

Embracing Quality, Improving Efficiency, & Increasing Effectiveness

Performance Management & Quality Improvement in Public Health: A Training for Public Health Practitioners



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Welcome!



Introductions



PRE-TEST

Today's Roadmap

⊕ Why this, why now?

⊕ Building Systems that Support Quality

- ⊕ Performance Management Primer

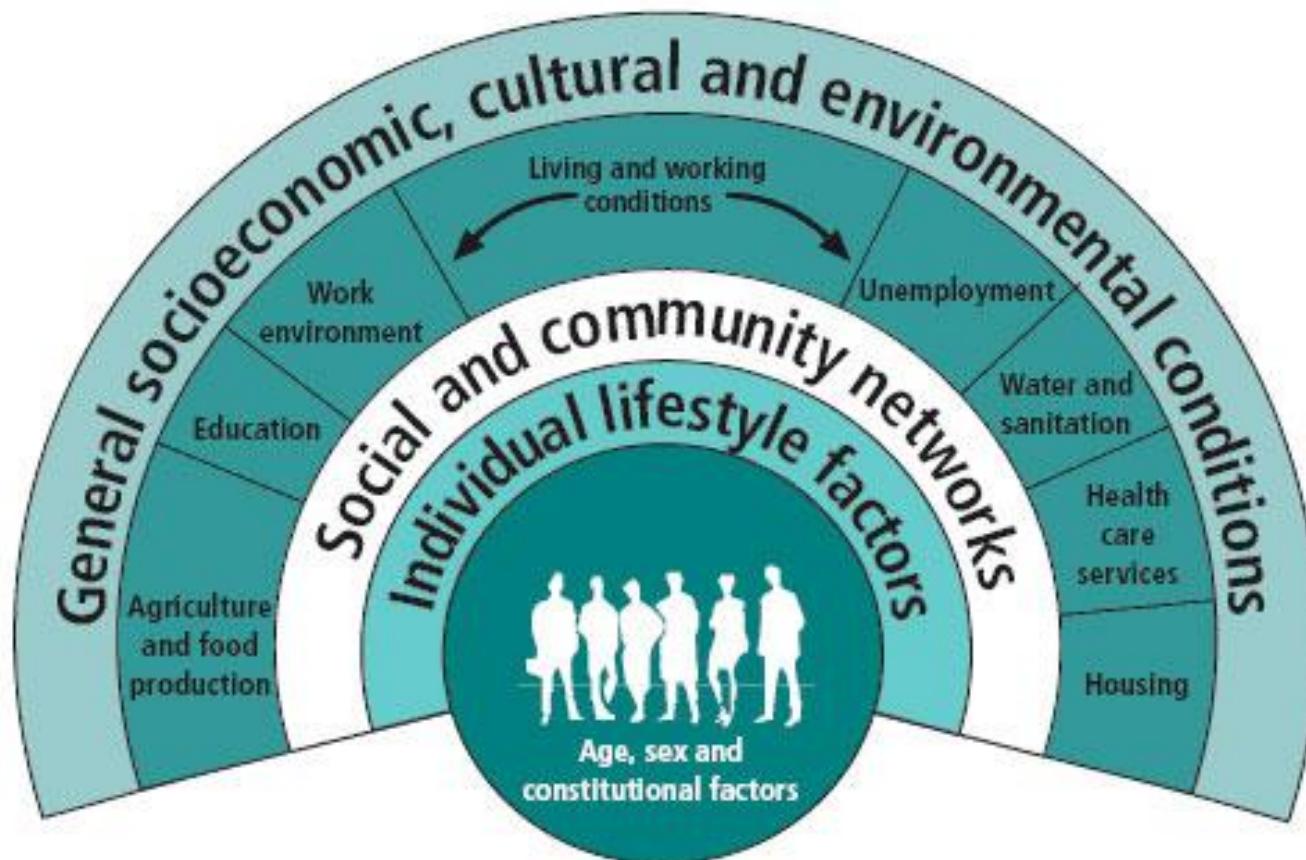
⊕ Implementing Tools that Improve Quality

- ⊕ Quality Improvement Primer

Our Mission as Public Health Professionals

To improve and protect the health of the public.

Determinants of Health



Factors that Affect Health





- How do we find the right path?
- How do we follow that path without getting off track?
- How do we know we made the right choice?
- How do we keep getting better?

