Washington County Public Health Division

Performance Management and Quality Improvement Plan

Plan developed by the PMQI Council
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Adopted on 8/7/2014

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INTRODUCTION

The Washington County Public Health Division's (WCPH) Performance Management and Quality Improvement (PMQI) plan is a detailed guide to the development and implementation of the PMQI system. The PMQI plan sets the foundation for developing a culture of quality improvement across WCPH and describes the continual efforts to improve work processes that will impact the health outcomes of the Washington County community.

The plan outlines the following components of the PMQI system: (1) background and context related to the development of the PMQI system; (2) specific purpose and goals of the program; (3) models, frameworks, and tools used in PMQI; (4) leadership support, structure, and oversight provided by the PMQI Council; (5) staff engagement and development; (6) capacity and resources devoted to these efforts; (7) evaluation and communication process; and (8) detailed information about current performance measures and quality improvement projects.

WASHINGTON COUNTY PUBLIC HEALTH OVERVIEW

The mission of WCPH is to improve and protect the public's health across the lifespan through prevention, education, partnerships and healthy environments with the vision of healthy people and thriving communities. WCPH encompasses the values of integrity, excellence, teamwork, professionalism, communication and respect through staff and programs. To achieve its mission WCPH activities include: promoting healthy lifestyles; preventing disease, disability and premature death; reducing or eliminating health disparities; protecting the public from unsafe environments; providing or ensuring access to population-based health services; preparing for and responding to public health emergencies; and producing and disseminating data to inform and evaluate public health status, strategies and programs.

In order to implement WCPH core activities and improve the health of the community, WCPH delivers ten essential services through strong and effective partnerships. These services include:

1. Monitor health status to identify community health problems including health disparities.
2. Detect and investigate health problems and health hazards in the community.
3. Inform, educate and empower people and organizations to adopt healthy behaviors to enhance health status.
4. Partner with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Develop and implement public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of population-based health services.
8. Ensure a competent public health workforce and effective public health leadership.
9. Evaluate effectiveness, accessibility and quality of public health services, strategies and programs.
10. Research for insights and innovative solutions to public health problems. (American Public Health Association, 2010)

Programs

WCPH is made up of nine programs that aim to fulfill the core activities and meet the diverse needs of Washington County. Please refer to *Appendix A: Washington County Public Health Division Organization Chart* for a detailed description of program roles and responsibilities. WCPH programs include:

- Communicable Disease
- Emergency Medical Services (EMS)
- Emergency Preparedness
- Environmental Health
- Epidemiology
- Maternal and Child Health (Field Team)
- Health Clinic
- Health Promotion
- Women, Infant, Children (WIC)

Strategic Plan

The WCPH strategic plan includes four main priority areas to guide WCPH and focus quality improvement goals and objectives. Objectives for each priority area were developed and updated by Strategic Planning teams that included WCPH leadership, staff and members of the Division's PMQI Council to reflect the changing needs of the community and the strategic direction of WCPH. Please refer to *Appendix B: Washington County Public Health Division Strategic Plan* for specific division objectives. The four priority areas in the WCPH Strategic Plan include:

1. ***Support health at every size, age and ability***
   - Objectives and strategies related to access to healthy food, access to opportunities for physical activity, tobacco prevention, housing, education, land use and development, breastfeeding, and worksite wellness.

2. ***Align with and actively participate in health care reform***
   - Implement strategies identified in the Community Health Improvement Plan
   - Provide leadership in the broader health care discussions, and educate the community and staff about changing health care policies.

3. ***Focus on the bottom of the pyramid***
   - Focus on addressing socioeconomic factors and using policy, systems and environmental approaches.
   - Collaborate with community partners to address identified health issues and improve health equity.

Graphic adapted from Thomas Frieden's Health Impact Pyramid
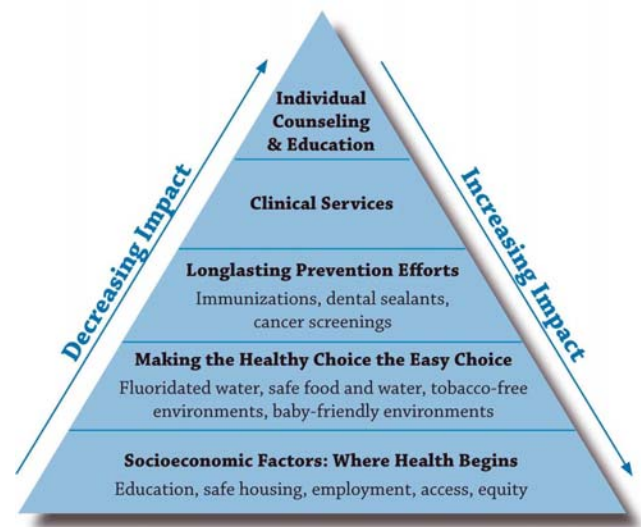
4. ***Strengthen our successes***
    - Prioritize evaluation, quality improvement, workforce development, communication, and other strategies to support public health infrastructure.
    - Use evidence-based practices with measurable outcomes for all goals.
    - Live our best practices: model through internal policies and activities that support healthy living.

DEFINITIONS
- ***Quality Improvement (QI)*** is the establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements and reports. ("Performance Management Collaborative", 2005)
- ***Performance management (PM)*** is the practice of actively using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy or program directions to meet goals, to frame reports on the success in meeting performance goals, and to improve the quality of public health practice ("Performance Management Collaborative", 2005)
- ***Performance measures*** are the application and use of performance indicators and measures. ("Performance Management Collaborative", 2005)

For additional definitions, see Appendix C: Glossary of PMQI Terminology

PURPOSE AND GOALS OF THE PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT SYSTEM

The PMQI System was established to develop a culture of quality improvement that reflects the importance of staff and community engagement, to fulfill the goals outlined in the Strategic Plan and to attain national accreditation for WCPH to be used as a platform for continued quality improvement.

Goal 1: Develop a Culture of Quality Improvement

WCPH strives toward creating a culture of quality improvement (QI). Developing a culture of QI requires a transformational change in the organization's culture to establish QI principles and values in everyday work processes and long term strategic planning. A culture of QI encourages staff engagement, is transparent and communicative of QI performance, and encourages a culture of collaboration and improvement. The following elements are fundamental to a culture of QI:

- **Leadership commitment**: Organizational leaders are instrumental to the successful development of QI culture.
- **QI Infrastructure**: The ability of an organization to adopt a culture of QI is dependent on the capacity to support QI efforts. The organization must be able to track, monitor and report on PMQI related data through a performance management system. There must be a QI plan in place that aligns with the organization's mission and strategic plan and QI efforts must be supported by the PMQI Council.

- **Employee empowerment and commitment**: To see the continuous quality improvement desired from a culture of QI, staff at every level must understand and endorse what QI means and be empowered to consider process improvements in daily work.
- **Customer focus**: County public health work is conducted with the overarching goal of improving the health of the community. Services are customer driven and should reflect continuous assessment of internal and external stakeholder needs.
- **Teamwork and collaboration**: Teams should routinely be formed to brainstorm, solve problems, implement QI projects, and share lessons learned. Collaboration among programs encourages shared values, standardization of processes and better understanding of individual programs.
- **Continuous process improvement**: Process improvement involves making gradual improvements in everyday processes to reduce variation and redundancies, improve quality of services, and increase customer satisfaction.
("Roadmap to a Culture of Quality Improvement", 2012)

Goal 2: Fulfill the goals and objectives outlined in the Strategic Plan.
The PMQI System was created in conjunction with the 2014 Strategic Plan revision. The goals of the PMQI plan align with the updated strategic plan goals to ensure consistent vision and values. The Strategic Plan is aligned with the 2014 Washington County Community Health Improvement Plan (CHIP) and reflects the community priorities that were identified by a regional Community Health Assessment (CHA) process. Alignment of goals ensures that QI objectives and efforts are responding to community identified needs and address the strategic direction of WCPH.

Goal 3: Attain national accreditation as a platform for continued QI
The goal of attaining national accreditation through the Public Health Accreditation Board (PHAB) is to improve the performance of WCPH and the health of the community while applying practice-focused and evidence-based standards (PHAB, n.d.). The accreditation board emphasizes improving services, value and accountability to the public while improving community relationships and stakeholder partnerships (PHAB, n.d.). Accreditation can aid in identifying strengths, areas for improvement and provide a framework for performance improvement and leadership development. The accreditation process will challenge WCPH to identify opportunities to improve public health practices and the performance management system as well as enable WCPH to track progress toward improvement goals and important community health outcomes.

MODELS AND FRAMEWORKS GUIDING PERFORMANCE MANAGEMENT
Turning Point Performance Management
- An initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation with the mission to strengthen the public health systems in the United States by making them more community-based and collaborative, Turning Point was based on the recognition of social and environmental impacts on poor health and quality of life that can't be addressed through disease models of intervention alone. The capacity of public health systems to respond to emerging challenges can be strengthened by linking sectors, such as education, health care, criminal justice and others, to strengthen

community support and better meet the needs of populations. ("About Turning Point", 2006)

- The Turning Point performance management framework outlines the four essential components (*see the diagram below*) of a successful PM system: Performance Standards, Performance Measurement, Quality Improvement and Reporting Progress. Performance standards, such as the national accreditation standards, enable WCPH to determine relevant goals and targets that will demonstrate capacity across essential public health services. Performance measurement allows WCPH to visualize and communicate progress toward identified standards and strategic objectives. Reporting progress and QI ensure that the measurement system and standards are utilized for decision-making and determining QI goals and focus areas.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM

VISIBLE LEADERSHIP

Customer Focus — Transparency — Strategic Alignment — Culture of Quality

PERFORMANCE STANDARDS
- Identify relevant standards
- Select indicators
- Set goals and targets
- Communicate expectations

PERFORMANCE MEASUREMENT
- Refine indicators
- Define measures
- Develop data systems
- Collect data

REPORTING PROGRESS
- Analyze and interpret data
- Report results broadly
- Develop a regular reporting cycle

QUALITY IMPROVEMENT
- Use data for decisions to improve policies, programs, outcomes
- Manage changes
- Create a learning organization

MODELS AND FRAMEWORKS GUIDING QUALITY IMPROVEMENT

Plan-Do-Check-Act (PDCA)

PDCA refers to a continuous and ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community ("The ABCs of PDCA" by Grace Gorenflo and John W. Moran, NACCHO, Derived from the Accreditation Coalition). PDCA is a cyclical, four step model for implementing change and emphasizes continuous improvement through cycle repetition.

- Phases:
  - **Plan**: Investigate the current situation, fully understand the nature of any problem to be solved, and develop potential solutions to the problem that will be tested.
  - **Do**: Implement the action plan

- **Check**: Analyze the effects of the interventions and compare the new data to the baseline data to determine improvements or areas that need to be improved.
- **Act**: Act upon what has been learned. Standardize and adopt the improvement, revise the intervention or abandon the intervention and reassess additional underlying causes.
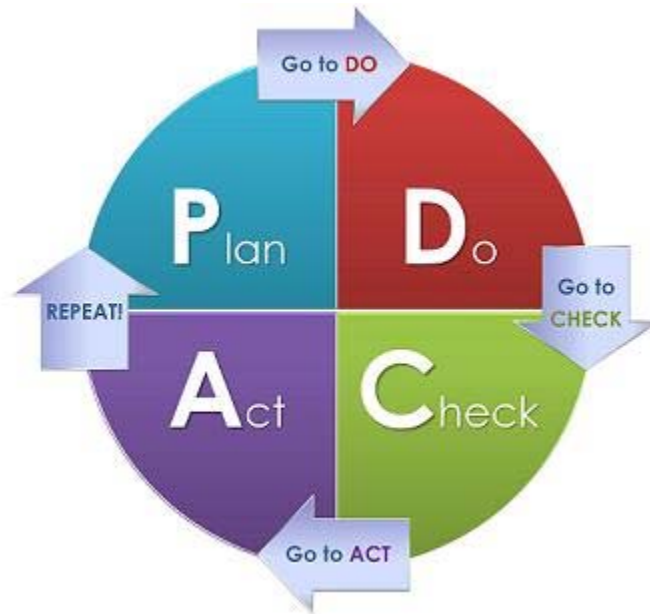
Kaizen Methodology

Kaizen is a Japanese word that means "change for the better." The Kaizen QI methodology is a group of techniques for making focused work process improvements. Kaizen events are conducted by teams in the workplace that systematically uncover waste in a work process and eliminate it in rapid fashion (usually within five days).The process involves identifying focused improvement areas and eliminating non-value added work through the use of improvement methods to diagnose and solve problems, test solutions, measure results, learn, and install sustainable change. WCPH has participated in a program to receive Kaizen training and coaching.

STRUCTURE AND OVERSIGHT BY THE PMQI COUNCIL

The PMQI Council provides oversight and demonstrated organizational and leadership commitment to performance management and QI for WCPH. The Council prioritizes the division's performance improvement focus areas based on the WCPH Strategic Plan and staff and leadership input. The Council is committed to providing support for WCPH staff to participate in QI projects and in the process to develop and monitor program-level performance measures. The Council ensures that performance data is used to inform the work conducted across WCPH. The Council's engagement in the PMQI system is summarized below. For more detailed information please reference *Appendix D: WCPH PMQI Council Charter*.

Council member roles

Members of the PMQI Council ensure communication to their respective program area staff about the performance improvement priority areas and the commitment to PM and QI across WCPH. Each member works with the PMQI Coordinator to determine the best way to

communicate with their program team to promote transparency in PMQI practices and reporting. Council members are responsible for championing QI efforts and promoting a culture of QI throughout WCPH.

The PMQI Council is comprised of supervisors and leadership from across the nine WCPH programs. The list of individuals currently on the council can be found in *Appendix D: Performance Management & Quality Improvement Council Charter.* The PMQI Coordinator and current PMQI Council will work to engage staff to participate in council membership with the goal of broadening membership by July 2015.

Primary Function and Description of Work
        1. Develop, track and report out on division-wide performance measures
        2. Track performance data (program-level and division-wide)
        3. Identify areas for improvement using performance data
        4. Prioritize QI focus areas and commit to QI projects
        5. Support and dedicate resources to prioritized projects (staff time, etc.)

Meetings
Meetings coincide with the monthly strategic leadership team meeting as a standing agenda item. The PMQI Council meeting time can vary depending on the agenda.

