



## Regional Accreditation Initiative

A collaboration between Clackamas, Multnomah & Washington Counties

NACCHO Accreditation Grant (MCHD Sponsor)	Regional Accreditation/CQI Workgroup
<p><b>Purpose:</b> The focus of this grant is to develop a common shared understanding of performance management and quality improvement (QI) across the region. Specific elements include:</p> <ul style="list-style-type: none"> <li>• Trainings on performance management and QI by outside consultant (Marni Mason)</li> <li>• Address mutual expectations for performance management, QI and public health accreditation</li> <li>• Each county will receive individualized technical assistance from outside consultant (Marni Mason) on their specific performance management/QI plans</li> </ul>	<p><b>Purpose:</b> This workgroup expands on the NACCHO Accreditation Grant and is a regional subgroup of the state’s Accreditation Work Group. It’s focus is to:</p> <ul style="list-style-type: none"> <li>• Provide a forum for discussion amongst Accreditation Coordinators in the region</li> <li>• Share documentation ideas, challenges and identify opportunities for collaboration</li> <li>• Lead the development of a regional approach to address Domain 7: Access to Healthcare (includes researching and reporting CCO development)</li> </ul>
<p><b>Timeline:</b> January 2013 – July 2013</p>	<p><b>Timeline:</b> December 2012 – ongoing</p>
<p><b>Participants:</b></p> <ul style="list-style-type: none"> <li>• Regional Public Health Leadership Group (RPHLG)               <ul style="list-style-type: none"> <li>○ Kristin Tehrani, Tri-County Health Office Program (workgroup facilitator): <a href="mailto:kristin.tehrani@multco.us">kristin.tehrani@multco.us</a>; 503-988-3663x26178</li> </ul> </li> <li>• Accreditation Interns/AmeriCorps VISTA Volunteers               <ul style="list-style-type: none"> <li>○ Cally Kamiya, Multnomah County: <a href="mailto:cally.kamiya@multco.us">cally.kamiya@multco.us</a>; 503-988-3663x22013</li> <li>○ Jenn Lund, Washington County: <a href="mailto:Jennifer_Lund@co.washington.or.us">Jennifer_Lund@co.washington.or.us</a>; 503-846-4533</li> </ul> </li> <li>• Accreditation Coordinators and Support Staff               <ul style="list-style-type: none"> <li>○ Claire Smith, Multnomah County: <a href="mailto:claire.smith@multco.us">claire.smith@multco.us</a>; 503-988-3674x28185</li> <li>○ Marisa McLaughlin, Multnomah County: <a href="mailto:marisa.a.mclaughlin@multco.us">marisa.a.mclaughlin@multco.us</a>; 503-988-3663x28080</li> <li>○ Philip Mason, Clackamas County: <a href="mailto:PMason@clackamas.us">PMason@clackamas.us</a>; 503-742-5956</li> <li>○ Kelly Jurman, Washington County: <a href="mailto:Kelly_Jurman@co.washington.or.us">Kelly_Jurman@co.washington.or.us</a>; 503-846-4965</li> </ul> </li> <li>• <a href="mailto:marni@marmason.com">Marni Mason</a> (consultant): <a href="mailto:marni@marmason.com">marni@marmason.com</a></li> </ul>	
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Each county Accreditation Coordinator will discuss this proposal with their Administrator and Health Officer in advance of January 25<sup>th</sup> 2013</li> <li>• Workgroup will meet on a monthly basis (Friday mornings)</li> <li>• Accreditation Coordinators will meet with Marni Mason in February to discuss training needs</li> <li>• Workgroup will develop a grant implementation proposal and project calendar for RPHLG meeting on January 25th 2013</li> <li>• Leadership performance management/QI trainings for RPHLG will begin in February 2013</li> </ul>	

## **Project Calendar**

**Jan 25:** Regional PM/QI Coordination Group presentation of proposal at RPHLG meeting (30 min)  
9:30-11am, Multnomah Building on Hawthorne

**Feb 22:** Marni Mason in-person PM/QI training to RPHLG (1 hour)  
9-11am, Multnomah Building on Hawthorne

- Purpose: Share understanding of the expectations of Public Health Accreditation

**March:** Marni Mason provides individual technical assistance training in-person with Washington and Clackamas Counties

**April 26:** Marni Mason in-person training to RPHLG (1 hour)  
9-11am, Multnomah Building on Hawthorne

- Purpose: Sharing progress to date and Action Planning for each county

**June 28:** Wrap- Up and review with RPHLG (45-60 minutes)  
9-11am, Multnomah Building on Hawthorne

- Purpose: (1) Determine the frequency of QI and Accreditation in future RPHLG meeting, (2) Identify what leadership needs to continue moving PM/QI forward, (3) Report out on grant goals and accomplishments, and (4) Provide opportunity for feedback and evaluation

## **Project Outcome**

By December 31, 2013, each county will have a Performance Management Policy and Quality Improvement Plan. This plan will be in final form with leadership sign-off.

## **Role of the Regional PM/QI Coordination Group**

1. To facilitate the provision of training to Public Health Leadership in the 3-county metro region.
2. To share materials and provide coordination and peer support.

WCDHHS Performance Management Workshop  
Thursday, April 25, 2013 – 2:00 – 5:00 pm  
Washington Street Conference Center Room 103

**Learning Objectives:**

During this workshop the participants will be able to:

- ▶ Review Performance Management concepts and the alignment of the agency Strategic Plan, QI Plan and Health Improvement Plan
- ▶ Discuss establishing a performance measurement system, including using Line of Sight concept
- ▶ Review strategies for promoting and sustaining the QI Culture

2:00 – 2:15pm	Welcome, Introductions & Review of agenda	Kelly Jurman
2:15 – 3:30pm	Establishing Performance Management Systems and Alignment of Agency Plans	Marni Mason
3:30 – 3:45pm	Break	
3:45 – 4:45pm	Development of Effective Performance Measures Line of Sight Exercise	All
4:45 – 5:00 pm	Q & A and Next Steps	Kelly Jurman
5:00 pm	Adjourn	

QI/PM Training with Marni Mason  
 April 25th, 2013 / PSB 374 / 9:00AM-12:00PM

Name		Program	Phone	Signature
first	last			
Pam	Douglas	RH Admin	5361	
Liz	Baca	PH Field Team	5385	
Sunny	Lee	PH Admin	5940	
Larry	MacDaniels	Em Prep	8256	
Julie	Hamilton	PH	8386	
Dana	LORIP	PH Admin	8479	
Heidi	Bates	WIC	4929	
Mary	Excision	PH EG	5344	
Linette	Meneze	PH Fiscal	5917	
Shirley	Whittemore	PH BUSINESS manager	5432	
Concetta	Branson	PH Field Team	5372	
Mary	Horman	PH Field Team	5349	
Scott	Fraga	FPEP	5340	
Jamie	Zentner	health promotion	5939	
Kirsten	Ingersoll	HEAL	5954	
Susan	Beno-Norman	Dental Health	5998	
Jan	Rodriguez	CP	5386	
Jool	Ferguson	PH	5367	
Julie	Aubers	WIC		
Shelley	Glaze	WIC		