A Strategy

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



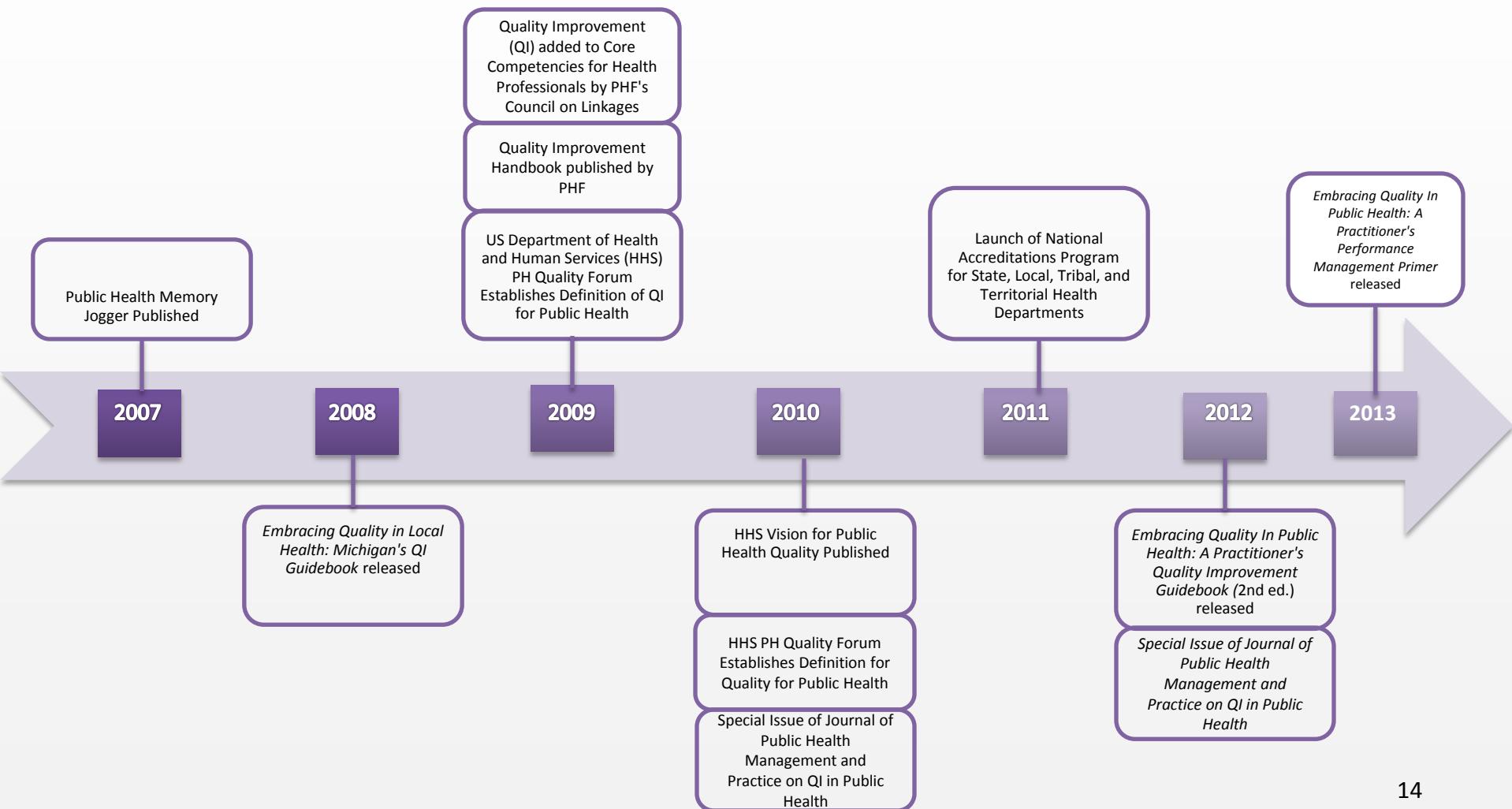


Silos... to systems



WHY PERFORMANCE MANAGEMENT?

To Stay on the Cutting Edge of Public Health Practice



To Achieve National Accreditation

- ❖ Public Health Accreditation Board's (PHAB) National Public Health Accreditation Program
- ❖ Launched Fall 2011
- ❖ Establishes standards for governmental public health agencies in each of the 10 essential services



The Ten Essential Public Health Services

To Achieve National Accreditation

Standard 9.1

- Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2

- Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

To Meet Grant Requirements

- ⊕ National Public Health Improvement Initiative (NPHII) Grant
- ⊕ CDC, HRSA, ACF, RWJF
 - ⊕ What grants do you have that include this language?
 - ⊕ What funding opportunities have you seen that include this language?

But...

We have heard from your peers that:

- ⦿ They aren't sure this is different or better than what we already do to pursue quality.
- ⦿ They don't have the capacity to do this right.
- ⦿ They don't have extra time for this, or anything else.

So we:

- ⦿ Will describe for you how it's different and show you that it's worked.
- ⦿ Have a plan to begin to build capacity through training and TA
- ⦿ Will focus on how to use these methods to save time.

Systems that Support Quality

PERFORMANCE MANAGEMENT PRIMER

Purpose of Performance Management Efforts

“...to move the field of public health from simply measuring performance of individual programs to actively measuring and managing performance of an entire agency system.”

Silos to Systems: Using Performance Management to Improve the Public’s Health.

Turning Point Performance Management National Excellence Collaborative:

Seattle, WA; Turning Point National Program, 2003

What does Performance Management do?

- Helps answer calls for increased accountability by:
 - Showing that your activities are having the right result
 - Providing evidence of the value and effectiveness of your work
 - Improving efficiency

- Provides useful, credible information for assessing:
 - Your capacity to undertake your work
 - The quality of your efforts
 - The outcomes of your efforts

Performance Measurement vs. Performance Management

Performance Measurement:

The regular collection and reporting of data to track work produced and results achieved.

Virginia Department of Planning and Budget, Planning and Evaluation Section.

Virginia's Handbook on Planning & Performance
(Richmond: VA Department of Planning and Budget, 1998).

Performance Measurement vs. Performance Management

Performance Management:

“...what you do with the information you’ve developed from measuring performance.”

Patricia Lichiello

Turning Point Guidebook for Performance Measurement

How is Performance Management different than what you do currently?

- ⊕ Systems approach that is fully integrated across the organization
- ⊕ Strategic & ongoing approach that's built by you
- ⊕ Uses data to demonstrate performance & drive improvement

PHAB National Accreditation

Standard 9.1

- Use a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions

What does PHAB mean by Performance Management?

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.

Now, we know you probably feel like this:



No, Thursday's out. How about never—is never good for you?

And often, probably like this:



"It's a working vacation."

And it might sound like we're suggesting this:

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www.glasbergen.com



**"This is a major project of utmost importance, but it has no budget,
no guidelines, no support staff, and it's due in 15 minutes.
At last, here's your chance to really impress everyone!"**

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Performance Management

One Step at a Time

- ❖ A fully functional performance management system should be created over time
- ❖ Start with:
 - ❖ Communication
 - ❖ Planning
 - ❖ Existing resources

Performance Management starts with a vision... and some data

- ❖ **Vision & Mission**
- ❖ **State/Community Health Assessment**
 - ❖ Where are we now?
- ❖ **State/Community Health Improvement Plan**
 - ❖ Where do we need to go as a public health system?
- ❖ **Agency Strategic Plan**
 - ❖ Where do we need to go as a public health agency?
- ❖ **Quality Improvement Plan**
 - ❖ What are we working to improve?
- ❖ **Program Logic Models**
 - ❖ What do we do & how do we do it?

