

*Richland County Health Department
Performance Management
and
Quality Improvement Plan*



Mission

The Richland County Health department is committed to developing a culture of quality and cultivating individual and community involvement. We seek to accomplish this in all aspects of health, safety, and wellness by empowering people to capitalize on available resources to achieve the highest quality of life.

Vision

Healthy People, Healthy Communities

2018-2019

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I. Purpose of Performance Management/QI Plan

The purpose of the performance management system is to ensure the mission of Richland County Health Department is achieved. The goal is to improve the health and well-being of Richland County residents. We must continuously measure our performance and make improvements to our programs and services. This plan serves as a guide to our performance management and quality improvement efforts moving forward.

What is Performance Management?

Performance Management is the process that highlights the health department's vision, mission and strategic plan. Performance Management seeks to improve effectiveness of a health department through streamlining processes, empowering employees and striving for continuous quality improvement. Performance management systems are designed to create a high-level performance and quality of services while at the same time improving health outcomes.

Richland County Health Department performance management system is integrated into the health department's daily practices, including:

1. Setting organizational goals and objectives on a regular basis
2. Identifying indicators to measure progress towards achieving goals and objectives
3. Monitoring progress and reporting
4. Identifying areas where achieving objectives requires focused quality improvement processes

The performance management system creates alignment between the CHIP, RCHD strategic plan, programmatic goals and individual employee performance.

Key Components of a Performance Management System

Richland County Health Department uses the Turning Point Performance Management System and the Core Activities as a guide for developing and implementing our performance management plan. The Turning Point model is comprised of four areas:

Performance Standards

Performance standards allow us to select indicators and set goals based on key performance measures to help us increase the department's performance. Performance standards allow us to identify relevant indicators for RCHD and communicate expectations for performance. A *performance standard* establishes the level of performance that we want to achieve. A performance standard identifies 'how' well we do it.

Performance Measurement

Performance measurement allows us to refine our indicators and define measures to help us reach our performance standards. Performance measurement enables us to collect data, develop data system and define measure for performance management. A *performance measure* is an indicator used to measure progress and results achieved. A performance measure identifies 'what' we do.

Quality Improvement Process

By setting performance standards and measuring performance, we are able to use the data collected for decision making and implementing quality improvement efforts. This leads to changes in our policies, programs, and department's culture of quality.

Reporting of Progress

Data reporting is integral to performance management as it enable us to communicate and show change through data analysis and quality improvement opportunities. It is important that we report our progress to our stakeholders and our community.

These key components are guided by our Core Activities: leadership, strategic alignment, culture of quality, customer focus, and transparency.

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



II. Performance Management System

RCHE developed a guide/map to help describe our performance management system and showcase how every employee plays an integral part of the department's success. (See next page)

Performance Management/QI System



Communities in Action (CIA)

Communities in Action (CIA) was created by Richland County Health Department, as a means to gather continuous community input for the CHIP and RCHD Strategic Plan. The Richland County Health Department ensures that there is a cross-sector community stakeholder group that guides the CHA, CHIP and RCHD Strategic planning process referred to as the CIA Steering Committee. The action groups were created to engage various agencies, organizations and individuals interested in addressing identified community issues that are contained in the county strategic plan.

Community Input: Community Health Assessment (CHA)

Richland County Health Department, in partnership with Sidney Health Center, and Communities in Action (CIA) in conducting a community health assessment every 3 years using a method referred to as Community Assessment for Public Health Emergency Response (CASPER). The CASPER was done in 2015 and will be updated in 2018. This allows for the community input on what they see as problems in the community. Community input helps us understand the community health needs and priorities of our community. Richland County Health Department utilizes many methods to gather input: community surveys, county assessments, community meetings, community involvement in action groups. Local and regional qualitative data is also used to identify community issues. Both qualitative and quantitative data is used to create a CHA document that leads to the CHIP.

Standards

Performance standards for the CHIP are set for each area of concern identified by the community health assessment, which are taken from Healthy People 2020, State Health Data, Local Public Health Status, and program data. *County Health Rankings* model (County Health Rankings; Robert Wood Johnson Foundation and Population Health Institute at the University of Wisconsin) is used to organize the CHIP so that we have a consistent way of measuring progress.

Strategic Planning: County Quality of Life Strategic Plan (CHIP)

The CHIP is created by Communities in Action using a community building process, like MAPP. Richland County Health Department guides community stakeholders and the steering committee through the process. A CHA is completed every 3 years and is used to create a new CHIP. The Steering Committee adopted the County Health Rankings, developed by the University of Wisconsin and the Robert Wood Johnson Foundation, to break CHIP into areas of concern that are identified by the county assessment and data. Community meetings led by the Richland County Health Department gather community input annually.

