

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.

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.^{i,ii}
- 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.ⁱⁱⁱ 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.^{iv}

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^v
- Supportive leadershipⁱⁱ as well as routine involvement and buy-in of staff^{vi,vii}

Additionally, in one local health department's experience: QI should appear in strategic plans and all QI projects should utilize a specific tool.^{vi}

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.^{ii,viii} 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.^{i,x}
- 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.^{ix}
- A study on quality improvement and accreditation readiness indicated that a benefit of accreditation is the promotion of QI practice and performance management.^x
- 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."^{xi,xii} 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.^{xiii}
- 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.^{xiv}
- 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.^{vi}

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{iv} 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>.

^v 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.

^{vi} 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. 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.

VERSION 2.0 WORK IN PROGRESS: Quality Improvement/Performance Management – What Have We Learned from Accredited Health Departments? August 2018



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This document summarizes what PHAB has learned about how accredited health departments are engaging in quality improvement (QI) and performance management (PM) activities. In particular, it focuses on the reasons that health departments struggled with the seven measures in Domain 9.

Below is a summary of the distribution of assessments for the Domain 9 measures, as well as the percentage of health departments that were required to address each measure in an action plan. Overall, Measures 9.1.3, 9.1.4, and 9.2.2 are among the Measures most commonly assessed as Slightly Demonstrated or Not Demonstrated. The requirements for several of the measures changed in Version 1.5. For those Measures, the table presents data separately for Versions 1.0 and 1.5. These data are for 179 health departments assessed under Version 1.0 and 80 health departments assessed under Version 1.5.

Measure	Fully Demonstrated	Largely Demonstrated	Slightly Demonstrated	Not Demonstrated	Action Plans
9.1.1	60.6%	25.5%	13.9%	9.7%	12.0%
9.1.2 (Version 1.0)	83.2%	8.9%	7.8%	6.7%	5.0%
9.1.2 (Version 1.5)	62.5%	20.0%	17.5%	12.5%	18.8%
9.1.3 (Version 1.0)	45.3%	27.9%	26.8%	22.3%	17.9%
9.1.3 (Version 1.5)	38.8%	35.0%	26.3%	23.8%	22.5%
9.1.4 (Version 1.0)	55.9%	26.3%	17.9%	12.8%	12.8%
9.1.4 (Version 1.5)	16.3%	50.0%	33.8%	27.5%	23.8%
9.1.5	74.5%	13.9%	11.6%	7.7%	8.5%
9.1.6 S	79.4%	14.7%	5.9%	5.9%	2.9%
9.2.1	63.3%	22.4%	14.3%	12.7%	10.4%
9.2.2	47.5%	27.0%	25.5%	20.1%	17.4%

To better understand health departments' performance on these Measures, PHAB conducted an analysis of the conformity comments of health departments that were assessed as Not or Slightly Demonstrated for the first 251 Site Visit Reports (72 of which were version 1.5). The results of those analyses are shown on the following pages. For each Measure,¹ the most common reasons for the assessment are listed, including the number of health departments for which that reason was indicated. One health department could have multiple reasons listed.

¹ Measure 9.1.6 is omitted from this analysis because it is a state-only requirement and very few health departments were assessed as Not or Slightly Demonstrated.

Performance on Measure 9.1.1

Measure 9.1.1 (in both Version 1.0 and 1.5) requires that staff be engaged in establishing and/or updating a performance management system. The most common challenges are listed below (the first two relate to the quality of the documentation, whereas the third point addresses the actual role of staff):

- Requirement 1 – Insufficient documentation of leadership engagement (15 health departments)
- Requirement 2 – Insufficient documentation of staff engagement (15 health departments)
- Requirement 2 – Staff not engaged in the development or updating of the PM system (10 health departments)
- Documentation does not address PM, but rather something else (9 health departments)

Performance on Measure 9.1.2 (Version 1.5)

Measure 9.1.2 in Version 1.5 requires that health departments have adopted a performance management policy and/or system. Among health departments assessed as Not Demonstrated or Slightly Demonstrated, the most common challenges were:

- Requirement 1d – Lack of data analysis process (5 health departments)
- Requirement 1b – No performance measurement (4 health departments)
- Requirement 1c – No progress reporting or communication (4 health departments)