Performance Standards

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



Performance Standards, Indicators, Goals, Targets, HUH???

- Ⓐ Here's the idea:
 - Ⓐ Start with a generally accepted standard for performance by looking outside of your agency
 - Ⓐ Figure out what indicators of performance make sense for your agency that are related to those standards
 - Ⓐ Establish goals for the performance of your agency in each of those areas

- Ⓐ In the end you will end up with:
 - Ⓐ Goals & objectives that link to generally accepted performance standards

Performance Standards: A Balanced Approach

Health Determinants & Status

- Healthy People 2020
- National Prevention Strategy

Resources & Services

- PHAB Standards, including those under Domains 2, 3, 7, and 10
- National Public Health Performance Standards Program (CDC)
- Michigan Local Public Health Accreditation Minimum Program Requirements

Community Engagement

- PHAB Standards, including those under Domains 1, 4, 5, and 6
- CDC Principles of Community Engagement
- Scotland National Standards for Community Engagement
- CDC Public Health Preparedness Capabilities, National Standards for State and Local Planning

Workforce

- Core Competencies for Public Health Professionals (PHF)
- PHAB Standards, including those under Domain 8

Performance Standards

- ⊕ Start with what exists
- ⊕ Set goals that are important to your agency
- ⊕ Set objectives that are challenging but achievable
- ⊕ Don't go overboard!



Performance Measurement

- ⊕ Refine Indicators and define measures
- ⊕ Develop data systems
- ⊕ Collect data

Performance Measures

Quantitative measures that provide information about the degree to which an organization is achieving its mission



"The program on the left measures how well I'm doing; the program on the right measures how well the program on the left is doing."

Criteria for Constructing Performance Measures

- ❖ Relevant to an organization's mission, vision, goals, objectives, activities
- ❖ Understandable
- ❖ Offer a point of comparison
- ❖ Sensitive to change
- ❖ Based on usable, routinely collected data
- ❖ Show change over time
- ❖ Drive improvement

Performance Measures

- ⊕ Can focus on agency inputs (resources used to implement the program):
 - ⊕ Staff hours, dollars expended, partners engaged

- ⊕ Can focus on agency outputs (service units or products delivered):
 - ⊕ Screenings completed, people served, services delivered

Performance Measures

- ⊕ Can focus on agency processes (steps completed to implement the program or its components):
 - ⊕ Steps to process an application, time to service
- ⊕ Can focus on agency outcomes (benefit of the agency or service for the customer or community):
 - ⊕ Immunization rates, STI rates, access to fruits and vegetables

Performance Measures

- ⊕ Quality (services delivered that meet standards):
 - ⊕ % of clients highly satisfied with services
- ⊕ Error rate (services that do not meet standards):
 - ⊕ % of applications returned for revisions
- ⊕ Efficiency (cost to deliver a service in dollars or time):
 - ⊕ Dollars per client served
- ⊕ Revenue (amount collected):
 - ⊕ Dollar value of Medicaid reimbursements

Creating Performance Measures

- ❖ Begin with your agency vision & mission
- ❖ Review community health improvement plan & strategic plan objectives
- ❖ Review QI plan areas of focus
- ❖ Review program logic models
 - ❖ Brainstorm measures that align with what the agency does and what the agency is trying to accomplish
 - ❖ Connect performance measures with performance standards

Creating Performance Measures

- ❖ DO specify what is measured
- ❖ DO specify when it is measured
- ❖ DO NOT specify why the measure is important
- ❖ DO NOT specify degree of change or a performance target

Unit of Measurement
(number, percentage,
rate)

Attribute of performance
(input, output, process,
outcome)

Timeframe
(per month, per
quarter, per year)

For Example:

of restaurant inspections completed per month

% of programs completing a quality improvement project per fiscal year

Selecting Performance Measures

⊕ Measure what matters:

- ⊕ Are we accomplishing our mission?
- ⊕ Are we achieving our strategic goals and objectives?
- ⊕ Are we meeting the needs of our customers?
- ⊕ Are our processes working as we expect?
- ⊕ Are our processes efficient?
- ⊕ Are we improving?

Selecting Performance Measures

- ⊕ Collecting, managing, & reporting performance measures has a cost
- ⊕ Every performance measure provides a very narrow look at a big picture

Be strategic in ***which*** measures and ***how many*** measures you include

Selecting Performance Measures

- ⊕ Your final list of possible measures should be:
 - ⊕ Clearly and logically related to standards, objectives, & activities
 - ⊕ Feasible to collect over time, and
 - ⊕ Within the scope of your influence.

An Example

Performance Standard: By December 31, 2015, increase the proportion of low-income children and adolescents who received any preventive dental service during the past year to 29.4%.

Possible Performance Measures:

- ❖ Percent of low-income children with access to school-based health centers with an oral health component.
- ❖ Percent of low-income children who live within driving distance of local health departments, Federally Qualified Health Centers, and tribal health centers that have an oral health component
- ❖ Percent of low-income children who have dental insurance
- ❖ Percent of eligible low-income children with Medicaid dental coverage
- ❖ Percent of low-income children covered by Medicaid with at least one preventive dental service in the past 12 months
- ❖ Percent of Medicaid families receiving information on Medicaid dental care providers in their county

An Example Continued

Performance Standard: By December 31, 2015, increase the proportion of low-income children and adolescents who received any preventive dental service during the past year to 29.4%.

Possible Performance Measures:

- ☒ Percent of low-income children with access to school-based health centers with an oral health component.
- ☒ Percent of low-income children who live within driving distance of local health departments, Federally Qualified Health Centers, and tribal health centers that have an oral health component
- ☒ Percent of low-income children who have dental insurance
- ☒ Percent of eligible low-income children with Medicaid dental coverage
- ☒ Percent of low-income children covered by Medicaid with at least one preventive dental service in the past 12 months
- ☒ Percent of Medicaid families receiving information on Medicaid dental care providers in their county

Putting it on paper

Agency/Program Goal:

Performance Standard – What do you want to achieve?	Performance Measures – How will you measure progress?	Data Sources – Where will the performance measures come from?	Current Status – Where are we now?	Performance Target – Where do we want to be?	Responsible – Who will monitor and report performance?	Quality Improvement Strategy – How do we get better?