Overall goals of the PMQI Council
The PMQI council created two overall goals to guide their work as a Council. The goals are intended to establish a PMQI system and a culture of QI. Specific objectives for each goal can be found in *Appendix D: Performance Management and Quality Improvement Council Charter.*
- Goal 1: Develop and maintain a performance management system for the Public Health Division
- Goal 2: Develop a culture of Quality Improvement across the Public Health Division

STAFF DEVELOPMENT AND ENGAGEMENT IN PMQI
Staff development and engagement in QI practices is an important element in establishing a culture of QI. The QI plan and QI projects are developed with staff input, while the PM component entails larger, structural and capacity building elements that support QI work and is influenced by the PMQI Council. WCPH strives to establish a transparent, inclusive QI program with various opportunities for staff development and training that are outlined below.

Staff involvement in Performance Management
The following are practices that have been implemented by WCPH to involve program leadership and staff in the development of a PM system.

There have been multiple staff training opportunities in PM, including a staff workshop with PM specialist, Cindan Gizzy, in March of 2014 that focused on developing effective performance measures. There will also be ongoing staff training and discussion related to PM at all-staff division-wide meetings. Teams responsible for developing and maintaining program-level performance measures are made up of two to three staff members from each program (including front line staff). Each program was involved in developing a "program roadmap"

similar to a logic model that outlined program activities, outputs and outcomes. This "roadmapping" process preceded the development of program performance measures and to encourage the programs to identify meaningful outcomes and activities to measure based on programs goals and objectives.

<u>Staff involvement in QI</u>
WCPH is implementing multiple opportunities for development and training in QI to include participation from staff at all levels. The QI opportunities are listed below.

1. *"Just-in-Time" QI trainings*: Using "just-in-time" training allows WCPH to focus resources on training individuals on advanced QI material applicable to specific QI projects and in a timely manner that does not precede the project to the point that the employee is likely to have forgotten the material.
2. *Staff submit QI project ideas*: A "Quality Improvement Project Proposal" form has been created and made accessible to all staff. A culture of QI encourages staff to identify areas of improvement and staff involvement in QI projects. *See Appendix G: Quality Improvement Project Proposal Form.*
3. *Employee orientation*: As a component of WCPH new employee orientation, staff will participate in Quality Improvement 101 introductory course to review basic QI concepts in order to advance a culture of QI.
4. *Staff meetings*: All staff are encouraged to discuss quality improvement project ideas at regular program staff meetings. In addition, all-staff division-wide meetings will continue to be used to update staff on division performance and highlight program achievements in quality improvement.

CAPACITY BUILDING AND RESOURCES
<u>PMQI Coordinator</u>
The WCPH PMQI Coordinator has been trained in QI methods such as PDCA and Kaizen as well as attending numerous other trainings and QI conferences. The PMQI Coordinator is responsible for assisting in the performance measure development, tracking of performance data, facilitating QI projects with staff and is the primary resource for PMQI related technical assistance. The coordinator has capacity devoted to the performance management and quality improvement system in order to ensure sustainability.

<u>Additional Resources and Funding</u>
Initial funding for the PMQI Coordinator to participate in a Kaizen QI training and coaching program was supported through grant funding awarded to WCPH by the National Network of Public Health Institutes (NNPHI). To assist the PMQI Coordinator, a graduate student intern was hired with funding through the NACCHO Accreditation Support Initiative grant. Funding from this grant was also allocated toward membership to an online performance tracking database and provided technical assistance and training by PM specialist, Cindan Gizzy from the Tacoma-Pierce County Health Department in Washington State. The PMQI Council and the PMQI Coordinator will continue to seek out funding and resources to support this work. In addition, the PMQI Council is responsible for determining and allocating resources for identified QI projects.

COMMUNITY AND CUSTOMER INVOLVEMENT
Developing a PMQI Program and a culture of QI will improve the health of the community by creating a framework for identifying community needs and WCPH's progress toward addressing those needs.

The first step in identifying community needs was a Community Health Assessment (CHA) conducted by a regional collaborative called Healthy Columbia Willamette. This collaborative was made up of four local health departments, fifteen hospital and health care system partners and two coordinated care organizations. The assessment included a Health Status Assessment, a systematic examination of population health data to identify health issues faced in the community, and a Community Themes and Strengths Assessment, which combined the use of community listening sessions, focus groups, large-scale surveys and stakeholder interviews where community members described their most pressing health needs and concerns. The most common health needs in Washington County were organized into themes.

The information generated by the CHA was used to guide and inform the development of the local Community Health Improvement Plan (CHIP) and the priority areas and objectives during the recent update of the WCPH Strategic Plan. Community input is salient across the development of measurements and objectives to reinforce QI processes and efforts.

Customer and stakeholder feedback will be gathered through customized surveys that are unique to each program and the population they serve. Customer feedback and other data captured through customer surveys will be tracked to determine common themes and issues that might inform quality improvement priority areas. The data will provide WCPH with information about progress toward desired outcomes and in creating well-rounded quality improvement strategies that address the health of the community and customer experience with WCPH.

PERFORMANCE MEASURES
Criteria for selecting measures
The PMQI Coordinator met with a team from each program area to develop program-level performance measures. Programs were encouraged to identify measures that would be meaningful and purposeful to the program activities and staff. The following list of questions helped guide program staff in identifying appropriate program performance measures:
- Is this a measure that I can count, quantify, and graph?
- Will this measure give me useful, actionable feedback?
- Is this a measure I can influence or affect?
- Will my team, boss, customers, and I care about the outcome of the measures?

QI PROCESS SUMMARY
Quality improvement in public health is the use of deliberate and defined improvement processes which are focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.

QI projects can be proposed by any WCPH staff member via the "QI Project Proposal Form" (*Appendix G*). The submitted project proposal is presented to the PMQI Council by the PMQI Coordinator for discussion and prioritization. Execution of a proposed project is dependent on multiple factors and criteria that consider the resources and capacity of the department to carry out the project, alignment with corresponding program and division objectives as well as the alignment of the project with the WCHP Strategic Plan. In determining the prioritization of QI project proposals, the PMQI Council will address the following questions:

- *Is data related to the project available or collectable?*
- *Is the specific problem understood?*
- *Is the solution unclear?*
- *Can the project be completed within 6 months?*
- *Are the necessary team members available to support the project?*
- *Is the ability to make change in the process largely in our control?*
- *Are the expected benefits significant enough?*
- *Will service and/or quality be noticeably improved?*
- *Is the project aligned with public health division goals or the strategic plan?*

QI projects are implemented using the PDCA model and Kaizen methods previously described. Using these models, QI teams will create a plan for implementing the QI project, assess change after implementation and determine if the change was successful or reflect on lessons learned if it was not successful. QI projects are tracked through the Quality Improvement Project Calendar (*Appendix H*) by the PMQI Coordinator. Information tracked includes duration of project, program or focus area, title of project, and status and notes reflecting results of the project. In addition, QI projects will result in the addition of performance measures to track the long term outcomes of the project. These measures will be included in the performance management system and tracked through the online data dashboard, Klipfolio.

PMQI WORK PLAN
The PMQI Council and leadership identify and update general goals and specific objectives to be accomplished each year as part of the strategic planning process. The following is a strategic plan goal for WCPH that related to the PMQI work plan for the year.

Strategic Priority #4	Strengthen our Successes			
Focus Area	**Objectives**	**Activities**	**Timeframe**	**Responsibility**
Develop a culture of quality across WCPH	By July 1, 2014 develop and implement all components of the PMQI system	Develop PM System diagram	January 2014	Senior Program Coordinator, Health Promotion
		Review and approve PMQI Council Charter	January 2014	PMQI Council
	By July 1, 2015 move from a "3" to a "4" on NACCHO's	Determine criteria/method for ongoing QI project prioritization	February 2014	PMQI Council

	roadmap to a culture of quality improvement	Develop program roadmap/ logic-models for each program	March 2014	Identified program performance teams (2-3 staff per program)
		Develop SMART objectives for the update of the strategic plan (using CHIP priority areas)	June 2014	PMQI Council
		Develop goals and program-level performance measures	May 2014	Identified program performance teams (2-3 staff per program)
		Develop division-wide performance measures aligned with the strategic plan	June 2014	PMQI Council
		Review and approve PMQI Plan	August 2014	PMQI Council
		Report out on performance measures	Ongoing quarterly	Program Supervisors
		Report out on division-wide measures	Ongoing annually	PMQI Council
		Prioritization of QI projects based on identified priorities	Ongoing quarterly	PMQI Council

EVALUATING, REPORTING AND COMMUNICATING QUALITY IMPROVEMENT

Program Level Evaluation

Data Management

Data will be monitored and reported through the use of Klipfolio. Klipfolio is an online data management database that enables the tracking of data and production of reports with compelling visuals. The majority of programs will report their data on a quarterly basis to the PMQI Coordinator to be entered in to Klipfolio. Reports will be delivered quarterly to the program supervisors but can also be generated through Klipfolio at any time. Reports can be used to evaluate a program's progress toward achieving QI objectives and encourage programs to initiate improvement efforts in work processes to achieve their objectives.

Communicating Performance Measures
Program supervisors are expected to share and discuss the performance measure reports with staff at program meetings at least quarterly. Division-wide measures will be discussed annually with the division-wide leadership team.

<u>Washington County Public Health Division Level Evaluation</u>
WCPH conducted a PM self assessment to determine strengths, challenges and identify goals in moving toward a culture of QI. The PM self assessment was adapted from the Turning Point Performance Management tool by Multnomah County Health Department *(see Appendix E: Performance Management Self-Assessment Tool).* The self assessment conducted in 2013 provided baseline measures of WCPH QI processes and recognized areas that needed improvement. The self assessment guided the implementation of PMQI at WCPH.

Further evaluation of the PMQI system will be assessed using the NACCHO Roadmap Framework *(see Appendix F: NACCHO Roadmap to a Culture of Quality Improvement*) to identify where WCPH is in the process of creating a culture of QI. The PMQI Council will individually assess WCPH's progress toward achieving a culture of QI and will do so by evaluating specific elements that impact the level of QI. Elements include: leadership commitment, employee empowerment and commitment, QI Infrastructure including the PM System, PMQI Council and QI plan, teamwork and collaboration, continuous process improvement and customer focus.

Areas identified for improvement will be addressed and analyzed to identify contributing factors, flawed areas of work flow processes and to uncover causes of problems or gaps in the system. Analysis is intended to inform potential QI projects to produce the greatest impact with efficient use of resources. Results will be used to influence QI prioritization and projects for the following year.

Furthermore, creating a culture of QI involves the embodiment of QI values, behaviors and attitudes within the organization and staff. To evaluate WCPH's progress toward a culture of QI, along with the division analysis described above, employee experience will be assessed. Elements related to the "human" and "process" characteristics outlined in the NACCHO Roadmap Framework will guide the evaluation. For example, elements relating to staff feelings of being valued, training opportunities, commitment to QI, perception of leadership involvement, and implementation of QI activities will be assessed.

ATTACHED APPENDICES
>   A: Washington County Public Health Organization Chart
>   B: Washington County Public Health Strategic Plan
>   C: Glossary of PMQI Terminology
>   D: Performance Management & Quality Improvement Council Charter
>   E: Performance Management Self Assessment Tool
>   F: NACCHO Roadmap to a Culture of Quality Improvement
>   G: Quality Improvement Project Proposal Form
>   H: Quality Improvement Project Calendar
>   I: WCPH Performance Measure Tracking Spreadsheet

Sources:
Tacoma Pierce County Health Department QI Plan 2010-11

The City of Columbus QI Plan 2012

Denver Public Health QI Plan 2013

Clackamas County Public Health Division Performance Management Plan 2012-2013

Marion County PHQC Plan 2013

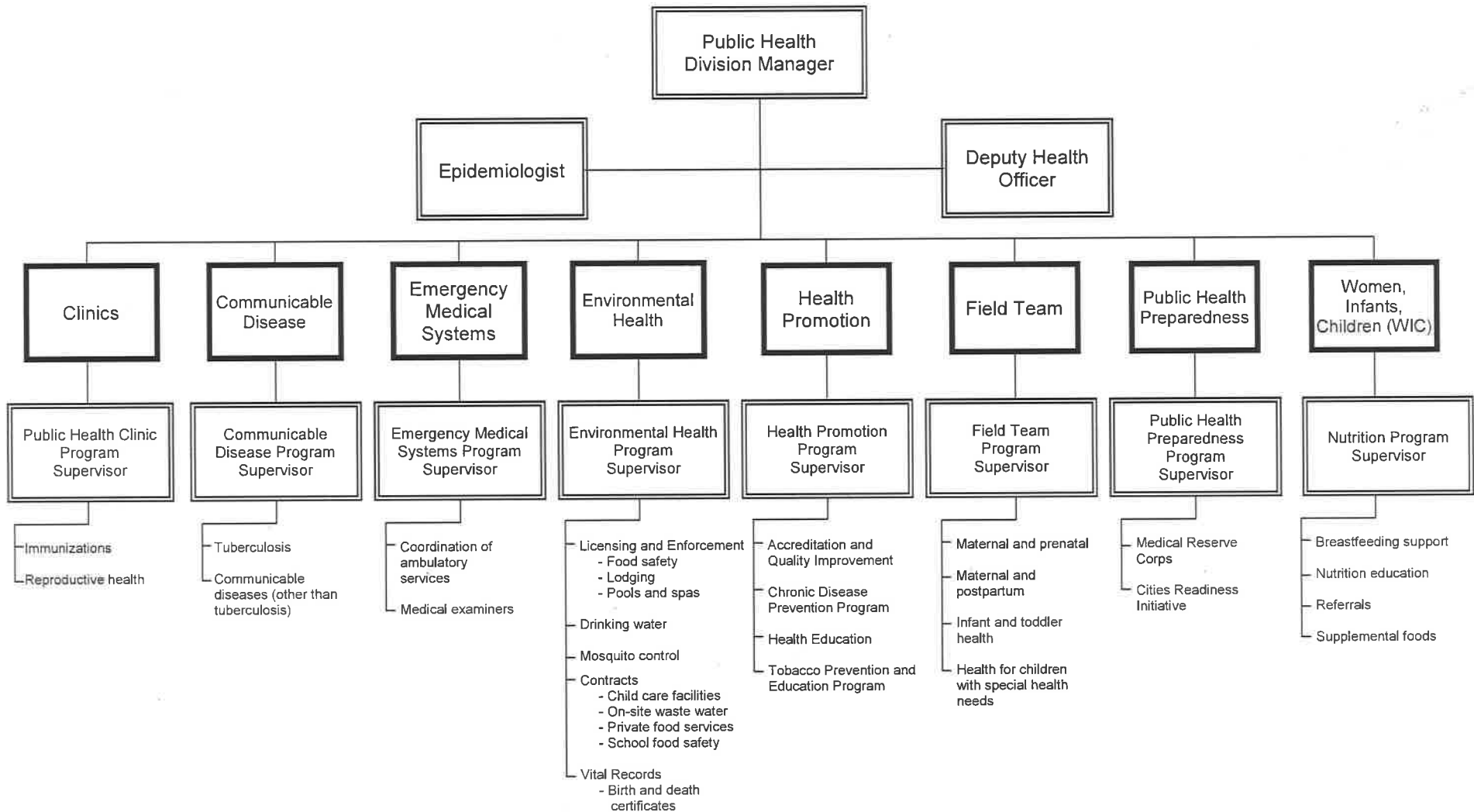Turning Point "Performance Management Collaborative"
http://www.turningpointprogram.org/Pages/perfmgt.html