Performance on Measure 9.1.3 (and 9.1.2 Version 1.0)

Measure 9.1.3 in both Version 1.0 and 1.5, and Measure 9.1.2 in Version 1.0, require that health departments have an implemented performance management system, including a process to report on and track the achievement of goals and objectives. The most common challenges for health departments assessed as Not Demonstrated or Slightly Demonstrated were:

- Requirement 4² – Lacked analysis (27 health departments)
- Requirements 2-5 – Lacked 2 appropriate examples (25 health departments)
- Requirement 3 – No evidence of monitoring (19 health departments)
- Requirement 5 – Lacked next steps and/or results (17 health departments)
- Requirement 2 – Contained no measurable, time-bound goals (16 health departments)
- Requirement 1 – No functioning responsible entity (12 health departments)
- Requirement 6 – No department self-assessment (9 health departments)
- Tool addresses employee evaluation instead of department performance management (7 health departments)
- No evidence of performance management system (6 health departments)

Performance on Measure 9.1.4

Measure 9.1.4 (in both Version 1.0 and 1.5) requires that health departments have an implemented systematic process for assessing customer satisfaction with health department services. Version 1.5 added a requirement for “results and actions taken based on customer feedback” and a “special effort to address those who have a language barrier, are disabled, or are otherwise disenfranchised”, each of which had 4 health departments that did not address it (including 3 that did not address either). The most common challenges for health departments assessed as Not Demonstrated or Slightly Demonstrated were:

- Requirements 1-2 – Lacked 2 appropriate examples (23 health departments)
- Requirement 1 – Lacked analysis (16 health departments)

² Requirement numbers refer to Version 1.5

- Requirements 1-2 – Did not utilize customer satisfaction data (16 health departments)

Performance on Measure 9.1.5

Measure 9.1.5 (in both Version 1.0 and 1.5) requires that staff be provided opportunities for involvement in the department's performance management. The most common challenges for health departments assessed as Not Demonstrated or Slightly Demonstrated were:

- Training was not for Performance Management, but for something else (16 health departments)
- Insufficient staff participation (7 health departments)

Performance on Measure 9.2.1

Measure 9.2.1 (in both Version 1.0 and 1.5) requires an established quality improvement program based on organizational policies and direction. The most common challenges for health departments assessed as Not Demonstrated or Slightly Demonstrated were:

- Lack of specific timebound measures (12 health departments)
- No process for project identification and alignment with priorities (11 health departments)
- No effectiveness assessment (9 health departments)
- No monitoring (9 health departments)
- No training details (8 health departments)

Performance on Measure 9.2.2

Measure 9.2.2 (in both Version 1.0 and 1.5) requires that the health department have implemented quality improvement activities. The most common challenges for health departments assessed as Not Demonstrated or Slightly Demonstrated were:

- Requirement 1 – Projects were not tied to the QI Plan (32 health departments)
- Requirement 1 – No QI models/tools; or the project was not a QI project (27 health departments)
- Requirement 1 – Examples provided were out of scope (17 health departments)
- Requirement 2 – Lack of staff involvement (12 health departments)
- Requirement 1 – Project not finished (6 health departments)

VERSION 2.0 WORK IN PROGRESS: Summary of Recommendations from Performance Management & Quality Improvement Think Tank July 2018



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On April 17, 2018, PHAB held a think tank on Performance Management (PM) and Quality Improvement (QI) in its office in Alexandria, Virginia. Members of the PHAB Evaluation and Quality Improvement Committee were joined by additional public health practitioners and experts. (See the last page for the list of participants.)

Below are several of the over-arching suggestions to emerge from the Think Tank.

Broaden beyond formal QI/PM.

- Some participants expressed concern that PM/QI may be too linear to support innovation, changing paradigms and adaptability. Because performance management is focused on goal attainment, it does not always capture unanticipated consequences.
- In addition to requiring examples of formal QI process improvement (using QI frameworks and tools), PHAB could consider also requiring examples of a “just do it” improvement and innovation.
- Measures could address “sensitizing concepts/principles,” to understand how health departments understand their work from a systems perspective, understand the nature and complexity of problems; and learn from failure.

