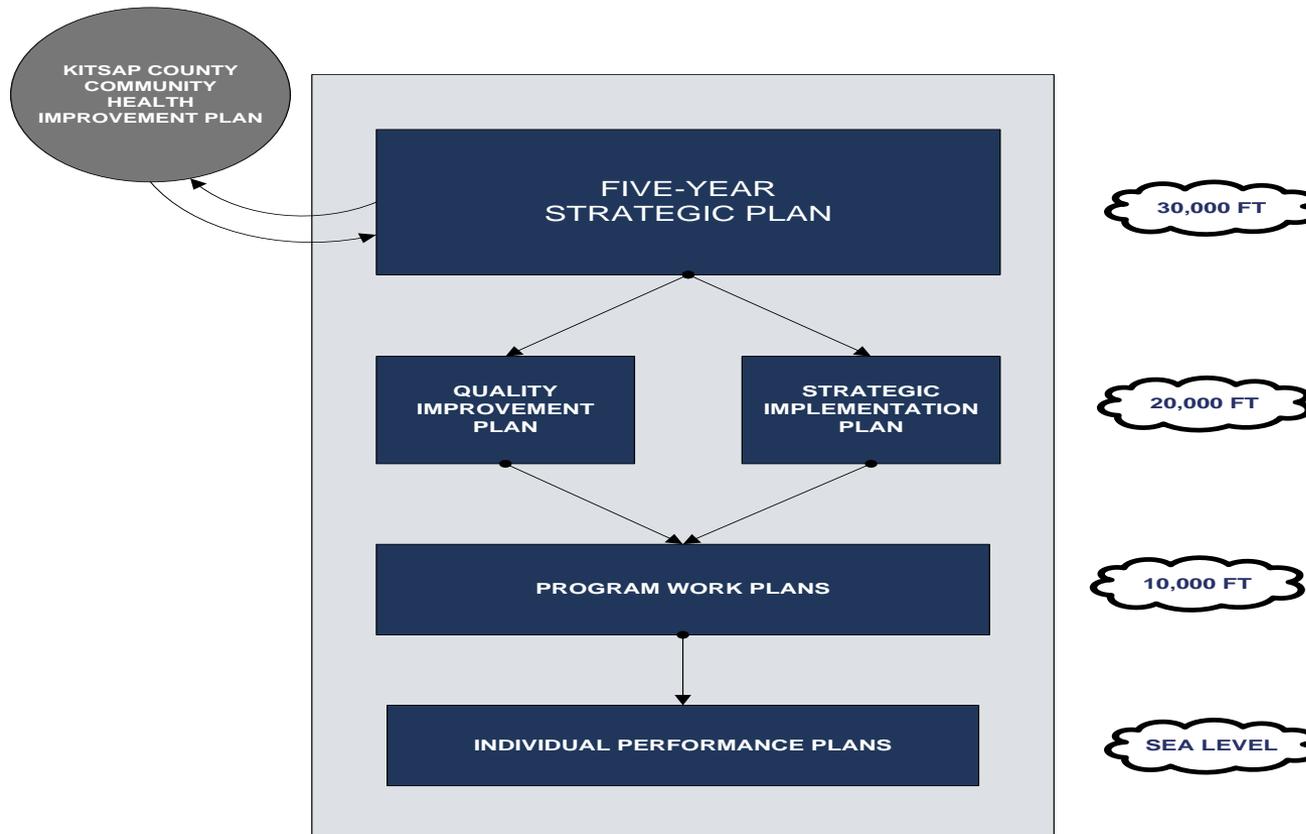
The goal of the SMS is to help the District fulfill its mission and vision. Specifically, the District will use the SMS to:

- Improve the health and wellbeing of the people of our community and the physical environment in which they live.
- Ensure our customers have a good experience while receiving quality, safe and effective services.
- Optimize the cost, effectiveness and efficiency of the services we provide.
- Support each staff member's performance by striving for a safe, professionally satisfying workplace environment.

