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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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.”
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!

WHERE DOES IT FIT?

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

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

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.”

7 QUESTIONS

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 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 (i.e. those who receive service or otherwise benefit from the program.)”

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?

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
THE CONNECTION

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

Effect

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/correctly (%)
- Customer satisfaction (%)

Is anyone better off?
Quantity of Effect
Change in:
- Skills/knowledge (#)
- Attitude/Opinion (#)
- Behavior (#)
- Circumstance (#)

IDPH EXAMPLE: HOW MUCH DID WE DO?

Number of Paper & Online Applications Processed

Bureau of Professional Licensure | Board Executives & Support Staff
**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 it 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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QUESTIONS?

Rob Stewart
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Quality Improvement

A. Curious cow.
B. Don't make me do it!
C. So much work.
D. Let's do this!

|                      | Quality Assurance/Control | Quality planning | Quality Improvement |
|----------------------|---------------------------|-----------------|---------------------|
| Reactive             | Proactive                 | 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

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
**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.

-Strategic Planning presentation April 14, 2021

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**Quality Improvement Process - PDCA**

- Plan
- Do
- Check/Study
- Act
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
- Adopt
- Abandon

**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

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
- Organization and preparation during a Public Health Emergency and for After Action Reporting
CG Public Health’s Performance Management
Evaluate and Continuously Improve Processes, Programs, and Interventions

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
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 Public Health Performance Management Tool

CG Public Health’s Background (cont.)

Assessment Results
- Lesson in the Hierarchy of competence
- 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

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

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

Anually, 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

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
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).

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

CG Public Health’s Evolution
CG Public Health’s Evolution

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

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!
References

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

Questions?

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- Community Health Needs Assessment and Health Improvement Plan (CHNA HIP)
- Strategic Planning
- Workforce Development
- Performance Improvement
Final Workshop - Financial Management
July 14, 2021
10:30 am