

Jackson County Public Health

**Performance Management and Quality  
Improvement Plan**

2017 – 2018



Reviewed and approved by the PQ Leadership Team: May 18, 2017

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## Purpose, Vision, & Guiding Principles

**Purpose:** The purpose of the Performance Management and Quality Improvement Plan is to provide context and framework for performance management and quality improvement activities within the Public Health Division of Jackson County Health & Human Services.

**Vision:** Jackson County Public Health is committed to developing a culture of quality throughout our organization. The Performance and Quality Committee will use the Performance Management and Quality Improvement Plan as an aid in creating, implementing, and maintaining sustainable improvement efforts that are aligned with the department's strategic plan, mission, vision, and values.

Inspired by our organizational values and the basic tenets of quality improvement, the following are the principles that guide performance management and quality improvement efforts at Jackson County Public Health:

- **Professional, Data-Informed Practice:** Ensuring organizational success involves using data and established standards to inform practice, measure performance, and improve outcomes.
- **Continuous Improvement:** Improvement is a continuous process to achieve measureable outcomes, ensuring responsible *stewardship* of the public trust.
- **Caring and Welcoming Customer Focus:** Success is achieved by understanding internal and external customer needs and expectations and utilizing their input when improving programs and services.
- **Partnership and Teamwork:** Improvement efforts are most effective when people who are impacted by improvement opportunities collaborate and solve problems together.
- **Employee Empowerment:** A strong culture of quality depends on engaging all staff in improvement efforts and encouraging staff closest to a process or program to offer experience-based suggestions for improvement.

## Key Terms & Definitions

In order to provide a common vocabulary, the following key terms are defined below

**Performance Management (PM):** The practice of actively using performance data to improve the public's health. It involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.

(Turning Point Performance Management National Excellence Collaborative, 2003)

**Performance Standards:** Objective standards or guidelines that are used to assess an organization's performance. May be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations; or other methods. (Turning Point Performance Management National Excellence Collaborative, 2003)

**Performance Measures:** Quantitative indicators of capacities, processes, or outcomes. Used to assess how well an organization is achieving its desired objectives or performance standards.

(Tews et al., 2012; Business Dictionary, 2017)

**Quality Improvement (QI):** The use of a deliberate and defined improvement process, such as Plan-Do-Check (Study)-Act, 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 efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services of processes which achieve equity and improve the health of the community. (Tews et al., 2012)

*For additional definitions, see Appendix A: Glossary of Key PM and QI Terms*

## **Culture of Quality**

### **Current State**

Jackson County Public Health (JCPH) began the process of establishing a formal division-wide performance management and quality improvement system in July 2015 with the formation of the Performance and Quality (PQ) Committee. From the time of its formation through 2016, the PQ Committee has worked to build PM and QI infrastructure for the division and create a learning culture among its members. Committee accomplishments to date include:

- Establishment of protocols and procedures for a formal division-wide performance management system
- Development of the division's first Performance Management and Quality Improvement Plan
- Selection of 22 program-level performance measures
- Initiation of quarterly progress reporting on performance measures and strategic action plan progress
- Completion of a full PDSA cycle in the division's first administrative QI project
- Creation of a supportive, learning environment within the PQ Committee

While initial progress was in advancing the culture of quality at JCPH was rapid, preparation for our PHAB Accreditation site visit as well as work on an intensive review and revision of the Strategic Plan led to suspension of regular PQ Committee meetings and performance measure reporting in the latter part of 2016. A PQ Leadership Team was formed in order to re-energize and direct performance & quality efforts moving forward. The newly-formed PQ Leadership team conducted a culture of quality self-assessment utilizing NACCHO's Roadmap to a Culture of Quality in February – March 2017. JCPH was determined to be in phase 2 (Not Involved with QI Activities) for the foundational elements of Employee Empowerment and Customer Focus and in phase 3 (Informal or Ad Hoc QI activities) for the foundational elements of Teamwork & Collaboration, Leadership, QI Infrastructure, and Continuous Process Improvement.

Foundational element gaps were prioritized and transition strategies selected, resulting in an action plan for moving the culture of quality forward in 2017-2018 (see Appendix H).

## **Future State**

In 2017-2018, JCPH will improve the performance management system and advance the culture of quality with emphasis on:

- Solidifying and improving protocols and procedures for our formal division-wide performance management system.
- Reviewing and refining program-level performance measures and improving our regular reporting process.
- Developing and implementing detailed PM/QI training and communications plans.
- Increasing QI knowledge and experience of PQ committee members, developing them into more effective QI champions and QI project team facilitators.
- Introducing all staff to the PDSA cycle approach to QI.
- Encouraging and supporting new QI projects.

The long-term vision for the future state of quality at JCPH includes the following:

- Demonstrated competence by all public health division staff in a wide range of QI tools.
- An established training program for (1) educating new staff on QI and PM and (2) maintaining and expanding QI and PM skills of current staff.
- Participation of all public health division staff in QI projects.
- Routine reporting on progress to internal and external stakeholders.

## **Organizational Structure/Governance**

### **Performance and Quality Committee**

The Public Health Division Manager has charged the Performance and Quality (PQ) Committee with implementing and overseeing performance management and improvement efforts within Jackson County Public Health.

### *Membership*

The PQ Committee consists of representation from a cross-section of the division including managers and frontline staff. To ensure representation from across the division, it is comprised of the following positions:

- Public Health Division Manager
- Performance & Quality Coordinator
- Nurse Supervisor
- Epidemiologist
- At least one but no more than two representative(s) from each major program area
  - Administration
  - Communicable Disease
  - Emergency Preparedness
  - Environmental Health
  - Reproductive Health
  - Health Promotion
  - Immunizations
  - Home Visiting
  - WIC

Program representative positions may be filled by either management or frontline staff. Staff become members of the PQ Committee through appointment by the Public Health Division Manager in consultation with the PQ Leadership Team. Members serve for a minimum two-year period. Replacements can occur after two years, as deemed appropriate by the Public Health Division Manager. If a member is unable to fulfill a two-year term, a replacement will be approved by the Public Health Division Manager and PQ Leadership Team. See Appendix B for a roster of current PQ Committee members.