# Implementing CCPHD Performance Management System and Enhancing Your Quality Improvement Culture



**CLACKAMAS COUNTY PUBLIC HEALTH  
DIVISION**

**APRIL 25, 2013**

**MARNI MASON  
MARMASON CONSULTING**

# Marlene (Marni) Mason



- **More than 30 years in private healthcare and public health as clinician, manager and national consultant**
  - Consultant in general healthcare performance measurement and quality improvement (20+ years)
  - Consultant PH performance standards and improvement since 2000 and for all 3 Multistate Learning Collaboratives (2005-2011), including more than 50 QI teams from > 6 states
  - National trainer and presenter for QI and Accreditation in more than 20 states and for ASTHO, NACCHO, NIHB, NNPHI, and RWJF
  - Consultant for PHAB Standards Development and training of site reviewers (2008-2010)
  - Surveyor for National Committee for Quality Assurance-NCQA (14 years) and Senior Examiner for WA state for national Baldrige Performance Criteria
  - Owner and Managing Consultant of MarMason Consulting, LLC based in Seattle, WA



# Today's Learning Objectives



Upon completion participants should be able to

- Apply Performance Management concepts to implement performance management activities and enhance the alignment of the agency Strategic Plan, QI Plan and Health Improvement Plan
- Discuss establishing a performance measurement system, including using Line of Sight concept
- Review strategies for promoting and sustaining the QI Culture

# Performance Management (PM) Definition



- *Performance management* is “the use of performance measurement information to help set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals”

*Guidebook for Performance Measurement,  
Turning Point Project*

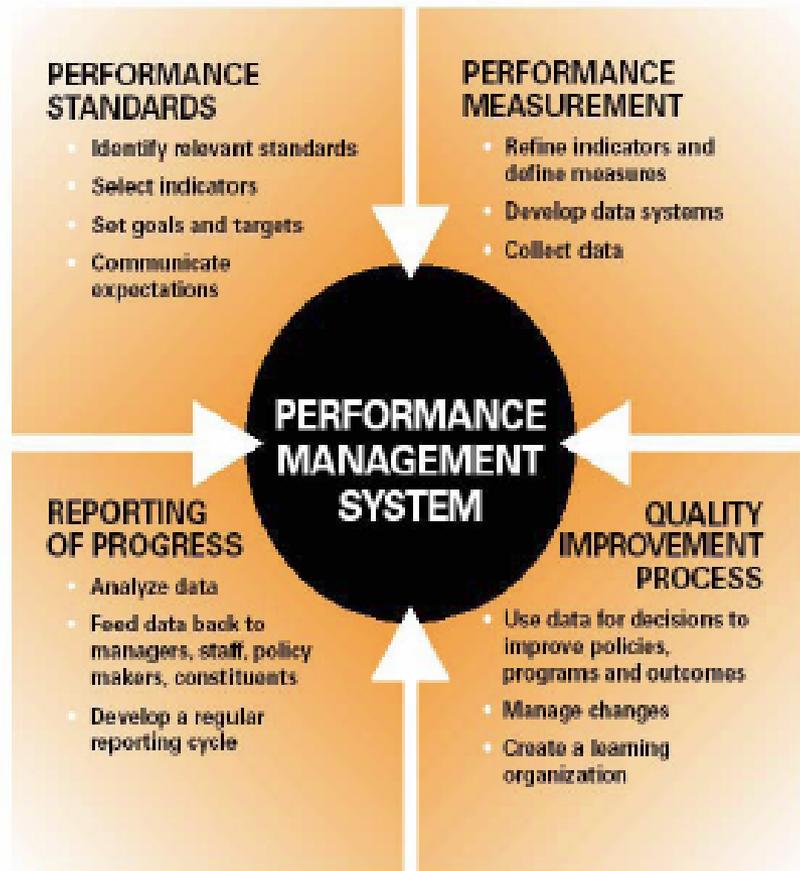
# Why Is Managing Systematically Important?

- All work, including management, consists of linked processes forming a system, even if the system was not designed and is not understood.
- Every system is perfectly aligned to achieve the results it creates. **Process determines performance.**
- The results of an aligned system far exceed a system that fights against itself.
- Integrated management systems ensure that performance excellence happens by design, not by chance.

# “Refreshed” Turning Point Framework



2003 Turning Point Framework



2012 Refreshed Framework

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



# 7 Performance Management Principles\*

- **Results focus** permeates strategies, processes, organizational culture, and decisions
- Information, measures, goals, priorities, and activities are **relevant** to health improvement and strategic initiatives
- Information is **transparent** – easy to access, use, and understand
- Goals, programs, activities, and resources are **aligned with priorities** and desired results.
- Decisions and processes are driven by timely, accurate, and **meaningful data**
- Practices are **sustainable** over time and organizational changes
- Performance management is **transformative** to the agency, its management, and the policy-making process

*\* Based on A Performance Management Framework from the National Performance Management Advisory Commission 2010*

# Steps to Implement Performance Management

- Present case for Performance Management to decision makers
- Identify key purposes and objectives to initiate PM
- Define PM process
- Communicate plan to gain support from stakeholders
- Build agency capacity through training, hiring and/or in-house expertise; providing tools, and building a common terminology
- Monitor implementation process and adjust as necessary

*\* A Performance Management Framework from the National PM Advisory Commission 2010*

# Processes Needed to Implement PM\*

- Planning process to define mission and set agency priorities that will drive performance
- Community engagement process to identify needs
- Budget process to allocate resources based on priorities
- Measurement process to support entire PM system
- Accountability mechanisms
- Mechanism for collecting, organizing and storing data
- Process for analyzing and reporting performance data
- Processes for selecting and taking action on performance results

*\*Adapted from A Performance Management Framework from the National Performance Management Advisory Commission 2010*