Group Activity – Creating Performance Measures

DISCUSSION

- ❖ Analyze data
- ❖ Feed data back to managers, staff, policy makers, and constituents
- ❖ Develop a regular reporting cycle

Reporting of Progress



Reporting of Progress

- ❖ Compares data to goals and objectives
- ❖ Content depends on purpose and intended users
- ❖ Should happen on a set, regular schedule

Reporting of Progress

Is critical because it:

- Keeps you accountable
- Provides you support

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



Quality Improvement Process

- ❖ As part of a Performance Management system, an established quality improvement process:
 - ❖ Brings consistency to the agency's approach to managing performance
 - ❖ Motivates improvement
 - ❖ Helps capture lessons learned

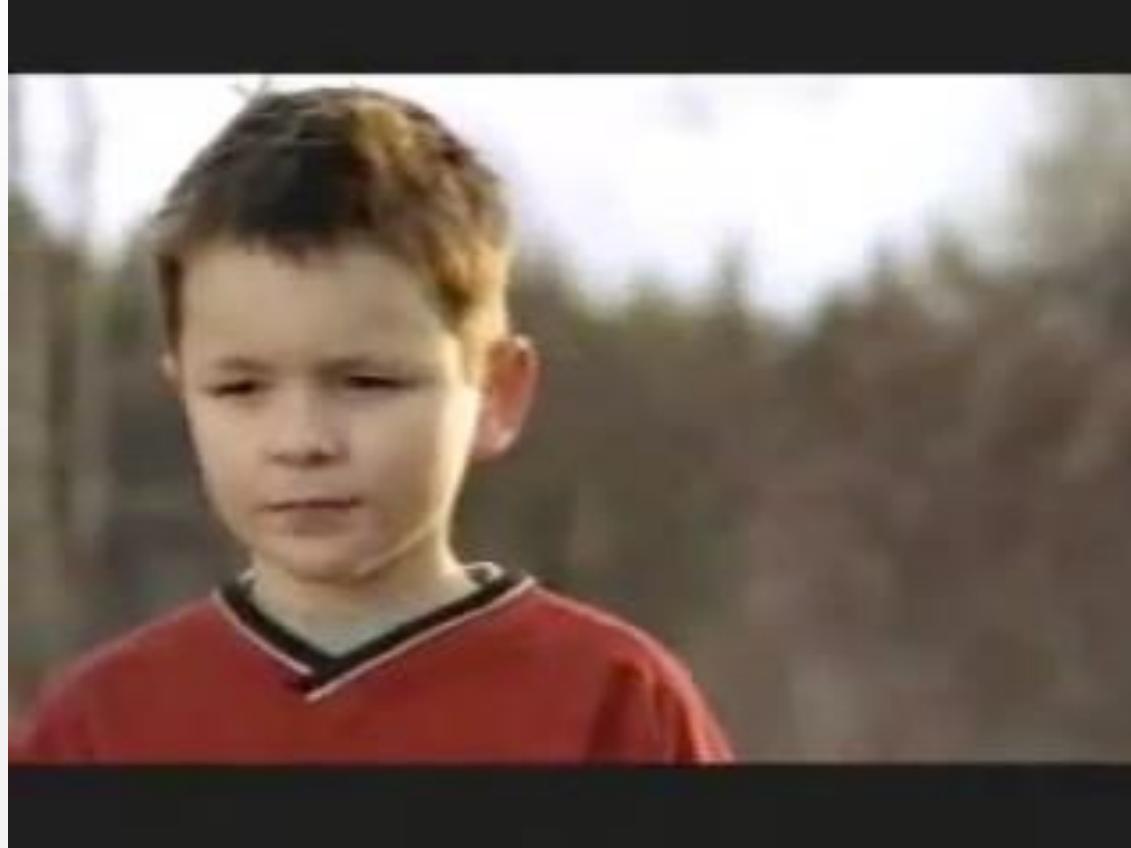
Quality Improvement

Makes all of this effort worth the trouble!

- ❖ Use your data to identify strengths and areas for improvement
- ❖ Use your data and experience to identify the ‘why’
- ❖ Use your data to test changes
- ❖ Use your data to know you’re getting better

This change will not happen overnight.

It takes planning to make change!



Reactions to Performance Management

- Ⓐ How does this fit with what you're already doing?
- Ⓐ How is it different?
- Ⓐ What are your takeaways?
- Ⓐ What are your giveaways?

Performance Management Resources

- ❖ Michigan Resources
 - ❖ Webinar: Performance Management Basics and Resources
<https://www.mphiaccredandqi.org/resources/>
 - ❖ *Embracing Quality in Public Health: A Practitioner's Performance Management Primer*
<https://www.mphiaccredandqi.org/pmqi-primer/>
- ❖ Resources from other States:
 - ❖ NY DOH Office of Public Health Practice Performance Management Training Series
https://www.phqix.org/content/performance-management-series-virtual-training?utm_source=October+PHQIX+Newsletter&utm_campaign=October+2013+Newsletter&utm_medium=email

Quality Improvement Resources

- ⊕ *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook.*
<https://www.mphiaccredandqi.org/qi-guidebook/>
- ⊕ Public Health Memory Jogger II – Public Health Foundation
- ⊕ PHQIX – Public Health Quality Improvement Exchange: <https://www.phqix.org/>
- ⊕ Tool Time for Healthcare (Langford Press)
<http://www.langfordlearning.com/shoppingcart/products/Tool-Time-Handbook-12.1-for-Healthcare.html>

Quality Improvement (QI) Primer

Implementing Tools that Improve
Quality

We Have a Problem!

- ❖ Significant staff shortages
- ❖ Reduced or flat federal funding from many federal and state sources
- ❖ Increased demand for many services
- ❖ Emergence of global threats
- ❖ Increasing rates of chronic disease
- ❖ And more...