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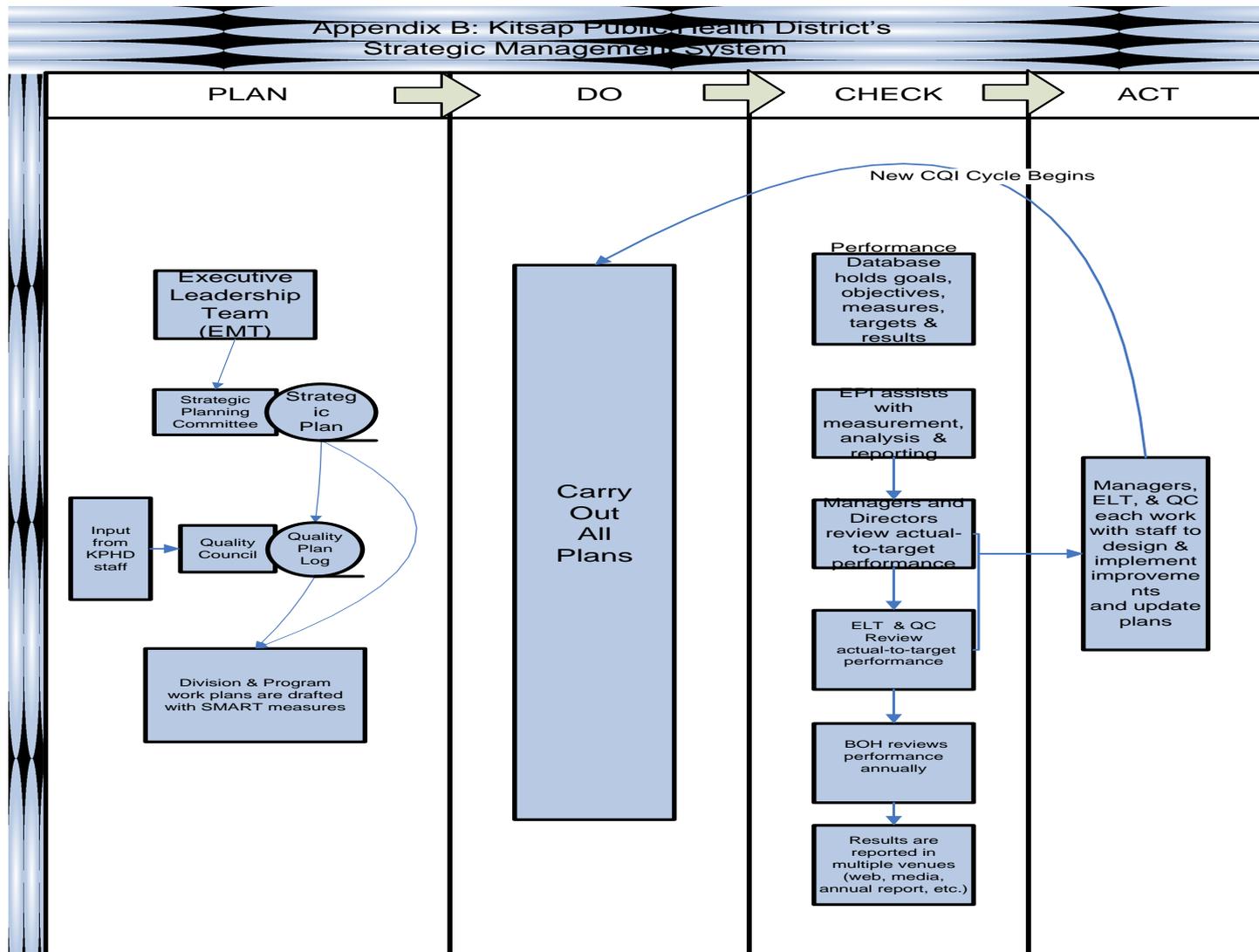
## KPHD Strategic Management System, as defined in policy

### THE KPHD STRATEGIC MANAGEMENT SYSTEM



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## PHAB v1.0 - Standard 9.1

### Standard 9.1

#### Use a Performance Management System to Monitor Achievement of Organizational Objectives

##### 9.1.1A:

Engage staff at all organizational levels in establishing or updating a performance management system

##### 9.1.2A:

Implement a performance management system

##### 9.1.3A:

Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system

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For Discussion...



What aspects of Kitsap Public Health District's SMS policy could you apply in your agency?

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## Building QI Into Your Agency Culture

# Public Health Performance Management Centers for Excellence

## Capacities for Building a QI Culture

- Leadership commitment and knowledge
- QI infrastructure, governance and resources
- QI Program and/or Plan
- QI activities, including improvement teams
- QI training, leadership and QI teams
- Performance Measurement processes, including data collection, analysis and reporting
- Recognition and actions to hold the gains

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## Demonstrate Leadership Commitment

- Clearly stated and enacted constancy of purpose (Mission and Vision linked to QI)
- Connect the organization's strategic plan to performance improvement
- Know and use quality principles
- Initiate and support QI teams
- Encourage all staff to use quality improvement in daily work



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## QI Infrastructure

- Governance (formal/informal)
  - Oversight and accountability through QI Council or Leadership Team
- QI Program Plan (infrastructure & capacity)
  - Who will do what when, with what processes for recommending or deciding QI activities
- Staff
  - Support for ongoing monitoring and analysis, for training and facilitating improvement activities
- Data system
  - Collect data and report in a user friendly way

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## Forming a Quality Improvement Council

- Establish Oversight group of 7-10 members, maybe ongoing leadership team, or mix of leaders, managers and front line staff
- Set regular meeting times, once a month
- Charter or description in QI Plan
- Regular reports of progress



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## Benton-Franklin Health Department

The Executive Team directs the QI strategies by:

- Reviewing public health orientation materials for staff training and competencies for key staff.
- Reviewing policies and procedures in assuring an agency-wide process and implementation are conducted and documented.
- Reviewing employee job descriptions.
- Reviewing management and supervisor trainings.

