



PIMA COUNTY

HEALTH DEPARTMENT

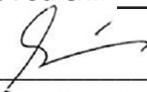
Performance Management Plan 2015 - 2019

A Healthy Pima County
Every **one**. Every **where**. Every **day**.

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Approved this 24 day of April 2015



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PURPOSE OF PERFORMANCE MANAGEMENT PLAN

The purpose of this Plan is to introduce a foundation and structure by which the Pima County Health Department (PCHD) conducts performance management. To ensure the improved health and well-being of our community, we must continuously measure our performance and make improvements to our programs and services. This Plan serves as a guide to our performance management efforts moving forward.



WHAT IS PERFORMANCE MANAGEMENT?

Definition of Performance Management for Public Health

Performance management is a systematic process that highlights a health department's vision, mission, and strategic goals. Performance management seeks to improve the effectiveness of a health department through streamlining processes, empowering employees, and striving for continuous quality improvement. Performance management initiatives in health departments produce measurable results that lead to improved performance outcomes. For health departments, this promotes quality assurance, quality improvement, and continued quality planning¹.

A comprehensive performance management system is integrated into all levels of day-to-day activities in health departments. This system includes setting organizational objectives across all levels of the health department, identifying indicators to measure progress toward achieving these objectives on a regular basis, identifying who is responsible for monitoring and reporting progress, and identifying quality improvement opportunities based on the data collected².

PCHD is committed to enhancing performance management throughout the department. Investment in performance management works to advance our performance capacity and ensure better health outcomes throughout the community. In conjunction with a focused capacity to improve quality throughout the department, we are able to achieve measurable improvements, improve population health through our programs and services, and renew our commitment to our customers and stakeholders.

Key Components of a Performance Management System

PCHD utilized the Turning Point Performance Management System³ as a guide for the development and implementation of our performance management initiative. The Turning Point model is comprised of four components:

Performance Standards

Performance standards allow us to select indicators and set goals based on key performance measures to help us increase department performance. Performance standards allow us to identify relevant indicators for PCHD and communicate expectations for performance.

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 systems, and define measures for performance management.

¹Public Health Foundation. Performance Management: Improving Systems Systematically. 2011.

²Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011

³Turning Point Performance Management National Excellence Collaborative. Guidebook for Performance Measurement. Seattle, WA, 2002.

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 projects. 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 enables us to communicate and show change through data analysis and quality improvement opportunities. It is important that we report our progress to senior leadership, key stakeholders, and our community.

The key components of performance management are guided by visible leadership, specifically transparency, strategic alignment, culture of quality, and customer-focused decision-making. Performance management systems are driven by community health needs and designed to closely align with a health department's vision, mission, and strategic plan. Performance management systems are established to create high-level performance and quality of services while at the same time improving public health outcomes.

Performance management systems use standards and measures to monitor and track progress of health department level performance, and to ensure we achieve strategic goals and public health impact within the community. Performance management systems showcase how we take input from our community and stakeholders and provide services and programs based on community-identified health priorities.



PERFORMANCE MANAGEMENT IN PCHD

Current Culture of Performance Management

To determine the current culture of performance management within PCHD, we implemented a revised version of the Public Health Foundation’s Public Health Performance Management Self-Assessment Tool during fall 2014. All staff were invited to complete the assessment, and analysis shows that PCHD had 179 respondents representing 53% of PCHD staff.

Results from the performance management assessment indicate that staff identified performance management as being integral to department services and activities. The majority of staff who took the survey (56%) stated that performance standards and measures are relevant to department activities. Likewise, 45% of staff felt that PCHD performance management standards and measures are clearly defined. However, 22% indicated that there is a lack of opportunity for performance management training.

While 56% of staff said that PCHD uses performance standards and measures relevant to department activities, 22% indicated there is a lack of opportunity for training.

Importantly, 42% of staff felt that there are defined processes, methods, and criteria for selecting performance standards and measures. But, only 29% said that PCHD analyzes and reports performance progress on a regular basis. Even fewer (20%) indicated that performance standards and measures are communicated throughout PCHD and to its stakeholders and partners, and 22% felt performance management adhered to guidelines set in the strategic plan.

Results from this assessment were used to create a path for improved performance management across the department.

Goals and Objectives

Performance management in PCHD is guided by Goal 5 of our department strategic plan, which outlines our performance management, quality improvement, and quality assurance efforts. Goal 5 of the department strategic plan identifies three objectives and associated strategies to further PCHD’s culture of performance management and continuous quality improvement.

Goal 5

Foster a culture of performance management and continuous quality improvement across the Pima County Health Department

Objective 1 (Performance Management)

By 2019, improve department performance as measured by identified performance management standards and measures

Strategy

Implement department level performance management program

Objective 2 (Quality Improvement)

By 2019, continuously improve the quality of department programs and services

Strategy

Implement department level quality improvement program

Objective 3 (Quality Assurance)

By 2019, consistently apply a systematic process to ensure that standards of quality are met across programs and services

Strategy

Implement department level quality assurance program

Each year, specific activities with expected outcomes, completion dates, and responsible persons to lead these activities are determined. These activities are outlined in an annual work plan (Appendix A).



