Operational Skills Workshop Series
June 9, 2021

PERFORMANCE IMPROVEMENT

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Performance Improvement & Other Operational Functions

Community Health Needs Assessment and Health Improvement Plan (CHNA HIP) → Strategic Planning → Workforce Development → **Performance Improvement**

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PM + QI = Performance Improvement

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Performance Management

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WHAT IS IT?

"Performance management is a systematic process of using data for decision-making by identifying outcomes and standards; measuring, monitoring, and communicating progress; and engaging in quality improvement activities in order to achieve desired outcomes."

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WHY DOES IT MATTER?

1. It's best practice!
2. You don't want the tail to wag the dog!
3. It's required for PHAB accreditation!
4. Your programs and services will improve!
5. Outcomes for clients and the community will improve!

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WHERE DOES IT FIT?

CHA & CHIP
Agency Strategic Plan
QI Plan
Workforce Development Plan
Employee Development Plans

*National Association of County and City Health Officials*
Measuring What Matters in Public Health

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PM @ IDPH

KEY ELEMENTS
Results-Based Accountability
Public performance data
Quarterly workshops
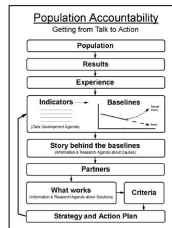Internal action report

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RESULTS-BASED ACCOUNTABILITY

"Results-Based Accountability™ is a disciplined way of thinking and acting … used by organizations to improve the effectiveness of their programs. Developed by Mark Friedman and described in his book "Trying Hard is Not Good Enough," RBA is used in all 50 United States and in more than a dozen countries around the world to create measurable change in people's lives, communities and organizations."

Trying Hard Is Not Good Enough

How To Produce Measurable Improvements For Customers and Communities

Mark Friedman
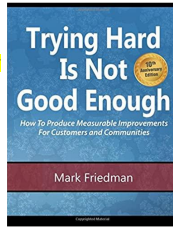
Population Accountability

"Population accountability is accountability for the well-being of a whole population in a geographic area. Population accountability is bigger than any one program or agency or one level of government. In fact, it's bigger than government. It requires the whole community, public and private partners to make a difference."

Population Accountability
Getting from Talk to Action

- Population
- Results
- Experience
- Indicators ← → Baselines (Data Development Agenda)
- Story behind the baselines (Information & Research Agenda about Causes)
- Partners
- What works (Information & Research Agenda about Solutions) ← → Criteria
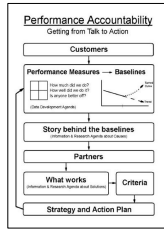- Strategy and Action Plan

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7 QUESTIONS
POPULATION ACCOUNTABILITY

1. What are the quality of life conditions we want for the children, adults, and families who live in our community?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including low-cost and no-cost ideas?
7. What do we propose to do?

Performance Accountability

"Performance accountability is <mark>accountability for the performance of a program, agency or service system. The most important performance measures are about the well-being of a client population</mark> (i.e. those who receive service or otherwise benefit from the program.)"

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Performance Accountability
Getting from Talk to Action

Customers

Performance Measures → Baselines

How much did we do?
How well did we do it?
Is anyone better off?

(Data Development Agenda)

Story behind the baselines
(Information & Research Agenda about Causes)

Partners

What works
(Information & Research Agenda about Solutions) | Criteria

Strategy and Action Plan

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7 QUESTIONS
PERFORMANCE ACCOUNTABILITY

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including low-cost and no-cost ideas?
7. What do we propose to do?

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WHO SHOULD BE INVOLVED?

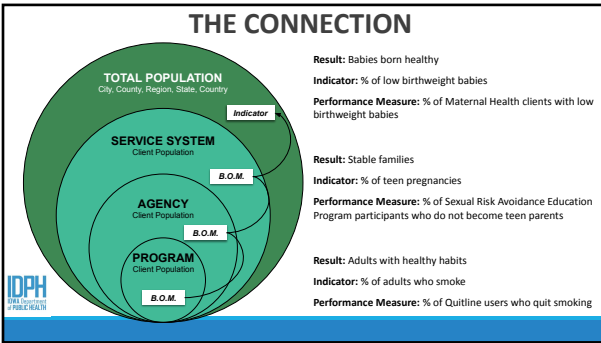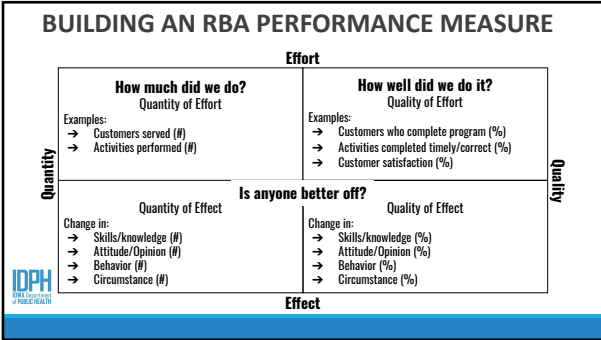**POPULATION PROCESS**