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The Executive Team directs the QI strategies by:

- Reviewing after-action reports from outbreak investigations and emergency preparedness events and exercises.
- Reviewing and selecting of Key Health Indicators.
- Reviewing recommendations for improvement from the Supervisor Group regarding the Washington State Standards for Public Health site visit review results in 2008.
- Reviewing and revising the QI plan annually based on its annual evaluation.

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## Additional QI Council Activities

- Spokane Regional Health District (large health department)
  - Customer Service
  - HIPAA Compliance
  - Program Evaluation
  - Strategic Plan review
  - Communication Plan

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## QI Plan and Evaluation

- Annual QI plan
  - Lists major activities
  - Includes calendar
  - Identifies persons responsible & time lines
- Annual evaluation of QI plan
  - Evaluates QI Council meetings
  - Analyzes performance measure data
  - Examines completion rate of QI plan activities

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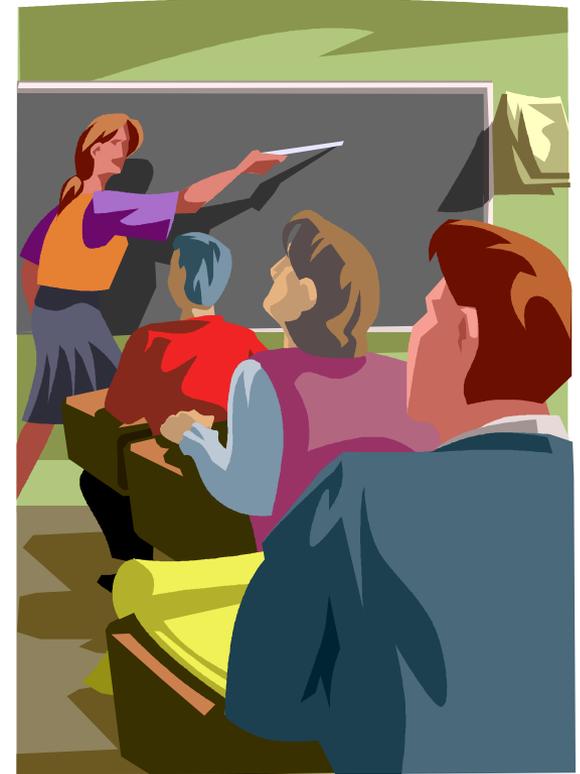
## QI Calendar (TPCHD Example)

III. 2009 Quality Improvement Council Calendar				
	Staff Responsible	Completion Date	QI Council Review Date	Additional Review Dates
<b>A. Rapid Cycle Improvement Projects</b>				
Purchasing	Marcy Kulland	Sep 21	Sep 22 (final report)	TBD (BOH)
Solid waste code enforcement complaint resolution	John Sherman	Nov 23	Sep 22 (interim report) Nov 24 (final report)	TBD (BOH)
<b>B. TPCHD Performance Measures</b>				
	See Section II B	Jul 31 Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)
<b>C. QI Projects at Request of Director</b>				
	TBD	TBD	TBD	TBD
<b>D. Program Evaluation Reports</b>				
Menu labeling	Rick Porso	May 25	May 26	
MCH home visiting	David Vance	Oct 26	Oct 27	
<b>E. Review of Health Indicators</b>				
Three priority indicators (Review of performance measures in Table 2)	Nigel Turner (Chlamydia) David Vance (LBW) Rick Porso (Adult Obesity)	Jul 31* Oct 31 Jan 31, 2010	Aug 25 Nov 24 Feb 23, 2010	Mar 3, 2010 (BOH)

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## QI Training

- Provide QI Principles training for all agency leadership and QI Council members
- Link leadership training to their role in promoting QI vision and activities
- Conduct just-in-time training on QI method and tools for all QI team members
- Ensure continued QI facilitation/support for QI teams



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## Conduct QI Activities

- Measure performance against standards, health indicators or program outcomes
- Identify key opportunities for improvement
- Initiate and support formal QI projects and teams
- Use proven QI methods and tools (e.g. Adapt Model Practice, Rapid Cycle Improvement, Lean, Six Sigma)
- Regular reporting of progress and achievements

