

# Glossary of Key Quality & Performance Management Terms

Goals	Activities	Outputs	Inputs	Customers
Objectives Results Outcomes Strategic Directions	Work Actions Programs Units Functions Tasks Business processes	Products Services Widgets Deliverables	Workload Caseload Funding Staff	Clients Applicants Cases Partners Stakeholders Co-workers Community Public

Performance Management	Performance Measurement	Methods
Management framework Quality Management Balanced scorecard Strategic Management	Monitoring and reporting Analyzing performance data Program Evaluation Program Management	Project QI Project QP Program QI Lean

**Strategic directions** are Tacoma-Pierce County Health Department's (TPCHD) broadest, long-term organizational goals that define desired results associated with specific strategic issues. All priority goals and objectives should flow from these directions.

**Vision** is a statement of the agency's goals—why it does what it does and what it hopes to achieve.

**Mission** is a description of the unique purpose of an organization. The mission statement serves as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals.

**Values (and principles)** describe how the work is done, what beliefs are held in common as the basis for the work.

**Strategic planning** is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization.

**Goals** are general statements expressing an organization's (Dept., division, program) aspirations or intended effects, often stated without time limits. Goals may not necessarily be stated in quantitative terms though they should be associated with one or more measurable objectives.

**Performance measures** are quantitative indicators of performance and can be used to show progress toward a goal or objective overtime. It is the specific number representation of a capacity, process, or outcome that is relevant to the assessment of performance. [Note: sometimes performance measures are confused with objectives. For our purposes, when we talk about performance measures, we are only referring to what is being measured (number + unit of measure), not the entire SMART objective (see definition of objectives below).]

**Types of performance measures:**

**Process measures** are the steps in producing a product or service and provide feedback on how well you are performing a process.

For example,

- Number of days between a request for services and an actual meeting with a service provider.

**Outcome measures** are the expected, desired, or actual results from the outputs of the activities of a service or agency and shows whether you made progress in reaching your ultimate goal.

For example,

- Percentage of children with age-appropriate immunization levels at age two.

**Target:** The quantifiable amount of improvement to be achieved. For example, “from 85% to 95% of children receive ...”

**Stretch goal/stretch target** is a quantitative target that is well beyond the organization’s current level of performance. Stretch standards can provide a higher bar for performance that remains stable over the course of several evaluation cycles.

**Timeline:** The time allotted to achieve the targeted performance. For example, “by end of year, by end of third quarter, within 6 months of start of program.

**Objectives** are results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable, attributable, realistic, time-limited statements of intention (a.k.a., SMART). Objectives include a direction, target, measure and timeframe. For example: “Increase the % of children under two in county registry who receive all recommended immunizations from current 85% to 95% by January 2013.” You cannot manage your progress toward strategic goals without objectives. People sometimes confuse objectives with performance measures, which is one component of a SMART objective (see definition of performance measures above).

**Baseline** is the current quantitative level of performance at which an organization, process, or function is operating.

**Benchmark** is a quantitative level of performance, which defines best in class results. A benchmark may be utilized to define a stretch standard. For example, we may determine that the immunization rates of an LHJ in another state are the best in the country and therefore set that rate to compare ourselves against.

**Customer standard** is a quantitative target for performance based on feedback from the customer. A customer standard can be used to determine if the existing process/system is statistically capable of meeting customer requirements. For example, the current range of performance of a process may show response time varying between 25 and 40 days but the customer standard might be less than ten days.

**Variation:** The quantitative range and pattern of variation of a performance measure. Understanding the variation in results over time and within samples is key to improvement and should be taken into account whenever evaluating performance measures.

**Performance measurement** is the selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public. It is the regular collection and reporting of data to track work produced and results achieved. It is what we do to determine if we are making progress toward our objectives.

**Performance management** is what you do with the information you learn and knowledge you gain from measuring performance. Performance management is an ongoing, systematic approach to improving results through evidence based decision-making, continuous organizational learning, and a focus on accountability. Performance managing means using performance information: for example, to review services and programs; assess and revise goals and objectives; assess progress against targets; conduct employee evaluations; and formulate and justify budgets. It is the use of performance information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals

**Continuous quality improvement** is an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas throughout the agency. It is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. A variety of methods and tool (QI/QP/Lean, etc.) are utilized as part of a larger, on-going system of improvement. Performance measurement tells us what we need to work on; Performance management helps us to prioritize and organize what we work on; and CQI helps us to do the work.

**Quality Improvement Project:** A time-limited effort to improve an existing process regarding a specific quantitatively defined problem such as error frequency, cycle-time, etc. A quality improvement project typically hands-off to operations for the control and on-going improvement of the process in question. QI is also known as process improvement, six-sigma, etc.

**Quality Planning Project:** A time-limited effort to design a new process or service. A QP project differs from other planning efforts in that it is focused on customer requirements and utilizes quality/lean design principles to prevent failure. A quality planning project typically hands-off to operations for the on-going control and improvement of the process in question. QP is also known as process design, design for six-sigma, Hoshin planning, quality by design, etc.

**Quality Control:** The actions, tools, and methods used to limit variation in an existing process. These include process measurement and display tools such as line charts and control charts, but also the use of process controls such as training aids, process documentation, reminders, inventory triggers (Kanban) and failure proofing (poke yoke).

**Program QI:** The application of quality management tools and methods at a program level. Program QI typically includes an assessment of program purpose and goals, customer needs, and current quantitative performance in order to identify specific improvement opportunities. While programs may have focused projects or focused events (Kaizen), the work is not time-limited. Programs will take their key processes through repeated cycles of improvement.

**Lean:** An organizational focus on reducing waste and adding value through the application of particular improvement methods and tools, including 5s, value stream analysis, inventory triggers (Kanban) and failure proofing (poke oke).

**Public Health Accreditation Board (PHAB)** is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

**PHAB Domains** are groups of standards that pertain to a broad group of public health services. There are 12 domains; the first ten domains address the ten Essential Public Health Services. Domain 11 addresses management and administration, and Domain 12 addresses governance. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

**PHAB Standards** are the required level of achievement that a health department is expected to meet. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

**PHAB Measures** provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a measure. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

**Accreditation** for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011).