The Bus Route - PCHD's Performance Management System



PCHD developed a guide to help describe our performance management system and showcase how every employee is integral to its success. We chose a bus route to present our performance management system because of its familiarity to our everyday life. Just like in life, our performance management system allows us to choose various ways to achieve a successful outcome. And just like in life, there are critical actions that must be taken along the way. To describe this process, a bus route represents the movement and actions required to achieve successful health outcomes.

We begin with the PCHD Performance Management Bus. Our bus makes its way through eight different stops. Each stop identifies a specific action that we take to move us forward. At these stops, we evaluate our programs and services, and ensure we are performing at the highest level possible. No matter where the Performance Management Bus stops along the route, we are always grounded by our department tenets: client-focused, community-centered, evidence-based, and integration. All the actions we make along our performance management route help to ensure we create a healthy Pima County for every one, every where, every day.

Stop 1 - Community Input

Our Performance Management Bus makes its first stop at community input. At this stop, we ask ourselves, how do we hear from our community?



Community input is about how we better understand the health needs and priorities of our community members. At this stop, we ask our clients, stakeholders, and partners to identify important health needs, priorities, and challenges and the assets that can be used to improve health outcomes. Some of the ways we receive community input are from community health needs assessments, analyzing disease frequency rates, and PCHD client satisfaction and feedback.

Examples:

- » Healthy Pima
- » Board of Health
- » Pima Animal Care Advisory Committee
- » Pima County Community Health Needs Assessment
- » PCHD client satisfaction and feedback surveys

Stop 2 - Strategic Planning

The second stop on our route is strategic planning. Here we ask – how do we approach community problems?

Strategic planning is a process where we critically evaluate our health department so we can learn, grow, and improve. Through this process, we develop a common vision, mission, and direction to guide our work ahead. It helps us to nurture creative problem-solving and decision-making, align our resources with the health priorities of the community, and assure accountability and performance. A strategic plan guides us from where we are now to where we would like to be in the future. It defines our priorities, roles, responsibilities, and direction.

Example:

- » Pima County Health Department Strategic Plan 2014-2019





Stop 3 - Standards

At our next stop, we strive to answer the question, where do we want to be?

In other words, we want to know what standards our department should be measured against and what our programs and services should aspire to accomplish. Standards are what we think should be the norm or the best quality when providing services. Many times we determine standards using county, state, and national level data or benchmarks. Other terms that are used to describe 'standards' are benchmarks, targets, and indicators.

Examples:

- » Healthy People 2020
- » Arizona Health Matters
- » Community Health Rankings

Stop 4 - Measurement

After we have determined our standards, we need to measure how well we meet them. The next stop on our route is measurement which answers the question, how do we know where we are?

Measurement is the collection of data, and is made by comparing a standard unit with a quantity, dimension, or capacity such as the size, length, or amount of something. You generally conduct measurement to track work produced and results achieved. Some data is quantitative and some is qualitative. Whatever the data format, we are measuring how well we have met the standard set at Stop 3.

Quantitative Data

- » Deals with numbers
- » Can be measured
- » Refers to quantity
- » Examples:
survey data, percent change, client count

Qualitative Data

- » Deals with descriptions
- » Can be observed, but not measured
- » Refers to quality
- » Examples:
focus groups, interviews, feedback and comments



Stop 5 - Monitoring and Tracking

The next stop on our route is monitoring and tracking identified performance data. Here we ask ourselves, how are we doing?



Monitoring and tracking is an effort to collect data with a clear purpose in mind. Another way of thinking about monitoring and tracking is comparing it to an investigation. PCHD must investigate its activities and determine if they are collecting the required measurements (Stop 4) to evaluate against the standards (Stop 3).

Our data collection efforts use the 'who, what, when, where, why, and how' methodology.

- >> Who will collect the data?
- >> What data will be collected?
- >> When (how often) will the data be collected?
- >> Where will it be collected?
- >> Why will the data be collected?
- >> How will the data be used?

Stop 6 Quality Improvement

PCHD always asks, how can we do better? This is the underlying question of Stop 6.

Quality improvement refers to continuous and ongoing efforts 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. We use the data collected and analysis conducted during monitoring and tracking (Stop 5) to propel our continuous quality improvement efforts.

Examples:

- >> PCHD Quality in Action Plan
- >> PCHD quality improvement projects





Stop 7 - Quality Assurance

Stop 7 on our route is quality assurance. At this stop, we ask, how can we keep doing good things?

Quality assurance is a method that uses systematic monitoring and evaluation of the various aspects of a program, service, or facility to ensure that standards of quality are being met.

As a department, we want to ensure we are maintaining our standards of quality as we deliver programs and services for our clients. Sometimes, as a result of a quality improvement project we will change or improve

these standards of quality. Whenever you change something in a process, it is natural for those affected by the change to want to go back to something familiar. Without a plan or method in place, change and progress are not sustained. By conducting quality assurance, we are able to identify those challenges that may hinder us from changing and those assets that will assist us in maintaining the changes made to our processes.