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## PHAB v1.0 - Standard 9.2

### Standard 9.2

Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

#### 9.2.1A:

Establish a quality improvement program based on organizational policies and direction (required documentation is a written QI Plan)

#### 9.2.2 :

Implement quality improvement activities

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## Quality Improvement Plan (PHAB Example)

- Definitions of key quality terms
- Desired future state of quality in the organization (Vision, Scope)
- Organizational Structure including resources, roles and responsibilities
- QI training
- Goals and Objectives with time-framed measures
- Planned QI efforts (in process, new) and timelines
- Monitoring progress and results of current QI efforts
- Communication mechanisms and messages
- Annual evaluation of QI work plan and program description, with proposed revisions

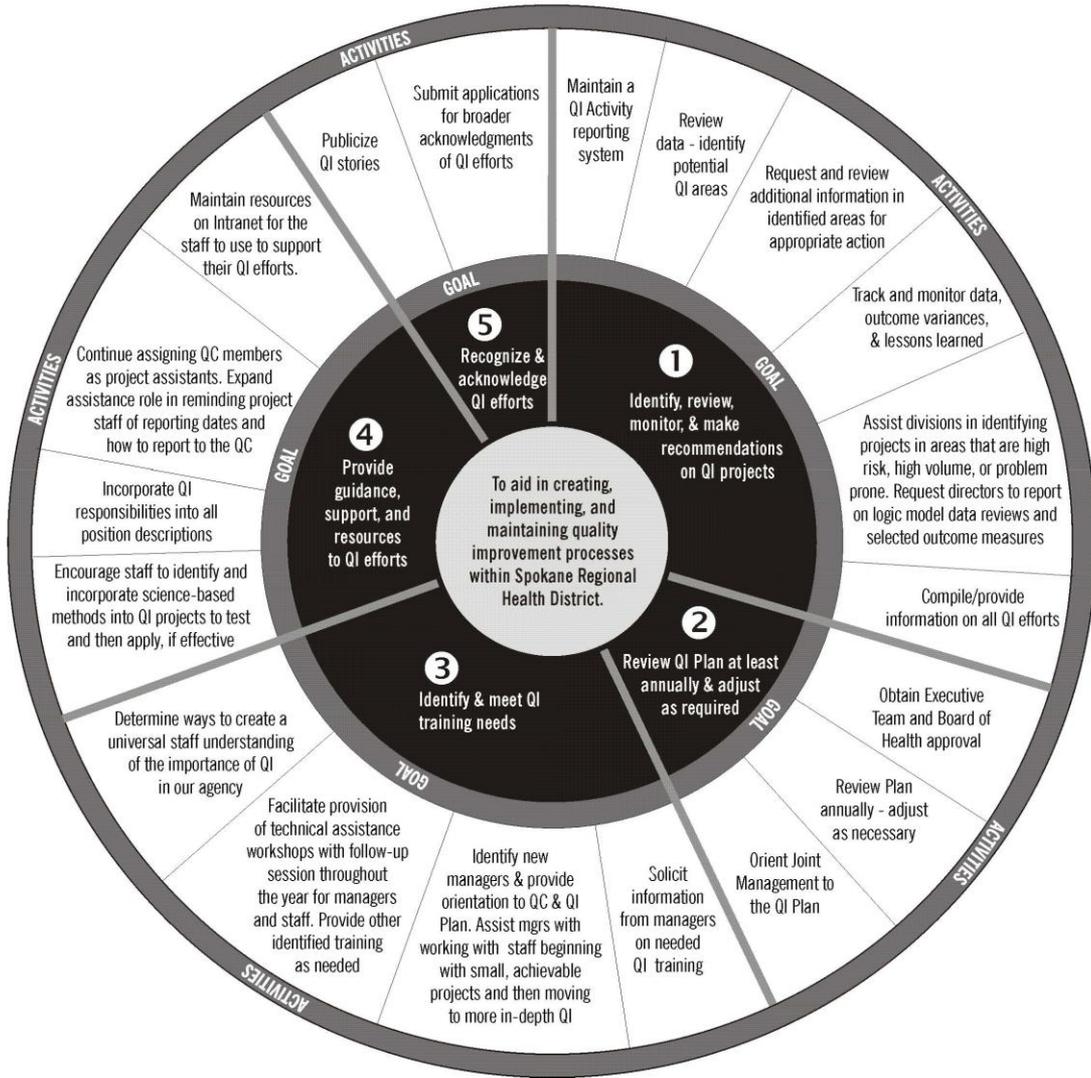
# Public Health Performance Management Centers for Excellence