### ***Leadership***

Leadership of the PQ Committee is the responsibility of the PQ Leadership Team, which is comprised of the Public Health Division Manager, Performance & Quality Coordinator, and 2-3 additional PQ Committee members. Led by the Performance & Quality Coordinator, the PQ Leadership Team makes decisions regarding the overall direction of the PQ Committee and guide the development of JCPH's quality culture.

Members of the PQ Leadership team are appointed by the Public Health Division Manager in consultation with the Performance & Quality Coordinator. All members of the PQ Leadership team will show strong interest in PM/QI, have a deep commitment to developing and promoting a culture of quality throughout the department, and be available to participate in additional meetings and trainings.

### ***Team Operations***

***Decision-making:*** PQ Committee members will attempt to reach a consensus on significant issues. If consensus cannot be reached, majority vote prevails.

***Meetings:*** Regular PQ Committee meetings will be held monthly for 1 ½ - 2 hours. PQ Leadership Team meetings will be held every one to four weeks for 1 – 2 hours. Additional meetings may be held as necessary for committee business. Records and minutes are maintained for all meetings.

***Time Commitment:*** The time commitment for regular PQ Committee members is anticipated to be three to five hours per month. This includes meetings and meeting preparation time. The time commitment for PQ Leadership Team members is substantially greater, including additional meetings, work assignments, and trainings.

## **Roles and Responsibilities**

Everyone has a role in Jackson County Health's performance management and quality improvement efforts. Specific roles and responsibilities are listed below.

### **Public Health Division Manager**

- Serve as a PQ Committee Chair
  - Develop and distribute PQ Committee meeting agendas
  - Facilitate PQ Committee meetings
- Serve on the PQ Leadership Team
- Submit, monitor, and report on administrative performance measures within the PQ Committee
- Appoint PQ Committee and PQ Leadership Team members
- Allocate resources for PM and QI, assuring that staff has access to resources needed to conduct performance measurement, QI projects, and training activities
- Promote a culture of quality within the division
- Report on PM and QI activities to the Health & Human Services Director, Public Health Advisory Board, and other entities as appropriate

### **Performance & Quality Coordinator**

- Coordinate all divisional Performance and Quality operations
- Lead PQ Leadership Team meetings & activities
- Consult on PQ Leadership Team appointment
- Coordinate monitoring and review of the Strategic Plan & PM/QI plan
- Coordinate performance management and quality improvement training for both the PQ Committee and general staff
- Organize and maintain Performance and Quality folder on the common (I:/) drive
- Record and distribute meeting minutes
- Identify resources for PQ committee business
- Prepare all PQ documents, including the PM/QI plan, Strategic Plan, and annual reports
- Document all performance management and quality improvement activities
- Ensure Strategic plan, PM/QI plan and all PQ committee documentation meet PHAB Accreditation requirements
- Schedule meeting rooms and equipment

### **PQ Leadership Team**

- Set vision and direction for performance management & quality improvement activities
- Provide consultation for PQ planning and activities
- Oversee development, implementation, & revision of the PM/QI Plan
- Plan and implement appropriate strategies to develop and sustain a culture of QI
- Actively learn about performance management, quality improvement, and change management including participation in external learning opportunities
- Consult on PQ Committee member appointments

### Epidemiologist

- Serves as a PQ Committee member
- Provide oversight for the development and tracking of performance measures
- Provide technical assistance in data collection for performance measures and quality improvement projects as needed

### PQ Committee

- Attend regular meetings and complete assigned tasks
- Actively learn about PM and QI
- Prioritize and select QI projects
- Serve as QI project facilitators
- Advocate for QI and encourage a culture of learning and QI among staff
- Monitor and evaluate QI projects
- Submit, monitor, and regularly report on program-level performance measures
- Provide and/or source technical assistance for QI projects
- Be familiar with the PM/QI plan and Strategic Plan
- Participate in evaluation of the Strategic and PM/QI plans
- Recognize individuals and teams and celebrate milestones and successes
- Make recommendations for improvement projects based on PM results
- Serve as a liaison between the PQ Committee and staff

### Program Managers

- Facilitate the implementation of PM and QI activities at the program level
- Oversee setting of program-level goals and objectives and selection of performance measures
- Approve all submitted program-level performance measures
- Ensure regular monitoring of program performance measures
- Support program staff in their work with PM and QI activities
- Foster a culture of learning and QI within respective programs

### All JCPH Staff

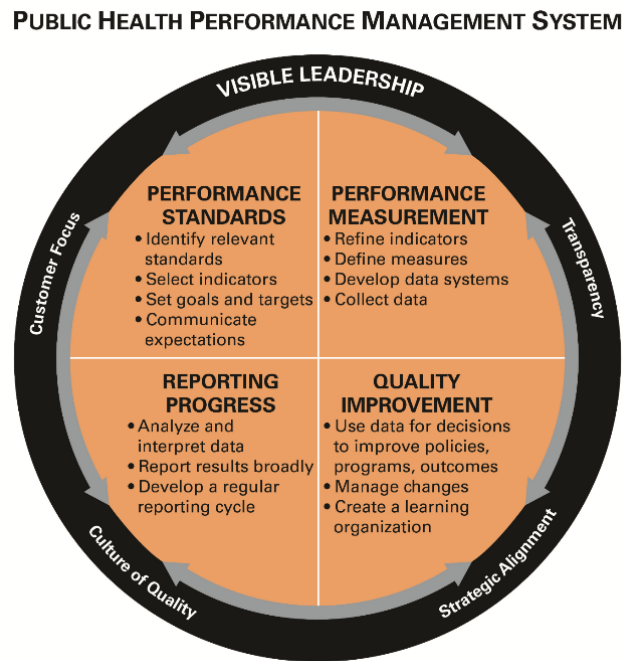
- Develop an understanding of basic PM and QI principles and tools through participation in PM and QI training
- Identify areas for improvement and suggest improvement actions
- Report training needs to the PQ Committee
- Contribute to the development, monitoring, and evaluation of the Performance Management system