NACCHO "Roadmap to a Culture of Quality Improvement"

Washington County, Wisconsin QI Plan

Healthy Columbia Willamette Health Status Assessment 2013

Appendix A

Washington County
Public Health Division
Organization Chart

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                          │   Public Health     │
                          │  Division Manager   │
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                                    │
        ┌───────────────────────────┼───────────────────────────┐
┌───────────────┐                                        ┌───────────────┐
│ Epidemiologist│                                        │ Deputy Health │
│               │                                        │    Officer    │
└───────────────┘                                        └───────────────┘
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Clinics	Communicable Disease	Emergency Medical Systems	Environmental Health	Health Promotion	Field Team	Public Health Preparedness	Women, Infants, Children (WIC)
Public Health Clinic Program Supervisor	Communicable Disease Program Supervisor	Emergency Medical Systems Program Supervisor	Environmental Health Program Supervisor	Health Promotion Program Supervisor	Field Team Program Supervisor	Public Health Preparedness Program Supervisor	Nutrition Program Supervisor

Clinics (Public Health Clinic Program Supervisor)
- Immunizations
- Reproductive health

Communicable Disease (Communicable Disease Program Supervisor)
- Tuberculosis
- Communicable diseases (other than tuberculosis)

Emergency Medical Systems (Emergency Medical Systems Program Supervisor)
- Coordination of ambulatory services
- Medical examiners

Environmental Health (Environmental Health Program Supervisor)
- Licensing and Enforcement
  - Food safety
  - Lodging
  - Pools and spas
- Drinking water
- Mosquito control
- Contracts
  - Child care facilities
  - On-site waste water
  - Private food services
  - School food safety
- Vital Records
  - Birth and death certificates

Health Promotion (Health Promotion Program Supervisor)
- Accreditation and Quality Improvement
- Chronic Disease Prevention Program
- Health Education
- Tobacco Prevention and Education Program

Field Team (Field Team Program Supervisor)
- Maternal and prenatal
- Maternal and postpartum
- Infant and toddler health
- Health for children with special health needs

Public Health Preparedness (Public Health Preparedness Program Supervisor)
- Medical Reserve Corps
- Cities Readiness Initiative

Women, Infants, Children (WIC) (Nutrition Program Supervisor)
- Breastfeeding support
- Nutrition education
- Referrals
- Supplemental foods

February 2014

Department of Health
and Human Services
Public Health Division

Washington County Public Health

Strategic Plan 2012-2016

Message from the Division Manager

I am pleased to present the Washington County Public Health Division's strategic plan for fiscal years 2012 to 2016. This plan includes strategic directions with goals and objectives that represent our firm commitment to assuring a healthy community for all of our residents. It also reflects our commitment to public accountability and effective community engagement.

We are in an environment of significant change: health care reform at the national, state, and regional levels; the drive toward national public health accreditation; the early childhood redesign priority from the Governor; and shrinking resources. With these external drivers, it is imperative that we in public health focus on initiatives and strategies that have the greatest population impact to improve health. We must create more integrated approaches to prevention, primary care, and overall health to be more efficient and more effective. We must reassess our role in the context of our communities and relationships with the larger health care system.

Through this plan we intend to achieve measureable improvement in critical public health areas. This plan reflects our commitment to mature into a more fully population-based organization. We plan to increase our cross-program initiatives and to work more effectively with community partners. It is through these activities that we will more successfully improve the health of our community.

Kathleen O'Leary, RN, MPH
Washington County Public Health Division Manager

Acknowledgments

This plan was created as a collaborative effort involving input from all of the public health staffs. We also made a concerted effort to ensure community input by reaching out to a range of partners and stakeholders. Particular thanks are due to the public health leadership team for their tireless work both internally and externally to assure a competent and robust process. Additionally, we are grateful to Donna Silverberg and Robin Gumpert of DS Consulting for their facilitation and leadership during this process.

Core Activities

Washington County Public Health achieves its mission through the following core activities:

- Promotes healthy lifestyles for residents in their communities, schools and workplaces.
- Prevents disease, disability and premature death.
- Reduces or eliminates health disparities.
- Protects the public from unhealthy and unsafe environments.
- Provides or ensures access to quality, population-based health services.
- Prepares for and responds to public health emergencies.
- Produces and disseminates data to inform and evaluate public health status, strategies and programs.

Ten Essential Public Health Services

In order to implement our core activities, Washington County Public Health will deliver these ten essential services through strong and effective partnerships:

1. Monitor health status to identify community health problems including health disparities.
2. Detect and investigate health problems and health hazards in the community.
3. Inform, educate and empower people and organizations to adopt healthy behaviors to enhance health status.
4. Partner with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Develop and implement public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of population-based health services.
8. Ensure a competent public health workforce and effective public health leadership.
9. Evaluate effectiveness, accessibility and quality of public health services, strategies and programs.
10. Research for insights and innovative solutions to public health problems.

## Public Health Surroundings

A Changing Environment

Local health departments are on the front lines of public health and because of our work, our residents are safer and healthier, even when our work is behind the scenes. Our work to improve the public's health is rooted in our communities: schools, work places, our physical environments and our neighborhoods. We know that health is built and supported in our communities where we live, not in exam rooms intended for medical services.

We also know that the 21st century challenges to health are those related to chronic disease prevention, not the infectious diseases that we reduced last century. To address this challenge, we must retool our approaches and strategies. Chronic disease prevention requires a focus on systems, policy, and program changes rather than the person by person approach to infectious diseases. We

must embrace new tools and retrain our workforce to meet these new challenges. It will require building strategic partnerships with the reforming health care system and building wider networks of partners in order to reduce chronic diseases like diabetes and cancer. Developing policy, using integrated data sets, communicating more effectively with the public, mobilizing our communities, providing leadership, and stepping up our accountability are all examples of the public health work of our present and future.

Healthcare reform at the federal, state, and regional levels is and will continue to be a significant factor as we plan our public health work into the future. With the promise of more people covered by health insurance and more coordinated healthcare services, public health needs to assess its existing roles and determine the need for future role development. Public health involvement is crucial in achieving the triple aim of healthcare reform, which is to improve the lifelong health of all Oregonians, increase the quality and availability of care, and lower the cost of care. Oregon's healthcare reform is truly about changing the way we practice public health. We need to assess our current strategies and services and participate in and support the reform efforts.
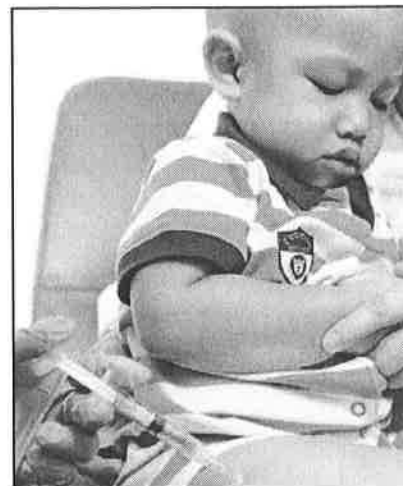
Washington County Public Health is working both locally and regionally to align with healthcare reform and participate in planning and implementation. We have two Coordinated Care Organizations (CCO) recently certified in our tri-county region: Health Share of Oregon and Family Care. Public health leadership has reached out to both CCOs and is actively participating in a shared community health needs assessment. Our commitment is to align and evolve with our CCOs in order to achieve a more integrated system with complementary health care and public health roles, responsibilities and accountability.

Local public health must shift our focus from reactive: we have X amount of dollars to provide siloed services, to proactive: what do our communities need to be healthy and how do we prioritize those needs. This will require us to clearly identify what we do well and more importantly, what we are uniquely qualified and positioned to do such as surveillance, data analysis, evaluation, convening partners to collective action and together address improving health. This will also require us to let go of work that others are more qualified or positioned to do.

Our Changing Population
Over the course of the last 20 years, Washington County has experienced significant population growth, primarily attributed to births. The population has grown by 70% since 1990, reaching 531,070 in 2010[1] with 18.9% of this population growth occurring since the year 2000. The county's population is one of the most diverse in the state with 30% of residents identifying as non-white. Washington County continues to experience significant growth in the Hispanic/Latino and Asian communities. In 2010, 15.7% of the county's population identified as Hispanic/Latino and 10.6% identified as Asian,[2] In 2008, 23% of the county's households reported speaking a language other than English[3] and 17% of people were foreign born.

1[1] Portland State University Population Research Center (PSU PRC). Accessed at http://www.pdx.edu/prc/
2[2] http://www.pdx.edu/sites/www.pdx.edu.prc/files/media_assets/2010_PL94_counties_updated.pdf
3[3] http://www.co.washington.or.us/CommunityDevelopment/Planning/upload/Consolidated-Plan-Ch-1.pdf

With over 7,750 births a year and a birth rate of 14.7 per 1,000 women Washington County's birth rate is the highest in Oregon. Most births in the county can be attributed to women who identified as Hispanic (24 per 1,000) and Asian/Pacific Islander (18 per 1,000); the lowest birth rates are attributed to women who identified as white (12 per 1,000) [4]. As a result, Washington County has a relatively young population, with 35% of the population under age 24 [5]. Approximately 64% of the population is between 18 – 64 years of age and 10% are 65 years of age or older [6].

Washington County is diverse in measures beyond race and ethnicity. These measures include education, employment, poverty status, and access to care. Jobs in the county range from the high-tech corridor to migrant farm work. In 2010, approximately 19% of 18-24 year olds had less than a high school education (compared to 16% statewide). There are, however, striking differences by race and ethnicity (Table 1).

Table 1. Educational Attainment for the Population 25 Years and Over, Washington County 2010 [7]				
	Asian	White	Hispanic	Total
Less than high school	9%	6%	42%	9%
High school grad/some college/ Assoc. degree	30%	46%	32%	52%
Bachelor's degree	31%	27%	7%	26%
Graduate or Professional degree	30%	12%	4%	13%

Public Health Accreditation

Washington County Public Health is seeking accreditation from the National Public Health Accreditation Board, a national organization that accredits Tribes, states, Territories and local public health agencies. While this accreditation is voluntary at this time, it is anticipated that future federal and state public health funding will be tied to accreditation status.

Accreditation provides a means for health departments to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. This process will challenge us to think about improving public health practice. It is not a checkbox process but instead will require us to improve quality, performance and have greater accountability and transparency. Additionally, it will not be a static process. Rather, accreditation will require ongoing consistent and high quality public health practice and deliverables.

Accreditation requires that we document our capacity to deliver the three core functions of public health and the ten essential public health services. This includes a vision, mission and purpose that demonstrate a commitment to continued quality improvement and improved performance.

Washington County Public Health is in the process of completing the accreditation application pre-requisites: a strategic plan, a community health assessment and a health improvement plan. We intend to submit the application for accreditation in the fall of 2013.

4[4] OR CHS VistaPHw.
5[5] PSU PRC.
6[6] OR CHS VistaPHw.
7[7] US Census, 2010 ACS.
7[6] OR CHS VistaPHw.
7[7] US Census, 2010 ACS.

Changing Public Health Practice

Local epidemiological data suggests that the burden of disease and related health inequities are due in large part to the conditions in which people are born, grow, live, work and age. As a result, public health practice is shifting its focus away from individual clinical interventions to a broad population-based approach. This is clearly illustrated in the five-tiered pyramid in below.
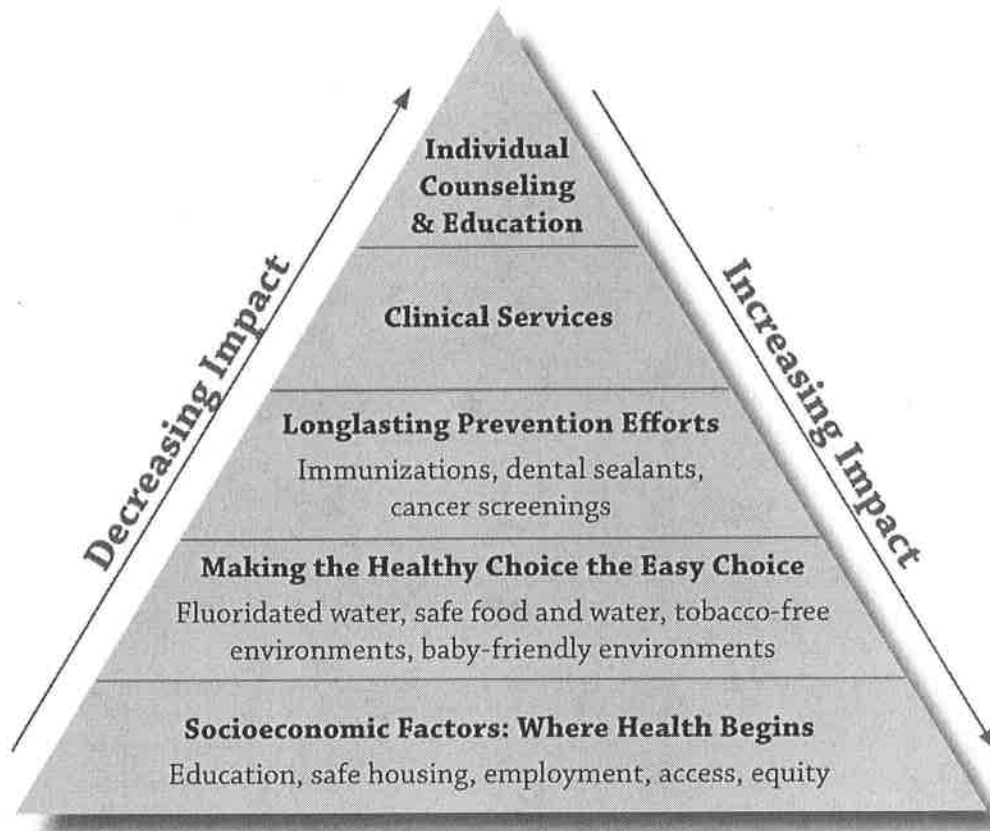
Graphic adapted from Thomas Frieden's Health Impact Pyramid

In order to improve the health of our communities, we need to develop strategies and interventions that focus on the bottom of the pyramid. These population-based approaches represent interventions with the greatest impact for the most people in our communities. The interventions described near the top of the figure are valuable, but their impact is limited to individual services and outcomes. Additionally, these types of interventions typically focus on treatment rather than prevention, which is costlier and not sustainable.

