

## Domain 9: Evaluate and continuously improve health department processes, programs, and interventions

Domain 9 focuses on using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

### DOMAIN 9 INCLUDES TWO STANDARDS:

**Standard 9.1**

Use a Performance Management System to Monitor Achievement of Organizational Objectives

**Standard 9.2**

Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

## STANDARD 9.1: USE A PERFORMANCE MANAGEMENT SYSTEM TO MONITOR ACHIEVEMENT OF ORGANIZATIONAL OBJECTIVES.

For the health department to most effectively and efficiently improve the health of the population, it is important to monitor the quality of performance of public health processes, programs, interventions and other activities. A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes.

***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.1.1 A</b> Engage staff at all organizational levels in establishing or updating a performance management system</p>	<p>The purpose of this measure is to assess the health department's engagement of leadership and staff in developing, establishing, and updating a performance management system for the organization.</p>	<p>To continuously improve public health practice and ultimately influence health status, the health department leadership and staff should commit to establishing and using a performance management system. The discussion must intentionally engage all levels of the organization in reaching decisions about the functionality and integration of various components of the performance management system. Staff ownership is required because implementation of a performance management system is successful only when staff is involved early and continuously in decision making.</p> <p>When department leadership and staff work together to promote the use of performance management practices, it is easier to achieve an integrated performance management system. Keeping top-down and bottom-up dialogue alive reinforces the importance of organizational excellence inherent in a fully functioning, completely integrated performance management system.</p>

*Measure 9.1.1 A, continued*

Required Documentation	Guidance
<p>1. Documentation of engaging the health department leadership and management in establishing or updating a performance management system</p> <p>2. Documentation of engaging the health department staff at all other levels in establishing or updating a performance management system</p>	<p>1. The health department must document leadership's engagement in setting a policy for and/or establishing a performance management system for the department. This can be shown through strategic and operational plans; training agendas, training programs, meeting agendas, packets, materials and minutes; draft policies or items discussed with the governing entity, and/or presentations to the governing entity. Documentation may include: minutes of team meetings, quality council monthly reports, and final reports from teams showing results achieved.</p> <p>2. The health department must document engagement of staff at all levels in determining the nature of a performance management system for the department. This can be shown through meeting agendas, packets, materials, and minutes; orientation presentations/programs for new personnel; health department meeting materials and operational plans.</p>

***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.1.2 A</b> Implement a performance management system</p>	<p>The purpose of this measure is to assess the health department's capability to support management practices for assessing performance and identifying and managing opportunities for improvement.</p>	<p>A performance management system encompasses all aspects of using objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets. Assessing current capability helps identify objectives in a structured way.</p> <p>There are a variety of performance management system models to assess and manage performance and identify opportunities for improvement.</p> <p>Formal, fully functioning, integrated performance management systems are feasible in every health department, yet health departments may be using only some components of a performance management system. Identifying the performance management practices being used will help determine the extent to which components of a performance management system exist and which components need to be developed.</p>



***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.1.3 A</b> Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system</p>	<p>The purpose of this measure is to assess the health department's use of a continuous process to evaluate and report on achievement of the goals, objectives, and measures set by the performance management system.</p>	<p>Public health has long recognized the essential role evaluation plays in effectively managing practice and in producing desired results. Performance management uses a systematic process to evaluate organizational excellence by monitoring a set of selected indicators that can analyze progress toward achieving goals and objectives by specific dates.</p> <p>While numerous types of evaluation are used in public health practice, this measure focuses on the process that the health department designs, adapts and uses to formally examine progress toward achieving objectives and performance measures within time-framed targets.</p>

<b>Required Documentation</b>	<b>Guidance</b>
<ol style="list-style-type: none"> <li>1. Written goals and objectives which include time frames for measurement</li> <li>2. Demonstration of a process for monitoring of performance of goals and objectives</li> </ol>	<ol style="list-style-type: none"> <li>1. The health department must provide two examples that demonstrate implementation of the performance management system in monitoring and evaluating achievement of goals and objectives with the identified time frames. One example must be from a programmatic area and the other from an administrative area. These examples could be provided in narrative, table, or graphic form, depending on the chosen reporting method.</li> <li>2. The health department must demonstrate that actual performance towards the two objectives cited in 1) above was monitored. Evidence can come from run charts, dashboards, control</li> </ol>

*Measure 9.1.3 A, continued*

<b>Required Documentation</b>	<b>Guidance</b>
3. Demonstration of analysis of progress toward achieving goals and objectives, and identify areas in need of focused improvement processes	charts, flowcharts, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving measures. Also useful: statistical summaries and graphical presentations of performance on the measures, such as run charts, control charts, and meeting minutes from a quality team.  3. The health department must provide evidence that actual performance of the two objectives identified in 1) above was analyzed according to the time frames. Evidence for determining opportunities for improvement can be shown through the use of tools and techniques, such as root cause analysis, cause and effect/Fishbone, force; or interrelationship digraphs or other analytical tools.
4. Documentation of results and next steps	4. The health department must provide evidence that actual performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.