## Performance Management Activities

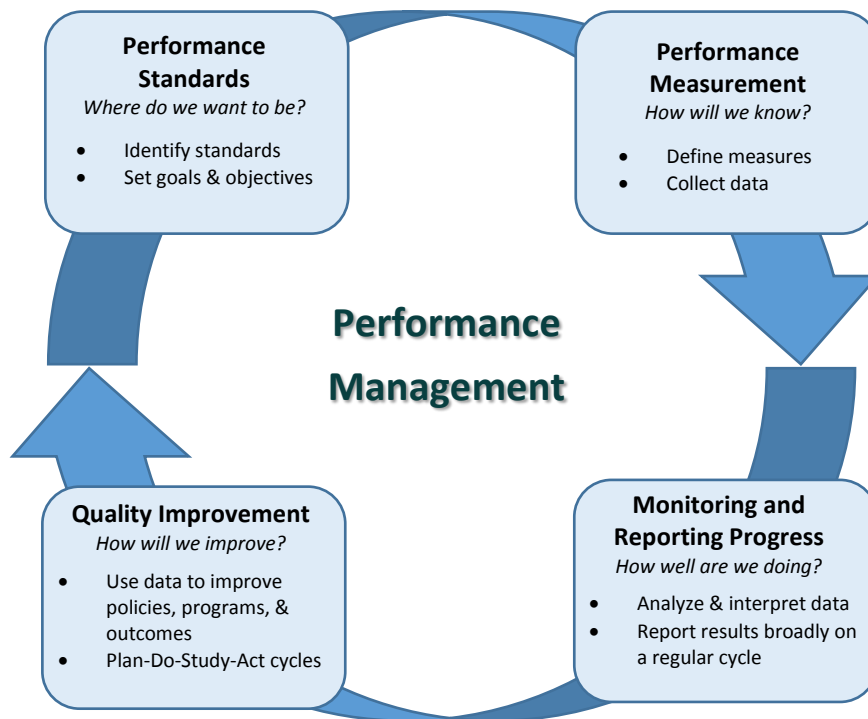
### Performance Management System Model and Framework

Jackson County Public Health has adopted the updated Turning Point Public Health Performance Management System as the framework for its performance management system (see Figure 1). This framework outlines the core components of a successful performance management system: Performance Standards, Performance Measurement, Reporting Progress, and Quality Improvement.



**Figure 1.** Turning Point Performance Management System Framework as updated by the Public Health Foundation (Public Health Foundation, 2015).

In order to better depict how the performance management components fit together and work as a true system, Jackson County developed the following model for its performance management system (see Figure 2). Adapted from the Minnesota Department of Health model (Minnesota Department of Health, 2015), it demonstrates the cyclical nature of the performance management system.



**Figure 2.** Jackson County Public Health Performance Management Model

### **Performance Goals, Objectives, & Measures**

The selection and measurement of goals and objectives enables the PQ Committee to assess how JCPH is performing.

#### *Performance Measure Selection*

Program-level goals, objectives, and measures are developed by management and staff in each program area. Programs are expected to first develop a set of well-defined goals and objectives and then determine appropriate performance measures for monitoring achievement of objectives.

Program goals and objectives should be:

- Based on and aligned with national, state, division, or grant standards or requirements
- Meaningful to program activities and staff

Performance measure selection should be guided by the following criteria:

- Data for the measure should be quantifiable and readily available
- The measure should clearly tie to the program objective that it is intended to monitor, reflecting how well the program is working toward its priorities or achieving its intentions
- The measure should provide actionable useful feedback to improve processes and interventions (not be an exercise in data collection for data collection's sake)

Each program area will submit at least 2 but no more than 4 performance measures to the PQ Committee for monitoring using the Performance Measure Proposal form (Appendix C). All proposals will first be reviewed by the Epidemiologist to ensure that data can be consistently collected and that measures are methodologically sound. Following approval by the epidemiologist, the PQ Committee will review all proposed measures to ensure that the measure (1) can be easily monitored, (2) is clearly and logically tied to a goal and objective, and (3) has a strong rationale.

Programs are encouraged to maintain a complete set performance measures within their program to monitor all relevant goals, objectives, and funding requirements. Measures to be monitored by the PQ Committee should be those that align with division strategic priorities, those most in need of improvement, or those that are most fundamentally important to the program. Programs should review their goals, objectives, and measures at least annually and revise them as needed. Measures monitored by the PQ Committee may be changed at any time through the submission of a new Performance Measure Proposal.

#### ***Collection, Analysis, Monitoring, and Reporting of Data***

Data will be collected and analyzed for each of the JCPH Performance Measures by staff identified as responsible on the Performance Measure Proposal form. Assistance and support for this process can be provided by the Epidemiologist if needed. PQ Committee representatives will report to the committee on program-level performance measures for their respective programs on a quarterly basis using the Performance Measure Report form (Appendix D). Annually, a summary report of performance measure data will be compiled and presented to the Health and Human Services Director and the Public Health Advisory Board. Results will also be shared with JCPH staff at an all-staff meeting and/or in an HHS intranet article.