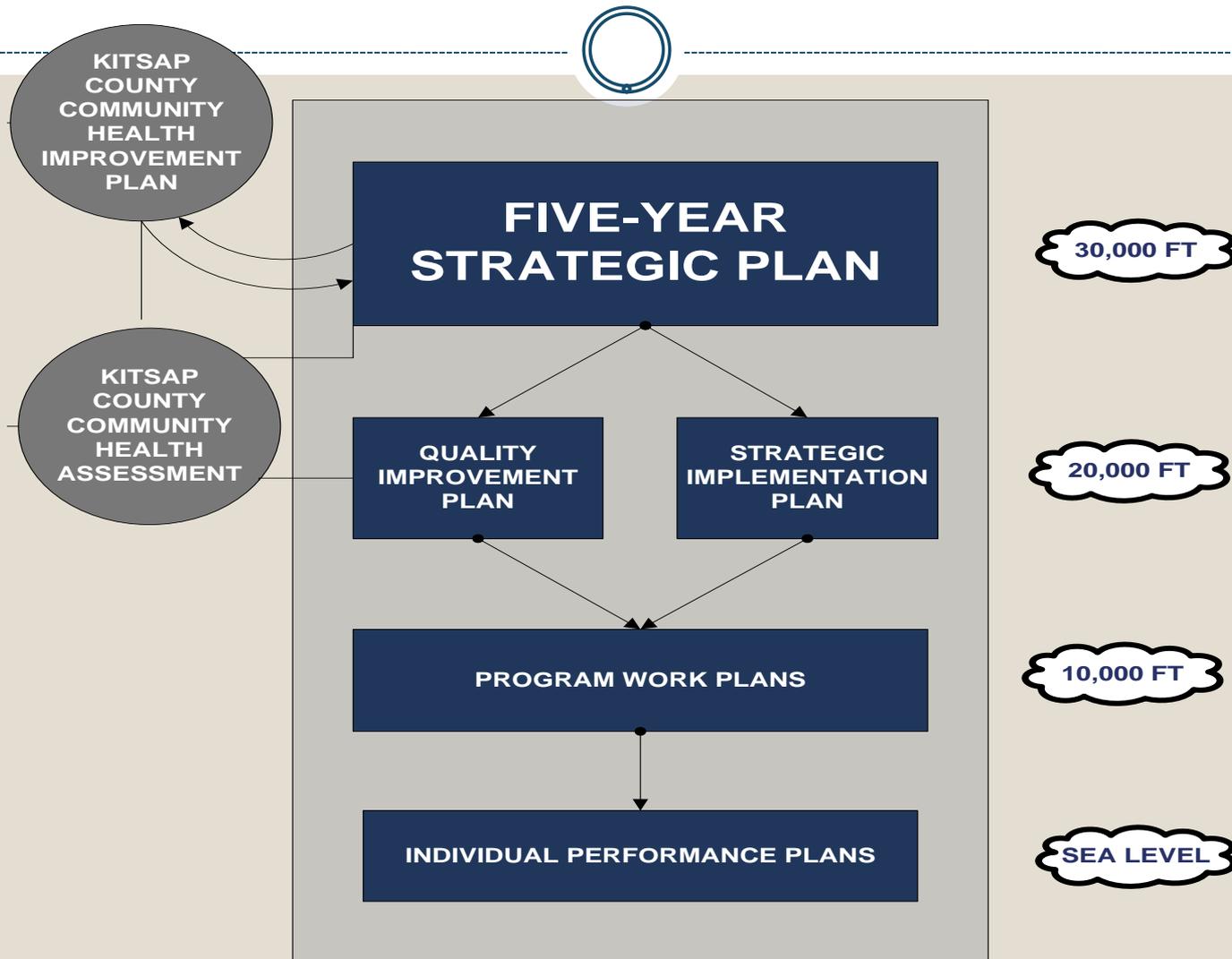
# Effective Performance Management



- **Establishing and implementing performance management systems helps state agencies:**
  - Align agency plans to reduce duplication and increase efficiency and effectiveness
  - Prioritize planning and improvement efforts
  - Address accreditation requirements
  - Demonstrate the results of PH programs and services through performance measurement and reporting



# Adapted from KCHD Strategic Management System



# Let's Discuss



What specific aspects of performance management do you need to emphasize or expand for your agency?

What questions do you have about alignment of your agency policies and practices?

# ***Establishing a Performance Measurement System***



# Establish an Agency Measurement System

- The most important monitoring action you can take is the development of program-level reports that are made available to every staff person in the organization on a regular basis
- Supervisor and program manager reports that work with the same data elements
- These reports should be used on a regular basis to understand whether the program activities are performing as expected (cost, utilization, outcomes, etc.)



# Two Primary Uses



Two of the primary uses for the results of performance measurement are for:

- *Making comparisons* of performance levels-By identifying the highest level of performance or outcome (the benchmark), an organization can duplicate those work processes to achieve higher performance overall. And comparison to targets and goals provides information on progress toward desired outcomes.
- *Improving the quality* of the processes and outcomes of the organization-internal monitoring of performance and local accountability are most suitable for supporting the improvement of the organization rather than for comparability among organizations.



# Why We Measure Performance?



- Help guide management and decision-making processes
- Help to align with the department's mission, vision, and strategic directions
- Provide employees with feedback on the work they are performing
- Predict future performance
- Facilitate learning and improvement



# Performance Measures Vs. Objectives



Decrease the percent of Best Health County youth who are overweight or obese to 25% by 2016.

Objective



# Performance Measures Vs. Objectives



Decrease **the percent of Best Health County youth who are obese** to 25% by 2016.



Performance measure



# Performance Measures Vs. Objectives



**Decrease** the percent of **Best Health County youth who are obese** to 25% by 2016.



Direction

Performance measure



# Performance Measures Vs. Objectives



**Decrease** the percent of Best Health County youth who are obese **from the baseline of 32% to 25%** by 2016.

Direction

Performance measure

Target



# Performance Measures Vs. Objectives



**Decrease** the percent of **Best Health County youth** who are obese **from the baseline of 32% to 25%** by **December 31, 2016.**

Direction

Performance measure

Target

Time frame



# Data Description & Collection Form



<b>Performance measure:</b>	
<b>Target population:</b>	
<b>Numerator:</b>	
<b>Denominator:</b>	
<b>Which are you using—a target or benchmark?</b>	
<b>What is the target/benchmark?</b>	
<b>SMART objective:</b>	
<b>Source of data:</b>	
<b>Who will collect the information?</b>	
<b>How often will the data be analyzed and reported?</b>	
<b>Baseline measurement data and date(s):</b>	
<b>Definitions and other comments:</b>	



# Data Description & Collection Form

<b>Performance measure:</b>	The rate of Chlamydia (CT) positivity at provider clinic sites.	
<b>Target population:</b>	People being tested for Chlamydia	
<b>Numerator:</b>	Positive CT tests at clinic sites	
<b>Denominator:</b>	All CT tests at clinic sites	
<b>Which are you using—a target or benchmark?</b>	Target	
<b>What is the target/benchmark?</b>	6.5% (goals based on past performance)	
<b>SMART objective:</b>	Decrease the rate of CT positivity at clinic sites from 8.1% to 6.5% by the end of 2013.	
<b>Source of data:</b>	DOH records	
<b>Who will collect the information?</b>	Jim Smith	
<b>How often will the data be analyzed and reported?</b>	quarterly	
<b>Baseline measurement data and date(s):</b>	2005: 10.1%	2008: 8.6%
	2006: 9.3%	2009: 8.2%
	2007: 10.5%	2010: 8.1%
<b>Definitions and other comments:</b>	Provider clinics, Planned parenthood sites and others.	

# Establish Targets or Benchmarks



- Use a reliable method to identify and establish thresholds for performance:
  - Industry benchmarks, e.g., Healthy People 2020 or County Health Rankings
  - Regulatory targets or requirements
  - Other health department's data
  - Your own past performance