Workforce Development

Just as our organization is challenged to identify a clear path to address changing and future public health needs, we as a workforce must also rise to meet these challenges. We will do this by assessing the work we do and how we do it. We must also assess our existing knowledge, skills and abilities and implement a plan to develop skills needed for the future. Changes in public health practice will require us to do things differently and move in directions that may be unfamiliar to many staff. In an effort to meet the changing health needs of the community it will be necessary to re-direct and re-train staff

from direct service delivery to population-based public health practices. Washington County Public Health is fortunate to employ skilled, dedicated and diverse staffs who are essential assets that personify our values in action.

The Strategic Planning Process

Mission, Vision and Values
Washington County Public Health enlisted the help of an independent facilitation team, DS Consulting, and began developing its strategic plan in March of 2011. The Public Health supervisors – hereafter called the leadership team – engaged in a discussion about the department's mission, vision and values. Starting with the County 2020 Strategic Plan to assure alignment with the direction from our Board of County Commissioners, the leaders then reached consensus on a mission and vision. An iterative process progressed over the year. Supervisors worked with their staffs then returned to the leadership team to further refine the documents and to reach consensus on values that complement the mission and vision.

Mission: Washington County Public Health improves and protects the public's health across the lifespan through prevention, education, partnerships and healthy environments.

Vision: *Healthy People, Thriving Communities*

INTEGRITY
We are honest, reliable, ethical and trustworthy; we do what we say we will do.

RESPECT
We treat each other with courtesy and kindness; we recognize and appreciate diversity among us; we are compassionate and sensitive to the needs of others.

EXCELLENCE
We are committed to high quality work that produces outstanding results; we are knowledgeable, effective and dedicated.

VALUES

COMMUNICATION
We openly share information and actively listen to each other to promote a positive, inclusive work environment.

TEAMWORK
We utilize our strengths to work together to achieve our goals while encouraging individual contribution and responsibility.

PROFESSIONALISM
We take pride in our work; we aspire to continually grow, learn and improve; we speak and act in ways that support these values.

Engagement Process

From October 2011 through June 2012, the Washington County Public Health leadership team engaged its staff and community in discussions to vet and refine the strategic plan components.

Leadership Team Engagement

From March through June 2012, the leadership team reserved time at their monthly meetings to focus on strategic planning. They provided guidance and oversight that kept staff informed and engaged in the process, listened to and captured the voice of community partners, and developed a cohesive and comprehensive plan. They engaged staff in discussions about emerging developments from the strategic planning process. They also set up and facilitated community stakeholder focus groups and key informant interviews to expand the engagement process.

The leadership team examined Washington County Public Health's key internal and external considerations through a brief strengths (internal), weaknesses (internal), opportunities (external) and threats (external) exercise (SWOT analysis) and found that:

- (*Internally*) The organization holds excellent human capital, infrastructure and communication. It will look to bolster these strengths via additional staff development opportunities, better infrastructure supports like trainings, new tools and surge capacity. It is also clear that our workforce will need to make a definitive shift to monitor and report on performance measures and outcomes.
- (*Externally*) The leadership team sees the complexities of health care transformation, tightening resources and changing populations as important factors requiring strong community partnerships, continued focus on health equity and being open to opportunities to maintain an active public health voice in all relevant discussions and movements.

Key Public Health Priorities

As a result of the SWOT analysis, the leadership team developed an initial set of key public health priorities: health at every age, size and ability – starting early; align with and actively participate in healthcare reform; focus on the bottom of the pyramid to improve health; and strengthen our successes. These were refined and goals and objectives were developed by engaging staff and community stakeholders.

Both internal staff and external stakeholders identified *communication* as the foundational component for all Washington County Public Health efforts. We will provide leadership and education to the public about health care reform, the role public health plays in this changing environment, and what we are doing to improve the overall well-being of Washington County's citizens. Communication will take various forms and is a common thread through each of the additional themes described below.

Staff Engagement

In March 2012, Washington County Public Health staff was convened to review the work developed by them and their leadership team to date, to reflect on the key public health priorities and to offer additional suggestions for how to meet those priorities through short- and long-term strategies and actions. Over 100 staff participated in this discussion.

Staff was engaged in lively discussions in cross-program groups to develop specific suggestions and ideas about how to meet the key priorities. Overall, the message was to stay open and willing to use

innovative techniques and processes while maintaining successful public health practices. Several thematic areas were identified:

Priority #1: Support health at every age, size and ability, starting early.

- Focus on education and health promotion efforts in schools – healthy lunches, physical activity, health education
- Prevention – obesity prevention initiatives, tobacco-free environments, physical activity education and promotion

Short-Term Objectives:
- In collaboration with *OSU Extension*, identify at least two projects related to sustainable food systems in Washington County.
- Complete at least one Health Impact Assessment (HIA) and identify at least two additional HIA possibilities.
- Develop and implement a community partner outreach plan that identifies public health leaders actively participating with existing coalitions and workgroups.
- Identify the need for other coalitions and workgroups and develop plans for addressing gaps.

Long-Term Objectives:
- In collaboration with OSU Extension and building upon previous projects, develop a food systems action plan.
- Collaborate with Land Use & Transportation to complete at least two additional HIAs related to emerging Washington County projects.
- Work cohesively with community coalitions and workgroups.
- Using a community-based strategy, ensure implementation of two to four new coalitions or workgroups.

Priority #2: Align with and actively participate in health care reform.

- Conduct health improvement assessments as a component of accreditation.
- Use evidence-based practices with measurable outcomes for all goals.
- Provide leadership in the broader health care discussions, and educate the community about changing health care policies.

Short-Term Objectives:
- Complete a community health assessment that is specific to Washington County and resonates with both the four-county regional health assessment and the Coordinated Care Organizations.
- Share the results of the health assessment with stakeholders and the community-at-large.
- Develop a health improvement plan focused on addressing chronic illness through implementation of evidence-based interventions.

Long-Term Objectives:
- o   Update the community health assessment at least every five years.
- o   Implement the highest priority health improvement plan strategies.

Priority #3: Focus on the bottom of the pyramid to improve health.

- Equity – Provide access to care via physical and cultural avenues.
- Integration of services – Align physical, dental, mental and environmental health.

Short-Term Objectives:
- o   Identify health-related issues that impact high school graduation rates and ensure that they are included in the community health assessment and resultant health improvement plan.
- o   Establish and convene Washington County Public Health Advisory Board (PHAB).

Long-Term Objectives:
- o   Engage education and community partners to address the health risk factors associated with poor high school graduation rates.
- o   Washington County PHAB will develop and implement a work plan for public health priorities.

Priority #4: Strengthen our successes.

- Live our best practices – Model through internal policies and activities that support healthy living.
- Partner – Work with partners to ensure integration of services and clearly identify public health links to all other social services. Partners include other county health departments, state agencies, city and county agencies, local citizens groups, private businesses, nonprofits and others.

Short-Term Objectives:
- o   Assess current workforce skills and develop a plan to improve skills related to coalition-building, program evaluation, health impact assessments, focus groups and performance management.
- o   Develop a plan redirecting staff from direct service to population-based public health.
- o   Develop comprehensive quality improvement process.
- o   Complete the application for public health accreditation.
- o   Increase the visibility of public health in the community by developing a communications plan.

Long-Term Objectives:
- o   Implement and evaluate the training plan.
- o   Evaluate staff expertise in delivering population-based services.
- o   Implement and institutionalize comprehensive quality improvement.
- o   Attain accreditation status.

Community Stakeholder Engagement

Focus group sessions and key informant interviews were conducted in April and May 2012 to gather additional perspectives and feedback from our community stakeholders. Over 20 stakeholder groups participated over the course of ten different sessions and interviews.

These stakeholders were asked about their experience working with the department, their views on the role of public health in Washington County in light of the new healthcare reform environment, and where they saw opportunities for public health to expand its role in this new environment. We asked them what they valued from public health, what is missing and what they saw as community health needs into the future. They identified leadership, communication, focused technical assistance and prevention as key areas of focus.

- **Leadership**: Washington County Public Health is seen as a key leader –
  - As health experts – Help the community with comprehensive approaches to complex issues and build health into community plans.
  - As conveners – Bring people together to identify and solve community health problems.
  - As partners – Participate in community dialogues to support health messaging, promotion and education; be an active leader and local voice in CCO discussions.
  - To integrate social services – Think as a community health system, connecting public health to education, transportation, parks and housing.

- **Communication**
  - Inform the community about public health strategies, interventions and services.
  - Inform the community about changes in health care and early learning policies and the development of coordinated care organizations in the tri-county area.

- **Focused technical assistance**
  - Provide needed technical assistance in such areas as infectious disease, maternal/child health, cancer screenings and providing environmental health data.

- **Prevention**
  - Focus on primary prevention that keeps people healthy in the first place.
  - Work with partners to ensure public access to healthy living through safe neighborhoods, parks, transportation, safe housing and smoke-free environments.

Strategic Direction

In order to fulfill our mission and align with current public health practice, Washington County Public Health will transition to the following directions:

- Increase our leadership role in community engagement for healthy communities.
- Focus on health beyond health care services.
- Increase our coalition-building practices by connecting agencies and organizations to improve health—become the "health match-maker."
- Focus on internal and external policy, systems and environmental change.
- Focus on areas that impact health now and into the future—based on epidemiological data.
- Ensure that best practices are researched and implemented.
- Consistently use an equity lens in all of our work.
- Consistently incorporate a communications plan into all program planning and activities.

Appendix C

PMQI Glossary

Accreditation – Accreditation through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards; the issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity; and the continual development, revision, and distribution of public health standards. (PHAB)

Baseline – A reference point used to indicate the initial condition against which future measurements are compared (http://medical-dictionary.thefreedictionary.com/baseline)

Benchmark - Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as "best practices" in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf)

Community Health Improvement Plan (CHIP) - A long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities, coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of community inclusively and should be done in a time manner. (Crook performance management system)

Culture of Quality Improvement (CQI) – The embodiment of quality improvement in an organizations core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations. (Roadmap to a culture of quality improvement)

Just-in-time Training – a term used to describe knowledge made available just when it's needed. It is an educational system that shortens the time between learning and application. In Quality Improvement, just-in-time training can be used during the implementation of a QI project to familiarize team members with QI tools and methods.

Kaizen- Kaizen is a Japanese management concept for incremental change that translates directly to "change to become good". Key elements of kaizen include quality, effort, involvement of all employees, willingness to change and communication. (http://www.valuebasedmanagement.net/methods_kaizen.html)

Lean - Establishes a systematic approach to eliminating waste and creating improved work flow throughout the whole organization. A planned, systematic implementation of LEAN leads to improved quality, more resources, increased reputation and demand, greater productivity, through-put and improved morale. (Crook performance management system)

Mission – A mission statement is a description of the unique purpose of an organization. The mission statement will serve as a guide for activities and outcomes and inspires the organization to make decisions that will facilitate the achievement of goals. (See PM Glossary of Terms on desk for APA citation)

Objectives - Objectives are statements that explain how plan goals will be achieved. These are focused on short term or medium term impacts and fall under much larger and broader goals or missions. (http://www.health.vic.gov.au/regions/southern/downloads/Tip-sheet-writing-measurable-objectives.pdf)

Performance management (PM)- is the practice of actively using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to inform managers about needed adjustments or changes in policy or program directions to meet goals, to frame reports on the success in meeting performance goals, and to improve the quality of public health practice ("Performance Management Collaborative", 2005)

Performance management system- A fully functioning system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Turning Point)

Performance measures- are the application and use of performance indicators and measures. ("Performance Management Collaborative", 2005)

PHAB- Public Health Accreditation Board. A national accrediting organization for public health departments. PHAB was formed as the non-profit entity to implement and oversee national public health department accreditation and 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 heatlh of the public by advancing the quality and performance of all public health departments in the US through national publc health department accreditation. (PHAB) (Turning Point)

PHAB domains - 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. (PHAB website)

PHAB standards - Standards are the required level of achievement that a health department is expected to meet. These standards fall under PHAB Domains. (PHAB website)

PHAB measures - Measures provide a way of evaluating if the PHAB standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a measure. (PHAB website)

Plan- Do- Check- Act (PDCA) - PDCA refers to a continuous and ongoing effort to achieve measureable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community ("The ABCs of PDCA" by Grace Gorenflo and John W. Moran, NACCHO). PDCA is a four-step quality improvement method in which step one is to plan an improvement, step two is to implement the plan, step three is to measure and evaluate how well the outcomes met the goals of the plan, and step four is to craft changes to the plan needed to ensure it meets its goal. The "PDCA cycle" is repeated, theoretically, until the outcome is optimal. (Crook County Health Department performance management system)

PMQI Council- A cross-sectional group of agency leaders and key staff responsible for overseeing the implementation of the performance management system and QI efforts. (Turning Point)

Process measures/ outcome measures – A process measurement is used to determine if the process for a program is stable and functioning effectively to produce favored outcomes, while an outcome measurement is used to measure the success of the system and evaluate the effectiveness it has on making a difference in people's lives. ("Understanding Process and Outcome Measures" Susan Mellott PowerPoint online)

Public Health Accreditation Board (PHAB) - is a nonprofit organization dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (PHAB website)

Quality Improvement (QI)- The establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements and reports. ("Performance Management Collaborative", 2005)

Quality Improvement Plan- The set of improvement projects and activities with defined objectives, tactics, resources, timelines, measures, and targets. The QI plan is intended to focus the organization on the high priority QI activities during the planning cycle. The QI plan is established by evaluating and prioritizing the strategic plan, customer gaps, process gaps, organization directions, employee gaps and prior learning. (NACCHO- Org. Culture of Quality Self-Assessment Tool)

Quality improvement project - Quality improvement in public health is the use of a deliberate and defined improvement process which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Marion PHQC Plan)

Strategic management - In contrast to strategic planning, is the larger process that is responsible for the development of strategic plans, implementation of strategic initiatives, and ongoing evaluation of their collective effectiveness. A strategically managed public organization is one in which budgeting, performance measurement, human resource development, program management and all other management processes are guided by a strategic agenda that has been developed with buy-in from key actors and communicated among external constituencies as well as internally. (Crook County Health Department performance management system)

Strategic Plan- A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (NACCHO- Organizational Culture of Quality Self-Assessment Tool)

Strategic planning – The process an organization uses if clarifying its mission and vision, defining its major goals and objectives, developing its long-term strategies for moving an organization into the future in a purposeful way, and ensuring a high level of performance in the long run. (Crook County Health Department performance management system)

Stretch goal – A stretch goal is a long term goal aimed at making desirable outcomes that are *currently impossible,* achievable at some future time. (www.green-innovations.asn.au/what-are-stretch-goals.rtf)

Turning point – An initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation with the mission to strengthen the public health systems in the United States by making them more community-based and collaborative. Turning Point was based on the recognition of social and environmental impacts on poor health and quality of life that can't be addressed through disease models of intervention alone. The capacity of public health systems to respond to emerging challenges can be strengthened by linking sectors, such as education, health care, criminal justice and others, to strengthen community support and better meet the needs of populations. ("About Turning Point", 2006)

Values – Values (and principle) describe how the work is done, what beliefs are held in common as the basis for the work (PHAB)

Vision – Vision is a statement of the agency's goal – why it does what it does and what it hopes to achieve (PHAB)

Appendix D

Program Name: Performance Management and Quality Improvement

Prepared By: Erin Mowlds

Date: 12/05/2013

A Purpose of the Performance Management & Quality Improvement (PMQI) Council

Purpose

The Performance Management and Quality Improvement (PMQI) Council provides oversight and demonstrated organizational commitment to performance management and Quality Improvement for Washington County Public Health Division. The Council prioritizes the division's performance improvement focus areas based on the Division's strategic plan and staff and leadership input. The Council is committed to providing support for Public Health Division staff to participate in Quality Improvement projects and in the process to develop and monitor program-level performance measures. The Council ensures that performance data is used to inform the work conducted across the Public Health Division.