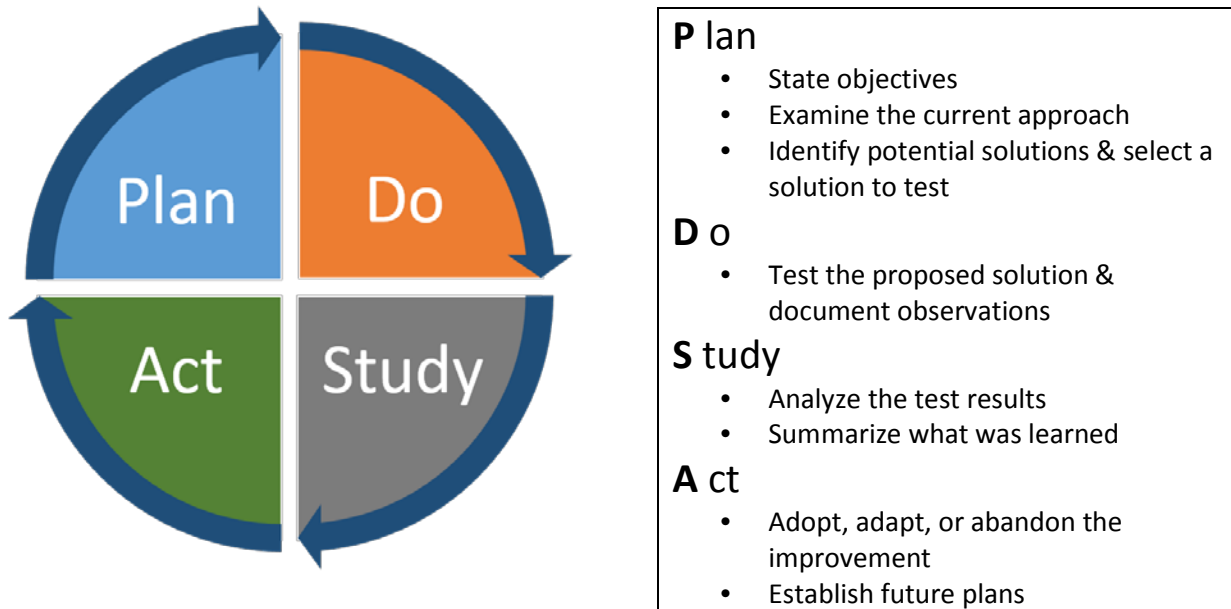
#### **Strategic Plan Monitoring and Review**

The Strategic Plan outlines the strategic priorities, goals, and objectives for Jackson County Public Health at the division level and thus is integral part of JCPH's performance management system. The PQ Committee will monitor progress toward strategic objectives through quarterly reviews of progress against the strategic action plan. Annually, the PQ Committee will conduct a comprehensive review of the Strategic Plan and issue a written progress report which will be shared with the Health and Human Services Director and the Public Health Advisory Board. In addition to evaluation of progress towards strategic goals and objectives, the annual review will include consideration of revisions to the Strategic Plan including the addition of new goals and objectives. Following the annual review, the PQ Committee will develop an updated strategic action plan for the upcoming year. A summary of the Strategic Plan review will be shared with JCPH staff at an all-staff meeting and/or in an HHS intranet article.

## Quality Improvement Activities

### Quality Improvement Model

Jackson County has adopted the Plan-Do-Study-Act (PDSA) model (see Figure 3) as the formal QI method to guide all performance improvement efforts within the division.



**Figure 3.** Plan-Do-Study-Act (PDSA) Model for performance improvement.

### QI Project Identification and Selection

QI projects may be identified in a number of ways including, but not limited to, recognition of an improvement opportunity by staff, recommendation by the PQ committee based on reviews of performance data, or request by the Public Health Division Manager. The QI Project Proposal form (Appendix E) will be used to submit recommendations for potential projects. Until staff knowledge in QI is more fully developed, QI projects will be proposed by PQ committee members. Once PQ Committee members gain greater skill in QI methods and confidence in their ability to facilitate QI projects, any staff member will be able to propose a project with PQ Committee members available to offer technical assistance to staff in developing project proposals.

Submitted project proposals are presented to the PQ Committee for discussion and prioritization. The committee may approve a proposal, return it for additional work, or defer it. Execution of a proposed project is dependent on multiple factors including the capacity of the department carry out the project and alignment of the project with division objectives and plans.

In determining the feasibility and prioritization of QI project proposals, the PQ Committee will address the following questions:

- Technical
  - Is the specific problem clearly defined?
  - Is the scope of the proposed project manageable?
  - Can the desired improvement be measured?
  - Is data related to the project available or collectable?
  - Can the project be completed within the proposed timeframe?
- Strategic
  - Does the project align with the strategic plan or other public health division priorities?
  - Are the expected benefits significant enough?
- Empowerment
  - Is the ability to make change in the process largely within the team's control?
  - Is leadership prepared to implement change?

### **Project Monitoring and Reporting**

Each QI team will be assigned a PQ Committee facilitator who will act as a liaison to the PQ Committee and link the team to technical assistance as needed. QI projects will be implemented by QI teams using the PDSA model as described above. The QI Project Worksheet (Appendix F) will act as a guide for moving the QI team through the project and serve to document the process.

QI teams are required to submit interim progress reports to the PQ Committee on a quarterly basis using the Quality Improvement Project Report form (Appendix G). The completed QI Project Worksheet will serve as the team's final report at the completion of the process. The team facilitator and/or team leader will present the reports at a PQ Committee meeting. Following completion of a successful QI project, one or more performance measures established during the project will continue to be monitored by the PQ Committee to ensure that improvements are sustained. QI project teams may be asked to develop a storyboard or present their project at an all-staff meeting.

### **Training**

In order to address the gaps identified in Employee Empowerment during our most recent Culture of Quality self-assessment and build the foundation for a quality-focused culture, the PQ Leadership Team will develop a detailed PM/QI training plan in 2017. This plan will identify desired Knowledge, Skills, and Abilities (KSAs) and specify plans for developing these KSAs in JCPH staff.

At a minimum, the training plan will address the following specific staff groups and training topics:

Staff groups

- PQ Leadership Team
- PQ Committee members
- All staff

Training topics

- Performance management
- Principles of QI
- Plan-Do-Study-Act cycle
- QI tools
- Orientation to the PM/QI plan

## Goals, Objectives, & Measures for the Performance Management System

The following are the goals and objectives for the development and implementation of Jackson County Public Health's performance management system. The goals are based on the national accreditation standards set forth by PHAB in Domain 9 of *PHAB Standards and Measures version 1.5* and align with goals 6.1 and 6.2 in the JCPH Strategic Plan. Monitoring of progress toward these goals and objectives is the responsibility of the Performance & Quality Coordinator who will report to the PQ Committee on a quarterly basis. Details on activities and projects associated with each objective can be found in the PM/QI Work Plan (Appendix H).