## Implementation of QI Plan

- Documentation of QI activities based on QI Plan (two examples- 1 from program and 1 from admin; work plans or storyboards)
  - Planning the improvement
  - Project selection
  - Description of current process
  - Methods and Tools used, e.g. Root Cause Analysis
  - Development of solution and action plan
  - Implementation of solution and plans for evaluation
- Demonstrate staff participation in QI activities based on QI Plan (minutes, memos, reports, or committee or QI team responsibilities listings)

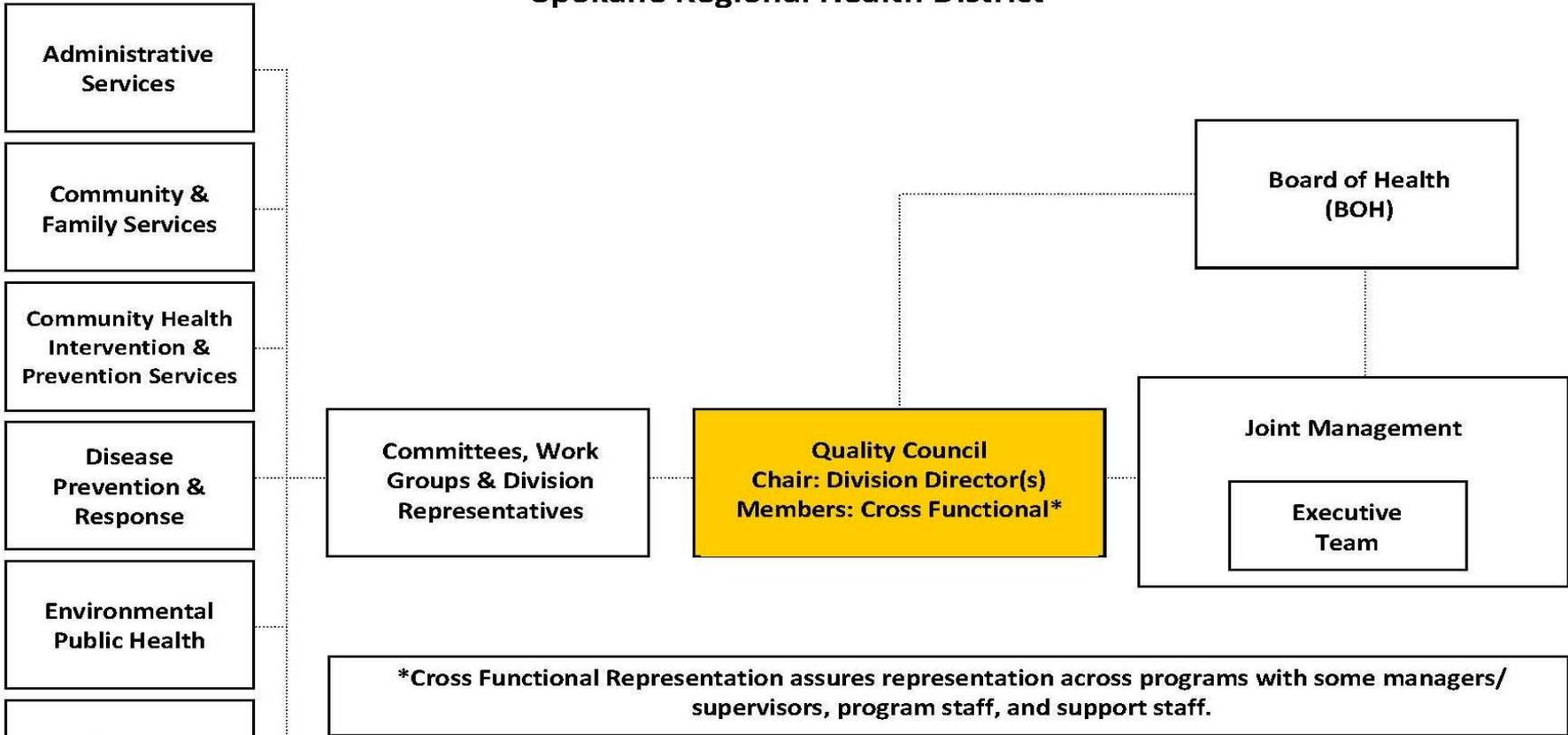
# Quality Council Focus

Spokane QI Plan, page 7



# Communication Flow Chart for Quality Improvement

## Spokane Regional Health District



**\*Cross Functional Representation assures representation across programs with some managers/supervisors, program staff, and support staff.**

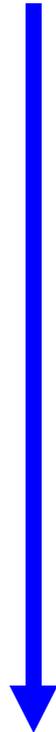
**Goals of Quality Council:**

- To identify, review, monitor, and make recommendations on QI projects
- To review QI Plan at least annually and adjust as required
- To identify and meet QI training needs
- To provide guidance, support, and resources to QI efforts
- To recognize and acknowledge QI efforts

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“Holding the Improvement Gains”

Harder to sustain performance



- Documented paper process
- Controlled electronic process
- Training
- Performance Aids
- Audits
- Reminders
- Check lists
- Measurement feedback
- Hard controls

Easier to sustain performance

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## For Discussion



What specific aspects of the example QI structures and QI Plans could you apply in your agency?