So, why QI?

QI can result in:

- ❖ Reduced costs and redundancy
- ❖ Eliminated waste
- ❖ Streamlined processes
- ❖ Enhanced ability to meet services demands
- ❖ Increased customer satisfaction
- ❖ Improved employee morale
- ❖ Greater consistency and productivity
- ❖ Improved learning and increased knowledge
- ❖ Improved health status and outcomes**



"I did it! I did it! I found a substitute for quality!"

QI in Public Health Terms

“QI is the use of a ***deliberate and defined improvement process***, such as **Plan-Do-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 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.”

Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009). Proceedings from Accreditation Coalition Workgroup: *Quality Improvement in Public Health*.

QA and QI are Not the Same

Quality Assurance	Quality Improvement
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks, "Do we provide good services?"	Asks, "How can we provide better services?"

Accreditation and QI Together

Have a natural relationship:

- ❖ Accreditation defines measures and monitors performance
- ❖ QI uses the measures to plan and test improvements

QI in the Context of National Accreditation

Standard 9.2

- Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

More on Standard 9.2

- Ⓐ An important component of the performance management system is QI and the implementation of a QI program. This effort involves:
 1. Integration of a QI component into staff training
 2. Organizational structures, processes, services, and activities
 3. Application of a QI model
 4. The ongoing use of QI tools and techniques to improve the public's health

Leadership is essential!

- ❖ Leaders are the key to success
- ❖ Staff make QI happen
- ❖ Staff are ready, but won't make it a priority if they aren't supported

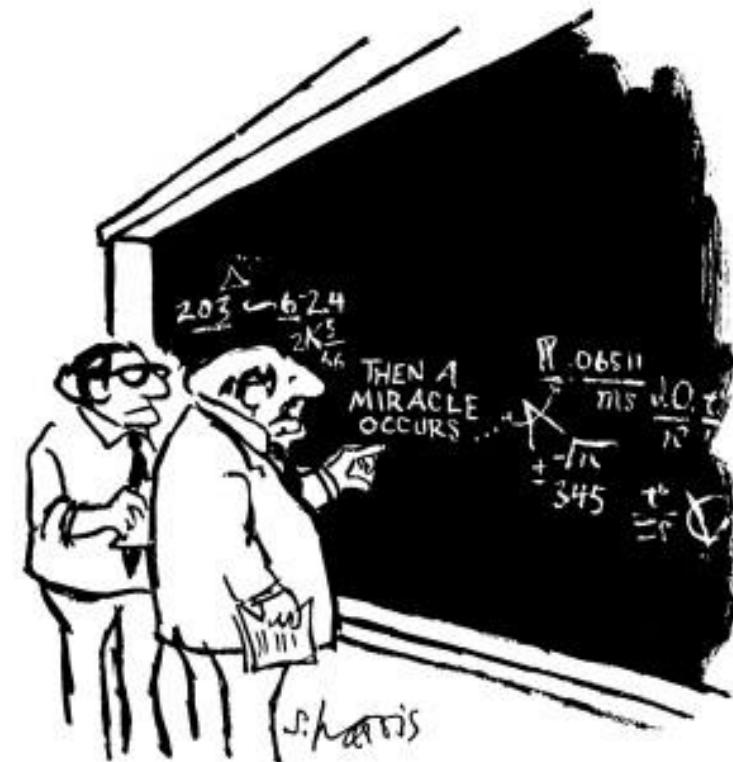


"I'll be happy to give you innovative thinking. What are the guidelines?"

What is it all about?

QI is about...

- Ⓐ Data
- Ⓑ Process
- Ⓒ Learning



"I think you should be more explicit here in step two."

Four Basic Principles

- ⊕ Develop a strong customer (client) focus
- ⊕ Continually improve all processes
- ⊕ Involve employees
- ⊕ Mobilize both data and team knowledge to improve decision-making