Examples:

- » Chart audits
- » Proficiency testing
- » Client satisfaction and feedback surveys
- » Adherence to licensure requirements
- » Peer reviews
- » Client complaint reviews

Stop 8 - Reporting

When we arrive at reporting, we ask, how do we share success stories and challenges?

Sharing successes and challenges is an important part of a performance management system. At this stop, we highlight our successes and achievements, as well as the challenges we faced. It is important that our staff, community, and stakeholders are informed of the efforts we make to continuously improve our performance.

Examples:

- » Storyboards
- » Website and social media postings
- » Press releases
- » Presentations to the Board of Health



While it may seem like Stop 8 is the end of the line for our Performance Management Bus, we do not stop here. Our bus route is not a linear path. We do not always need to get off at every stop. We can skip stops, and go back and forth between stops. Sometimes, we might even need to stay longer at one stop over the others. Regardless of how we navigate the bus route, the purpose is for us to gather information, use the information to make improvements to the quality of our programs and services, and enhance our department's performance. If we do this, we will make our community healthier.

Structure, Roles, and Responsibilities

Everyone has a role in our performance management efforts – staff, supervisors, managers, senior leadership, County Administration, Board of Supervisors, and Board of Health. Performance management efforts are guided by the Quality in Action (QIA) Team.

Quality in Action Team	
Overview	<p>The Director has empowered the Quality in Action Team to provide operational leadership of performance management efforts within the department. The QIA Team's four core functions are to:</p> <ol style="list-style-type: none">1. Oversee the Performance Management Plan;2. Recommend training and provide technical assistance to staff;3. Determine availability of organizational supports for the performance management initiative; and4. Promote a culture of quality within the department. <p>The QIA Team is comprised of PCHD staff from varying classifications and program areas representing each division in the department. The Director, Deputy Medical Officer, Organizational Compliance and Lab Manager, and at least one licensed clinical staff are permanent members of the team.</p> <p>The QIA Chair maintains integrity of performance management efforts and team functions, facilitates team meetings, and acts as the liaison with senior leadership.</p> <p>QIA members serve for a minimum term of two years. To preserve continuity, no more than half the members will rotate off in any given year, and only one staff member from each division will rotate at a time. The QIA Team meets at a minimum on a quarterly basis and maintains records and minutes of all meetings.</p>
Responsibility	<ul style="list-style-type: none">• Promote a culture of quality within the department• Establish department-level performance management policies, goals, and methodologies• Provide input for developing strategic plan goals and objectives, and developing performance measures• Coordinate implementation of the Performance Management Plan• Determine performance management training needs and available resources• Provide technical assistance, guidance, mentoring, and coaching to QIA project teams• Track progress of performance management efforts• Evaluate the Performance Management Plan on an annual basis and revise as necessary• Communicate with senior leadership and staff about performance management efforts• Prepare an annual update of all PCHD performance management efforts

Pima County Health Department Staff

Overview

PCHD staff implements the department strategic plan, participates in performance management efforts, and identifies and implements quality improvement projects.

Responsibility

- Implement strategic plan
- Provide input for developing strategic plan goals and objectives, and developing performance measures
- Identify and suggest areas needing improvement or opportunities for program development
- Participate in performance management trainings
- Incorporate performance management concepts and principles into daily work
- Demonstrate familiarity with the Performance Management Plan
- Collect and manage performance management data
- Communicate success stories and challenges of quality improvement projects and activities

Pima County Health Department Manager and Supervisors

Overview

PCHD managers and supervisors oversee the day-to-day implementation of performance management efforts and quality improvement projects, as well as support their staff and provide access to training opportunities.

Responsibility

- Carry out the responsibilities of PCHD staff as described above
- Develop, update, and implement department strategic plan
- Determine department performance measures with senior leadership
- Collect and analyze performance data and report to the QIA Team
- Identify staff performance management training needs and provide access to training opportunities
- Orient staff to Performance Management Plan and initiative annually
- Recognize and reward staff for participation in performance management efforts
- Support staff in performance management data collection efforts
- Communicate success stories and challenges of performance management efforts

Pima County Health Department Senior Leadership

Overview

PCHD senior leadership is comprised of the Director, Deputy Director, Deputy Medical Officer, and division leaders. This group provides an overall vision and direction for the department, is responsible for implementation and oversight of our strategic plan, and is accountable for our department performance management initiative.

Responsibility

- Carry out the responsibilities of PCHD managers and supervisors as described above
- Foster a culture of quality within the department
- Develop and update department strategic plan
- Provide oversight and accountability of department strategic plan
- Determine department performance measures
- Provide oversight and accountability of department performance management initiative
- Ensure performance management efforts align with department strategic plan or fulfill critical division/program needs
- Allocate and request necessary resources and funding to sustain and implement performance management efforts
- Coordinate oversight of performance management efforts
- Communicate performance management efforts and successes to staff, the Board of Health, and the Board of Supervisors

Pima County Administration, Board of Supervisors, and Board of Health

Overview

County Administration, Board of Supervisors, and Board of Health provide guidance and advice to senior leadership regarding performance management efforts and receive periodic updates on the progress of performance management efforts.