### Goal 1: Implement a performance management system to monitor achievement of organizational objectives.

**Objective 1.1:** By August 2017, each division program area including Administration will have at least 2 functional performance measures

*Measure:* % PQ Committee program areas with at least 2 functional performance measures reported each quarter

**Objective 1.2:** Through 2018, the PQ Committee will conduct quarterly reviews of progress against the Strategic Action Plan

*Measure:* # of quarterly reviews against the Strategic Action Plan conducted per year

### Goal 2: Improve division capacity to engage in performance management and quality improvement efforts.

**Objective 2.1:** By December 2017, develop a detailed PM/QI training plan which identifies desired KSAs and outlines specific training materials to develop them

*Measure:* A written PM/QI training plan which meets the criteria specified in the objective

**Objective 2.2:** By December 2018, 30% of PQ committee members will indicate that they would be comfortable facilitating a QI project

*Measure:* % of P-Q Committee members indicating that they would be comfortable facilitating a QI project

### **Goal 3: Implement formal QI efforts at Jackson County Public Health.**

**Objective 3.1:** By December 2018, Jackson County Public Health will have at least 2 QI projects that have completed at least 1 PDSA cycle

*Measure:* # of QI projects completing 1 PDSA cycle

**Objective 3.2:** Through 2018, all QI projects will use standard project documentation as laid out in the QI plan

*Measure:* % QI projects submitting all project documentation according to the specifications of the PM/QI plan

### **Goal 4: Advance the culture of quality within Jackson County Public Health.**

**Objective 4.1:** By December 2018, JCPH will move from a “2” to a “3” in the foundational element of Employee Empowerment on NACCHO’s roadmap to a culture of quality

*Measure:* Employee Empowerment score on NACCHO’s roadmap to a culture of quality self-assessment

**Objective 4.2:** By December 2018, JCPH will move from a “3” to a “4” in the foundational elements of Leadership and QI Infrastructure on NACCHO’s roadmap to a culture of quality

*Measure:* Leadership and QI Infrastructure scores on NACCHO’s roadmap to a culture of quality self-assessment

## **Communication**

Communication of performance management and quality improvement activities conducted by Jackson County Public Health will be accomplished through a number of methods which may include, but is not limited to:

- Updates on performance measures and QI projects at all-staff meetings at least quarterly
- Reports or articles posted to the Health and Human Services intranet site
- Presentations at Public Health Advisory Board meetings
- Progress reports to external funding and monitoring organizations
- Copies of the PM/QI plan, P-Q Committee meeting minutes, and P-Q Committee reports posted on the shared network drive
- Staff training sessions

## **Plan Monitoring and Evaluation**

The JCPH Performance Management and Quality Improvement Plan will be regularly monitored and reviewed in order to ensure its effectiveness in guiding agency performance and improvement efforts. Monitoring of PM/QI plan objectives will take place on a quarterly basis through reports to the PQ Committee. Every two years, the PQ Leadership Team will conduct

an evaluation of division performance management system, including the PM/QI plan. This evaluation will include a formal performance management and culture of quality self-assessment as well as surveys of PQ Committee members and general staff in order to solicit internal customer feedback on the system. Following this evaluation, the PQ Leadership Team will review the PM/QI plan and make updates and changes to the plan as needed.

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***Models and Inspiration for Plan Form and Content***

Clackamas County Public Health Division Performance Management Plan

County of Orange Public Health Services Quality Improvement Plan 2013-2014

Fillmore-Houston Community Health Service Quality Improvement Plan

Franklin County Health Department 2011 Quality Improvement Plan

Kane County Health Department FY2014 Quality Improvement & Performance Management Plan

Oak Creek Health Department Quality Improvement Plan 2013

Sedgwick County Health Department 2011 Quality Improvement Plan

Spokane Regional Health District 2013 Quality Improvement Plan

Tacoma-Pierce County 2010-11 Quality Improvement Plan

Washington County (MN) Department of Public Health and Environment 2014 Quality Improvement Plan

Washington County (OR) Public Health Division Performance Management and Quality Improvement Plan

## Appendix A

### Glossary of Key Performance Management and Quality Improvement Terms

**Accreditation:** The measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards; issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity; and continual development, revision, and distribution of public health standards. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. (Public Health Accreditation Board website, <http://www.phaboard.org/accreditation-overview/what-is-accreditation>)

**Baseline:** An initial set of observations or data used for comparison. The basis against which change is measured. (Merriam-Webster dictionary; Tews et al., 2012)

**Benchmark:** A level of achievement against which organizations can measure their own progress. A standard by which others may be measured or judged (National Performance Management Advisory Commission, 2010; Merriam-Webster dictionary)

**Goal:** A broad statement describing a desired future condition or achievement without being specific about how much or and when. Often intangible or non-quantitative. (Moran & Duffy, 2012)

**Indicator:** A value, characteristic, or metric used to track the performance of a program, service, or organization, or to gauge a condition. Synonymous with the term “measure”. (National Performance Management Advisory Commission, 2010)

**Objective:** A specific statement of a desired short-term condition or achievement; includes measurable end results to be accomplished within time limits. Objectives are narrow, focused, precise, and tangible. (Moran & Duffy, 2012)

**Performance Management (PM):** The practice of actively using performance data to improve the public’s health. It involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. (Turning Point Performance Management National Excellence Collaborative, 2003)

**Performance Management and Quality Improvement (PM/QI) Plan:** A document that provides basic guidance on how a health department will manage, deploy, and review quality and performance throughout the organization. The plan describes the processes and activities that will be put into place to ensure that performance and quality deliverables are produced consistently. (Kane, Moran, and Armbruster, 2010)

**Performance Management System:** A fully functioning performance management 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. (PHAB, 2013a)

**Performance Measures:** Quantitative indicators of capacities, processes, or outcomes. Used to assess how well an organization is achieving its desired objectives or performance standards. (Tews et al., 2012; Business Dictionary, 2017)

**Performance and Quality (PQ) Committee:** A cross-sectional group of agency leaders and staff responsible for overseeing the implementation of performance management and quality improvement efforts.