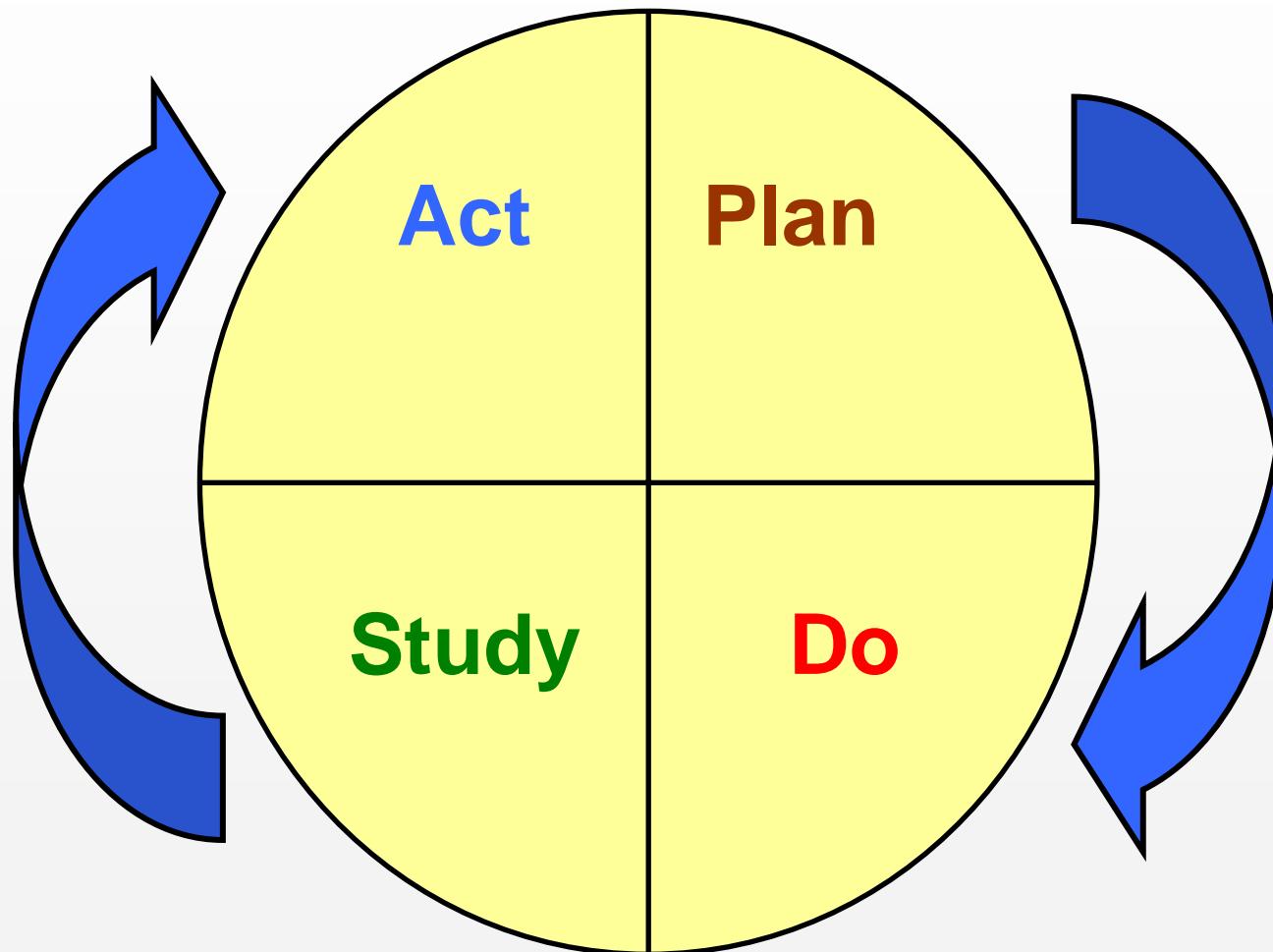
Three Key Questions

- ⊕ What are we trying to accomplish?
- ⊕ How will we know that a change is an improvement?
- ⊕ What changes can we make that will result in improvement?

QI Models and Methods

- ◉ PDSA (Plan-Do-Study-Act)
- ◉ Lean
- ◉ Six Sigma
- ◉ Kaizen
- ◉ and more

Plan – Do – Study - Act



PDSA Basics

- Four stages- Plan, Do, Study, Act
- Nine steps
 - Repeatable steps - Cycle
- Can be used by one person, a team, or department
- Used to improve *existing* processes
- Relies on data

Plan – Do – Study – Act

- ⊕ Step One: Getting Started
- ⊕ Step Two: Assemble the Team
- ⊕ Step Three: Examine the Current Approach
- ⊕ Step Four: Identify Possible Solutions
- ⊕ Step Five: Develop an Improvement Plan