Responsibility

- Support a culture of quality within the department
- Provide guidance and advice to senior leadership regarding performance management efforts
- Review progress and findings of performance management efforts
- Communicate performance management successes to constituents
- Fund PCHD quality improvement efforts through department budget

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 management are intricately tied 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 initiatives when improvement needs are identified. We developed a strategic map showing the connections between our guiding principles, community health assessment and improvement, strategic goals and objectives, and performance management and quality improvement efforts – all of which are described in our performance management, quality improvement, and strategic plans. Creating connections and links between all of these plans strengthens our commitment and focus on the performance and quality of our programs and services.

Beginning in 2015, Goal 5 and its objectives will become part of our strategic plan, further strengthening the link between our strategic plan and our performance management and quality improvement efforts. Our strategic map will be updated to reflect this change.

Pima County Health Department Strategic Map 2014-2019

Guiding Principles

<p>Our Vision A Healthy Pima County Every one. Every where. Every day.</p>	<p>Our Mission To ensure the health, safety, and well-being of our community through leadership, collaboration, and education.</p>
<p>Our Aspirational Tenets Client-focused • Community-centered • Evidence-based • Integrated</p>	

Community Health Assessment & Improvement

Healthy Pima Priorities
Access to Care • Healthy Lifestyles • Health Literacy • Health Equity

Strategic Goals & Objectives

<p>Goal 1: Facilitate access to care for all Pima County residents</p> <ol style="list-style-type: none"> 1. Increase the number of adult and child residents who have health insurance 2. Establish a baseline of client-identified medical, dental, and/or veterinary homes 3. Maximize program integration to meet the needs of our clients using a no wrong door philosophy 	<p>Goal 2: Promote safe, healthy, and prepared Pima County</p> <ol style="list-style-type: none"> 1. Increase the percentage of Pima County residents who report improved health 2. Become re-accredited as a Project Public Health Ready department 	<p>Goal 3: Stimulate collaboration across Pima County on issues of community health, safety, and well-being</p> <ol style="list-style-type: none"> 1. Align all PCHD initiatives with the Ten Essential Public Health Services 2. Become the leading source of public health information in Pima County 3. Engage the community on issues of health, safety, and well-being 	<p>Goal 4: Grow & sustain a public health workforce that is prepared and knowledgeable</p> <ol style="list-style-type: none"> 1. Establish a baseline of staff performance in public health core competencies 2. Establish a baseline of reported positive work environment and culture 3. Demonstrate fiscal responsibility and awareness to stakeholders 4. Establish a baseline of the number of interns, volunteers, and other trainees within PCHD
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Performance & Quality in Action Guiding Questions

<p>How do we hear from our community? How do we approach community problems? Where do we want to be? How do we know where we are?</p>	<p>How are we doing? How can we do better? How can we keep doing good things? How do we share success stories & challenges?</p>
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PCHD PERFORMANCE STANDARDS AND MEASURES

What Are 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.

A performance measure is an indicator used to measure progress and results achieved, while a performance standard establishes the level of performance that we want to achieve. Put another way, a performance measure identifies 'what' we do, whereas a performance standards identifies 'how' well we do it.

When setting performance standards, it is important to consider current health department performance levels; targets and benchmarks set by the health department; and local, state, and national standards and health rankings. These different types of targets and benchmarks can help health departments to assess its current service provisions, identify where it wants to be, and how to showcase accomplishments or find room for improvement.

PCHD's Performance Standards and Measures

PCHD developed a set of performance standards and measures based on our strategic plan. Each identified performance standard and measure can be linked to a specific goal, objective, strategy, or activity in our strategic plan. This enables staff to compare identified goals to the data associated with what really happened. Using this information, senior leadership is able to ensure that appropriate progress is being made on our strategic goals and to identify improvement opportunities.

Performance standards and measures were only identified for Goal 1, Goal 2, and Goal 3 of our strategic plan. These three goals focus primarily on strategies and activities that impact the health of the people we serve. Performance standards and measures were not developed for Goal 4 and Goal 5 because they focus on improving internal department initiatives, programs, and processes.

Standards and Measures by Strategic Plan Goal

Goal 1 - Access to Care

Measure - Percent of adult PCHD clients entered into the electronic health records system who have health insurance information

Standard - 83% of adult PCHD clients entered into the electronic health records systems will have health insurance information

Measure - Percent of child PCHD clients entered into the electronic health records system who have health insurance information

Standard - 94% of child PCHD clients entered into the electronic health records system will have health insurance information

Measure - Electronic health records system

Standard - An electronic health records system is in use to enable the collection, use and communication of client information and data



Goal 2 - Healthy and Safe Community

Measure - Standardization of Environmental Health Specialists to the 2015 Pima County Food Code

Standard - 100% of Environmental Health Specialists will have completed standardization to the 2015 Pima County Food Code

Measure - Reduction in the top three contributing factors leading to foodborne illness

Standard - 10% reduction in the top three contributing factors leading to foodborne illness