**Performance Standards:** Objective standards or guidelines that are used to assess an organization's performance. May be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations; or other methods. (Turning Point Performance Management National Excellence Collaborative, 2003)

**PHAB:** Public Health Accreditation Board. A national accrediting organization for public health departments.

**Plan-Do-Study-Act (PDSA):** An iterative four-stage problem-solving model for improving a process or carrying out change. PDSA is a cycle that should be used repeatedly for continuous change. Made popular by W. Edwards Deming who adapted the cycle from W. A. Shewhart's production process Plan-Do-Check-Act (PDCA). PDCA and PDSA are often used interchangeably. (Tews et al., 2012)

**Qualitative:** Data or information that is difficult to measure, count, or express in numerical terms; composed of words. (PHAB, 2013a; Tews et al, 2012)

**Quality Improvement (QI):** The use of a deliberate and defined improvement process, such as Plan-Do-Check (Study)-Act, 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 efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services of processes which achieve equity and improve the health of the community. (Tews et al., 2012)

**Quantitative:** Data or information that can be expressed in numerical terms, counted, or compared on a scale. (PHAB, 2013a)

**Storyboard:** A visual depiction of a QI team's story, beginning at the "plan" phase and ending at the "act" phase. Graphics are key when creating a story board with minimal complementary text. It should include key elements of all stages of the PDSA process. (Tews et al., 2012)

**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. (PHAB, 2013a)

**Target:** A desired number or level related to a performance measure. Targets are the performance objectives an organization is striving to reach. (National Performance Management Advisory Commission, 2010)

## Appendix B

### **Jackson County Public Health 2017 – 2018 Performance & Quality Committee**

**Jackson Baures**, Public Health Division Manager  
*Committee Chair, PQ Leadership Team  
Administration Representative*

**Andrea Krause**, Epidemiologist  
*Performance & Quality Coordinator, PQ Leadership Team*

**Ann Ackles**, Nurse Supervisor  
*PQ Leadership Team*

**Tanya Phillips**, Health Promotion Manager  
*PQ Leadership Team  
Health Promotion Representative, Emergency Preparedness Representative*

**Al Solochier**, Community Health Nurse  
*Immunizations Representative*

**Chad Petersen**, Environmental Public Health Manager  
*Environmental Public Health Representative*

**Debbie Mote-Watson**, WIC Manager  
*WIC Representative*

**Jean Oldham**, Community Health Nurse  
*Home Visiting Representative*

**Liz Pischel**, Advanced Practice Nurse  
*Reproductive Health Representative*

**Stacey Gregg**, Public Health Clinic Manager  
*Communicable Disease Representative*

## Appendix C



# Jackson County Public Health Performance Measure Proposal

<b>Measure Scope</b> <input type="checkbox"/> Division-Wide <input type="checkbox"/> Program-Level Program:		<b>Date:</b>
<b>Goal/Objective To Be Measured</b> Goal:  Objective:		
<b>Performance Measure</b>		
<b>Target</b>	<b>Baseline</b>	<b>Benchmark</b>
<b>Rationale for Selection</b> Aligns with: <input type="checkbox"/> National standards <input type="checkbox"/> State standards/priorities <input type="checkbox"/> CCO priorities <input type="checkbox"/> CHIP priorities <input type="checkbox"/> Division/Strategic priorities <input type="checkbox"/> Program or grant priorities/requirements <input type="checkbox"/> Other  Specifically:  Is this a measure that can be quantified? <input type="checkbox"/> Yes <input type="checkbox"/> No Is data for this measure readily available? <input type="checkbox"/> Yes <input type="checkbox"/> No Will this measure give useful, actionable feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If answered "no" to any of the above questions, outline a proposed process for achieving "yes" in Notes/Comments below</i>		
<b>Numerator</b>		<b>Denominator</b>
<b>Data Source</b>		<b>Frequency of collection &amp; reporting</b>
<b>Staff Responsible</b>		
<b>Notes/Comments</b>		
<b>Manager Approval</b> Manager: _____ Review date: _____		
<b>P-Q Committee Review</b> Review date: Proposal <input type="checkbox"/> Accepted <input type="checkbox"/> Advise modifications Comments:		

\* Definitions and clarifications listed on the back of form

## Definitions and Clarifications

Goal: A broad statement describing a desired future condition or achievement without being specific about how much or and when. Often intangible or non-quantitative.

Objective: A specific statement of a desired short-term condition or achievement; includes measurable end results to be accomplished within time limits. Objectives are narrow, focused, precise, and tangible.

Rationale for Selection: Performance measures should have a direct connection to a national, state, local, or program standard/priority. The specific standard or priority should be expressed in this section along with the rationale for the specific measure chosen. (*Remember, measures should also be clearly and logically related to your goal or objective, feasible to collect over time, and within the scope of your influence*)

Target: This is the numeric “goal” for the performance measure. What number are you trying to reach?

Baseline: The rate/percent/number that you will be comparing current data with to determine whether there has been a change

Benchmark: This is a “gold standard” for a measure, usually set by an external organization. Examples of a benchmark are Healthy People 2020 objective targets. Your performance measure may not have a benchmark, in which case you should answer “none.”

Numerator: In a percentage or rate, this is the top number. For example, the numerator for the percent of Jackson County adults who smoke cigarettes is the number of adults (18 years or older) who currently smoke cigarettes. If your performance measure is not a percentage or rate, you will not have a numerator.

Denominator: In a percentage or rate, this is the bottom number. For example, the denominator for the percent of Jackson County adults who smoke cigarettes is the number of adults (18 years or older) in Jackson County. If your performance measure is not a percentage or rate, you will not have a denominator.