Primary Function and Description of Work

1. Develop, track and report out on division-wide performance measures
2. Track performance data (program-level and division-wide "lines of sight")
3. Identify areas for improvement using performance data
4. Prioritize Quality Improvement focus areas and commit to QI projects
5. Support and dedicate resources to prioritized projects (staff time, etc.)

1. **Overall Goal: Develop and maintain a performance management system for the Public Health Division**

   Objectives for the PMQI Council:

   - By December 2013, the PMQI Council will approve and sign the PMQI Council Charter
   - By March 2014, the Council will review and approve the Performance Management and Quality Improvement Plan
   - By May 2014, the Council will determine the first set of division-wide performance measures
   - By April 2014, the Council will review program-level performance management progress (program "roadmaps" or performance indicators and measures developed by the program areas)
   - By April 2015, there will be documented use of program performance data to inform work conducted by the Public Health Division
   - By May 2015, the Council will report out on division-wide performance measures

2. **Overall Goal: Develop a culture of Quality Improvement across the Public Health Division**

   Objectives for the PMQI Council:

   - By January 2014, the PMQI Council will determine the method and criteria for ongoing QI project prioritization
   - By February 2014, the PMQI Council will review and prioritize the first list of potential Quality Improvement projects
   - By December 2015, the Council will ensure that all public health division staff will have some level of engagement (as a team member or providing input to a team) in at least one QI project.

Appendix D

B   PMQI Council Member Roles

Role of a PMQI Council member

Each member will ensure communication to their respective program area staff about the performance improvement priority areas and the commitment to performance management and Quality Improvement across the Public Health Division. Each member will work with the PMQI Coordinator (Erin Mowlds) to determine the best way to communicate with their program team.

C   PMQI Council Meetings

Meeting Schedule and Process

Meetings will coincide with the monthly Supervisor's Meeting as a standing agenda item. Supervisor's Meetings are held on first Thursdays from 8:00am to 11:00am. The PMQI Council meeting time will vary depending on the Supervisor's Meeting agenda.

Appendix D

Membership

The PMQI Council will consist of the following members:

_____ 12/5/13
Frank Brown, Environmental Health Licensure Supervisor

_____ 12/5/13
Jonathan Chin, Emergency Medical Services Program Supervisor

_____
Lourdes Diaz, Support Unit Supervisor

_____ 12/5/13
Amanda Garcia-Snell, Health Promotion Program Supervisor

_____ 12/5/13
Trevor Hostetler, Communicable Disease Program Supervisor

_____ 12/5/13
Michele Karaffa, Public Health Clinic Program Supervisor

_____
Jon Kawaguchi, Environmental Health Program Supervisor

_____
Chris Keating, Community Health Nursing Supervisor

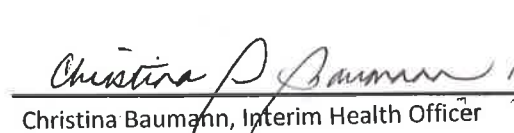_____
Sue Mohnkern, Public Health Preparedness Program Supervisor

_____ 12/5/13
Sue Omel, Field Team Supervisor

_____
Rebecca Ramos, Support Unit Supervisor

_____ 12/5/13
Kimberly Repp, Epidemiologist

_____ 12/5/13
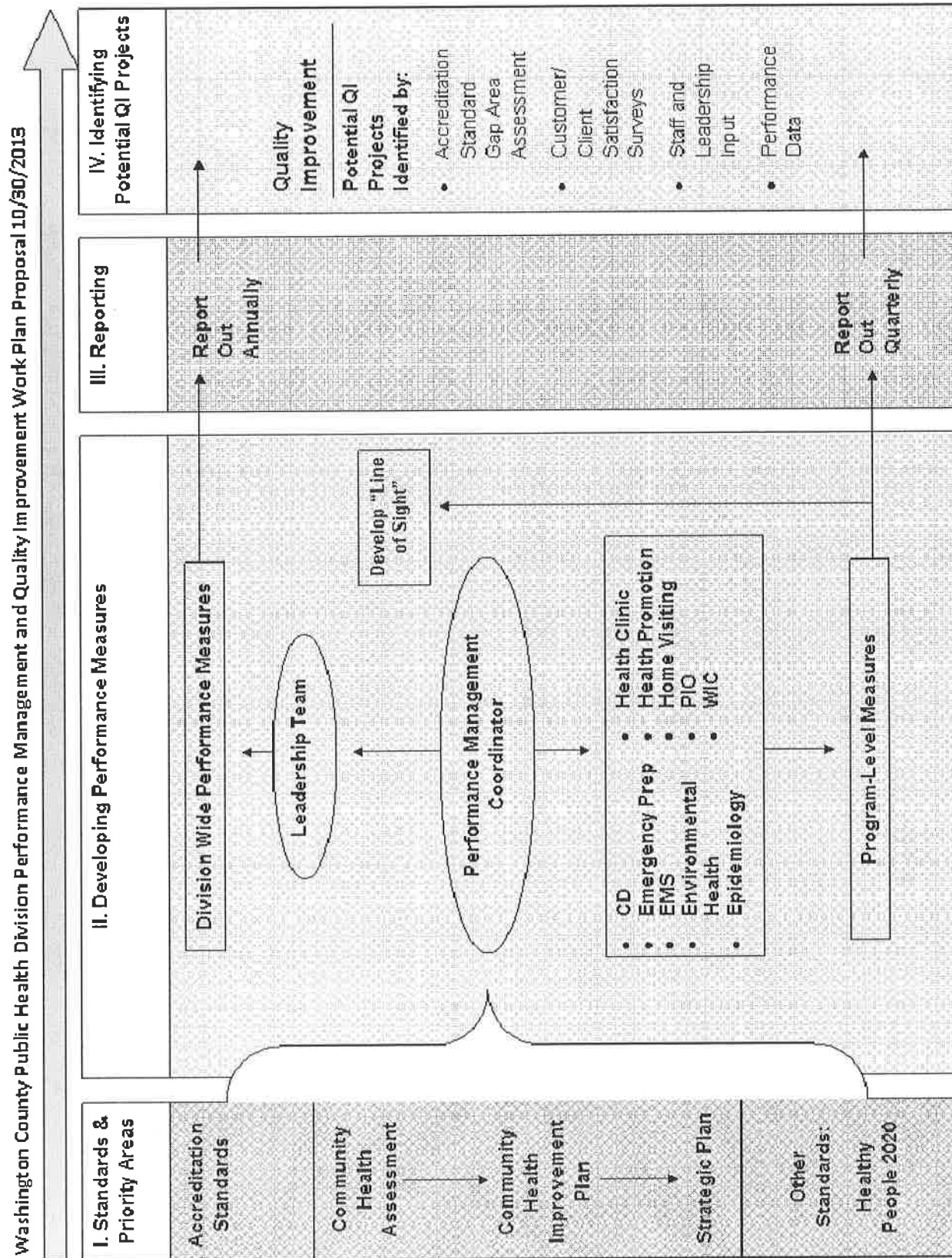Tiare Sanna, Nutrition Program Supervisor

_____
Marni Storey-Kuyl, Public Health Division Manager

_____ 5/29/14
Christina Baumann, Interim Health Officer

_____
Senior Public Health Dietitian
Tara Olson

Appendix D

Performance Management System Plan

Washington County Public Health Division Performance Management and Quality Improvement Work Plan Proposal 10/30/2013

I. Standards & Priority Areas
- Accreditation Standards
- Community Health Assessment → Community Health Improvement Plan → Strategic Plan
- Other Standards: Healthy People 2020

II. Developing Performance Measures
- Division Wide Performance Measures
- Leadership Team
- Performance Management Coordinator
  - CD
  - Emergency Prep
  - EMS
  - Environmental Health
  - Epidemiology
  - Health Clinic
  - Health Promotion
  - Home Visiting
  - PIO
  - WIC
- Develop "Line of Sight"
- Program-Level Measures

III. Reporting
- Report Out Annually
- Report Out Quarterly

IV. Identifying Potential QI Projects

Quality Improvement

Potential QI Projects Identified by:
- Accreditation Standard Gap Area Assessment
- Customer/Client Satisfaction Surveys
- Staff and Leadership Input
- Performance Data

Appendix E

Performance Management Self-Assessment Tool

Section I: Overall Readiness and Accountability

1. Is there a stated commitment from high-level leadership to a performance management system?

2. Is performance being managed for at least some priority areas that are critical to your mission and strategic plan?

3. Is performance actively managed in the following areas? (check all that apply)
  A. Health Status (e.g., diabetes rates)
  B. Public Health Capacity (e.g., communities served by a health department or program)
  C. Human Resource Development (e.g., workforce training in core competencies)
  D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)
  E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decision or system changes)
  F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)
  G. Management Practices (e.g., communication of vision to employees, projects completed on time)
  H. Service Delivery (e.g., clinic no-show rates)
  I. Other

4. Is a team responsible for integrating performance management efforts across the areas listed in 3A-I?

5. Are managers trained to manage performance?

6. Are managers held accountable for developing, maintaining, and improving the performance management system?

7. Are there incentives for performance improvement?

8. Is there a process or policy to carry out all of the components of the performance management system from beginning to end?

9. Is there a process or mechanism to align your performance management system with your strategic plan?

10. Is there a process or mechanism to align your performance priorities with your budget?

11. Do leaders nurture an organizational culture focused on performance improvement?

12. Are personnel and financial resources assigned to performance management functions?

Appendix E

Section II: Performance Standards

1. Are managers and employees held accountable for meeting standards and targets?

2. Have you defined processes and methods for choosing performance standards, indicators, or targets?
    A. Do you use existing performance standards, indicators, and targets when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)?
    B. Do you benchmark (compare yourself) against similar organizations?

3. Are your performance standards, indicators, and targets communicated throughout the organization and it's stakeholders or partners?

4. Do you coordinate so multiple programs, divisions, or organization use the same performance standards and targets (e.g., same child health standard is used across programs and agencies?

5. Is training available to help staff use performance standards?

Section III: Performance Measurement

1. Do you have specific measures for all or most of your established performance standards and targets?

2. Are assessments conducted in coordination across several divisions and across our organization to avoid duplication of efforts with data collection?

3. Have you defined a process for selecting performance measures?

4. Do you collect data for your measures?

5. Do we have staff training on setting performance standards? Do we measure ourselves against those standards?

Section IV: Reporting Progress

1. Do you document your progress related to performance standards and targets?

2. Do you make this information regularly available to the following? (Check all that apply)
    A. Managers and leaders
    B. Staff
    C. Governance boards and policy makers
    D. Stakeholders or partners
    E. The public, including media

3. Are managers at all levels held accountable for reporting performance?
    A. How often is reporting of progress part of your strategic planning process?

4. Have you decided how often is reported out?

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5. Do you have a reporting system that integrates performance data from programs, agencies, divisions, or management areas?

6. Is training available to help staff effectively analyze and report performance data?

7. Do people understand your reports and can use them for decision-making?

Section V: Quality Improvement (QI) Process

1. Do you have a process(es) to improve quality or performance?
> A. Is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)?

2. Are performance reports used regularly for decision-making?

3. Is performance information used to do the following? (check all that apply)
> A. Determine areas for more analysis or evaluation
> B. Set priorities and allocate/redirect resources
> C. Inform policy makers of the observed or potential impact of decisions under their consideration

4. Do you have the capacity to take action to improve performance when needed?
> A. Do you have processes to manage changes in policies, programs, or infrastructure?
> B. Do managers have the authority to make certain changes to improve performance?
> C. Does staff have the authority to make certain changes to improve performance?

5. Does the organization regularly develop performance improvement or QI plans that specify timelines, actions, and responsible parties?

6. Is there a process or mechanism to coordinate !I efforts among programs, divisions, or organizations that share the same performance targets?

Overarching question
1. Are personnel and financial resources assigned:
- to make sure efforts are guided by relevant performance standards and targets?
- to collect performance measurements data? And, is training available to help staff measure performance? Do we have training on setting performance standards? Measuring ourselves against those standards?
- to allocate to your QI process?
- to analyze performance data and report progress?

2. Where do you think the leadership for developing a performance management should be? Which team, body, person?

3. We're planning on scheduling some PM/QI work sessions with DLT and QLT in the coming months with an expert consultant. Given what we just discussed today with the assessment, do you have any other reflections or comments regarding PM/QI?