A convening organization

Orgs from all sectors of the community
- Every org has a stake in population health
- Every org can contribute

Decision-makers from each org

Content-area experts
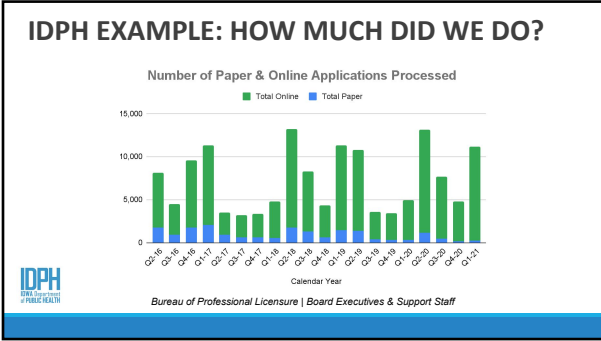
Community stakeholders

Community influencers

PERFORMANCE PROCESS

Good mix
- Leadership
- Managers/supervisors
- Front-line workers
- Data/process/admin staff

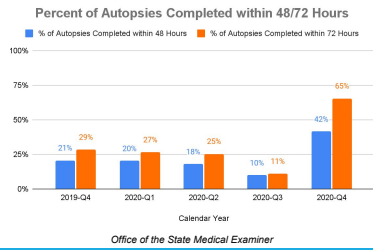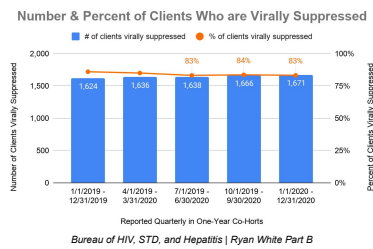My advice: Err on the side of too many during measure development

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THE CONNECTION

TOTAL POPULATION
City, County, Region, State, Country

Indicator

SERVICE SYSTEM
Client Population

B.O.M.

AGENCY
Client Population

B.O.M.

PROGRAM
Client Population

B.O.M.

Result: Babies born healthy

Indicator: % of low birthweight babies

Performance Measure: % of Maternal Health clients with low birthweight babies

Result: Stable families

Indicator: % of teen pregnancies

Performance Measure: % of Sexual Risk Avoidance Education Program participants who do not become teen parents

Result: Adults with healthy habits

Indicator: % of adults who smoke

Performance Measure: % of Quitline users who quit smoking

BUILDING AN RBA PERFORMANCE MEASURE

Effort

Quantity

How much did we do?
Quantity of Effort
Examples:
→ Customers served (#)
→ Activities performed (#)

How well did we do it?
Quality of Effort
Examples:
→ Customers who complete program (%)
→ Activities completed timely/correct (%)
→ Customer satisfaction (%)

Quality

Is anyone better off?

Quantity of Effect
Change in:
→ Skills/knowledge (#)
→ Attitude/Opinion (#)
→ Behavior (#)
→ Circumstance (#)

Quality of Effect
Change in:
→ Skills/knowledge (%)
→ Attitude/Opinion (%)
→ Behavior (%)
→ Circumstance (%)

Effect

IDPH EXAMPLE: HOW MUCH DID WE DO?

Number of Paper & Online Applications Processed

■ Total Online ■ Total Paper

Calendar Year

Bureau of Professional Licensure | Board Executives & Support Staff

IDPH EXAMPLE: HOW WELL DID WE DO IT?

Percent of Autopsies Completed within 48/72 Hours

■ % of Autopsies Completed within 48 Hours   ■ % of Autopsies Completed within 72 Hours

Calendar Year

Office of the State Medical Examiner

IDPH EXAMPLE: IS ANYONE BETTER OFF?

Number & Percent of Clients Who are Virally Suppressed

■ # of clients virally suppressed   ● % of clients virally suppressed

Reported Quarterly in One-Year Co-Horts

Bureau of HIV, STD, and Hepatitis | Ryan White Part B

QUARTERLY WORKSHOPS

BEFORE WORKSHOP

Bureau chiefs:

- Review all measures within the meeting's strategic focus area.
- Select a measure to workshop.
- Invite staff whose work is relevant to the selected measure to be on their workshop team.

DURING WORKSHOP

(Meetings held and teams grouped by strategic focus area.)

- 45 min. to discuss performance accountability questions 4-7 with their team.
- 30 min. to share with partner team (15 min each):
  - Team's work
  - Selected measure & why is was selected
  - Q7 answer

AFTER WORKSHOP

Teams send PM coordinator:

- Their selected measure
- Their answer to Q7

PM coordinator posts internal action report on Trello board:

- Attendees by group
- Selected measures
- Q7 action steps
- Team pairings

WHERE DOES IT FIT?