Plan – Do – Study – Act

Step Six: Test the Theory

Plan – Do – Study – Act

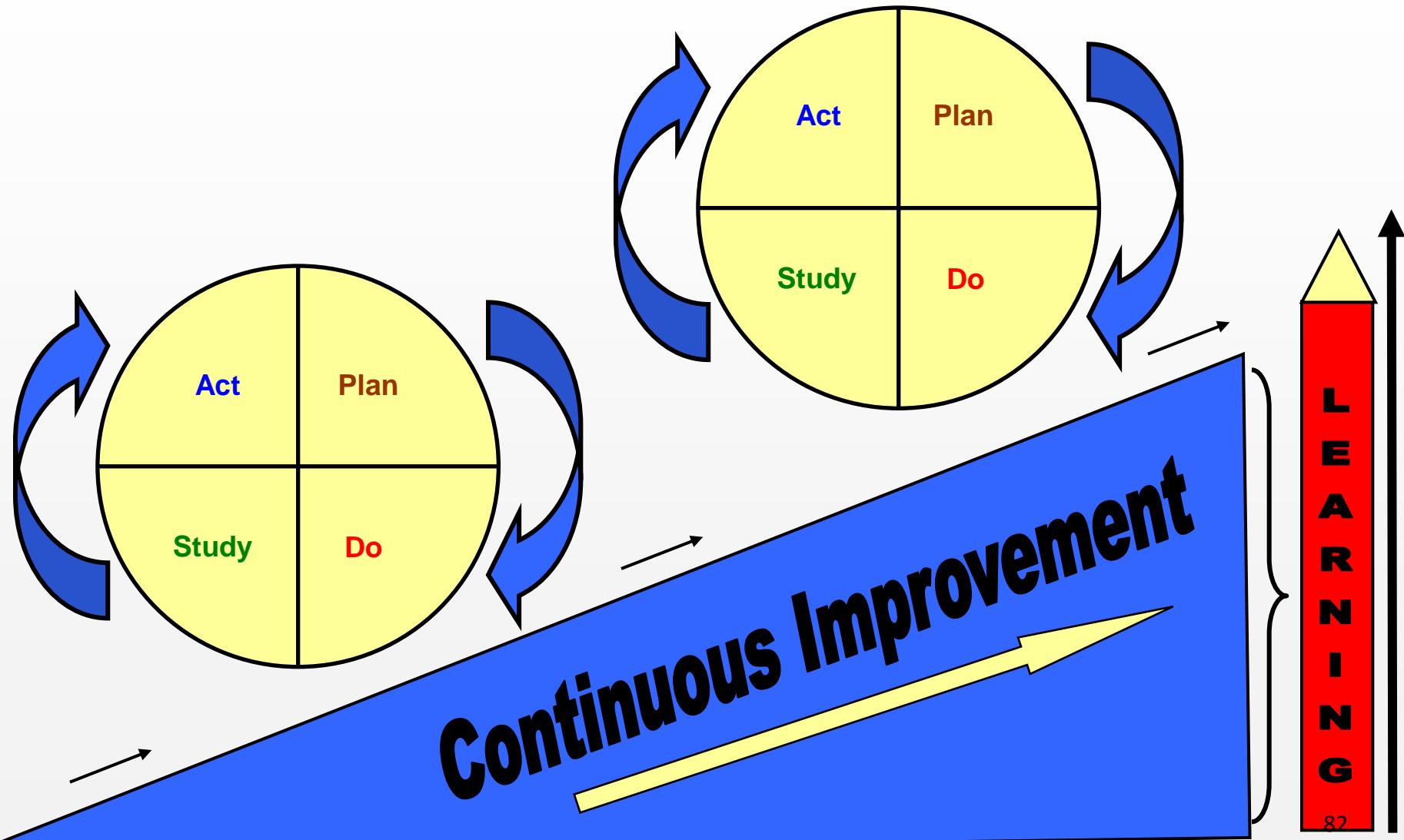
 Step Seven: Study the Results

Plan – Do – Study – **Act**

- ⊕ Step Eight: Standardize the Improvement or Develop a New Theory

- ⊕ Step Nine: Establish Future Plans

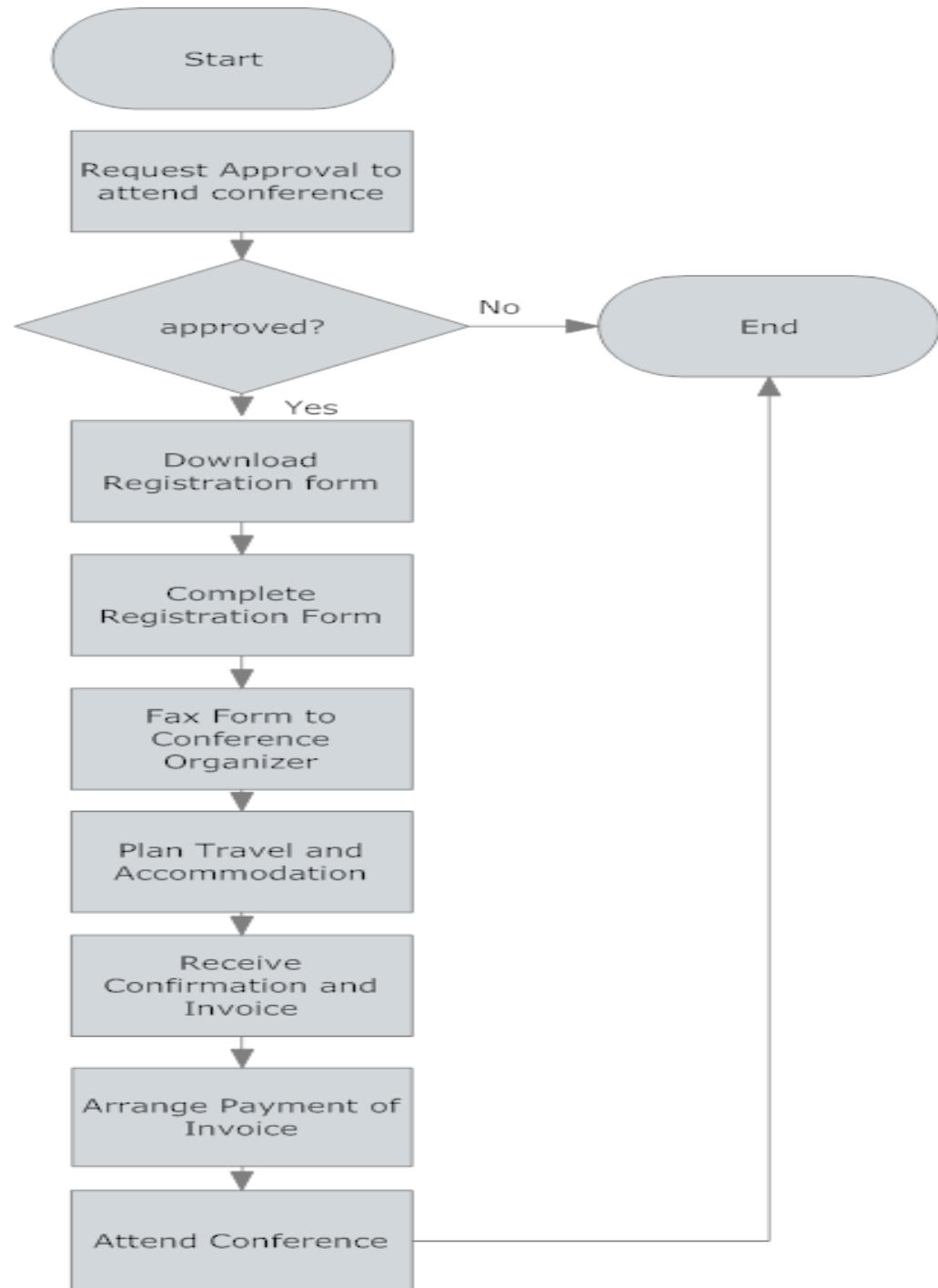
Continuous Improvement/Learning



QI Works on Existing Processes

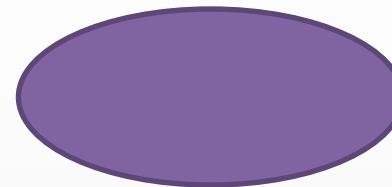
- Ⓐ A process is a series of steps or actions performed to achieve a specific purpose.
- Ⓐ A Process can describe the way things get done
- Ⓐ Your work involves many processes

QI Works on Existing Processes

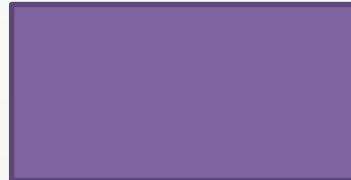


Symbols used to Process Map

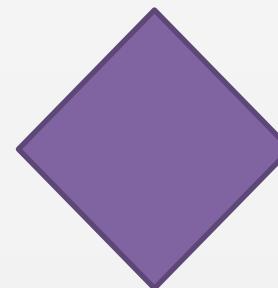
- ❖ **Start & End:** An **oval** is used to show the materials, information, or action to start the process or to show the results at the end of the process



- ❖ **Activity:** A **box or rectangle** is used to show a task or activity performed in the process.



- ❖ **Decision:** A **diamond** shows those points in the process where a yes/no question is being asked or a decision is required.