# Integrating Performance Measurement in QI Culture

# Public Health Performance Management Centers for Excellence

## Data Management Strategy

Collect  
Raw Data

Collecting

Consolidate

Translating – use data tables

Interpret

Summarizing – use  
descriptive statistics

Communicate

Framing - use charts/graphs

Source: The Public Health Quality Improvement Handbook,  
R. Bialek, G. Duffy, J. Moran, Quality Press, 2009, p. 146

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## Data Collection Questions

- Before collecting data we must answer the following questions:
  - What is the purpose for collecting this data?
  - What type of data is going to be collected?
  - Who will collect the data and how frequently?
  - How will they be trained to collect the data?
  - How will we summarize and present the data?

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## Getting Good Data

- Understand the process being studied - walk it
- Make the collection simple
- Define where the data will be collected - collection points
- Use check sheets and checklists to help
- Minimize the “**other**” category - by good classifications - too often the largest bar on a chart
- Establish collection rules - sampling

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## Getting Poor Data

- Lack of training on what to do
- Unclear directions
- Ambiguous terminology - need yearly data - fiscal or calendar year?
- Different units of measures - 9/23/99 - Mars spacecraft was a \$125m lost because it missed entry by 100km - NASA used the metric system and Lockheed used the English units - inches versus meters
- Mathematical errors - rounding, calculation, order of calculations, etc

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## Establish Targets or Goals

- Use a reliable method to identify and establish targets or thresholds for performance:
  - Industry Benchmarks- Healthy People 2020, County Health Rankings
  - Regulatory Targets or Requirements
  - “Sister” Organizations’ Data
  - Your Own Past Performance

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## Agency Level Performance Measures

Measure	Indicator	Responsibility
Improve immunization rates	Increase the percentage of kindergarten enrollees that are up to date on their immunizations upon school entry from 86% to 92% by 2014.	
Reduce tobacco use	Decrease the percentage of adult smokers to 16% by 2014.	
Reduce overweight & obese populations	Reduce the rate of increase for adult obesity to 0% by 2014.	
Increase healthy physical activity	Increase the percent of youth who are physically active for at least 60 minutes per day from 16.8% to 18.5% by 2014.	
Reduce substance abuse	Increase the number of adults receiving opiate treatment service by 23% by 2014, to 800 patients.	
Increase responsible sexual behavior	Increase the percentage of sexual partners treated for sexually transmitted diseases by 10% by 2014.	