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National Association of County and City Health Officials
Measuring What Matters in Public Health

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QUESTIONS?

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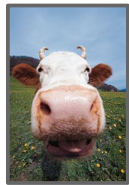
A. Curious cow.

B. Don't make me do it!

D. Let's do this!

C. So much work.

Quality Assurance/Control	Quality planning	Quality Improvement
Reactive	Proactive	Proactive
Works on problems as they occur	Works on new processes	Work on existing processes
Regulatory, usually by state of federal law	Seeks to prevent	Seeks to improve (culture shift)
Led by management	Led my management and staff	Led by staff
Periodic look-back	Planning	Continuous
Responds to a mandate, crisis, or fixed schedule	Proactively develop new programs/services/processes	Proactively selects a process to improve
Meets a standard (Pass/Fail)	Sets the standard	Exceeds expectations

What is Quality Improvement?

"Quality improvement in public health is the use of a **deliberate and defined** improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and 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."

Accreditation Coalition Workgroup, PHF, approved June 2009

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Why Use QI?

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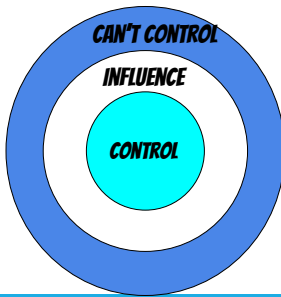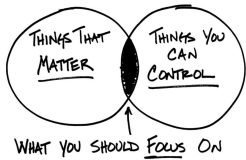
Why Use QI?

× Makes the invisible visible
× Efficient use of resources
× Measurable outcomes
× Community impact
× Employee satisfaction
× Decision-making relies on facts and data
× Process not people
× Customer satisfaction
× Can be done in person or virtually
× Share your story

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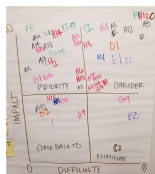
QI Brings Focus on the Customer

- × Every process has a customer
  - × External and internal
- × In a quality culture the customer is the _priority_
- × Process should meet customer requirements and needs
- × Want the customer's voice in the discussion

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Why Use a Health Equity Lens?

Structural inequities are often produced inadvertently

These internal structures, policies, processes, etc. are so embedded into the organization that it may be difficult to "see" the inequities

Every decision an organization makes has an impact on people - both inside the organization and externally

Good ideas can play out in ways that inadvertently disadvantage or harm certain groups

Provides an objective means of ensuring that health equity is considered.

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-Strategic Planning presentation April 14, 2021

Quality Improvement Process - PDCA

Act

Plan

Check/
Study

Do

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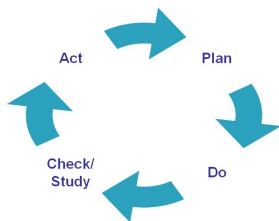
Plan-Do-Check-Act

Plan
Identify QI opportunity
What's our goal?
What's the current process? Data?
Root Cause
Identify improvements
Create action plan

Do
Implement
Collect and document data
Document what happened

Check
Analyze the results
Document what happened

Act
Adopt
Adapt
Abandon

Act — Plan — Do — Check/Study

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** Document at every stage

Who Should be Involved?

Developing and Implementing

Department/agency QI champions - combination of leadership and staff

Leadership support from PH administrators, BOH and BOS

QI Process

Department/agency staff - Leadership, supervisors, staff who are involved in the process or program

Community partners who are involved

Customers who are impacted

BOH and BOS if appropriate

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So What? What can we actually accomplish with a QI Culture?

Welcoming a new State Medical Director

Removing questions about the record retention policy and process

Making improvements to the Vaccine For Children inventory process

Reporting to the legislature how administrative burden for schools related to health screenings could be reduced

To work through problems identified in performance management scorecard meetings

Public Health Accreditation can be achieved

Use QI tools for strategic planning

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Organization and preparation during a Public Health Emergency and for After Action Reporting

Questions?

Discussion?

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CG Public Health's Performance Management

Evaluate and Continuously Improve Processes, Programs, and Interventions

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What We Will Cover

Background

First Steps & Implementation

Initial Plan & Growth

Evaluation

Communication of Results

Connection with Performance Management & Quality Improvement

Evolution including Setbacks & Successes

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CG Public Health's Background

Disjointed Monitoring
◦ Grants
◦ Contracts
◦ Revenue/expenses against previous year

Conducted Sporadic Quality Improvement

Starting Point
◦ Self assessment 2016
◦ Public Health Foundation's[1] Public Health Performance Management Tool

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CG Public Health's Background (cont.)