QI uses Data

- ⊕ Gathering good data and knowing how to use data are fundamental to knowing:
 - ⊕ If you have a problem
 - ⊕ What needs to be changed
 - ⊕ If a change was an improvement.

Data will tell us whether we've solved the right problem...



...and whether our change was an improvement.

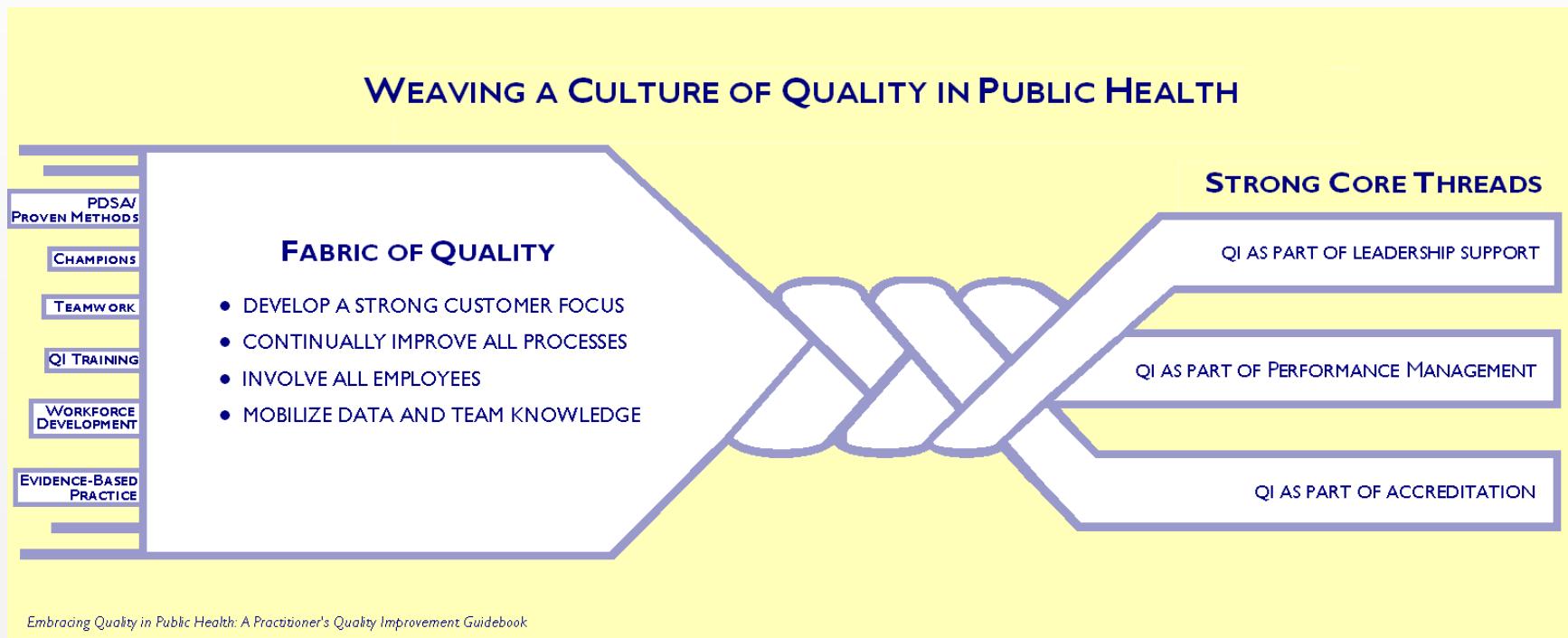


Change vs. Improvement

“Of all changes I’ve observed, about 5% were improvements; the rest, at best, were illusions of progress.”

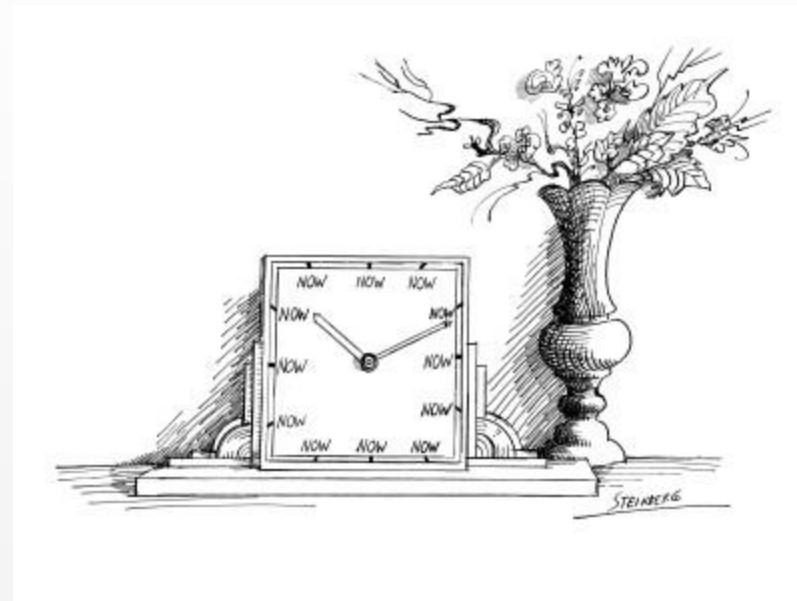
- Dr. W. Edward Deming

Beyond the QI project: Building a Culture of Quality



JEOPARDY TIME!

The time for performance management and QI in public health is now.

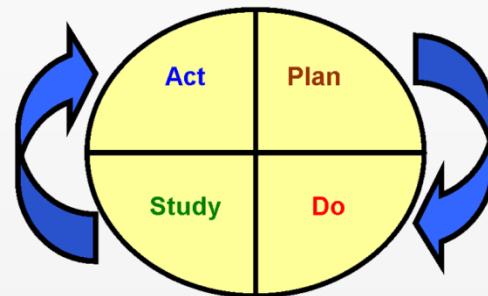


In Closing

Start now.

Start today.

Just start.



Public health will be better because you did.

POST-TEST & EVALUATION