**Appendix D**



Jackson County Public Health  
**Performance Measure Report**

**Date:**

**Program:**

**Reporting Period:**

Performance Measure		
<b>Current Value</b>	<b>Target</b>	<b>Last Reported Value and date</b>
<b>Trend Summary</b>	<b>Recommended Action</b> <input type="checkbox"/> Continue monitoring <input type="checkbox"/> QI project <input type="checkbox"/> Other:	
<b>Notes/Comments</b>		

Performance Measure		
<b>Current Value</b>	<b>Target</b>	<b>Last Reported Value and date</b>
<b>Trend Summary</b>	<b>Recommended Action</b> <input type="checkbox"/> Continue monitoring <input type="checkbox"/> QI project <input type="checkbox"/> Other:	
<b>Notes/Comments</b>		



**Appendix E**

**Jackson County Public Health  
 QI Project Proposal**



<b>Project Title</b>		<b>Submitted by</b>	
<b>Briefly explain the need for this quality improvement project</b> <i>What is the problem?</i>			
<b>Program(s) affected</b> <i>(check all that apply)</i> <input type="checkbox"/> WIC <input type="checkbox"/> MCH <input type="checkbox"/> CD <input type="checkbox"/> Immunizations <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Health Promotion <input type="checkbox"/> Environmental Health <input type="checkbox"/> Vital Records <input type="checkbox"/> Animal Services <input type="checkbox"/> Billing <input type="checkbox"/> Service Integration <input type="checkbox"/> Administration <input type="checkbox"/> Support Services <input type="checkbox"/> Division-Wide <input type="checkbox"/> Mental Health <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Other:			
<b>Key project objective(s)</b>			
<b>Anticipated type of improvement result</b> <i>(check all that apply)</i> <input type="checkbox"/> Enhanced program performance <input type="checkbox"/> Improved teamwork/communications <input type="checkbox"/> Increased efficiency <input type="checkbox"/> Improved quality of services <input type="checkbox"/> Reduced cost/waste <input type="checkbox"/> Increased customer satisfaction <input type="checkbox"/> Other:			
<b>Project aligns with</b> <i>(check all that apply)</i> <input type="checkbox"/> Accreditation <input type="checkbox"/> Strategic Plan <input type="checkbox"/> CHIP and/or CCO priorities <input type="checkbox"/> State standards <input type="checkbox"/> Program/Grant requirements <input type="checkbox"/> Division mission, vision, values <input type="checkbox"/> Performance Management objectives <input type="checkbox"/> Other:			
<b>Measure(s)</b> <i>Which primary quantitative indicators would demonstrate that performance had improved?</i>		<b>Has baseline data been identified or collected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Resources needed</b> <i>(training, financial, stakeholder input, etc.)</i>			
<b>Who should lead this QI team?</b>		<b>Who should be on this team?</b>	
<b>Target Start Date</b>		<b>Target for completion of first improvement cycle</b> <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 9 mo <input type="checkbox"/> 1 yr <input type="checkbox"/> >1 yr	
<b>P-Q Committee to Complete</b>  Date submitted: _____ Review date: _____ Proposal: <input type="checkbox"/> Accepted <input type="checkbox"/> Requesting more information or modifications <input type="checkbox"/> Denied Team facilitator assigned: _____ Comments: _____			

## Appendix F

# Jackson County Public Health QI Project Worksheet



<b>Project Title</b>			
<b>Team Leader</b>		<b>P-Q Committee Facilitator</b>	
<b>Project Start Date</b>			

PLAN Phase
<b>Describe the problem/situation</b>
<b>Project Team</b>
<b>AIM Statement</b> (Specific, Measurable, Achievable/Action-oriented, Reasonable, Time sensitive)
<b>How will you measure improvement? What baseline data will you use?</b>
<b>Examine the current approach. Identify the root cause(s) of the problem</b>
<b>List potential improvement strategies</b>
<b>Select an improvement strategy and develop an improvement theory</b>
<b>Develop a work plan for testing the improvement theory</b> (insert file path below)
<b>List process measures</b>
<b>List outcome measure(s)</b>

DO Phase	
Test the improvement theory. Collect, chart, and display data. Document any problems, unexpected observations, or unintended side effects.	

STUDY Phase	
Study the results. What does the data indicate?	
Describe the key lessons learned (2-3)	

ACT Phase	
Describe what action you will take:	
<ol style="list-style-type: none"> <li>1. Adopt/Standardize the change,</li> <li>2. Adapt the change or develop a new improvement theory and repeat the cycle, or</li> <li>3. Abandon the project</li> </ol>	
List any measure(s) that will continue to be monitored, frequency and who will track the measure	

List the QI tools used for this project	
Project End Date	

Adapted from Washington County (MN) Department of Public Health and Environment

**Appendix G**

Jackson County Public Health  
**Quality Improvement Project Report**



**Date:**

**Project Title:**

<b>PLAN</b>	<b>Team Leader</b>	
	<b>Team Members</b>	
	<b>Problem</b>	
	<b>Aim Statement</b>	
	<b>Measures</b>	
	<b>Current PDSA Cycle Stage</b>	

<b>DO</b>	Summarize the key action steps you have taken in the past 3 months		Describe the results of your action steps and what you learned from the process		<b>STUDY</b>
	1.				
	2.				
	3.				
	4.				
	5.				

<b>ACT</b>	What action steps do you have planned for the next 3 months?				
	1.				
	2.				
	3.				
	4.				
	5.				

What are you most proud of achieving?

