

# VERSION 2.0 WORK IN PROGRESS: Evidence Related to Quality Improvement and Performance Management July 2018



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This document represents findings from a scan of the literature related to Quality Improvement (QI) and Performance Management (PM) in public health. It is not meant to be an exhaustive search. If there are other resources on this topic of which you think PHAB should be aware, please contact Jessica Kronstadt at [jkronstadt@phaboard.org](mailto:jkronstadt@phaboard.org).

## Benefits of QI/PM

Findings about the benefits of QI/PM include:

- Articles from 2012 and 2014 reported that health departments completing QI projects saw increased efficiencies and cost reductions, and that those projects led to actual improvements in the project areas.<sup>i,ii</sup>
- One study looked across several QI projects and explored the ability to demonstrate ROI and EI (economic impact) from those projects. Those analyzed in the study had an average ROI of \$8.56.<sup>iii</sup> This could provide a useful framework for measuring the impact of work done by other HDs.
- An evaluation of the National Public Health Improvement Initiative, funded by the CDC to infuse quality and performance improvement methods in health departments across the United States, documented increased efficiencies and improved effectiveness as outcomes of QI.<sup>iv</sup>

In addition, there have been numerous case reports and stories from health departments illustrating the benefits of specific QI projects. See, for example:

- PHAB QI Leaders Academy Program Report (<http://www.phaboard.org/wp-content/uploads/QI-Leaders-Academy-Report.pdf>);
- Examples and stories submitted to platforms like NACCHO's Model Practices (<https://www.naccho.org/resources/model-practices/database>), Accreditation Works! (<http://www.phaboard.org/accreditation-overview/accreditation-works/>), and PHQIX (<https://www.phqix.org/>); and

- Case reports in *The Journal of Public Health Management and Practice* in the May/June 2018 Supplement (<https://journals.lww.com/jphmp/toc/2018/05001>) and January/February 2014 (<https://journals.lww.com/jphmp/toc/2014/01000>).

### Components of QI/PM

Throughout the literature, key components of successful QI projects were identified:

- Logical alignment to aims, quantifiable timelines and achievements<sup>v</sup>
- Supportive leadership<sup>ii</sup> as well as routine involvement and buy-in of staff<sup>vi,vii</sup>

Additionally, in one local health department's experience: QI should appear in strategic plans and all QI projects should utilize a specific tool.<sup>vi</sup>

### QI/PM and Accreditation

The literature also points to a link between accreditation and QI. While a causal relationship between accreditation and an increase in QI and performance management is difficult to prove, they are at least complimentary to each other.<sup>ii,viii</sup> Additional findings include:

- Two articles suggest that accreditation can lead to standardization of definitions of QI terms and the development of a scientific base for measuring service delivery.<sup>i,x</sup>
- A study of local health departments indicates that health departments with more systematic QI implementation and formal QI policies and support tend to be more likely to be interested in pursuing accreditation and feel more prepared for the accreditation process.<sup>ix</sup>
- A study on quality improvement and accreditation readiness indicated that a benefit of accreditation is the promotion of QI practice and performance management.<sup>x</sup>
- In an evaluation of PHAB, NORC found that the most commonly reported benefit of accreditation is “stimulated quality and performance improvement opportunities within the health department.”<sup>xi,xii</sup> They also found that 92% of health departments accredited for one year agreed or strongly agreed that accreditation had strengthened the culture of QI within their health department.<sup>xiii</sup>
- An analysis of NACCHO data from 2010, 2013, and 2016 found that local health departments accredited by June 2017 and those in process reported more formal QI activities and showed greater improvements with QI/PM implementation over time than those health departments not undertaking accreditation.<sup>xiv</sup>
- One case study suggests that accreditation leads to the transformation of local health departments into high-performing organizations and promotes the value of continuous QI.<sup>vi</sup>

<sup>i</sup> Riley W, Lownik B, Halverson P, et al. Developing a taxonomy for the science of improvement in public health. *J Public Health Manag Pract.* 2012;18(6):506–14.

<sup>ii</sup> Davis MV, Mahanna E, Joly B, et al. Creating quality improvement culture in public health agencies. *Am J Pub Health.* 2014;104(1):e98–e104.

<sup>iii</sup> Crawley-Stout LA, Ward KA, See CH, Randolph G. Lessons learned from measuring return on investment in public health quality improvement initiatives. *J Public Health Manag Pract.* 2016;22(2):E28–E37.

<sup>iv</sup> Centers for Disease Control and Prevention. Advancing Public Health: The Story of the National Public Health Improvement Initiative. Atlanta, GA: US Department of Health and Human Services; 2017.

<https://www.cdc.gov/stltpublichealth/docs/nphii/Compendium.pdf>.

<sup>v</sup> Beitsch LM, Carretta H, McKeever J, Pattnaik A, Gillen S. The quantitative story behind the quality improvement storyboards: a synthesis of quality improvement projects conducted by the Multi-State Learning Collaborative. *J Public Health Manag Pract.* 2013;19(4):330–40.

<sup>vi</sup> Morrow CB, Nguyen QV, Shultz RG, Murphy JM, Mignano MA. A local health department's journey to the summit: a case study of a decade of quality improvement. *J Public Health Manag Pract.* 2012;18(1):63–69.

- vii Wright SS, Lea CS, Holloman R, Cornett A, Harrison LM, Randolph GD. Using quality improvement to promote breast-feeding in a local health department. *J Public Health Manag Pract.* 2012;18(1):36–42.
- viii Davis MV, Cornett A, Mahanna E, See C, Randolph G. Advancing quality improvement in public health departments through a statewide training program. *J Public Health Manag Pract.* 2016;22(2):E21–E27.
- ix Chen LW, Nguyen A, Jacobson JJ, et al. Relationship between quality improvement implementation and accreditation seeking in local health departments. *Am J Pub Health.* 2015;105(suppl 2):S295-S302.
- x Madamala K, Sellers K, Beitsch LM, Pearsol J, Jarris P. Quality improvement and accreditation readiness in state public health agencies. *J Public Health Manag Pract.* 2012;18(1):9–18.
- xi NORC at the University of Chicago. Initial evaluation of the public health accreditation program: final report. [http://www.phaboard.org/wp-content/uploads/PHAB-Final-Report\\_December-2016.pdf](http://www.phaboard.org/wp-content/uploads/PHAB-Final-Report_December-2016.pdf). Published December 2016.
- xii Kronstadt J, Meit M, Siegfried A, Nicolaus T, Bender K, Corso L. Evaluating the impact of national public health department accreditation. *MMWR.* 2016;65(31):803-806.
- xiii Siegfried A, Heffernan M, Kennedy M, Meit M. Quality improvement and performance management benefits of public health accreditation: national evaluation findings. Supplement, Impact of Public Health Accreditation. *J Public Health Manag Pract.* 2018; 24(suppl 3):S3-S9.
- xiv Beitsch LM, Kronstadt J, Robin N, Leep C. Has voluntary public health accreditation impacted health department perceptions and activities in quality improvement and performance management? Supplement, Impact of Public Health Accreditation. *J Public Health Manag Pract.* 2018;24(suppl 3):S10-S18.