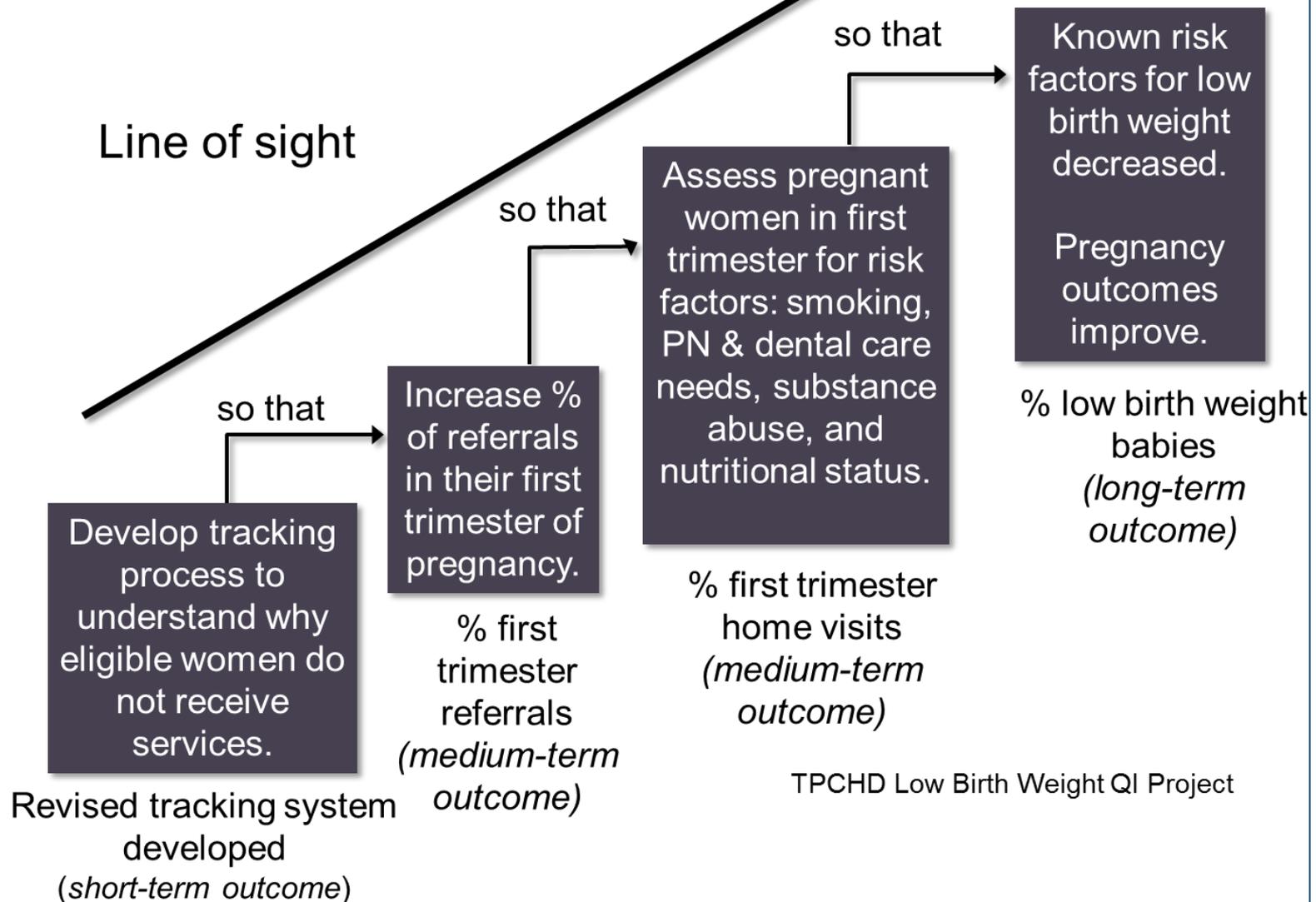
# Line of Sight Framework



- How do our day to day job-related activities impact the longer-term health indicators or impact goals of our health department?
- Example: “My job is to process food stamp applications so that no child goes hungry in Clackamas County”



