

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



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.



Public Health Accreditation Board
1600 Duke Street
Suite 200
Alexandria, VA 22314
Phone: 703-778-4549
Fax: 703-778-4556

www.phaboard.org

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.

PHAB EVALUATION AND QUALITY IMPROVEMENT COMMITTEE

Leslie Beitsch, MD, JD, Florida State University College of Medicine
 Jaime Dirksen, MA, Community Health Institute
 Kim Gearin, PhD, Minnesota Department of Health
 Julia Heany, PhD, Michigan Public Health Institute
 Robert Hines, Jr., MSPH, ASQ CQIA, City of Houston Health and Human Services Department
 Susan Ramsey, Pearls of Wisdom Consulting
 Greg Randolph, MD, MPH,* Population Health Improvement Partners
 William Riley, PhD,* Arizona State University
 David Souleles, MPH,* Orange County Health Care Agency
 Colleen Svoboda, MPH, Children's Hospital & Medical Center
 Sara Warren, MPA, Florida Department of Health
 *Unable to attend.

EXTERNAL REPRESENTATIVES

Ron Bialek, MPP, Public Health Foundation
 Joya Coffman, MS, CHES, Association of State and Territorial Health Officials
 Liza Corso, MPA, Centers for Disease Control and Prevention
 Amanda Dainis, PhD, MPA, Dainis Consulting
 Heidi Gortakowski, MPH, Vermont Department of Health
 Peter Holtgrave, MPH, MA, National Association of County and City Health Officials
 Chelsie Huntley, BSN, MPA, Minnesota Department of Health
 Karrie Joseph, MPH, National Indian Health Board
 Ximena Lopez, MPH, Florida Department of Health in Miami-Dade County
 Michael Quinn Patton, PhD, Utilization-Focused Evaluation

PHAB STAFF

Kaye Bender, RN, PhD, FAAN
 April Harris, MPH
 Jessica Kronstadt, MPP
 Nicole Pettenati, MSLS
 Robin Wilcox, MPA