Measure - Reduction in the top three contributing factors leading to recreational water-borne illness

Standard - 80% compliance among recreational water permit holders to the revised Pima County Recreational Water Code

Measure - Number of age appropriate vaccines provided to individuals seen through PCHD programs

Standard - 5% increase in the number of age appropriate vaccines provided to individuals seen through PCHD programs

Measure - Percent of PCHD clients testing positive for chlamydia who receive treatment within 14 days

Standard - 85% of PCHD clients testing positive for chlamydia will receive treatment within 14 days

Measure - Percent of participating Pima County schools that complete wellness action plans at the end of school year

Standard - 95% of participating Pima County schools will complete wellness action plans at the end of school year

Measure - Percent of breastfed babies at 6 months seen through PCHD programs

Standard - 37% of babies seen through PCHD program will be breastfed at 6 months

Measure - Number of 6 to 9 year old and 11 to 13 year old children seen through PCHD programs who receive dental sealants on one or more of their permanent first molar teeth

Standard - 10% increase in the number of 6 to 9 year old and 11 to 13 year old children seen through PCHD programs who receive dental sealants on one or more of their permanent first molar teeth

Measure - Number of women receiving age appropriate breast cancer screenings seen through PCHD programs

Standard - 10% increase in the number of women receiving age appropriate breast cancer screenings seen through PCHD programs

Measure - Number of women receiving age appropriate cervical cancer screenings seen through PCHD programs

Standard - 10% increase in the number of women receiving age appropriate cervical cancer screenings seen through PCHD programs

Measure - Number of clients receiving HIV screenings seen through PCHD programs

Standard - 25% increase in the number of clients receiving HIV screening seen through PCHD programs

Measure - Percent of animals in PACC adopted or released in individuals or rescue agencies

Standard - 80% of animals in PACC will be adopted or released to individuals or rescue agencies

Measure - Percent of owner forfeitures and surrenders of animals to PACC

Standard - 5% reduction of owner forfeitures and surrenders of animal

Measure - Project Public Health Ready recognition

Standard - PCHD maintains its Project Public Health Ready recognition

Goal 3 - Community Collaboration

Measure - National public health department accreditation

Standard - PCHD achieves and maintains national public health department accreditation through the Public Health Accreditation Board

Measure - Number of public events participated in our hosted by PCHD in each supervisory district

Standard - PCHD participates in or host at a minimum 2 public events in each supervisory district

Measure - Number of volunteers and interns working for PCHD

Standard - 5% increase in the number of volunteers and interns working for PCHD

Measure - PCHD costs are within budgeted levels

Standard - PCHD achieves a balance of costs to remain within budgeted levels



Monitoring and Reporting of Performance Standards and Measures

Monitoring and reporting of standards and measures allows PCHD 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 primary 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. Typically, the data and comparisons are represented in a chart or graph.

When developing monitoring and reporting processes, it is important to focus on the following questions:

- >> What are you measuring?
- >> Who is the target population?
- >> What is your data source?
- >> What is your numerator?
- >> What is your denominator?
- >> Who is responsible for data collection, analysis, and reporting?

For each of PCHD's performance management standards and measures, there is a corresponding monitoring worksheet that describes data sources, data collection and analysis processes, how and when data are reported, and the person responsible for reporting on the measure (Appendix B). The QIA Team tracks the progress of monitoring and reporting on the standards and measures. Quarterly and annual updates are provided to senior leadership.



TRAINING

Determining Training Needs

PCHD identifies training needs and identified gaps through two department-wide assessments, a performance management self-assessment and a training preferences survey that includes a core competency assessment to help facilitate understanding of performance management principles and practices. These types of assessment allow us to understand on a department-wide level how we can better approach performance management integration throughout the department.



Identifying and Implementing Performance Management Trainings

PCHD strives to be a high performing health department that promotes training to improve the performance and quality of our programs and services. All training opportunities, materials, and resources are coordinated with PCHD's Workforce Development Team, and are included in our department strategic and workforce development plans. These trainings are identified through careful analysis of results from the department-wide assessments and identified training gaps and opportunities to further performance management throughout PCHD.

Training opportunities are created to meet identified needs and to improve performance management knowledge, skills, and practices within the department. To assure an accurate understanding of performance management, a variety of training opportunities are available to staff, including workshops developed in-house; coaching offered by the QIA Team and senior leadership; online trainings from reputable sources; and trainings offered by our local, state, and national partners.

Senior leadership and the QIA Team ensure all program managers and supervisors have the proper tools and knowledge to successfully participate in performance management efforts. Program managers and supervisors are responsible for orienting all of their staff to the roles and responsibilities of the QIA Team, this Plan, our department strategic plan, and all available resources.

The table below indicates the general categories of performance management trainings provided, who should participate, the level of the training, delivery method, and the purpose of the training.