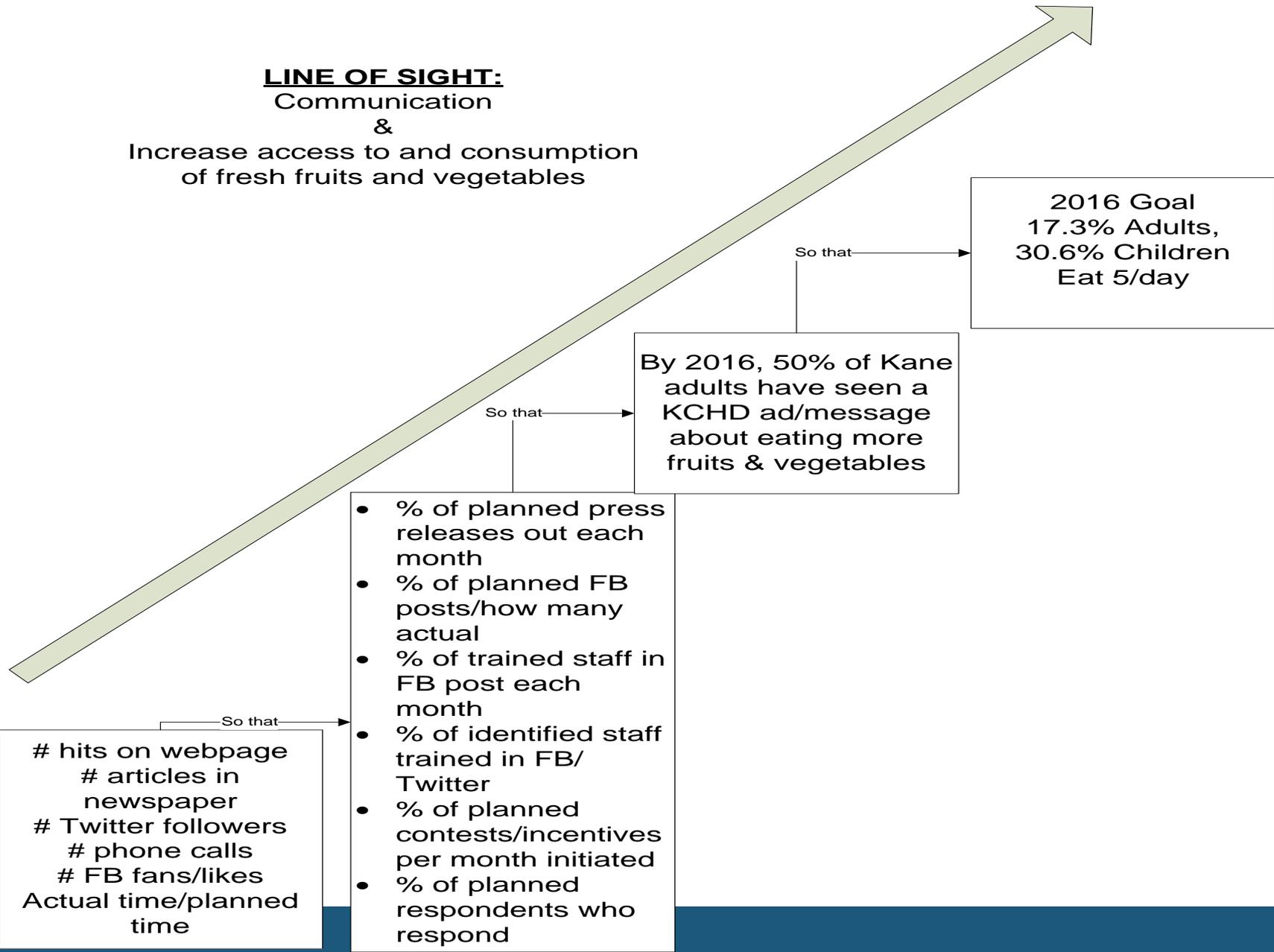
# Line of Sight Concept



**LINE OF SIGHT:**

Communication  
&

Increase access to and consumption  
of fresh fruits and vegetables



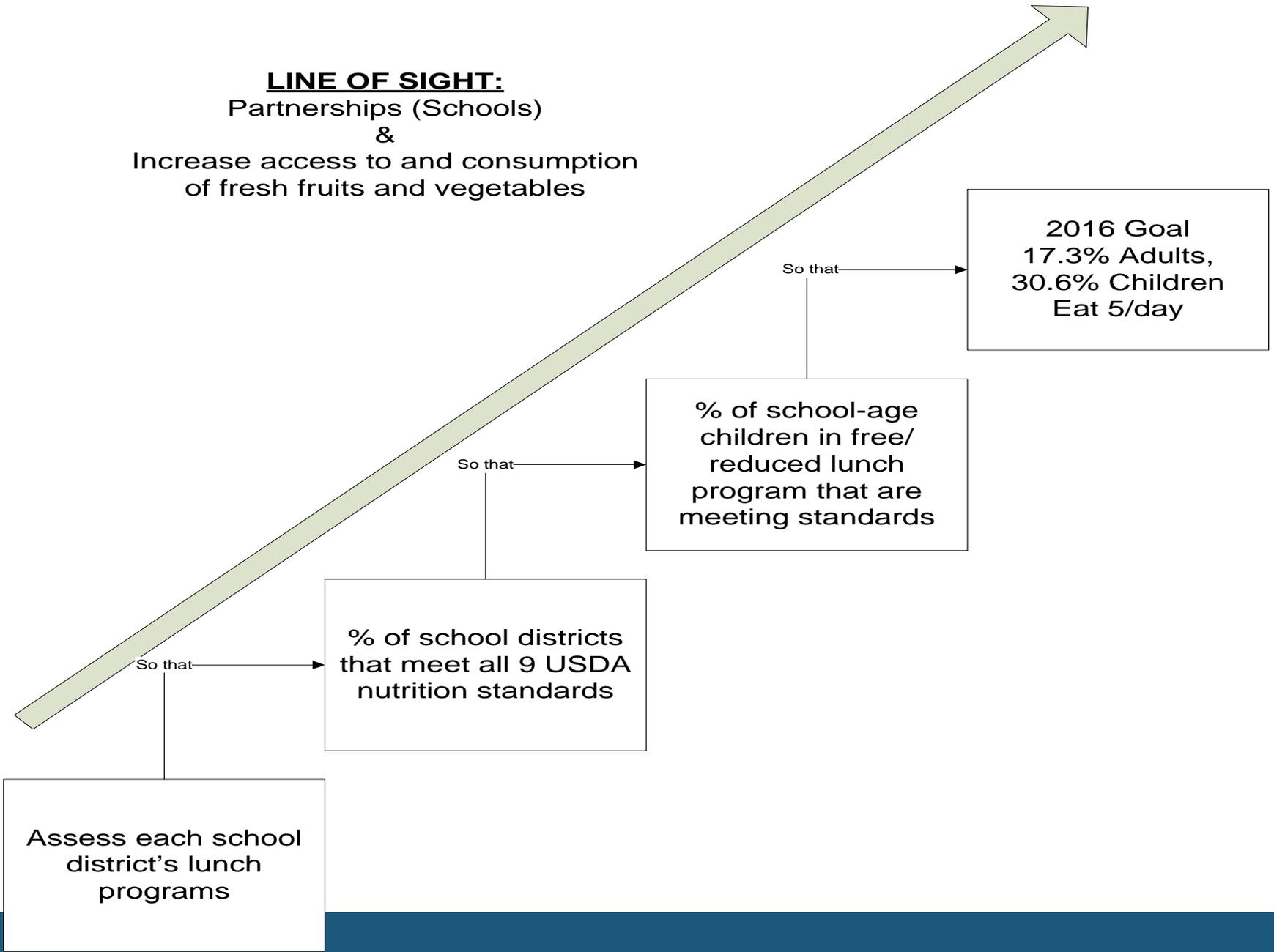
# hits on webpage  
# articles in newspaper  
# Twitter followers  
# phone calls  
# FB fans/likes  
Actual time/planned time

- % of planned press releases out each month
- % of planned FB posts/how many actual
- % of trained staff in FB post each month
- % of identified staff trained in FB/ Twitter
- % of planned contests/incentives per month initiated
- % of planned respondents who respond

By 2016, 50% of Kane adults have seen a KCHD ad/message about eating more fruits & vegetables

2016 Goal  
17.3% Adults,  
30.6% Children  
Eat 5/day

**LINE OF SIGHT:**  
Partnerships (Schools)  
&  
Increase access to and consumption  
of fresh fruits and vegetables



Assess each school district's lunch programs

So that

% of school districts that meet all 9 USDA nutrition standards

So that

% of school-age children in free/reduced lunch program that are meeting standards