Incorporate evaluation into the Standards and Measures.

- PHAB could consider adding a new standard about evaluation. This could include requirements related to logic models, involving stakeholders, communicating to the public, using findings to make changes, etc. The CDC Evaluation Standards (<https://www.cdc.gov/eval/standards/index.htm>) could inform these requirements.
- Alternatively, evaluation could be integrated throughout the Standards and Measures.

Consider definitions of key terms.

- The Think Tank reviewed the definition of Performance Improvement proposed by the CDC Shared Measurement Team and suggested a modified version: “Continual and systematic use of planning, monitoring and improvement activities to make intentional changes and improvement in public health capacity, processes, or outcomes.”
- It is important to emphasize that the focus is not about employee-level performance.
- There is much confusion around the distinction between quality management and quality planning.

Based on these suggestions, consider revising the Domain 9 title. Some suggestions include:

- Use phrases related to “innovation,” “data-driven decision making,” or “running the organization.”
- “Evaluate and continuously improve organizational performance.”
- “Cultivate culture of organizational performance improvement.”

Additional considerations:

- Include an assessment of QI culture.
- Boost cross-sector engagement in QI/PM.
- Consider moving PM to Domain 11.
- Consider interweaving QI and evaluation within other domains.

In addition, Think Tank participants reviewed each Measure in Domain 9 and made the following suggestions.

Measure	Potential Revisions
9.1.1	<ul style="list-style-type: none"> • Add partners and contract providers. • Make engaging leadership/leadership support stronger (potentially ask HD leadership to participate in the site visit discussion about Domain 9 to describe how they use data for decision making).
9.1.2	<ul style="list-style-type: none"> • Consider referring to performance management process/policy rather than “system” to make it less about IT, and more about what information HDs are collecting, who is looking at what at what intervals, and how it is used for making decisions. • Provide guidance about what system should contain (or add language to say Excel is OK). • Describe the deliberate process that HDs are using to develop measures (a logic model could be one way to demonstrate this). • Align with other plans (e.g., CHIP, strategic plan, and workforce development); consider leaving it to the HDs to determine which items to align with. (HDs don’t always recognize that they could use PM system to demonstrate Measure 5.2.4.)
9.1.3	<ul style="list-style-type: none"> • Spell out all elements in 9.1.2 and then in 9.1.3 demonstrate that HDs actually do what they say they would. Prefer language like: Follow the process/Demonstrate use of policy, rather than “implement.” • RD 2 - clarify is this the goals and objectives across all levels of the department or just in the strategic plan? How do reviewers know the HD is implementing PM comprehensively? • Consider removing RD 6 (just because HDs complete a self-assessment does not mean they use the results).
9.1.4	<ul style="list-style-type: none"> • Consider whether the focus should be about customer focus, rather than satisfaction. (However, customer focus may already be addressed in Domain 3.) • Emphasize systematic process.

	<ul style="list-style-type: none"> Consider whether this belongs as a requirement of the PM plan/process. Help HDs determine how customer satisfaction applies in areas other than direct services; for example, it could be about partnerships with other organizations/agencies.
9.1.5	<ul style="list-style-type: none"> Clarify the competencies and that this applies to all levels of staff.
9.1.6	<ul style="list-style-type: none"> Focus on the goal of having a state supportive environment. This might look different in different states and could include: TA, resources, learning community, funding, etc. Be mindful of the concern that Tribes may not be consistently receiving the TA.
9.2.1	<ul style="list-style-type: none"> RD1 - clarify what the goals and objectives are. Are they goals for QI projects or for the QI infrastructure/program as a whole? (Participants raised concerns about listing specific project goals in the plan, because ideas for projects may arise after the plan has been developed.) Consider whether it is necessary to have a separate QI plan, rather than an intentional approach to QI culture or incorporation in another plan (i.e., the growing interest in joint QI/PM plans).
9.2.2	<ul style="list-style-type: none"> Revisit the link to the QI plan (discussed in (9.2.1)). Consider putting this as part of Domains 8 & 11 and community engagement measures, to show how QI is integrated throughout agency.

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