Assessment Results
◦ Lesson in the hierarchy of competence[2]
◦ Results straddled the 'rarely/never' responses to statements like:
  ◦ Senior management leads the group to align performance management practices with the mission, or
  ◦ There is a team responsible for integrating performance management efforts across disciplines.
◦ Results also showed we thought we knew more than we did with 'always/almost always' in response to statements like:
  ◦ The group documents progress related to performance standards or targets, or
  ◦ Performance data are used to redirect resources.

CG Public Health's First Steps

Formed a Council
◦ Originally a 3-member team (1 on management)
◦ Performance management vs. integrated management
◦ Adopted a guiding statement

First Step!

Developed a Training Plan for All Staff
◦ Relied heavily on the Public Health Foundation
◦ Followed the guiding principles & model

CG Public Health's First Steps

Measures (Standards) Began Small but Were Elevated at Times
- Staff selected measures by division/3 team members lead each of their divisions
- Examples of initial measures
  - % of schools who participate in providing weekly reports regarding the type of illness
  - % of diabetes prevention program participants who complete the full program (contract)
  - # of radon self-test kits complete, etc.
- Description with what constitutes success, standard it followed (HP2020 or CMS, etc.), data collection and staff member responsible included

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CG Public Health's Integrated Management Plan

Initial Plan Completed & Remains the Foundation
- Implemented the measures
- Collect data quarterly (evaluate)
- IM Council reviews data & identifies underperformers (evaluate)
- IM Coordinator writes report & disseminates to all employees & the Board of Health (communication)
- Connects underperforming data to quality improvement

Annually, We:
- Renew membership for the council – expanded to a minimum of 5 members
  - All divisions represented
  - Standing members: Assigned IM Coordinator, Accreditation Coordinator & Quality Improvement Coordinator
- Revise the plan as needed
- Assess & revise measures

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CG Public Health's Integrated Management & Quality Improvement Connection

Data identified as underperforming in meetings

QI Coordinator in the meetings

Initial steps for underperforming data:
- Determine if there is an issue (e.g. some data lags, staff absence, etc.)
- Before beginning a QI project, ask, 'does a process exist'?
- Use the QI project documentation form to define the issue(s), team, the goal, the need, who this affects & to develop an AIM statement

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CG Public Health's Integrated Management & Quality Improvement Connection (cont.)

Overlapping Projects' AIM statements:
- Increase the number of participants that complete the DPP program in calendar year 2017 by 10% (baseline 67.5% calendar year 2016).
- IRIS data entry for patients served by Cerro Gordo County Department of Public Health who receive influenza, PCV13 and PPSV23 vaccinations from September through November 2017 will not exceed 5% over 7 days.
- By July 1st, 2018, ensure that 100% of nursing staff are knowledgeable about admission process (baseline 1/7 fully understand admission process).

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CG Public Health's Evolution

CG PUBLIC HEALTH

CG Public Health's Evolution

CG PUBLIC HEALTH

CG Public Health's Evolution

CG Public Health Strategy Map

CG Public Health's Evolution (cont.)

Passed the coordinator position to a non-management staff member

Created a job description vs. having the Director appoint

Revising the self-assessment tool to fit our needs better; dissemination soon

Revising the standards, measures, etc. shortly

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Conclusion

Setbacks

- Selected data to measure that was not a great fit
- High level control/push-pull for council members, data to measure, etc.
- Afraid of failing…in the first few years
  - Affected selection of measures
  - Affected QI projects

Success

- Council ownership of measures & reporting back to divisions
- Strategy cohesion (strategic plan, budget review process, standard work, etc.)
- Some measures are worth repeating annually
- Leading with data – data informed decision making
- We are failing fast now!

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References

1. Public Health Foundation (n.d.). Performance Self-Assessment. http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/PM_Toolkit_Self_Assessment.aspx
2. Burch, N. (1970's). The four stages of competence.
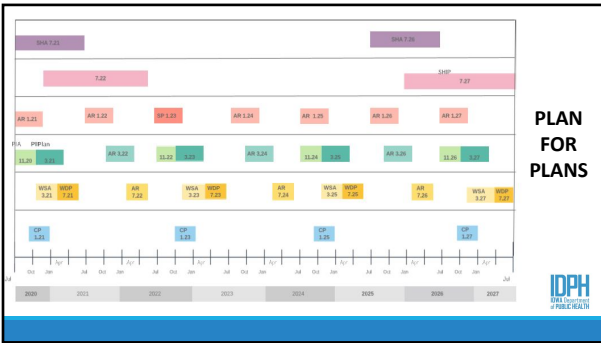3. Strasheim, M. (2020). CG Public Health's Strategy Map.

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Questions?

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PLAN FOR PLANS

Final Workshop - Financial Management
July 14, 2021
10:30 am