So that

2016 Goal  
17.3% Adults,  
30.6% Children  
Eat 5/day

Line of sight

so that

so that

so that

so that

*(ultimate goal)*

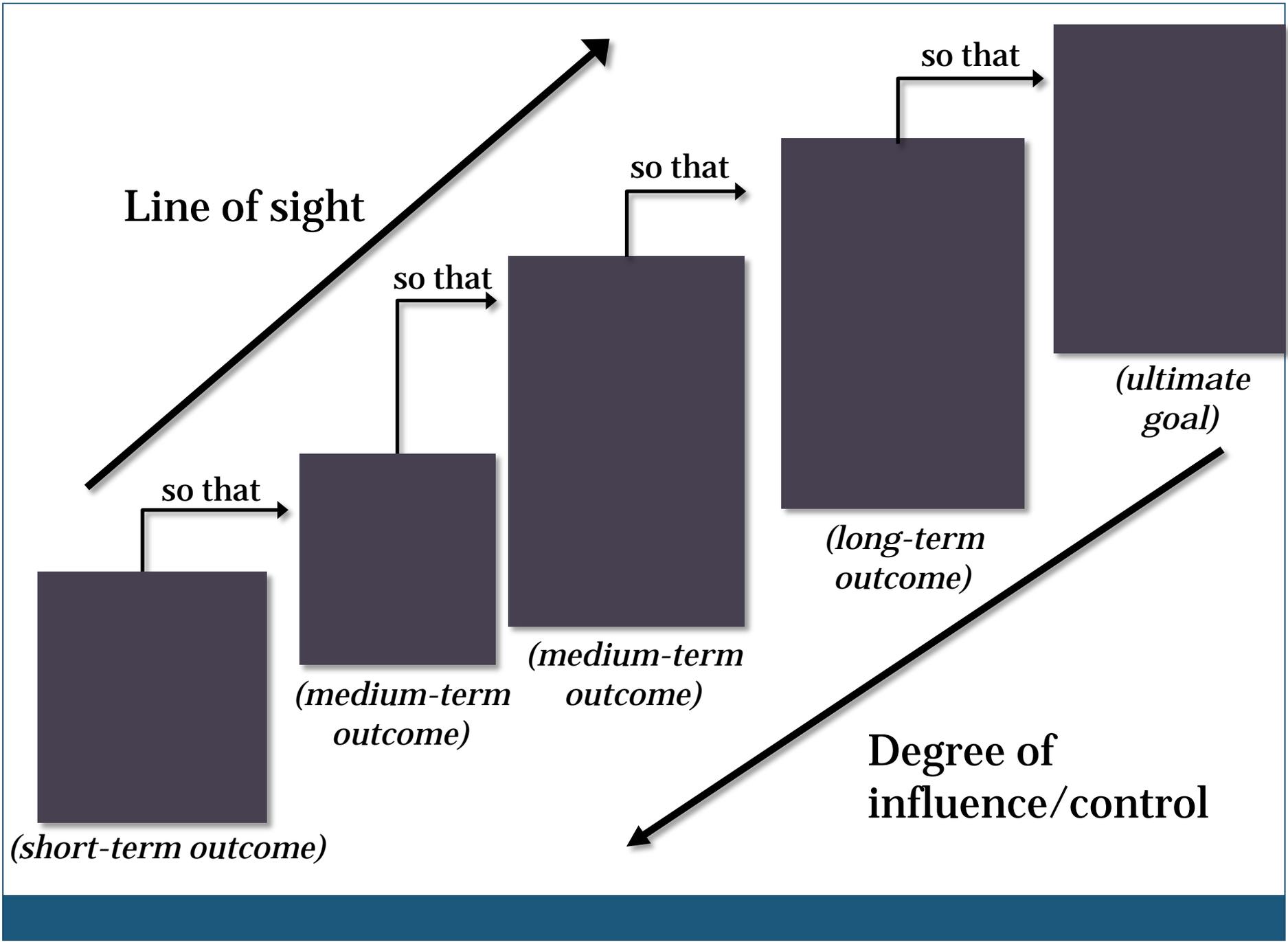
*(long-term outcome)*

*(medium-term outcome)*

*(medium-term outcome)*

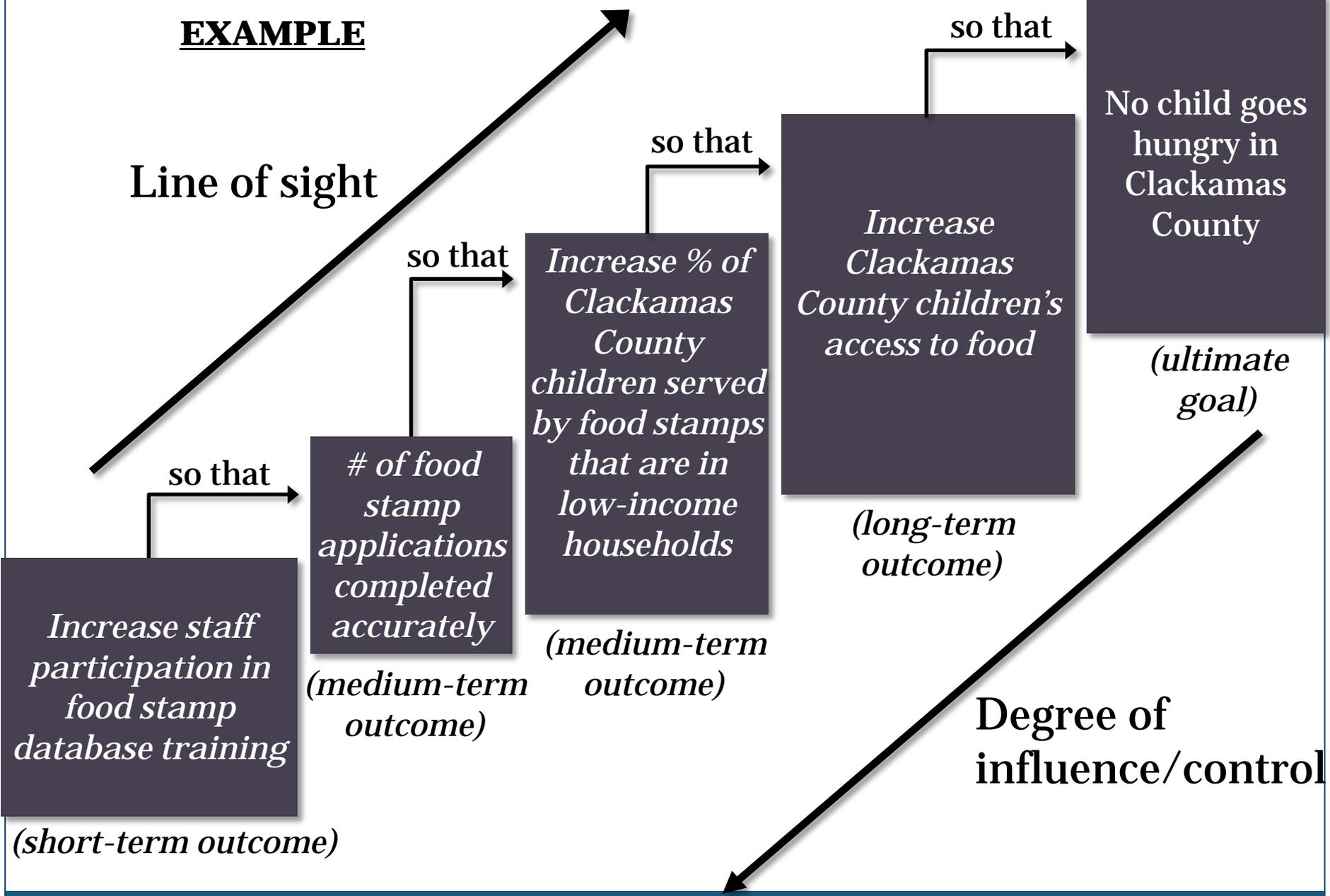
*(short-term outcome)*

Degree of influence/control



**EXAMPLE**

Line of sight



# Staff Feedback



- Each program's staff member was asked to provide feedback prior to the meeting regarding the following questions:
  - What is the ultimate goal your program is trying to achieve?
  - What are ways that you/your team makes progress in achieving the goal described above?
  - Are there any current challenges that get in the way of achieving your program's goals

# Let's Continue Work on Line of Sight



Leaders and staff continue to work on their Line-of-Sight graphs to ensure that quantifiable outcomes and/or important metrics are described for each level of the agency.

**COMMUNICABLE**  
**DISEASE**

Line of sight

so that

so that

so that

so that

*To prevent morbidity and mortality from Hepatitis C (source: death certificates)*

*(ultimate goal)*

*% of reported Hepatitis C cases with completed Hepatitis A & B vaccinations*

*(long-term outcome)*

*Referrals to services*

*(medium-term outcome)*

*Mailing of patient education materials*

*(medium-term outcome)*

*% of Hepatitis C case investigations completed*

*(short-term outcome)*

Degree of influence/control



**ENVIRONMENTAL**  
**HEALTH**

Line of sight

so that

*To reduce the incidence of food- or water-borne illnesses and increase safety*

*(ultimate goal)*

so that

*Increase in low performing inspected facilities scores.*

*(long-term outcome)*

so that

*Education campaign focused on employee hygiene*

*(medium-term outcome)*

so that

*Track low performing inspected facilities*

*(medium-term outcome)*

so that

*Complete inspections in a timely manner*

*(short-term outcome)*

Degree of influence/control



**EMERGENCY  
PREPAREDNESS**

Line of sight

so that

*All staff,  
managers &  
volunteers  
complete required  
Emergency  
Preparedness  
trainings*

*(short-term outcome)*

so that

*Staff,  
managers,  
& volunteers  
can practice  
responding  
to events*

*(medium-term  
outcome)*

so that

*Increase  
capacity to  
respond to PH  
emergencies*

*(medium-term  
outcome)*

so that

*(long-term  
outcome)*

*(long-term  
outcome)*

*Mitigate  
effects and  
speed recovery  
from all-  
hazards  
emergencies*

*(ultimate  
goal)*

Degree of  
influence/control



**HEALTH PROMOTION**

Line of sight

*Staff identify best practices focused on physical activity and propose projects*

so that

*Increase Community Engagement around physical activity*

*(medium-term outcome)*

so that

*Increased opportunity and access to physical activity*

*(medium-term outcome)*

so that

*Increasing the frequency and duration of physical activity*

*(long-term outcome)*

so that

*To improve the health and well-being of residents in Clackamas County (Reduction of chronic disease amongst Clackamas County residents)*

*(ultimate goal)*

Degree of influence/control

*(short-term outcome)*

**PUBLIC HEALTH**  
**NURSING**

Line of sight

so that

Self-sufficient and healthy families in Clackamas County

so that

To assist high risk families, through case management, with successful pregnancies, infant and child's development by educating and linking to community resources (including provider coordination).