Appendix E

Self Assessment

Section I: Overall readiness and Accountability

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
1. Is there a stated commitment from high-level leadership to a performance management system?			X (verbal)	
2. Is performance being managed for at least some priority areas that are critical to your mission and strategic plan?		X		
3. Is performance actively managed in the following areas? (check all that apply)				
A. Health Status (e.g., diabetes rates)		X		
B. Public Health Capacity (e.g., communities served by a health department or program)		X		
C. Human Resource Development (e.g., workforce training in core competencies)	X			
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)		X		
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decision or system changes)		X		
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)		X		
G. Management Practices (e.g., communication of vision to employees, projects completed on time)		X		
H. Service Delivery (e.g., clinic no-show rates)		X		
I. Other				

Notes: Varied by program with Emergency Medical Services and Environmental Health having the most "Y's"

Appendix E

Section I continued...

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
4. Is a team responsible for integrating performance management efforts across the areas listed in 3A-I?	X			
5. Are managers trained to manage performance?	X			
6. Are managers held accountable for developing, maintaining, and improving the performance management system?	X			
7. Are there incentives for performance improvement?	X			
8. Is there a process or policy to carry out all of the components of the performance management system from beginning to end?	X			
9. Is there a process or mechanism to align your performance management system with your strategic plan?	X			
10. Is there a process or mechanism to align your performance priorities with your budget?	X			
11. Do leaders nurture an organizational culture focused on performance improvement?	X			
12. Are personnel and financial resources assigned to performance management functions?	X			

Notes: Virtually "N" across the board except EMS and EH which had a mix of "S"'s and "Y"'s

Appendix E

Section II: Performance Standards

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
1. Are managers and employees held accountable for meeting standards and targets?	X			
2. Have you defined processes and methods for choosing performance standards, indicators, or targets?		X		
A. Do you use existing performance standards, indicators, and targets when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)?		X		
B. Do you benchmark (compare yourself) against similar organizations?		X		
3. Are your performance standards, indicators, and targets communicated throughout the organization and it's stakeholders or partners?	X			
4. Do you coordinate so multiple programs, divisions, or organization use the same performance standards and targets (e.g., same child health standard is used across programs and agencies?	X			
5. Is training available to help staff use performance standards?	X			

Notes: Environemental Health had mostly "Y"'s in this section but everyone else was somewhere in between "S" and "N"

Appendix E

Section III: Performance Measurement

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
4. Do you have specific measures for all or most of your established performance standards and targets? *Prompts: Does every measure have a clear definition? Is a clear unit or measure defined for quantitative measures? Has interrater reliability been established for qualitative measures?*	X			
2. Are assessments conducted in coordination across several divisions and across our organization to avoid duplication of efforts with data collection?	X			
3. Have you defined a process for selecting performance measures? Prompts: *Do you use existing sources of data whenever possible? Do you use standardized measures (e.g., national program or health indicators) whenever possible? Do your measures cover a mix of capacities, processes, and outcomes?*	X			
4. Do you collect data for your measures?		X		
5. Do we have staff training on setting performance standards? Do we measure ourselves against those standards?	X			

(State of Development spans the No / Somewhat / Yes / Not sure columns)

Notes: EH and EMS had more "S"'s and "Y"'s

Appendix E

Section IV: Reporting Progress

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
1. Do you document your progress related to performance standards and targets?		X		
2. Do you make this information regularly available to the following? (Check all that apply)				
A. Managers and leaders		X		
B. Staff	X			
C. Governance boards and policy makers	X			
D. Stakeholders or partners	X			
E. The public, including media	X			
3. Are managers at all levels held accountable for reporting performance?	X			
A. How often is reporting of progress part of your strategic planning process?	X			
4. Have you decided how often is reported out?	X			
5. Do you have a reporting system that integrates performance data from programs, agencies, divisions, or management areas?	X			
6. Is training available to help staff effectively analyze and report performance data?	X			
7. Do people understand your reports and can use them for decision-making?	X			

Notes:

Appendix E

Section V: Quality Improvement (QI) Process

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
1. Do you have a process(es) to improve quality or performance?		X		
A. Is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)?	X			
2. Are performance reports used regularly for decision-making?		X		
3. Is performance information used to do the following? (check all that apply)				
A. Determine areas for more analysis or evaluation		X		
B. Set priorities and allocate/redirect resources		X		
C. Inform policy makers of the observed or potential impact of decisions under their consideration	X			
4. Do you have the capacity to take action to improve performance when needed?				
A. Do you have processes to manage changes in policies, programs, or infrastructure?		X		
B. Do managers have the authority to make certain changes to improve performance?		X		
C. Does staff have the authority to make certain changes to improve performance?		X		
5. Does the organization regularly develop performance improvement or QI plans that specify timelines, actions, and responsible parties?	X			
6. Is there a process or mechanism to coordinate !I efforts among programs, divisions, or organizations that share the same performance targets?	X			

Notes:

Appendix E

Overarching Question

State of Development

Assessment Questions	No	Somewhat	Yes (fully operational)	Not sure
1. Are personnel and financial resources assigned:				
● to make sure efforts are guided by relevant performance standards and targets?	X			
● to collect performance measurements data? And, is training available to help staff measure performance? Do we have training on setting performance standards? Measuring ourselves against those standards?	X			
● to allocate to your QI process?	X			
● to analyze performance data and report progress?	X			

Notes: I picked the response that occured most often for every question. Overall, the responses were "No" or "Somewhat," with the exception of Environmental Health and Emergency Medical Services, who had many more "Somewhat"'s and "Yes"'s.

Roadmap to a Culture
of Quality
Improvement

A guide
to leadership
and success in
local health departments.

FALL 2012

Roadmap to a Culture of Quality Improvement

Introduction

THE PUBLIC HEALTH FIELD IS A DYNAMIC ENVIRONMENT with new health issues emerging every day. In recent years, quality improvement (QI) has been introduced to, and embraced by, the field of public health as a means to achieve efficiencies and improve quality of services during a time of tough economic and political pressures. Although QI has a notable presence in public health practice, isolated QI processes are not sufficient to balance budget cuts with competing public health priorities. Local health departments (LHDs) need a more comprehensive approach to transform organizational culture, wherein the concepts of QI are ingrained in the shared attitudes, values, goals, and practices of all individuals in the LHD. Beyond discrete process improvements, achieving and sustaining an integrated agency-wide culture of QI is necessary to achieve efficiencies, demonstrate return on investment, and ultimately impact health outcomes.

About the Roadmap to a Culture of QI

When initiating QI activity in LHDs, a natural evolution of change tends to occur, reflecting impact on both the people and processes within the organization. To gain a solid understanding of the barriers, drivers, and nuances along the journey to a QI culture, the National Association of County and City Health Officials (NACCHO) convened LHD staff responsible for leading QI efforts in their agencies across the country, as well as QI consultants who have worked with LHDs. These experts discussed the various points along a spectrum regarding the uptake of QI in LHDs and strategies to move toward a culture of QI. As a result of this meeting in April 2011, the foundation for this *Roadmap to a Culture of QI* (QI Roadmap) was built, based on real experiences of practitioners in the field.

The QI Roadmap provides LHDs with guidance on progressing through six phases or levels of QI integration until a culture of QI has been reached and can be sustained. For each phase, the Roadmap presents common organizational characteristics and incremental strategies for transitioning to the next phase. The QI Roadmap also describes six foundational elements of a QI culture that LHDs should cultivate over time. Whether a novice or advanced in QI, any LHD can adapt the QI Roadmap as a guide to understanding the current state and identifying next steps for advancing to the next stage of QI integration.

Accreditation and QI

The Public Health Accreditation Board's (PHAB's) voluntary, national accreditation program for state, local, and Tribal health departments, a cornerstone of which is QI, reinforces the increasing importance for system-wide QI in public health. The program's creators, whose development process included significant input from LHD practitioners,

> **QUALITY IMPROVEMENT (QI)** in public health is defined as the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. QI is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community.[1]

have carefully designed the accreditation process to ensure evidence of continuous QI, whereby accredited health departments must not only apply for reaccreditation every five years but must also submit annual reports demonstrating improvements in areas identified as weaknesses during the accreditation process.[2] Further, Domain 9 of the PHAB Standards and Measures Version 1.0 outlines specific requirements related to performance management and QI.[3] PHAB is partly responsible for stimulating QI activity in the field as several LHDs new to performance improvement have initiated QI as a result of preparing for accreditation. Other LHDs that are generally more advanced in QI implement QI for the sole purpose of improving performance and use accreditation as a platform for continuous QI.[4] Whether accreditation is the impetus for QI, or vice versa, these two processes must be in harmony.

Foundational Elements for Building a QI Culture

The culture of an organization is the embodiment of the core values, guiding principles, behaviors, and attitudes that collectively contribute to its daily operations.[5] Organizational culture is the very essence of how work is accomplished; it matures over several years, during which norms are passed on from one "generation" of staff to the next. Because culture is ingrained in an organization, transforming culture to embrace QI when minimal knowledge or experience with QI exists requires strong commitment and deliberate management of change over time.

Each foundational element described below reflects a fundamental principle of quality and is essential to achieving transformational change. An organization's evolution from implementation of small, discrete QI efforts or an informal application of quality concepts to complete infusion of QI into its culture will occur through a process of cultivating these foundational elements over time. Various aspects of these elements are likely already present in many health departments, but each element must be fully developed to ensure sustainability of progress toward a strong QI culture.

- **Leadership Commitment**—Senior leadership's commitment is vital for the success and sustainability of a QI culture. The health director and senior management should initiate and lead the process for transformational change, dedicate financial and human resources to QI, communicate progress, and exhibit lasting support for QI. Without leadership commitment, progress will diminish and likely result in relapse to the previous state.[6]

A primary role for senior leadership is change management. Defined as a structured approach to transitioning an organization from a current state to a future desired state, change management must be deliberately used to address challenges throughout the change process.[7] When integrating QI into culture, management can use change-management concepts and strategies to address both the **process side of change** (e.g., building the infrastructure, processes, and systems needed for effective QI) and the **human side of change** (e.g., alleviating staff resistance, maintaining transparency, meeting training needs, attaining staff support).[8]

- **QI Infrastructure**—To a build culture of QI, infrastructure must be in place to ensure that QI efforts are aligned with the organization's mission, vision, and strategic direction and that QI is linked to organizational performance. The following are components of a strong QI infrastructure:

  › **Performance Management System**—This cyclical process of measuring, monitoring, and reporting of progress toward strategic organization, division, and program goals and objectives provides a structured, data-driven approach to identifying and prioritizing necessary QI projects.[9] The performance management system (PM system) should be guided by an agency's strategic plan.

  › **PM/QI Council**—The performance management committee or QI Council (PM/QI Council) oversees the implementation of the PM system and QI efforts. This group of leaders and key staff is responsible for implementing, evaluating and revising the QI plan; supporting specific QI projects; reviewing performance data and reporting progress; and recommending next steps. All divisions/departments should be represented on the PM/QI Council.[10] (Members of a performance management committee and QI council often overlap or are the same. For simplicity, the QI Roadmap defines these terms as the same group).

  › **QI Plan**—Outlining the organization's QI goals and objectives, this living document provides direction and structure for QI efforts. Leadership should continuously evaluate and revise the QI plan to progress further and maintain momentum. The agency's strategic plan should inform the QI plan, and QI efforts should align with strategic priorities.

- **Employee Empowerment and Commitment**—When a QI culture is achieved, all employees, from senior leadership to frontline staff, have infused QI into the way they do business daily. Employees continuously consider how processes can be improved, and innovation is the norm. QI is no longer seen as an additional task but a frame of mind in which the application of QI is second nature. To achieve this state, leadership must empower employees by providing periodic training, granting authority to make decisions relative to quality, and eliminating fear of consequence or placing blame.[10,11,12] Additionally, QI champions must be identified, cultivated, and gradually diffused throughout the organization as they spread expertise and advocate for QI, reducing the impact of any staff turnover.

- **Customer Focus**—Customer service is a core tenet of quality. Services offered should be customer driven, and continuous assessment of internal and external customer needs should drive improvement efforts to meet and exceed customer expectations and prevent dissatisfaction.[13]

- **Teamwork and Collaboration**—A QI culture is an organization-wide effort that cannot be accomplished without teamwork and collaboration. Teams should routinely be formed to brainstorm, solve problems, implement QI projects, and share lessons learned.[14] Collaboration among divisions and programs must also exist to standardize processes and ultimately break silos that may exist throughout the agency.

- **Continuous Process Improvement**—Abandoning the notion of perfection, continuous process improvement is a never-ending quest to improve processes by identifying root causes of problems. Process improvement involves making gradual improvements in everyday processes to reduce variation and redundancies, improve quality of services, and increase customer satisfaction. Widely used models for continuous process improvement include Lean, Six Sigma, and Business Process Re-engineering.[15] The most widely used improvement process in public health today is Rapid Cycle Improvement through the use of successive Plan-Do-Check-Act (PDCA) cycles.[16]

Combined, these elements will lay the foundation for a comprehensive approach to transformational change that considers the processes and people involved and will lead an agency toward a sustainable QI culture.

How to Use the QI Roadmap

Breaking down six foundational elements into manageable pieces, the QI Roadmap presents organizational characteristics and transition strategies within each phase on the continuum to creating a culture of QI.

Features of the QI Roadmap

- **Organizational characteristics**, by phase, allowing LHDs to more readily determine their current level of QI integration.

- **Strategies**, delineated by each foundational element, for transitioning to the next level of QI integration, managing both the "human" and "process" sides of change, and for sustaining progress already made.

- Links to tangible **tools, templates, and resources** corresponding to the transition strategies in each phase.

- Identification of **PHAB's requirements** for performance management and QI, which appear at various points along the QI Roadmap.

How to Use the QI Roadmap

1. Assess the LHD against characteristics in each phase to determine which phase the LHD is currently in.

2. Use the corresponding resources (available on NACCHO's website) to assist with implementing the transition strategies in each phase. (Strategies identified in previous or subsequent phases may be helpful based on the degree to which the LHD has established each foundational element.)

3. Move phase by phase. After implementing strategies in one phase, assess the LHD against the characteristics in the next phase and determine if the LHD has successfully transitioned. If yes, implement the strategies using the resources in that phase. If not, return to the previous phase(s) and identify which transition strategies would assist the LHD in moving forward. Be sure to sustain progress made in previous phases.

4. Once reaching the final phase, sustain the culture of QI.

The QI Roadmap is not a prescription for developing a culture of QI but rather a general guide to provide direction and identify a non-exhaustive list of tangible strategies and resources for building a culture of QI. Each LHD is different and is beginning with its own organizational culture and challenges, which must be honored and respected during the change process to ensure smooth and successful movement along the QI Roadmap. At any given time, an LHD may find characteristics or transition strategies in multiple phases applicable. Rather than implementing all strategies within each phase, LHDs are encouraged to use the most appropriate transition strategies based on what it has already accomplished.