***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.1.4 A</b> Implement a systematic process for assessing customer satisfaction with health department services</p>	<p>The purpose of this measure is to assess the health department's efforts to keep others, both within and outside the public health profession, informed about the findings of public health research and the public health implications of those findings.</p>	<p>Customer focus is a key part of an organization's performance management system. To evaluate the effectiveness and efficiency of the health department's work, it is essential to identify customers and stakeholders, both internal and external. A health department also needs a process to capture and analyze customer feedback in order to address the expectations of various public health customers.</p>
<b>Required Documentation</b>	<b>Guidance</b>	
<p>1. Description of the process used to collect and analyze feedback from two different customer groups</p>	<p>1. Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must provide two examples of how customer/stakeholder feedback was collected and analyzed from two different types of customers (e.g., vital statistics customers; food establishment operators; individuals receiving immunizations, screenings, or other services; partners and contractors; elected officials, etc.). Examples of documentation to collect customer/stakeholder satisfaction could include: forms, surveys, or other methods. Results and conclusions could be in a report, memo, or other written document.</p>	

***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.1.5 A</b> Provide staff development opportunities regarding performance management</p>	<p>The purpose of this measure is to assess the health department's support to expand and enhance performance management capacity in the department.</p>	<p>For a health department to be effective in establishing and implementing a performance management system, the staff must understand what a performance management system is and how evaluation integrates with performance management. The department needs to ensure staff competence in the appropriate use of tools and techniques for monitoring and analyzing objectives and indicators.</p>
<b>Required Documentation</b>	<b>Guidance</b>	
<p>1. Documentation of staff development in performance management</p>	<p>1. The health department must document its staff development in the area of performance management. Documentation can be training attendance rosters, training curriculum and objectives, presentations and other training materials, or specific work with consultants or technical assistants in performance. At a minimum, targeted staff should include those who will be directly working on performance measure monitoring and analysis, and/or serving on a quality team that assesses the department's implementation of performance management practices and/or system.</p>	

***Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.***

Measure	Purpose	Significance
<p><b>9.1.6 S</b> Provide technical assistance and/or training on performance management to Tribal and local health departments</p>	<p>The purpose of this measure is to assess the state health department's capacity to provide performance management orientation/training, evaluation training, and/or technical assistance to Tribal and local health departments.</p>	<p>State health departments have internal capacity or access to performance management and evaluation expertise to assist Tribal and local health departments in building or enhancing their performance management and evaluation capacity. States have an opportunity to share their expertise and best practice experiences with Tribal and local partners and create conditions in which the state's population benefits from locally improved processes, programs, and interventions.</p>

Required Documentation	Guidance
<p>1. Performance management system technical assistance provided</p>	<p>1. The state health department must document that it has offered technical assistance and/or training in performance management practices, methods, and/or tools to Tribal and local health departments. The technical assistance can be provided "as requested," or can be scheduled, or provided as needed. It can be delivered by in-person sessions, webinars, individual studies, hard copy, or on-line. The technical assistance does not have to be used by Tribal or local health departments, but must be made available. This documentation can be attendance rosters, curriculum, presentations, exercises to apply tools and techniques, newsletters, briefing papers, e-newsletters, email notification, or flyer or brochure distribution.</p>

## STANDARD 9.2: DEVELOP AND IMPLEMENT QUALITY IMPROVEMENT PROCESSES INTEGRATED INTO ORGANIZATIONAL PRACTICE, PROGRAMS, PROCESSES, AND INTERVENTIONS.

Performance management system concepts and practices serve as the framework to set targets, measure progress, report on progress, and make improvements. An important component of the performance management system is quality improvement and the implementation of a quality improvement program. This effort involves integration of a quality improvement component into staff training, organizational structures, processes, services, and activities. It requires application of an improvement model and the ongoing use of quality improvement tools and techniques to improve the public's health. Performance management leads to the application of quality improvement processes.

Quality improvement is the result of leadership support. It requires staff commitment at all levels within an organization to infuse quality improvement into public health practice and operations. It also involves regular use of quality improvement approaches, methods, tools and techniques, as well as application of lessons learned from evaluation.

***Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.***

Measure	Purpose	Significance
<p><b>9.2.1 A</b> Establish a quality improvement program based on organizational policies and direction</p>	<p>The purpose of this measure is to assess the health department's efforts to develop and implement a quality improvement program that is integrated into all programmatic and operational aspects of the organization.</p>	<p>To make and sustain quality improvement gains, a sound quality improvement infrastructure is needed. Part of creating this infrastructure involves writing, updating, and implementing a health department quality improvement plan. This plan is guided by the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan.</p>

Required Documentation	Guidance
<p>1. A written quality improvement plan</p>	<p>1. The health department must provide a quality improvement plan. An example of an acceptable plan is one that describes:</p> <ul style="list-style-type: none"> <li>• Key quality terms to create a common vocabulary and a clear, consistent message.</li> <li>• Culture of quality and the desired future state of quality in the organization.</li> <li>• Key elements of the quality improvement plan's governance structure, such as:               <ul style="list-style-type: none"> <li>◆ Organization structure</li> <li>◆ Membership and rotation</li> <li>◆ Roles and responsibilities</li> <li>◆ Staffing and administrative support</li> <li>◆ Budget and resource allocation</li> </ul> </li> </ul>

*Measure 9.2.1 A, continued*

Required Documentation	Guidance
	<ul style="list-style-type: none"><li>• Types of quality improvement training available and conducted within the organization, such as:<ul style="list-style-type: none"><li>◆ New employee orientation presentation materials</li><li>◆ Introductory online course for all staff</li><li>◆ Advanced training for lead QI staff</li><li>◆ Continuing staff training on QI</li><li>◆ Other training as needed – position-specific QI training (MCH, Epidemiology, etc.)</li></ul></li><li>• Project identification, alignment with strategic plan and initiation process:<ul style="list-style-type: none"><li>◆ Describe and demonstrate how improvement areas are identified</li><li>◆ Describe and demonstrate how the improvement projects align with the health department’s strategic vision/mission</li></ul></li><li>• Goals, objectives, and measures with time-framed targets:<ul style="list-style-type: none"><li>◆ Define the performance measures to be achieved.</li><li>◆ For each objective in the plan, list the person(s) responsible (an individual or team) and time frames associated with targets</li><li>◆ Identify the activities or projects associated with each objective and describe the prioritization process used</li></ul></li><li>• The health department’s approach to how the quality improvement plan is monitored: data are collected and analyzed, progress reported toward achieving stated goals and objectives, and actions taken to make improvements based on progress reports and ongoing data monitoring and analysis.</li><li>• Regular communication of quality improvement activities conducted in the health department through such mechanisms as:<ul style="list-style-type: none"><li>◆ Quality electronic newsletter</li><li>◆ Story board displayed publicly</li><li>◆ Board of Health meeting minutes</li><li>◆ Quality Council meeting minutes</li><li>◆ Staff meeting updates</li></ul></li></ul>

*Measure 9.2.1 A, continued*

Required Documentation	Guidance
	<ul style="list-style-type: none"><li>• Process to assess the effectiveness of the quality improvement plan and activities, which may include:<ul style="list-style-type: none"><li>◆ Review of the process and the progress toward achieving goals and objectives</li><li>◆ Efficiencies and effectiveness obtained and lessons learned</li><li>◆ Customer/stakeholder satisfaction with services and programs</li><li>◆ Description of how reports on progress were used to revise and update the quality improvement plan.</li></ul></li></ul>

***Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.***

<b>Measure</b>	<b>Purpose</b>	<b>Significance</b>
<p><b>9.2.2 A</b> Implement quality improvement activities</p>	<p>The purpose of this measure is to assess the health department's use of quality improvement to improve processes, programs, and interventions.</p>	<p>It takes practice to effectively use the quality improvement plan to improve processes, programs, and interventions. Staff benefit from seeing the plan put into action and receiving regular feedback on progress toward achieving stated objectives, as well as on how well they have executed their respective roles and responsibilities.</p>

<b>Required Documentation</b>	<b>Guidance</b>
<p>1. Documentation of quality improvement activities based on the QI plan</p>	<p>1. The health department must provide two examples that demonstrate implementation of quality improvement activities. One example must be from a program area and the other from an administrative area. The examples should illustrate the health department's application of its process improvement model. The examples should demonstrate:</p> <ul style="list-style-type: none"> <li>• how staff problem-solved and planned the improvement,</li> <li>• how staff selected the problem/process to address and described the improvement opportunity,</li> <li>• how they described the current process surrounding the identified improvement opportunity,</li> </ul>



*Measure 9.2.2 A, continued*

Required Documentation	Guidance
<p>2. Demonstrate staff participation in quality improvement activities based on the QI plan</p>	<ul style="list-style-type: none"><li>• how they determined all possible causes of the problem and agreed on root cause(s), and</li><li>• how they developed a solution and action plan, including time-framed targets for improvement.</li></ul> <p>The example should also demonstrate what the staff did to implement the solution or process change. It should also show how they reviewed and evaluated the result of the change, and how they reflected and acted on what they learned.</p> <p>Examples of acceptable documentation include quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up. The health department's documentation should demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation should also describe: actions taken, improvement practices and interventions, data collection tools and analysis, progress reports, evaluation methods, and other activities and products that resulted from implementation of the plan.</p> <p>2. The health department must demonstrate how staff were involved in the implementation of the plan, worked on improvement interventions or projects, or served on a quality team that oversees the health department's improvement efforts. Examples of documentation may include minutes, memos, reports, or committee or project responsibilities listings.</p>