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## Performance Measures



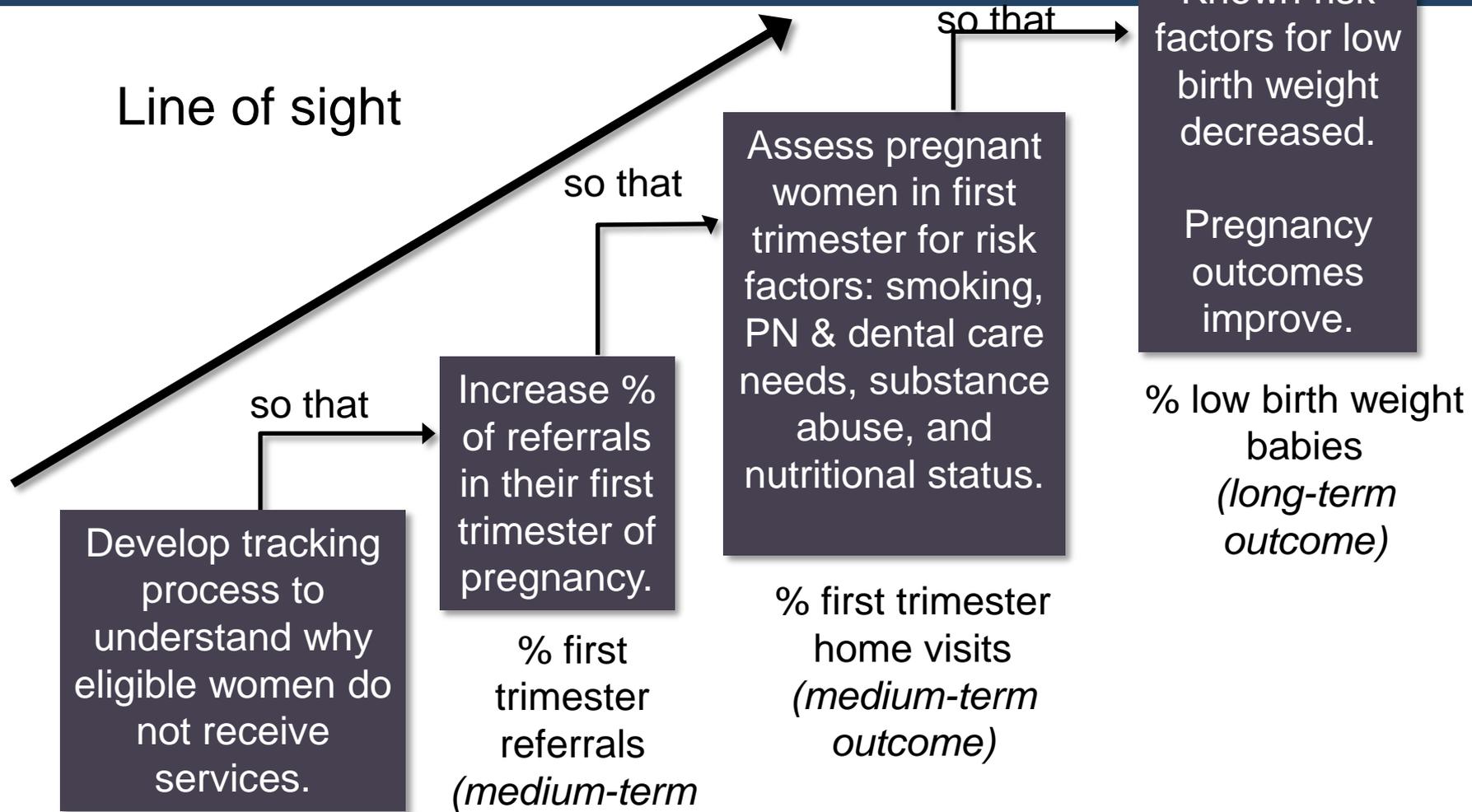
- Twelve department-level measures
  - Modeled after Healthy People 2010 Leading Health Indicators . . . plus two more
- Approx. 10-20 performance measures per business unit
  - Percent of solid waste complaints responded to within 20 days
  - Reduce the rate of positivity at Infertility Prevention Project (IPP) sites
  - Percentage of Positive Steps clients who engage in services for 30. days or more who have a 10% reduction on three youth violence risk factors

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## Levels of Performance Measures

Health Issue/ Goal	1. Short term "Process Outcome"	2. Mid-range "Results Outcome"	3. Long term "Health Status or Determinant Indicator"
Improve Childhood immunization rates for completion of immunization by age 2 series	Percent of planned materials distributed to increase provider awareness (Goal 100%)  Percent of children with records kept in Child Profile (Goal to increase from year to year)	Percent of children 0 to 24 mo. completing the series on time (Goal -increase)	Disease rates related to the series are very low or approaching none (such as Pertussis, measles)

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Develop tracking process to understand why eligible women do not receive services.

Revised tracking system developed  
(short-term outcome)

Increase % of referrals in their first trimester of pregnancy.

% first trimester referrals  
(medium-term outcome)

Assess pregnant women in first trimester for risk factors: smoking, PN & dental care needs, substance abuse, and nutritional status.

% first trimester home visits  
(medium-term outcome)

Known risk factors for low birth weight decreased.  
  
Pregnancy outcomes improve.

% low birth weight babies  
(long-term outcome)