Pima County Health Department Quality Improvement Trainings				
Type of Training	Audience	Level	Delivery Method	Purpose
Introduction to quality improvement	Staff Managers and supervisors Senior leadership	Basic	Internal staff training Webinars	Overview of quality improvement principles, methods, and tools
Introduction to performance management	Staff Managers and supervisors Senior leadership	Basic	Internal staff training Webinars	Overview of performance management principles, methods, and tools
Applied quality improvement training	Managers and supervisors Senior leadership QIA Team	Intermediate	Internal or external staff training Webinars	In-depth training about quality improvement with a project-based, applied focus
Performance management training	Managers and supervisors Senior leadership QIA Team	Intermediate Advanced	Internal or external staff training Webinars	In-depth training on building a performance management system
QIA Team training	QIA Team	Intermediate Advanced	Internal or external staff training Webinars Academic articles, manuals, and how-to guides	Organizational capacity for coordinating and providing internal quality improvement training opportunities

COMMUNICATION

PCHD provides timely information about our performance management system, and its shared vision of a culture of quality to staff, stakeholders, and the community. Moving towards a culture of quality relies heavily on systematic sharing of information and knowledge, and discussing lessons learned.

We use existing strategies outlined in our department communications plan to communicate our performance management efforts, such as performance management practices and principles; key performance management terms; creating a culture of quality; the QIA initiative and Team; and performance management tools and methods.

There are many avenues we use to communicate information to our staff, stakeholders, and the community. These include meetings and presentations; trainings and workshops; newsletters, email, and memos; and social marketing. Through these avenues we:

- >> Promote performance management activities
- >> Share updates on performance management efforts
- >> Provide linkages between performance management, quality improvement, strategic planning, the Healthy Pima initiative, public health accreditation, and workforce development
- >> Present appropriate trainings to staff so that they can fully engage in performance management activities
- >> Share successes and lessons learned
- >> Recognize performance management efforts and improvement team contributions



SUSTAINABILITY OF PERFORMANCE MANAGEMENT PLAN

The QIA Team reviews, evaluates, and revises this Plan as necessary on an annual basis to ensure we are appropriately measuring the performance of the department. Senior leadership reviews all revisions and the Director provides final approval.

Progress made towards our performance management goal is evaluated quarterly as part of our strategic plan reporting process (Appendix C). Through this process, we provide progress and updates on tactics and activities implemented as well as results, achievements, and any changes made to the work plan. These update reports are reviewed quarterly by senior leadership.

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 PCHD. 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?

PCHD 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 goal, 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 QIA Team prepares an annual update of all PCHD performance management efforts and findings. The report is reviewed by senior leadership, Board of Health, and Board of Supervisors.

Performance Management Evaluation Plan			
Evaluation Topic	Type of Measure	Indicator	Data Collection Method
Performance management training	Capacity	Available training opportunities and resources	Documentation Review
	Process	Number of staff participating in trainings	Documentation Review
Performance Management Plan	Capacity	Infrastructure and resources for implementing the Plan	Documentation Review
	Process	Progress toward meeting Plan goal and objectives	Documentation Review

THANK YOU AND ACKNOWLEDGEMENTS

We express sincere appreciation to our senior leadership and PCHD staff who participated in the development of our Performance Management Plan for their invaluable insight, expertise, and commitment to a culture of performance and quality.

Quality in Action Team

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Sharon Browning, Program Manager, Strategic Integration Team
Sarah Davis, Special Staff Assistant, Strategic Integration Team
Susanna Feingold, Program Manager, Public Health Nursing
Gary Frucci, Environmental Health Supervisor, Consumer Health & Food Safety
Francisco García, MD, Director & Chief Medical Officer
Jill Hilber, Program Manager, Correctional Health & Clinical Training
Barbara Kremer, Clinician, Clinical Consultation Team
Shauna Mclsaac, Deputy Medical Officer
Karin Merritt, Organizational Compliance & Lab Manager, Business Operations
Marcia Ortega, Licensed Practical Nurse, Correctional Health & Clinical Training

PCHD Senior Leadership

Francisco Garcia, MD, Director & Chief Medical Officer
Marcy Flanagan, Deputy Director
Kristin Barney, Division Leader, Pima Animal Care Center
Garrett Hancock, Division Leader, Business Operations
Kim Janes, Division Leader, Nutrition & Health Services
Gladys Lopez, Administrative Services Manager, Human Resources
Kathy Malkin, Division Leader, Public Health Nursing
Shauna Mclsaac, Deputy Medical Officer
Louie Valenzuela, Division Leader, Strategic Integration Team
Anne Walker, Division Leader, Clinical Services

PERFORMANCE MANAGEMENT TERMS

This glossary of key quality improvement and performance management terms is divided into functional sections to assist staff with understanding and guiding the implementation of our QIA program.

Quality Terms

AIM Statement

An explicit description of a team's desired outcomes, which are expressed in a measurable and time-specific way. It answers the question – what are we trying to accomplish?

(Source: ASQ.org, retrieved 2014)

Continuous Quality Improvement

The actions taken throughout a department to increase the effectiveness and efficiency of activities and processes in order to provide added benefits to the customer and department.

(Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T. Westcott, editor. 3rd Ed., 2006)

Culture of Quality Improvement

Exists when quality improvement is fully embedded into the way the department does business, across all levels, divisions, and programs. Leadership and staff are fully committed to quality and results of improvement efforts are communicated internally and externally. Even if leadership changes, the basics of quality improvement are so ingrained in staff that they seek out the root causes of problems. Staff do not assume that an intervention will be effective, but rather they establish and quantify progress toward measurable objectives.

(Source: Roadmap to a Culture of Quality Improvement, Phase 6, NACCHO, retrieved 2014)

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 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.

(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010)

Quality Improvement Activities

Identified methods of quality improvement to focus on the system of care in which programs practice public health.

(Source: Roadmap to a Culture of Quality Improvement, NACCHO, retrieved 2014)

Quality Improvement Methods

A team approach to problem solving and quality improvement.

(Source: ASQ.org, retrieved 2014)

Quality Tools and Techniques

Brainstorming

This technique helps to define the issue or problem and includes asking for and sharing ideas, capturing and recording input, analyzing all ideas, and collaborating to organize ideas into categories or identify themes. Brainstorming generates a large number of ideas in a short period of time while creating a process that encourages participation, open thinking, and creativity.

(Source: Adopted from Minnesota Department of Health, QI Toolbox, 2014)

Fishbone (cause-and-effect) Diagram

This technique helps to identify, explore, and graphically display all of the possible causes related to a problem in order to discover its root cause. A fishbone diagram identifies possible causes of a problem and encourages the team to consider possible causes that are not readily apparent.

(Source: Excerpted from Nancy R. Tague's The Quality Toolbox, Second Edition, ASQ Quality Press, 2004)

Plan-Do-Check-Act

[also called PDCA, plan-do-study-act (PDSA) cycle, Deming cycle, Shewhart cycle]

The plan-do-check-act cycle is a four step model for carrying out improvement. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.

(Source: ASQ.org, retrieved 2014)

Workflow and Process Mapping

This technique helps to understand a process or workflow inside and out. A process map or flowchart is a diagram that illustrates the steps taken to complete a process or do a job.

(Source: Quality Improvement Plan Toolkit, QI Methods, NACCHO, retrieved 2014)

PCHD Quality Improvement Project Types

Clinical Quality Improvement Project

A quality improvement project that assess a particular health care process or outcome that enables a clinical program to monitor and evaluate the quality of clinical, management, and support functions that affect client outcomes.

Non-Clinical Quality Improvement Project

A quality improvement project that assess a particular health care process or outcome that enables a non-clinical program, such as Consumer Health & Food Safety and Tobacco and Chronic Disease, to monitor and evaluate the quality of public health outreach and impact that support functions affecting client outcomes.

Department-wide Administration Quality Improvement Project

A quality improvement project that assesses the performance, business process, management, and support functions of the health department and efficiency in services provision.

Performance Management Terms

Benchmark

Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance, or define aspirations for improvement over a specified time frame.

(Source: Norris T., Atkinson A., et al. The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities. San Francisco, CA: Redefining Progress; 1997)

Data

Quantitative or qualitative facts presented in descriptive, numeric, or graphic form.

(Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T. Westcott, editor. 3rd Ed., 2006)

Data Trend Analysis

Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.

(Source: Nash, Reifsnyder, Fabius, and Pracilio. Population Health: Creating a Culture of Wellness. Jones and Bartlett. MA, 2011)

Performance Goal Prioritization

Strategically selected areas on which the department focuses resources (human, financial, other). In some instances, priorities are further identified as those responsibilities expressly assigned statutorily to the department.

(Source: Lichiello, P. Turning Point Guidebook for Performance Measurement, Turning Point National Program Office, December 1999)

Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes:

- setting organizational objectives across all levels of the department;
- identifying indicators to measure progress toward achieving objectives on a regular basis;
- identifying responsibility for monitoring progress and reporting; and
- identifying areas where achieving objectives requires focused quality improvement processes.

(Source: Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011)

Reporting

A process which provides timely performance data for selected performance measures and indicators, which can then be transformed into information and knowledge.

(Source: Adopted from the Florida Department of Health Quality Improvement Plan 2013-2014)

SMART Objectives

Objectives need to be Specific, Measureable, Achievable, Relevant, and include a Timeframe.

(Source: Center for Disease Control Evaluation Briefs, 2009. <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>)

Miscellaneous Terms

Board of Health

An administrative body acting on a municipal, county, state, provincial, or national level. The functions, powers, and responsibilities of boards of health vary with the locales. Each board is generally concerned with the recognition of the health needs of the people and the coordination of projects and resources to meet and identify these needs. Among the tasks of most boards of health are disease prevention, health education, and implementation of laws pertaining to health.

(Source: National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphps/PDF/Glossary.pdf)

Public Health

The science of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; control of community infections; education of individuals; organization of medical and nursing service for the early diagnosis and treatment of disease; and development of the social systems to ensure every individual has a standard of living adequate for the maintenance of health. The mission of public health is to fulfill society's desire to create conditions so that people can be healthy.