Richland County Health Department Strategic Plan

Richland County Health Department gathers community input from management of the overall community health assessments, CHA and CHIP. RCHD Strategic Plan is then drawn from the CHIP to identify department goals, strategies and performance objectives in alignment with the health issues in Richland County. Individual goals flow from the department goals and are written in a measurable format (i.e. SMART). The department strategic plan includes all aspects of the core activities: (*Appendix C*)

- Strategic Alignment with CHIP
- Customer Focus Programs and Services
- Transparency in financial operations
- Leadership
- Learning and Growth
- Operational Effectiveness through a culture of quality

RCHD Performance Standards and Measures

Standards and measures are how we determine our department's performance and if we are making an impact on the health of our community, increasing our department capacity, and successfully delivering our programs and services. *(Appendix A- dashboard)*

Monitoring and Reporting of Performance Standards and Measures

Monitoring and reporting of standards and measures allows RCHD to identify 'how we are doing' in the performance management system. This process allows us to track and communicate on the identified metrics in our performance management system, and to inform our community and stakeholders on how we are impacting public health outcomes. Information is also used to identify quality improvement opportunities.

Monitoring and reporting begins with data. Data sets or methods of data collection are identified that best represent the performance measure and corresponding strategic plan goal. When identifying data to monitor, it is important that staff are able to readily collect the data. After collecting the data, staff analyze the data and compare it to the performance standard to determine if there is an increase, decrease, or no change, and to showcase trends over time. Performance is reported to the Board of Health at monthly meeting and quarterly reports are posted on the department website, social media, and shared with partners.

Employee Plan *(Appendix D)*

This is an individual employee plan which is aligned with the RCHD strategic plan to implement goals, strategies and performance measures. The logic model (Appendix C) is the tool that is used to create each employee's plan. The plan allows each employee to create outputs and outcomes with measures that will be worked on throughout that fiscal year. The Employee Plan evaluates how the employee is doing as part of their program or individually is impacting the department strategic plan. Outcome forms will be used to show documentation of outputs and outcomes. The Employee Plan's metrics will be monitored by the supervisor quarterly through the use of the Performance Metric Quarterly Review.

Outcome Evaluation *(Appendix E)*

Outcome forms are the documentation that the outputs and outcomes from the employee plan are being implemented. If the outcome evaluation shows that the output is not being met then a quality improvement effort needs to be considered. This is discussed between the supervisor and the employee.

Performance Metric Quarterly Review *(Appendix F)*

The Performance Metric Quarterly Review will be monitored between the supervisor and the employee. This allows the opportunity to evaluate and document the metrics set by the employee at the beginning of the fiscal year and presents opportunities for improvement and the next steps for the identified goals. If the metrics are not being met then a quality improvement effort is considered for the following quarter. This allows for supervisors to see what challenges and strengths the employee has. It gives an official opportunity for the employee to seek help from their supervisor if needed. The metrics will then be put into a dashboard to show that the strategic plan is being implemented.

III. Quality Improvement

Quality improvement refers to continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes. QI efforts include review and improvement of the department and of all programs and processes that have a direct or indirect influence on the health of Richland County residents. The PDSA cycle is a series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. Four steps are included in the cycle: (*Appendix G*)

- Plan (define a change) – Identifies a goal or purpose and a theory or idea. It asks the first question, “What are we trying to accomplish?” The plan focuses on a small-scale change and defines success metrics.
- Do (try it out) – Implements the components of the Plan step and tests the proposed change.
- Study (observe the results) – Analyzes results of the Do step to identify signs of progress, success or problems and asks the second question, “How will we know that a change is an improvement?” It examines what worked and what did not.
- Act (refine the change as necessary) – Applies what was learned during the entire cycle and asks the third question, “What changes can we make that will result in improvement?” It determines if the Plan requires adjustments or if the original theory should be discarded altogether.

Many QI tools are used to complete the PDSA such as fishbone, five whys, etc. The Memory Jogger: A Pocket Guide of Tools for Continuous Improvement and Effective Planning book is used to help with the planning of the PDSA.

Department QI Efforts

These QI efforts are implemented to improve the department performance in five core activities. The QI team assesses the overall department performance and identifies areas of needed improvement. (*Appendix B- Quality Improvement Efforts*) The team works with staff and stakeholders to create a PDSA and monitors progress quarterly by using the QI Action Plan attached to the PDSA. The team reports progress regularly at staff meetings and Board of Health.

When considering a quality improvement effort, employees will consider:

- Alignment with RCHD strategic plan
- Alignment with County Quality of Life Strategic plan (CHIP)
- Number of people affected
- Timeliness
- Capacity

Program QI Efforts

These QI efforts are implemented to improve program impact. These QI efforts are chosen by the employee and supervisor by evaluating the progress of the performance measures in the employee plan and/or RCHD Strategic plan. Employees will use a data driven approach to determine which metrics need improving. Team members for each effort will be selected accordingly. The department QI team will review progress on program QI efforts quarterly using the QI action plan.

Emergency Preparedness QI Efforts

The Public Health Emergency Preparedness Coordinator is responsible for organizing and conducting a critique or “hot wash” following the conclusion of significant emergency event/incident or exercise. The leading public health official (LPHO) will review each incident with the coordinator to determine the significant events.