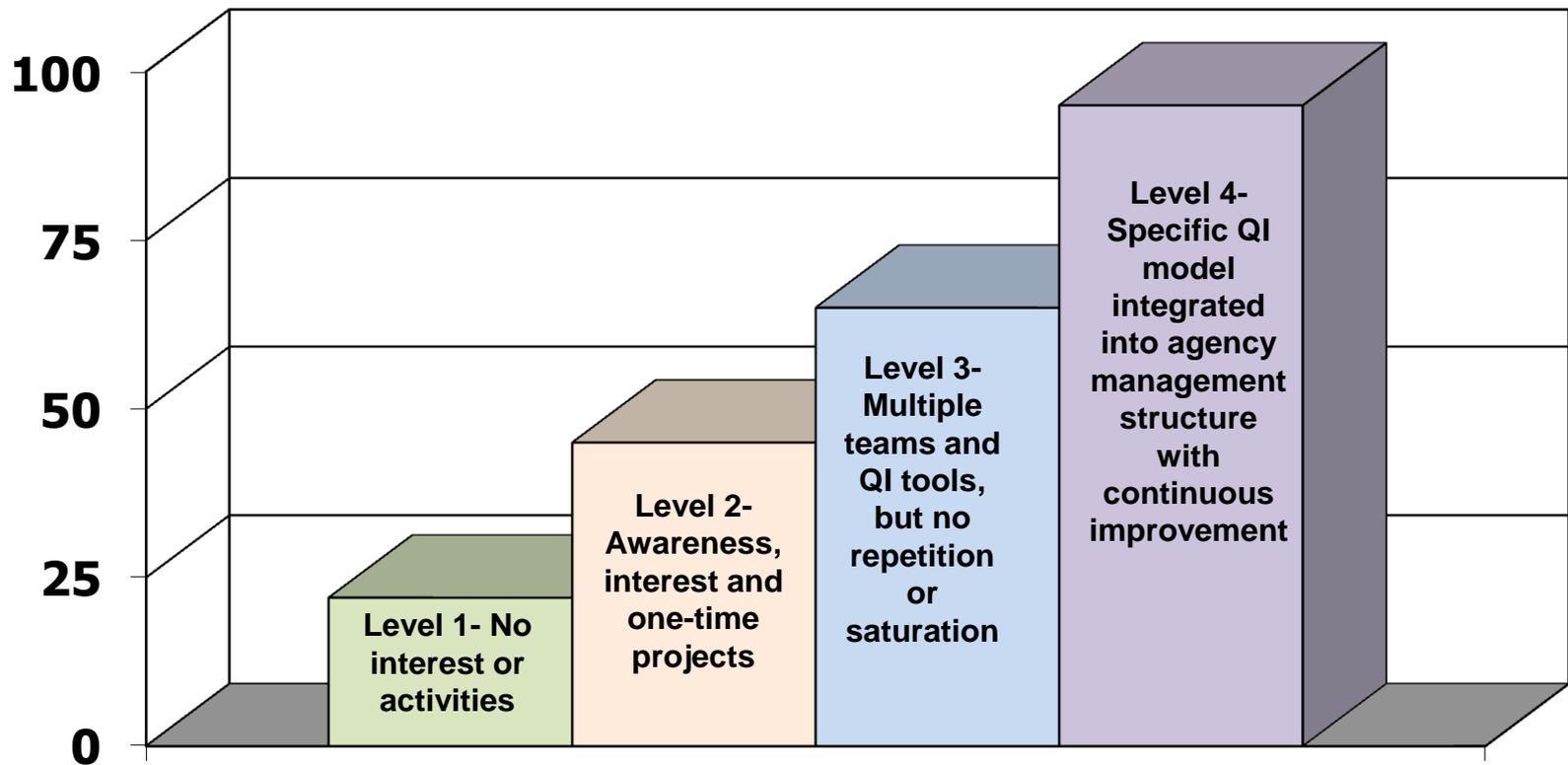
TPCHD Low Birth Weight QI Project

# Levels of Integration of QI into Agency Culture

\*Bill Riley and Russell Brewer, Review and  
Analysis of QI Techniques in Police  
Departments, JPHMP Mar/April 2009

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## Levels of QI Integration



Bill Riley and Russell Brewer

# Public Health Performance Management Centers for Excellence

## Integration Recommendations

- Implement QI as a comprehensive management philosophy rather than a project-by-project approach
- Top officials must set a vision for the agency and exhibit constant leadership, focus continuously on mission
- Use the lessons/proven methods from others [police, etc.] to overcome barriers
- Find creative ways to secure resources for QI
- Build on existing PH tools and capabilities
- Conduct a self-assessment for QI readiness in your agency

Bill Riley and Russell Brewer

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## Some QI References

- Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook, 2008, [www.accreditation.localhealth.net](http://www.accreditation.localhealth.net)
- Public Health Memory Jogger, GOAL/QPC, 2007, [www.goalqpc.com](http://www.goalqpc.com)
- Breakthrough Method and Rapid Cycle Improvement [www.ihl.org](http://www.ihl.org)
- Bialek R, Duffy DL, Moran JW. The Public Health Quality Improvement Handbook. Milwaukee, WI: ASQ Quality Press; 2009
- Guidebook for Performance Measurement, Turning Point Performance Management National Excellence Collaborative, 2004, [http://www.phf.org/pmc\\_guidebook.pdf](http://www.phf.org/pmc_guidebook.pdf)
- Mason M, Schmidt R, Gizzi C, Ramsey S. Taking Improvement Action Based on Performance Results: Washington State's Experience. *Journal of Public Health Management and Practice*. Jan/Feb 2010; 16(1): 24-31

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