(ultimate goal)

(long-term outcome)

so that

Shared understanding of families concerns, goals & expectations

(medium-term outcome)

so that

Increase the number of completed initial appointments

(medium-term outcome)

Increase engagement with referred clients in a timely manner

(short-term outcome)

Degree of influence/control

**PROGRAM**  
**SUPPORT:** FOR  
PUBLIC HEALTH  
PROFESSIONALS

Line of sight

Have all front-line  
staff trained as  
certified deputy  
registrars

so that

Each staff  
member can  
certify and  
issue DCs &  
BCs

(medium-term  
outcome)

so that

Ensure  
information  
received is  
timely &  
accurately

(medium-term  
outcome)

so that

To issue birth and  
death certificates  
out to the public in  
a timely and  
accurate manner

(long-term  
outcome)

so that

Vital  
statistical data  
is used to  
impact public  
health policy &  
decision-  
making

(ultimate  
goal)

Degree of  
influence/control

(short-term outcome)

**PROGRAM**  
**SUPPORT:** FOR  
GENERAL PUBLIC

Line of sight

*Have all front-line  
staff trained as  
certified deputy  
registrars*

so that

*Each staff  
member can  
certify and  
issue DCs &  
BCs*

*(medium-term  
outcome)*

so that

*Ensure  
information  
received is  
timely &  
accurately*

*(medium-term  
outcome)*

so that

*To issue birth and  
death certificates  
out to the public in  
a timely and  
accurate manner*