Adapted from Fillmore-Houston Community Health Service

**Appendix H**  
**Jackson County Public Health**  
**Performance Management & Quality Improvement Work Plan**

**Strategy #1: Develop and monitor performance measures**

*Supports PM/QI Plan Objectives 1.1 and 4.2*

<b>Action Steps</b>	<b>Timeframe</b>	<b>Responsible</b>	<b>Expected Outcomes</b>
1. Develop a more detailed formal process for establishing clear and functional performance measures and objectives	May 2017	PQ Leadership Team	Strong and clear understanding among PQ Committee members re: the division process for goal, objective, & performance measure selection
2. Develop instructional and example sheets for all performance measure forms	April – June 2017	PQ Coordinator	Instructional and example sheets for all performance measure forms
3. Review performance measure documentation forms with PQ Committee members	April – June 2017	PQ Coordinator	Improved committee understand of and comfort with performance measure forms
4. Develop performance measures to manage performance around core administrative functions (HR, finance, etc) and public health programs & services	May – July 2017	PQ Committee program representatives	At least two functional performance measures for each division program area
5. Conduct quarterly reports of progress against performance targets	Quarterly	PQ Committee program representatives	All program performance measures reports made on time according to the reporting schedule
6. Refine and revise performance measures as needed	Ongoing	PQ Committee program representatives	Performance measures refined and revised as needed

**Strategy #2: Monitor and manage the Strategic Plan**

*Supports PM/QI Plan Objective 1.2*

<b>Action Steps</b>	<b>Timeframe</b>	<b>Responsible</b>	<b>Expected Outcomes</b>
1. Conduct quarterly reviews of progress against the Strategic Action Plan	Quarterly	PQ Committee	Quarterly progress note updates on the Strategic Action plan

2. Regularly review the Strategic Plan	Annually	PQ Committee	Process to review the Strategic Plan conducted annually as specified in the PM/QI Plan
3. Report on Strategic Plan progress	Ongoing	PQ Coordinator, PH Division Manager	An annual written report on the Strategic Plan including description of progress towards objectives and explanation of any revisions to the plan  Distribution of progress notes and/or progress reports to key stakeholders, including staff and the Public Health Advisory Board
4. Update Strategic Plan and action plan as needed	As needed, at least annually for action plan	PQ Coordinator	Strategic Priorities Action Plan updated at least annually  Strategic Plan updated as needed
5. Plan a new Strategic Planning process	Sept – Dec 2017	PQ Coordinator & PH Division Manager	Outline of Strategic Planning process schedule and list of participants
6. Implement a new Strategic Planning process	Jan – Dec 2018	PQ Coordinator & PH Division Manager	New Strategic Plan for 2019 – 2022, 2023, or 2024, including action plan and measurement plan, complete by Dec 31, 2018

**Strategy #3: Develop and implement a PM/QI training plan for building appropriate levels of PM and QI KSAs for every level of staff**

*Supports PM/QI Plan Objectives 2.1, 2.2, 3.1, and 4.1*

Action Steps	Timeframe	Responsible	Expected Outcomes
1. Identify desired set(s) of core PM/QI knowledge, skills, and abilities (KSAs) for all levels of staff	July 2017	PQ Leadership Team	List of desired KSAs for various tiers of staff
2. Identify PM/QI training opportunities, materials, and methods	Aug – Sept 2017	PQ Leadership Team	List of PM/QI training opportunities and resources
3. Assess materials and methods for use in developing desired KSAs	Sept – Nov 2017	PQ Leadership Team	An inventory of effective materials for use and methods for deployment  Selection of training resources for implementation within the division for development of desired KSAs

4. Draft a detailed, written PM/QI training plan	Nov – Dec 2017		A written PM/QI training plan which identified desired KSAs and outlines specific training materials to develop them
5. Implement PM/QI training plan	Ongoing from Jan 2018	PQ Leadership Team	Development of knowledgeable QI champions that are comfortable facilitating QI projects  Increased employee empowerment regarding PM & QI
6. Regularly assess staff knowledge to evaluate impact of training plan	Ongoing from Jan 2018	PQ Leadership Team	Regularly administered surveys to assess staff PM/QI knowledge  Set of measures to evaluate the PM/QI training plan

**Strategy #4: Identify, initiate, and complete QI projects within the PQ Committee**

*Supports PM/QI Plan Objectives 2.2, 3.1 and 3.2*

Action Steps	Timeframe	Responsible	Expected Outcome
1. Explore QI projects implemented in similar agencies	July – Dec 2017	PQ Committee	Increased understanding of QI projects among PQ Committee members
2. Develop instructional and example sheets for all QI project forms	May – July 2017	PQ Coordinator	Instructional and example sheets for all QI project forms
3. Review QI project documentation forms with PQ Committee members	July 2017	PQ Coordinator	Improved PQ Committee understanding of and comfort with QI project documentation forms
4. Identify areas for improvement based on performance data analysis	Ongoing	PQ Committee	Areas for improvement identified based on performance data
5. Explore options for “winnable” QI projects and encourage the planning and implementation of these projects	Jan – Mar 2018	PQ Leadership Team, PQ Committee	Increased number of QI projects proposed and conducted
6. Encourage staff to engage in QI projects and celebrate QI successes	Ongoing	PH division management	Increased number of QI projects proposed and conducted  Employee recognition for participation in QI projects

**Strategy #5: Develop and implement a PM/QI communication plan to ensure regular communication from leadership regarding PM & QI**

*Supports PM/QI Plan Objective 4.2*

Action Steps	Timeframe	Responsible	Expected Outcome
1. Draft a written PM/QI communication plan for PH leadership that addresses the following: <ul style="list-style-type: none"> <li>• Benefits and importance of QI</li> <li>• Agency strategy and performance</li> <li>• PM/QI progress and future plans</li> <li>• Key QI messages</li> </ul>	Mar – May 2018	PQ Leadership	A written plan for ensuring regular communication from leadership to staff regarding performance management and quality improvement
2. Implement PM/QI communication plan	Ongoing from May 2018	PH division management	Regular communication from leadership to staff regarding performance management and quality improvement  Increased staff perception of transparency and decreased staff resistance towards PM/QI



**Appendix I**

**Jackson County Public Health  
2017-2018 Performance Measures**

<b>Program</b>	<b>Measure</b>	<b>Target</b>	<b>Assigned Staff</b>	<b>Reporting Schedule</b>