- A written After Action Report (AAR) containing both written and verbal input from all appropriate participants should be generated.
- An improvement Plan (IP) should be developed based on the deficiencies identified. The department QI team will review the plan and the appropriate QI plan will be put in place.
- All significant events will be reviewed at the end of the fiscal year to monitor progress annually.

Quality Improvement Action Plan- Department and Program QI Efforts

All PDSAs will have a QI Action Plan attached for the QI team to review quarterly. This plan will have the Aim Statement and give measures for the Aim Statement. (*Appendix H*)

- Expected Outcome- measure from outcome forms
- Responsible- who will be doing this project
- Deadline- when will this be completed
- Status-QI Team will review quarterly and state whether it is complete or ongoing
- Comments- place to leave a comment if needed
- Results- what is the outcome and whether it is sustainable or not

Structure, Roles and Responsibilities

QI Team

The QI team provides operational leadership of performance management efforts within the department. The QI roles/responsibilities are:

- Oversee the Performance Management/QI Plan
- Promote a culture of quality improvement within the department
- Determine performance management and quality improvement training needs
- Provide technical assistance, guidance, mentoring, and coaching to QI efforts
- Coordinate implementation of the Performance Management/QI Plan
- Evaluate the Performance Management/QI Plan on a yearly basis and revise as necessary
- Communicate with staff about quality improvement efforts

Staff

RCHD staff implements the department strategic plan, participates in performance management efforts and identifies and implements quality improvement efforts. Staff roles/responsibilities are:

- Develop, update and implement strategic plan
- Incorporate performance measures in their daily work aligned with the strategic plan by using their employee plan
- Collect and analyze performance data
- Participate in performance management/QI trainings
- Identify areas needing improvement for program development

QI Coordinator

RCHD QI Coordinator oversees the day-to-day implementation of performance management efforts and quality improvement efforts. Offer support and guidance to the staff in all aspects of performance management and quality improvement.

- Oversee the development, updates and implementation of the department strategic plan
- Determine department performance measures with supervisor and QI team
- Collect and analyze data and report to staff
- Orient staff to Performance Management/QI
- Support staff in performance management and quality improvement
- Communicate success stories and challenges of quality improvement efforts

IV. Performance Management and Quality Improvement

Training

Performance and QI trainings are offered to all staff at least twice per year. New employees receive an orientation on the PM/QI Plan.

Trainings include:

- Performance Management System process
- Quality Improvement methods
- Quality Improvement tools
- Public Health Competencies
- Review of Quality Improvement and performance management reports to identify gaps

Trainings are tracked by the Public Health Competency. Staff are assessed annually to identify gaps in competencies and a training plan is developed to address the identified gaps. A department wide assessment is conducted every 3 years to identify quality improvement opportunities. The 3 year training plan is created and progress is monitored by the QI team.

Communication Plan

Sharing success and challenges is an important part of performance management system/QI plan. It is important that our staff, community and stakeholders are informed of the efforts we make to continuously improve our performance.

- Promote performance management and quality improvement activities
- Share updates on performance management and quality improvement efforts
- Provide linkages between performance management, quality improvement, strategic planning,
- Share successes and lessons learned

We use the following methods for communicating to staff, community and stakeholders:

- Storyboards
- Annual report with quarterly updates
- Website and social media
- Regular presentations to Board of Health
- Meetings/Presentations
- Newsletters
- email

Connecting Performance Management to Quality Improvement and Strategic Planning

Performance management is using data to ensure we are providing the best possible programs and services with the objective of having an impact on the health of the people we serve. Data collected from our performance management activities lead us to opportunities to improve the quality of the programs and services we provide to our community. Both performance management and quality improvement assist with creating a culture of quality that leads to improved decision-making, program development, and strategic planning.

Strategic planning and quality improvement are intertwined in our performance management system. Performance management and quality improvement efforts are tied directly to strategies and activities in our strategic plan. All three of these initiatives work in conjunction with each other to achieve performance standards and measures, and to create quality efforts when improvement needs are identified. We developed a map showing the connections between our standards, community health assessment and improvement, strategic goals and objectives, and performance management and quality improvement efforts (page 5). Creating connections and links between all of these plans strengthens our commitment and focus on the performance and quality of our programs and services.

Sustainability of Performance Management/QI Plan

The RCHD QI Team conducts an annual evaluation and review of this plan that informs necessary revisions and updates. Our evaluation of the plan focuses on reviewing the process and progress of the plan towards achieving our goals, and determining efficiencies, effectiveness, and lessons learned from implementing the plan. The results of the evaluation are used to revise and update the plan. The QI Team prepares an annual update of all RCHD performance management efforts and findings. The report is reviewed by Director and Board of Health.

Progress made towards our performance management goal is evaluated quarterly as part of our strategic plan reporting process. Through this process, we provide progress and updates on activities implemented as well as results, achievements, and any changes made to the employee plan. These update reports are reviewed quarterly by the supervisor. The purpose of evaluating our plan is to ensure high-level performance across the department and to further support development and sustainability of a culture of quality within RCHD.

The evaluation of our Plan asks three questions:

- Is the Plan being implemented as designed and effective?
- How can the Plan be improved?
- What was the impact of the Plan?