The Roadmap to a Culture of Quality Improvement

PHASE 1

No Knowledge of QI

In this phase, LHD staff and leadership are unaware of QI and its importance. QI is not considered as a way of doing business, evidence base is not used in decision-making, and a reactive rather than proactive approach is used to address problems.

LHD Characteristics

"Human" Characteristics:
- Leadership and staff do not know about or understand QI.
- Competing priorities impede interest in QI among leadership and staff.
- Leadership and staff may be satisfied with status quo.
- Leadership and staff do not see the value or link between QI and public health practice.

"Process" Characteristics:
- Leadership does not dedicate, or seek out, resources for QI.
- Organizational efforts are not aligned with the strategic plan.
- Data are not available or are not used in solving problems.
- LHD performance is not monitored, and decisions are not driven by data or formal processes.
- Innovation is rare.

Transition Strategies

The following strategies are intended to assist in moving LHDs from
"PHASE 1: No Knowledge of QI" to "PHASE 2: Not Involved with QI Activities."

Leadership Commitment:
- All leaders learn about, understand, and embrace the key principles of QI from a managerial and philosophical perspective.
- Leaders attend leadership training(s).
- Leaders learn about the concepts of and strategies for change management.
- Leaders assess the current organization culture (e.g., level of QI knowledge, group dynamics, leadership, communication and decision-making styles, norms, and behaviors).
- Leaders communicate to all staff and the governing entity the urgency for and benefits of QI, highlighting QI success stories in public health and other industries.

Employee Empowerment and Commitment:
- Identify staff with existing QI knowledge, experience, or expertise and engage them as QI champions. (If no expertise currently exists, seek out staff that exhibit characteristics of natural QI champions (e.g., early adopters, innovators, natural leaders, analytical thinkers).
- Leaders provide all staff with an orientation to performance management and QI, emphasizing their importance and applicability to the organization (this could be done during department-wide training(s) or all staff meetings).
- Leaders identify QI training opportunities and supply QI resources to staff. Many resources and trainings are offered through national organizations including American Society for Quality, Association of State and Territorial Health Officials, Institute for Healthcare Improvement, NACCHO, National Network of Public Health Institutes, and Public Health Foundation.

QI Infrastructure:

- Leaders identify members of a PM/QI council with all divisions/departments represented. This group will oversee the implementation of the PM system and QI program.
- Leaders work with PM/QI Council to develop a team charter, outlining the mission and roles and responsibilities of each member.
- Leaders or PM/QI Council conduct a performance management self-assessment, the first step in developing a PM system. (**For PHAB documentation requirements of PM self-assessment, see PHAB Measure 9.1.2 A.**)

Continuous Process Improvement:

- Leaders or PM/QI Council explore the different models for continuous process improvement (e.g., Lean, Six Sigma, Rapid Cycle Improvement) and determine the best fit for the agency. (Rapid Cycle Improvement through the use of PDCA cycles has been widely used in public health and is a good model for those new to QI. Other models such as Lean or Six Sigma are generally used by organizations with more experience that are addressing more complex issues. (**For PHAB documentation requirements on use of a formal improvement process, see PHAB Measure 9.2.2.**)

Visit http://www.qiroadmap.org/phase-1/ to access resources, tools, and templates to assist with implementing transition strategies in the "No Knowledge of QI" phase.

PHASE 2

Not Involved with QI Activities

In this phase, leadership understands and discusses QI with staff but does not enforce the implementation of or dedicate sufficient staff time and resources for QI.

LHD Characteristics

"Human" Characteristics:

- Leaders understand, and staff are beginning to understand, QI concepts and their link to LHD practices.
- Leadership have little or no expectations of staff to engage in QI.
- Staff may view QI as a trend or temporary activity.
- Resentment among staff around the use of QI may be building (i.e., fear of being punished, worry about additional work).
- Very few training opportunities exist for staff.
- Very few QI champions exist.

"Process" Characteristics:

- Problems are randomly or inconsistently addressed.
- Leadership and staff do not know where or how to access data.
- Decisions are made without use of data or evidence base.
- Simple, informal elements of QI exist (e.g., evaluation activities, some data collection).
- Resources and staff time allocated for QI are very limited.
- Redundancies and variations in processes are common.

Transition Strategies

The following strategies help LHDs move from
PHASE 2: Not Involved with QI Activities" to "PHASE 3: Informal or Ad Hoc QI."

Leadership Commitment:
- Leaders begin to identify and seek out additional resources for QI.
- Leaders continue to dedicate additional human and financial resource to QI.
- Leaders incorporate QI into the organization's value statement and guiding principles.
- Leaders work with PM/QI Council to develop a plan for the change process using deliberate change-management strategies and including timelines, costs, short- and long-term goals, communication and training plans, and implications for staff and stakeholders.

Employee Empowerment and Commitment:
- PM/QI Council provides staff at every level with basic trainings in performance management and QI.
- PM/QI Council and QI champions engage in advanced training opportunities to enhance their knowledge and ability to lead QI efforts and offer technical assistance to staff.
- Leaders assess the source of any staff resistance and develop strategies to counter resistance through effective messaging, training, and incentives. (Resistance is often due to fear of blame, lack of QI knowledge and skills, perceived lack of time, etc.)
- Leaders continue to provide staff with access to QI resources, tools, and templates.
- Leaders and QI champions attend national conferences and meetings to learn about QI.

QI Infrastructure:
- PM/QI Council assumes ownership of all QI efforts, reporting to and consulting with leaders as appropriate.

- PM/QI Council identifies aspects of core operations and program areas for which performance is already being measured and data are being collected or are available.
- PM/QI Council develops a plan for establishing and implementing a PM system to monitor achievement of organizational goals and objectives. (**For PHAB documentation requirements of a PM committee, see Standard 9.1.**)
- PM/QI Council drafts a QI plan with time-framed and measureable goals and objectives. (In early phases, the QI plan will likely be nascent and will need to be updated and revised as QI infrastructure matures and activity increases. **For PHAB documentation requirements of a QI plan, see Measure 9.2.1 A.**)

Customer Service:
- Identify the agency's customers and stakeholders to determine where customer satisfaction should be assessed. (These individuals may have been previously identified as a part of a strategic planning or health improvement planning process. **See PHAB Measure 9.1.4 for documentation requirements.**)
- Identify existing customer satisfaction data and data needs.

Continuous Process Improvement:
- Train all staff on a formal QI model (e.g., PDSA) and the seven basic tools of quality: (1) Cause-and-effect diagram; (2) Flowchart; (3) Checklist; (4) Control chart; (5) Scatter diagram; (6) Pareto chart; and (7) Histogram.
- Identify and engage staff with data-analysis skills.
- Prioritize and sponsor QI projects and form functional QI teams to implement these projects using a formal model for improvement. (If just beginning, choose small processes with a likelihood for success.)

Visit http://www.qiroadmap.org/phase-2/ to access resources, tools, and templates to assist with implementing transition strategies in the "Not Involved with QI Activity" phase.
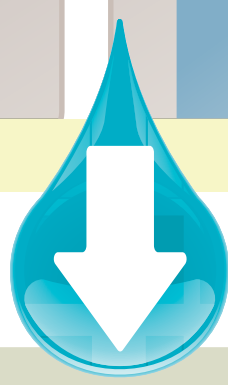
PHASE 3

Informal or Ad Hoc QI activities

Discrete QI efforts are practiced in isolated instances throughout the LHD, often without consistent use of data or alignment with the steps in a formal QI process.

LHD Characteristics

"Human" characteristics:
- Staff infrequently share lessons-learned.
- Staff may view QI as an added responsibility.
- Staff are anxious about implementing QI incorrectly or uncovering negative performance.
- Staff may be frustrated if efforts do not result in immediate improvement.
- Basic QI training and resources are more readily available, but advanced QI training may still be limited.
- Some QI champions are able to lead QI projects and mentor staff.
- Loss of a QI champion often results in regression.

"Process" Characteristics:
- QI projects may be occurring only at the administrative staff level or at other isolated times.
- Data are still not routinely used in agency operations and decision-making.
- Discrete QI projects occur but are likely not fully aligned with formal steps of a QI model (e.g., PDSA).
- QI is not aligned with organization's strategic plan or performance data.
- Multiple failed attempts to improve through QI projects may exist.
- QI efforts are often stalled due to emerging issues (e.g., budget cuts, staff turnover, H1N1 response).
- Redundancies and variations in processes still exist.

Transition Strategies

The following strategies help LHDs move from "PHASE 3: Informal or Ad Hoc QI" to "PHASE 4: Formal QI Implemented in Specific Areas."

Leadership Commitment:
- Leaders continuously communicate updates on progress and future plans, maintaining an inclusive and transparent process.
- Leaders communicate to staff key messages and begin to demonstrate concrete examples of these messages: (1) QI is not about placing blame or punishment; (2) QI is a way to make daily work easier and more efficient; (3) QI is within reach of all staff and will get easier with practice.
- Leaders work with PM/QI Council to continuously assess the culture of the agency including staff commitment and engagement and sustainability of progress toward building a QI culture.
- Leaders encourage and positively reinforce QI implementation.

Employee Empowerment and Commitment:
- The LHD continues to recruit additional QI champions to garner support and advocate for QI among staff.
- Staff celebrate QI successes.
- All staff attend training on the organization-wide performance-management process including how to develop performance measures, input and access data, identify performance gaps, and report methods and frequency.
- PM/QI Council and QI champions mentor staff and offer QI trainings and resources.
- The LHD provides advanced training in QI to those that need it, including more advanced tools of quality, statistical and data analysis, and more complex models for QI, as appropriate.

QI Infrastructure:

- PM/QI Council implements a formal process for choosing performance standards and targets and for developing respective performance measures to manage performance around core functions (e.g., human resources, information technology (IT), finance) and public health programs and services (e.g., maternal and child health, preparedness, customer service, service delivery), per the performance-management plan. Performance standards and measures are developed at the organization, division, and program level, measuring both processes and outcomes. (The process should include a mechanism to ensure alignment of standards and measures across programs, divisions, and agencies (e.g., consistent child health standards across programs and agencies) and with the agency strategic plan.)
- All staff identify performance data needs and sources.
- Leaders, PM/QI Council, and IT staff begin to explore options for a data-collection system for storing and tracking performance data (e.g., Excel, dashboard, software).
- PM/QI Council establishes a formal process for routinely reporting progress against performance standards/targets to all stakeholders (e.g., external customers, governing entity, managers, leaders) including methods and frequency of analysis and reporting.
- PM/QI Council begins to identify areas for improvement based on a gap analysis using performance data.
- PM/QI Council develops a formal process to assess progress against, and revise annually, the QI plan.
- Leaders and PM/QI Council request data prior to approving changes or making decisions.

Customer Service:

- Prioritize which programs/services to assess for, and improve, customer satisfaction. Prioritization criteria could include availability of data, number of people served, program budget, clear opportunities for improvement, strategic priorities, and high-profile programs. (If just beginning, do not try to measure all programs at once but rather begin with a few

programs as learning opportunities for customer-satisfaction measurement.)
- Develop data-collection instrument(s) and methods for assessing customer satisfaction (e.g., forms, surveys, interviews, causal observations). Commonly used core areas for assessment include (1) Accessibility; (2) Clarity; (3) Courtesy; (4) Helpfulness; (5) Timeliness; (6) Overall Satisfaction.
- Establish a formal process for analyzing customer satisfaction data, prioritizing unmet customer needs, and reporting results to continuously improve services offered. (Ensure that the customer-satisfaction measurement process aligns with the performance-measurement system, i.e., customer satisfaction data are used to report on performance measures. **See PHAB Measure 9.1.4 for documentation requirements.**)

Teamwork and Collaboration:

- All staff increase use of collaborative QI techniques for problem-solving including group brainstorming sessions and discussions.
- QI champions and staff participate in internal and external QI learning communities.
- QI champions lead functional QI teams in implementing discrete projects sponsored by the PM/QI Council.
- Leaders provide staff the opportunity to share results achieved through various mechanisms (e.g., staff meetings, storyboards on display).

Continuous Process Improvement:

- All staff practice using the seven basic tools of quality in daily work to identify root causes of problems, assess efficiency of processes, interpret findings, and correct problems.
- The PM/QI Council identifies and sponsors "winnable" QI projects using agency performance data. QI efforts are linked to strategic priorities and identified from performance data to the extent possible. (Lack of performance measures and data in this phase should not hinder initiation of discrete QI efforts as opportunities for staff to practice will facilitate learning.)

Visit **http://www.qiroadmap.org/phase-3/ to access resources, tools, and templates to assist with implementing transition strategies in the "Informal or Ad Hoc QI Activities" phase.**

Formal QI Activities Implemented in Specific Areas

Following adoption of one or more formal QI models, QI is being implemented in specific program areas, but QI is not yet incorporated into an organization-wide culture.

LHD Characteristics

"Human" Characteristics:
- Multiple QI champions and are well known among staff as QI mentors and experts.
- Formal, in-house QI technical assistance and training are available to staff.
- Successes are celebrated and lessons-learned are shared with staff.
- Several staff are embracing QI as a means to improve daily work.

"Process" Characteristics:
- Some use of data exists, but consistency and reliability issues are present.
- Data-driven decision-making is used over reactive problem-solving.
- Use of a formal QI model is well institutionalized in some areas of the agency.
- Sustainability of progress and improvements made is not consistent.
- Redundancies and variations in some process are being addressed.

Transition Strategies

The following strategies help LHDs move from "PHASE 4: Formal QI Implemented in Specific Areas" to "PHASE 5: Formal Agency-Wide QI."

Leadership Commitment:
- Leaders continuously provide regular updates on progress and future plans, maintaining an inclusive and transparent process.
- Leaders continuously assess the culture of the agency including staff commitment and engagement and sustainability of progress made through improvement efforts.

Employee Empowerment and Commitment:
- Staff are encouraged to identify quality concerns aligned with strategic plan and performance and implement staff suggestions.
- Leaders grant QI champions and staff authority to make decisions regarding quality issues in their own work processes, as appropriate.
- The LHD provides staff training in the use of evidence-based and model practices.
- Leaders make available beginner- and advanced-level trainings and resources to accommodate both new and experienced staff.
- Leaders establish a formal process to orient and train new staff in performance management and QI.
- QI champions continue to advocate for QI, mentor staff, and recruit additional champions throughout the agency.
- All staff celebrate successes around QI.