*(long-term  
outcome)*

so that

*Legal  
obligations  
are able to be  
fulfilled for  
community  
residents*

*(ultimate  
goal)*

Degree of  
influence/control

*(short-term outcome)*

WIC

Line of sight

so that

*Healthier families and babies in Clackamas County*

so that

*Clients eating healthier foods and increase breastfeeding rates and duration*

*(ultimate goal)*

so that

*Increase client satisfaction/participation rate*

*(long-term outcome)*

so that

*Increase access to WIC services effectively*

*(medium-term outcome)*

*Increase staff capacity to triage participant communication*

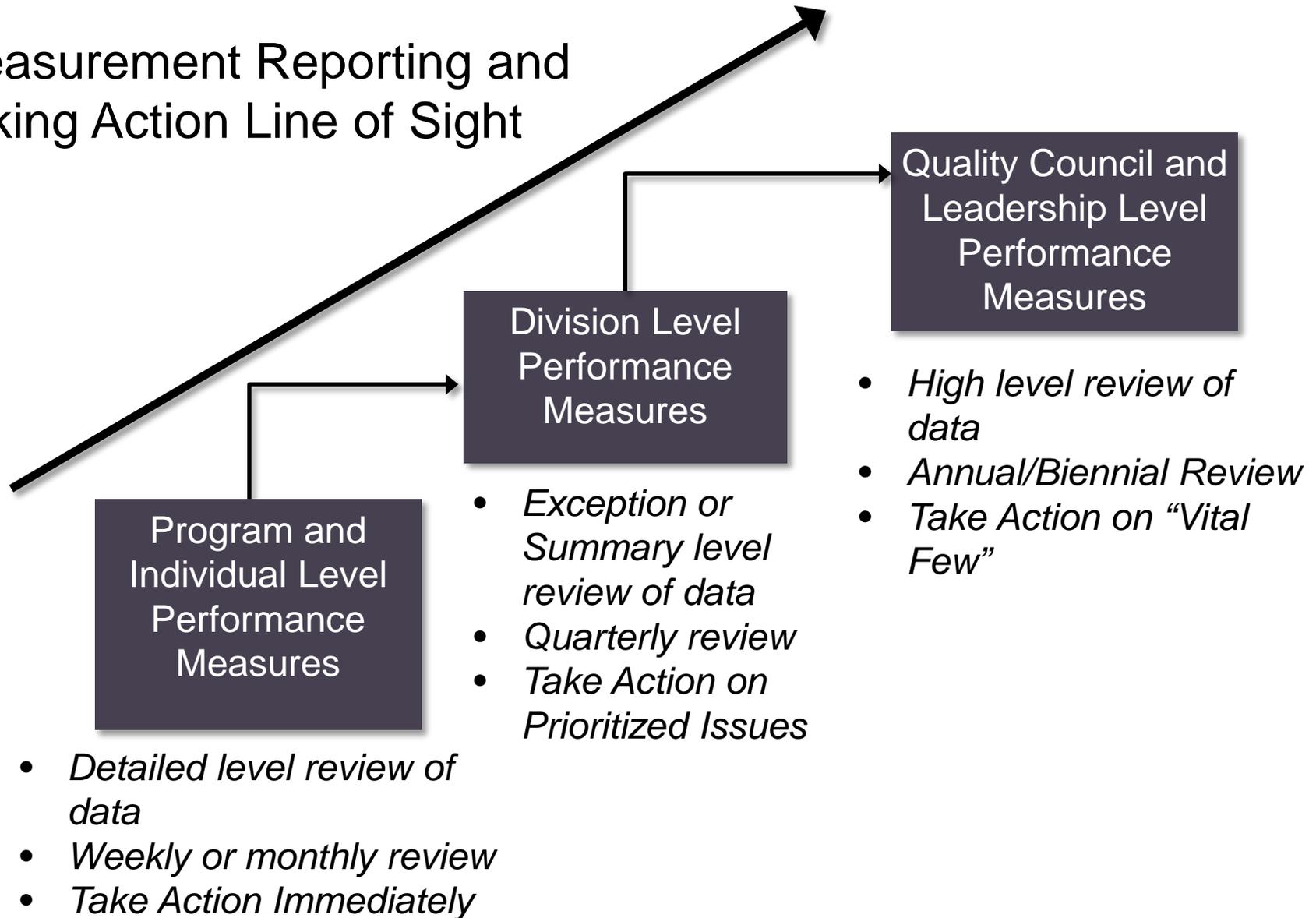
*(medium-term outcome)*

*(short-term outcome)*

Degree of influence/control



# Measurement Reporting and Taking Action Line of Sight



# Strategies to Enhance a QI Culture



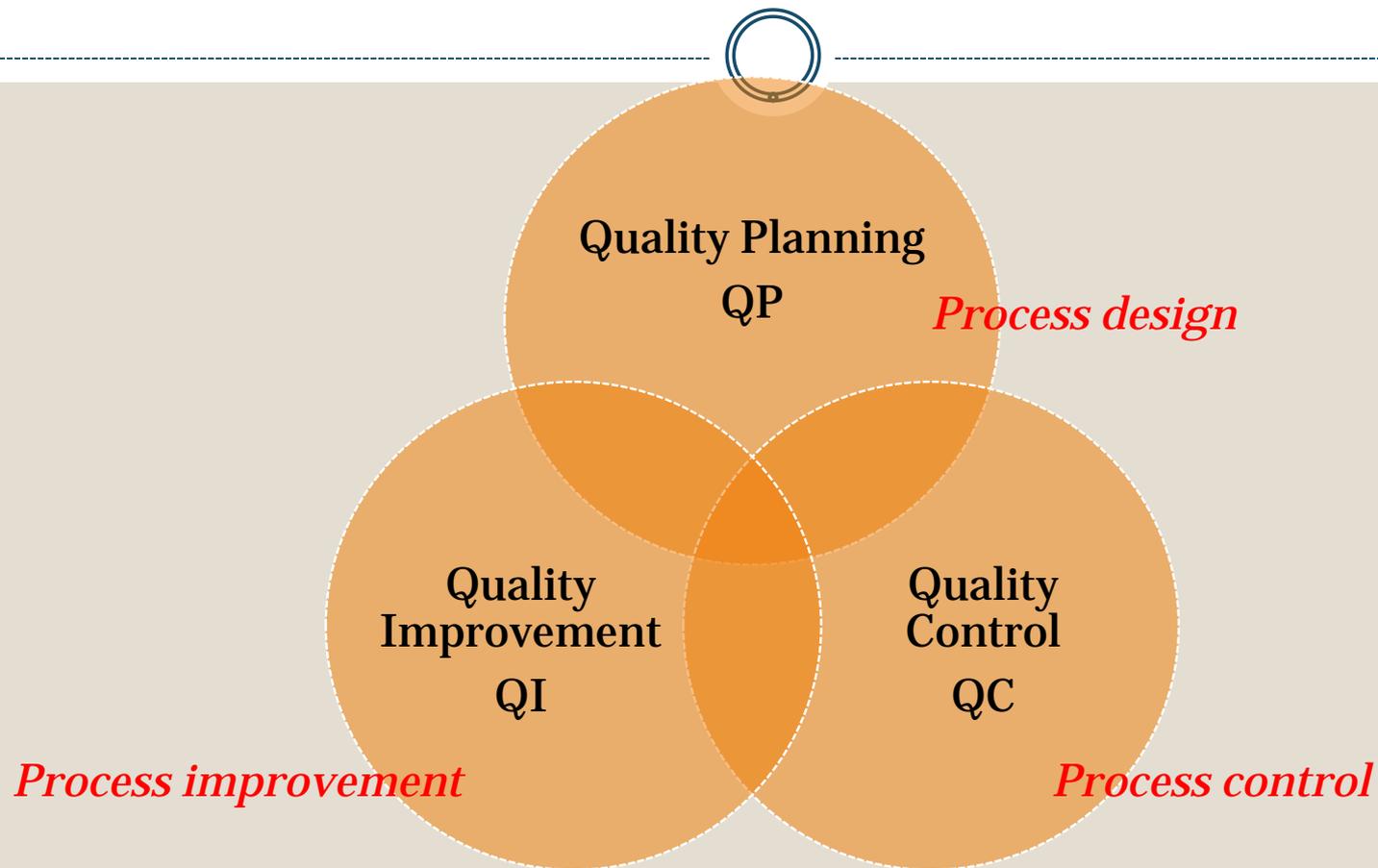
# Quality Management (QM) Definition



The act of overseeing all activities and tasks needed to maintain a desired level of excellence. This includes creating and implementing quality planning and assurance, as well as quality control and quality improvement. It is also referred to as total quality management (TQM).

*Investopedia explains 'Quality Management'*

# Quality Management Applications



Joseph Juran, 1950s

Juran on Leadership for Quality, Free Press, 1989

# They Are Not the Same

## Quality Assurance

- ✓ Reactive
- ✓ Works on problems after they occur
- ✓ Regulatory usually by State or Federal Law
- ✓ Led by management
- ✓ Periodic look-back
- ✓ Responds to a mandate or crisis or fixed schedule
- ✓ Meets a standard (Pass/Fail)

## Quality Management

- ✓ Proactive
- ✓ Works on processes
- ✓ Seeks to limit errors
- ✓ Seeks to improve (culture shift)
- ✓ Led by staff
- ✓ Continuous
- ✓ Proactively selects a process to improve
- ✓ Exceeds expectations

# They Are Linked but Not the Same



## **Program Evaluation**

- ✓ Assess a program at a moment in time
- ✓ Static
- ✓ Does not include identification of the source of a problem or potential solutions
- ✓ Does not measure improvements
- ✓ Program-focused
- ✓ A step in the QI process

## **Quality Management**

- ✓ Understand the process that is in place
- ✓ Ongoing
- ✓ Entails finding the root cause of a problem and interventions targeted to address it
- ✓ Focused on making measurable improvements
- ✓ Customer-focused
- ✓ Includes evaluation

# Three Approaches to Quality

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- **Quality Improvement** (process improvement):
  - Maximize performance of existing process
  - Determine causes of variation
- **Quality Control** (process control):
  - Maintain performance, and perhaps ...
  - Incrementally improve
- **Quality Planning** (process design):
  - Provide a whole new service/product, OR
  - (re)Align process performance to customer needs,
  - Obtain whole new level of performance

# Promoting a QI Culture



- QI Culture is “not just a strategy. It is a new style of working, even a new style of thinking. It is a way of life.” Baldrige Quality program introduction
- “The focus of attention shifts to the effects of an organization’s values, attitudes and expectations reflecting its quality principles.”

Cameron, K. & Sine, W. (1999) A Framework for Organizational Quality Culture. *Quality Management Journal*, 6(4)

<http://webuser.bus.umich.edu/cameronk/PDFs/Organizational%20Culture/FrameworkOrgQualCulture.pdf>

# Key Dimensions of Advanced Quality Cultures



- Simultaneously emphasize organizational learning--information gathering and analysis– and humanistic management of people, e.g. teamwork, cross-functional coordination, optimizing utilization of human potential.
- Are more likely to be learning organizations that promoted QI
- Better information gathering, analysis and use in decision making, and quality assurance processes and leaders who make quality a priority and focused on improving client and stakeholder satisfaction.
- Information management and HR play more central roles
- Emphasize both organizational change AND stability and control.

A Framework for Quality Culture, Cameron and Sine, 1999

# Capacities for Building a QI Culture



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

# QI Infrastructure

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

# Leadership Roles for PM/QM



- Ensure alignment - connect strategic plan, CHIP and QI plan, especially in implementation plans
- Know and use performance management and quality principles
- Implement a performance measurement system
- Assure adequate infrastructure for quality planning and improvement activities, including training and conducting projects
- Communication plan and reward progress and improvements



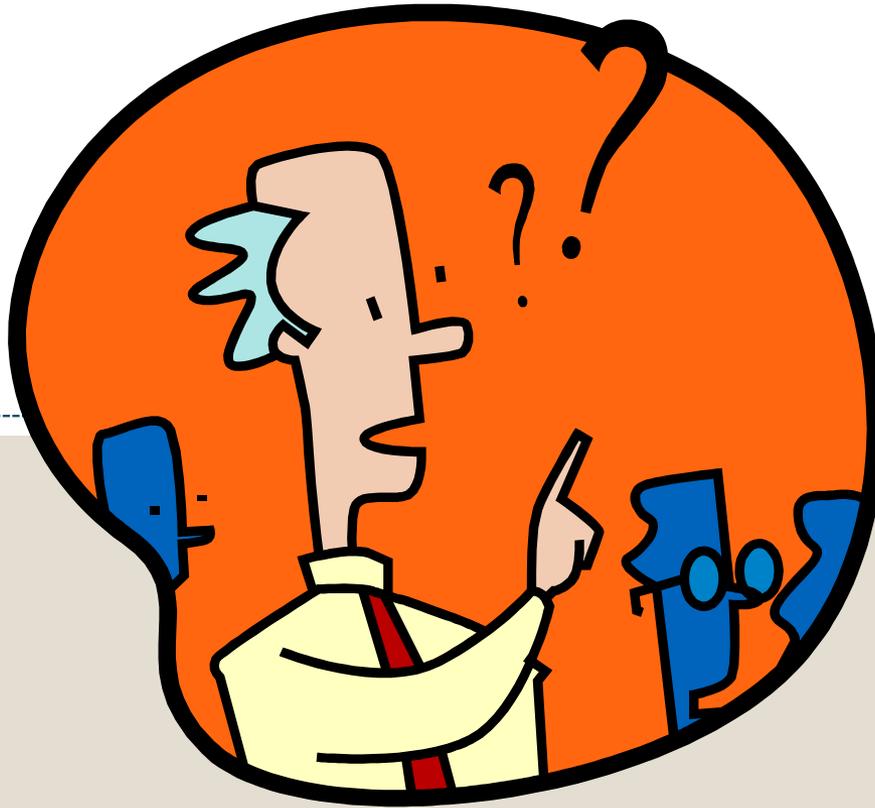
# Let's Discuss



What specific aspects of quality management do you currently conduct in your agency?

What questions do you have about promoting a culture of quality at CCPHD?





**WHAT QUESTIONS DO  
YOU HAVE?**