(Sources: Winslow CEA. Man and Epidemics. Princeton, N.J.: Princeton University Press, 1952; and (2) Institute of Medicine. The Future of Public Health. Washington, DC: The National Academy Press, 1988)

Appendix A: 2014-2015 Quality In Action Work Plan



Strategic Plan 2014-2019
2014 Work Plan (Year 1)

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department			
Team Leader:	Alan Bergen		
Objective 2:	By 2019, continuously improve the quality of department programs and services		
Strategy 1:	Implement department level quality improvement program		
Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates
Develop department level quality improvement plan	Alan Bergen	Department level quality improvement plan endorsed by Senior Leadership	December 2014
Educate and orient staff on the culture and principles of quality improvement	Alan Bergen Sharon Browning Sarah Davis Marcia Ortega	Training and education opportunities	December 2015
Conduct at a minimum one (1) department-wide administrative quality improvement project	Alan Bergen	Department-wide administrative quality improvement project implemented	December 2015
Conduct at a minimum one (1) clinical quality improvement project at either department or program level	Alan Bergen Karin Merritt	Clinical quality improvement project implemented	December 2015
Conduct at a minimum one (1) non-clinical program quality improvement project	Alan Bergen	Non-clinical program quality improvement project implemented	December 2015
Promote quality improvement efforts	Sharon Browning Julia Flannery Ryan Dunn	Communication tools and materials	December 2015

Adopted on 5.30.14

Appendix B: Performance Management Standards and Measures Monitoring Worksheet



Performance Management Standards and Measures Monitoring Worksheet

Performance Area

Performance Measure

Performance Standard

Performance Type

- Access to PCHD care and services
- Utilization of PCHD services
- PCHD client satisfaction
- PCHD client outcomes and effectiveness of PCHD programs and services
- Integration of PCHD programs and services

PCHD Strategic Goal

PCHD Division

Performance Measure Data Sources

Data Collection and Analysis

Frequency of Data Collection and Analysis

How and When Data Reported

Type of reporting:

Frequency:

Responsible Person(s)

Additional Notes:

Created: 4.1.2015

Appendix C: Strategic Plan Quarterly Progress and Updates



Strategic Plan 2014-2019
2014 Work Plan (Year 1)

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department									
Team Leader:									
Objective 1: By 2019, improve department performance as measured by identified performance management standards and measures									
Strategy 1: Implement department level performance management program									
Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates	Quarter 1 Progress and Updates	Quarter 2 Progress and Updates	Quarter 3 Progress and Updates	Quarter 4 Progress and Updates	Results and Achievements	Annual Review Status
Assess performance management and jurisdictional models for applicability and adaptability to PCHD organizational structure									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Conduct self-assessment of department performance management practices									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Develop or identify standards and measures to assess department level performance									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Incorporate performance management metrics into PCHD's data infrastructure									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Collect data and report findings of performance management metrics									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Educate and train staff on the culture and principles of performance management									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Promote performance management program									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department									
Team Leader:									
Objective 2:	By 2019, continuously improve the quality of department programs and services								
Strategy 1:	Implement department level quality improvement program								
Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates	Quarter 1 Progress and Updates	Quarter 2 Progress and Updates	Quarter 3 Progress and Updates	Quarter 4 Progress and Updates	Results and Achievements	Annual Review Status
Develop department level quality improvement plan									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Educate and orient staff on the culture and principles of quality improvement									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Conduct at a minimum one (1) department-wide administrative quality improvement project									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Conduct at a minimum one (1) clinical quality improvement project at either department or program level									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Conduct at a minimum one (1) non-clinical program quality improvement project									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Promote quality improvement efforts									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated

Goal 5: Foster a culture of performance management and continuous quality improvement across Pima County Health Department									
Team Leader:	Alan Bergen								
Objective 3:	By 2019, consistently apply a systematic process to ensure that standards of quality are met across programs and services								
Strategy 1:	Implement department level quality assurance program								
Tactics/Activities	Responsible Person	Expected Outcome	2014 Expected Completion Dates	Quarter 1 Progress and Updates	Quarter 2 Progress and Updates	Quarter 3 Progress and Updates	Quarter 4 Progress and Updates	Results and Achievements	Annual Review Status
Assess and identify quality assurance techniques and tools									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Work with staff to develop program-specific quality assurance metrics									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Develop department-wide quality assurance operating policy and procedure									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Educate and train staff on the culture and principles of quality assurance									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Utilize quality assurance techniques and tools such as audits, client satisfaction and feedback surveys, peer reviews, and client complaint reviews									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Analyze and document findings from quality assurance efforts									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Provide feedback of quality assurance efforts to staff and stakeholders									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated
Determine quality improvement opportunities using findings from quality assurance efforts									<input type="radio"/> Completed <input type="radio"/> Carried forward <input type="radio"/> Modified <input type="radio"/> Eliminated



Pima County Board of Supervisors

Ally Miller, Pima County Supervisor	District 1
Ramón Valadez, Pima County Supervisor	District 2
Sharon Bronson, Pima County Supervisor, Chair	District 3
Ray Carroll, Pima County Supervisor	District 4
Richard Elías, Pima County Supervisor	District 5