QI Infrastructure:

- Leaders and PM/QI Council implement a standardized performance management process to collect, store, monitor, analyze, and report on performance data.
- Senior leadership and PM/QI Council work with staff to link the agency strategic plan, QI plan, and all operational plans.
- PM/QI Council continuously assesses progress against QI plan.
- Senior leadership begin to request return on investment data including costs and cost savings resulting from QI efforts.

Customer Service:

- Standardize use of data-collection methods/instruments to multiple programs and services when possible.
- Establish a standardized, department-wide process for assessing customer satisfaction, developing and implementing action plans to continuously improve services offered, and report results to customers and stakeholders. (This process should be aligned with the performance-management process.)

Teamwork and Collaboration:

- QI champions and staff continue to participate in internal and external QI learning communities.
- PM/QI Council sponsors multiple QI teams across divisions and programs to implement QI efforts.
- QI teams begin to break down silos by sharing results achieved and lessons-learned with staff from other programs or divisions.

Continuous Process Improvement:

- Hold improvement gains resulting from previous QI projects through quality-control strategies such as documenting and training staff on revised processes, continuing to measure improvements, creating checklists and reminders, and performing audits.
- PM/QI Council uses performance data to identify and initiate multiple QI projects throughout the organization.
- PM/QI Council monitors improvements and works with leaders to document and standardize improved processes throughout organization.
- Identify and use evidence-based practices, when possible, and contribute to the evidence base of public health through national conferences and publications.

Visit http://www.qiroadmap.org/phase-4/ to access resources, tools, and templates to assist with implementing transition strategies in the "Formal QI Activities Implemented in Specific Areas" phase.

Formal Agency-Wide QI

QI is integrated into the agency strategic and operational plans. PM/QI Council oversees the implementation of a detailed plan to ensure QI throughout the LHD. Policies and procedures are in place and data are commonly used for problem-solving and decision-making.

LHD Characteristics

"Human" Characteristics:
- Several QI champions exist throughout the agency to mentor staff.
- Sharing of best practices and lessons-learned is common throughout the agency.
- Charts, graphs, storyboards, or other visuals illustrating improvement may be displayed throughout organization.
- The majority of staff understand how and why QI should be used in daily work, and resistance is minimal.
- Staff continuously use QI tools and techniques to improve work.

"Process" Characteristics:
- Standardized processes are in place throughout the agency.
- Progress and outcomes related to QI and strategic goals are reported widely and routinely.
- Problem-solving and decision-making are data-driven and collaborative throughout organization.
- Detailed operational plans are being used and linked to agency strategic plan and QI plan.
- QI plan is fully implemented, evaluated, and revised annually.
- Customer satisfaction is assessed systematically.
- A formal performance management system is fully in place.
- Resources and staff time are consistently allocated for QI.
- Redundancies and variations in processes are minimized throughout agency.

Transition Strategies

*The following strategies help LHDs move from "PHASE 5: Formal Agency-Wide QI" to
"PHASE 6: Organization Wide Culture of QI."*

Leadership Commitment:
- Leaders regularly update staff on progress and future plans, maintaining an inclusive and transparent process.
- Leaders continuously assess the culture of the agency including staff commitment and engagement and sustainability of progress made.
- Leaders hold QI discussions at every leadership meeting in a standardized way.

Employee Empowerment and Commitment:
- Leaders and managers incorporate QI competencies in position descriptions.
- Leaders and managers incorporate QI into performance-appraisal process.
- Staff at every level identify QI opportunities aligned with agency strategic plan and are involved with decisions regarding quality in own work processes.

QI Infrastructure:
- All staff in all divisions and program areas continue to collect, monitor, analyze, and report performance data.
- PM/QI Council uses performance data to identify and recommend QI efforts throughout the organization.

- PM/QI Council continuously assesses progress against QI plan and revises annually.
- Senior leadership routinely measure return on investment using cost and benefit values.

Customer Service:
- Continue to monitor, assess, improve, and report on customer satisfaction for all programs and services.
- Refine and improve the customer-satisfaction measurement process.

Teamwork and Collaboration:
- PM/QI Council continues to sponsor multiple QI teams across divisions and programs to implement QI efforts.
- Staff routinely form sharing sessions or use other mechanisms to exchange successes and lessons-learned.

Continuous Process Improvement:
- Continue to hold improvement gains resulting from previous QI efforts.
- PM/Council continues to sponsor QI projects, as appropriate.
- Staff continue to use, and contribute to, evidence base and model practices.

Visit http://www.qiroadmap.org/phase-5/ to access resources, tools, and templates to assist with implementing transition strategies in the "Formal Agency-Wide QI" phase.

QI Culture

QI is fully embedded into the way the agency does business, across all levels, departments, and programs. Leadership and staff are fully committed to quality, and results of QI efforts are communicated internally and externally. Even if leadership changes, the basics of QI are so ingrained in staff that they seek out the root cause of problems. They do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives.

LHD Characteristics

"Human" Characteristics:
- People are highly valued in the organization.
- Ongoing QI trainings and resources are provided.
- QI knowledge and skills are strong across majority of staff.
- Problems are viewed as "gold" by all staff.
- "Top-down" and "bottom-up" approach to QI is prevalent.
- All staff are completely committed to the use of QI to continuously improve daily work.
- Solidarity among staff is strong, and staff turnover tends to be low.
- The organization is viewed as a QI expert in the field.

"Process" Characteristics:
- Every level of staff is engaged with implementation of a fully integrated performance-management system.
- Progress is routinely reported to internal and external customers and stakeholders.
- Every level of staff is held accountable with QI competencies and action plans incorporated in job descriptions and performance appraisals.
- QI is integrated into all agency planning efforts, and all efforts align with strategic goals.
- Data analysis and QI tools are used in everyday work.
- Customer is primary focus.
- Innovation and creativity is the norm.
- Agency operations are outcome-driven.
- Return on investment is demonstrated.
- Emerging issues are viewed as opportunities to use QI, rather than reason to avoid QI.
- Agency makes ongoing contribution to the evidence base of public health through publications, national conferences, meetings, or other consulting opportunities in the field.

Visit http://www.qiroadmap.org/phase-6/ to read more about a QI culture.

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Sustaining the Culture of QI

One of the greatest challenges associated with establishing a culture of QI is sustaining progress. Too often, QI projects are implemented, but improvements are not monitored; staff are trained without the opportunity for application; QI is initiated but sidetracked by competing priorities; and expertise is built but lost through staff turnover. Every step along this QI Roadmap requires a deliberate effort to hold the gains previously made and diffuse them throughout the LHD. The further an LHD is from a QI culture, the easier it is to regress to the initial state. By carefully building each of the six foundational elements outlined in this Roadmap, LHDs can strengthen ability to sustain improvements. Even when a QI culture has been fully achieved, the LHD must continuously assess the culture and address issues that may threaten the presence of QI in the LHD.

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Glossary

Accreditation—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.

Cause and Effect Diagram—A root cause analysis tool used to identify and visually display all possible causes related to a problem.

Change Management—A structured approach to transitioning an organization from a current state to a future desired state.

Check Sheet—A tool used to record and compile data as they occur, so that patterns and trends can be identified.

Control Chart—A tool used to monitor performance over time by identifying and distinguishing common and special causes of variation.

Flowchart—A tool used to map out the sequence of events in a process.

Histogram—A graphical tool used to summarize frequency distributions over time.

Pareto Chart—A tool used to identify problems that offer the greatest potential for improvement by showing their rela-tive frequency or size in a descending bar graph.

Performance Management System—A fully functioning performance manage-ment system that is completely inte-grated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

Performance Management/QI Council—A cross-sectional group of agency leaders and key staff responsible for overseeing the implementation of the performance management system and QI efforts.

Plan-Do-Study-Act—A continuous qual-ity improvement model for improving a process. Similar to the scientific method, PDSA steps involve the development of a hypothesis (Plan), an experiment or inter-vention (Do), evaluation or data analysis (Study/Act).

Public Health Accreditation Board—PHAB is the national accrediting organi-zation 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 depart-ment accreditation.

Quality Improvement— A deliberate and defined improvement process, such as Plan-Do-Study-Act, that is focused on ac-tivities that are responsive to community needs and improving population health. QI is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indi-cators of quality in services or processes that achieve equity and improve the health of the community.

QI Champions— Staff that possess enthusiasm for and expertise in QI, serve as QI mentors to staff, and regularly ad-vocate for the use of QI in the agency.

Rapid Cycle Improvement—An improve-ment process, based on the PDSA model, that involves testing a change idea on a small scale to see how it works, modify-ing, and re-testing until customers are satisfied and it becomes a permanent improvement.

Scatter Diagram—A graphical tool used to identify the possible relationship between the changes observed in two dif-ferent sets of variables.

Strategic Plan—A strategic plan results from a deliberate decision-making pro-cess and defines where an organization is going. The plan sets the direction for the organization and, through a common un-derstanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).

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Appendix G

Washington County Public Health Division
Quality Improvement Project Proposal

Project Title:	Submitted by:

Date submitted to QI Council:	Road map attached: Yes ☐ No ☐

Briefly identify or describe the program, project or process that should be addressed with a QI project:

How does this project support our mission, vision, and/or strategic directions?

What resources and support will be needed to complete the project?

What potential impact could there be on other programs/activities if this QI project is conducted?

What are we trying to accomplish? (A brief goal statement)

What changes can we make that will result in an improvement? (Initial hypotheses and description of data needed to focus the project and the development of an intervention)

Who should be on this QI team?	Who should lead this QI team?

Appendix H

	Washington County Public Health Division Quality Improvement Project Calendar			
Date	**Program or Focus Area**	**Project**	**Status**	**Notes/ Results**
Winter 2011-Spring 2012	WIC	WIC Caseload: Effective Reminder Call Improvement Project	Completed	
November 2012 -January 2014	Health Clinic	Phone appointment line improvement project	Completed	Success in improving the phone system for WCPH
Kaizen Event Feb 10th-14th 2014	Environmental Health	Kaizen: Childcare Inspection Process	Completed	Resulted in standardized, improved process; Performance measures related to this event will go be measured starting July 2014
Project Proposal; date not determined	Field Team and other programs servicing and communicating with clients	Revise cell phone texting policy to increase communication with clients	Project Proposal Submitted	
Project Proposal; date not determined	Field Team (MCH)	Implement Electronic Medical Record (EMR) for the Field Team	Project Proposal Submitted	
Project Proposal; date not determined	Environmental Health	Improving the licensing renewal process (for all EH programs)	Project Proposal Submitted	

Appendix I

2014 Washington County Public Health Division
Program Performance Measures

WASHINGTON COUNTY PUBLIC HEALTH DIVISION PROGRAM-LEVEL PERFORMANCE MEASURES						
Program Name	Performance Measure	Target	Current Value	By When	Status	Follow-up: Quarterly report out, QI?
Communicable Disease	Percent of contacts to smear+ cases with LTBI who complete treatment	90%	TBD	1-Jul-16		
Emergency Preparedness	Number of volunteers trained in Emergency Preparedness outreach and education (train the trainer model) every calendar year	10	0	1-Jan-15		
Emergency Preparedness	Number of Emergency Preparedness trainings for Washington County staff every calendar year	8	0	1-Jan-15		
EMS	Number of vehicle Inspections and validations conducted by Washington County EMS every quarter	15	0	1-Oct-14		
Health Promotion	Percent of key community partners the program has "meaningful" engagement or collaboration with out of the total number of key community partners (identified through the health promotion network map)	TBD	TBD	1-Jul-15		
Health Promotion	Percent of accreditation documentation collected and finalized (cummulative total each quarter)	80%	30%	1-Jul-15		
Health Promotion	Percent of WCPH staff involved with QI project at some level (as a team or providing input to a team)	100%	23%	1-Jul-16		
Health Clinic	Percent of family planning visits that included a domestic violence (DV) screening	80%	59%	1-Jul-15		
Environmental Health	Percent of post treatment efficacy surveillance performed on mosquito treatment sites every calendar year	15%	65.3% (for March through May)	1-Jan-15		
Environmental Health	Percent of food establishments scoring a 69 or below (failing or closed) that are provided with targeted education intervention	TBD	TBD	1-Jul-15		
Environmental Health	Number of critical violations among swimming pool/ spa owners who participate in Washinton County swimming pool safety course.	TBD	TBD	1-Jul-15		
Environmental Health	Childcare facilities who received inspection within the agreed upon five day window	**</=1 per quarter**	TBD	1-Jul-15		
Environmental Health	Percent of childcare facility inspection applications that were processed within 2 business days	TBD	TBD	1-Jul-15		
Field Team (MCH)	Cumulative annual number of field team visits	7,150 (10% increase)	6,532	1-Jul-15		
WIC	Show rate for individual appointments	75% (maintain)	75%	1-Jul-15		
WIC	Show rate for group education classes	70% (maintain)	70%	1-Jul-15		

Update: 6/18/14

Program Name	Performance Measure	Target	Current Value	By When	Status	Follow-up: Quarterly report out, QI?
WIC	Percent of children aged 24-59 months with a BMI between the 85th and 95th percentile	17.6% (maintain)	17.6%	1-Jul-15		
WIC	The percent of children aged 24-59 months with a BMI above the 95th percentile	15.7% (maintain)	15.7%	1-Jul-15		
WIC	Percent of women who enrolled in WIC within their first trimester of pregnancy	50%	45%	1-Jul-16		
WIC	Breastfeeding duration among WIC clients: Breastfeeding at 3 months	67%	64%	1-Jul-16		
	Breastfeeding duration among WIC clients: Breastfeeding at 6 months	52%	49%	1-Jul-16		
	Breastfeeding duration among WIC clients: Exclusive/ Full breastfeeding at 3 months	56%	53%	1-Jul-16		
	Breastfeeding duration among WIC clients: Exclusive/ Full breastfeeding at 6 months	45%	42%	1-Jul-16		

PROGRAM PERFORMANCE TRACKING

Program Name	
Communicable Disease	The time between when a positive TB case is reported to WCPH and when TB treatment is initiated, as well as the provider/ clinic responsible
Emergency Preparedness	Number of outreach events
Emergency Preparedness	Number of contacts reached at community events
Emergency Preparedness	Number of hours spent at outreach events
Emergency Preparedness	Number of events targeting vulnerable populations (track which populations)
EMS	Number of participants in CPR classes that Washington County EMS teaches in every (calendar) year (track types of classes)
EMS	Number of cardiac arrest patients that were treated by EMS field providers
Health Promotion	Number of intern requests, number of positions filled, total internship hours, school and degree of intern
Health Promotion	Type of grant, if the grant was applied to, if the grant was awarded, dollar amount and approximate time investment for the application process