



Health  
Department

## **Macomb County Health Department**

# **2017-2019 Performance Management and Quality Improvement Plan**

# Macomb County Health Department Performance Management and Quality Improvement Plan (PMQIP)

## I. Purpose

The purpose of the Macomb County Health Department (MCHD) Performance Management and Quality Improvement Plan (PMQIP) is to provide context and framework for performance management (PM) and quality improvement (QI) activities at Macomb County Health Department.

**Policy Statement:** The Macomb County Health Department will implement a performance management and quality improvement plan to systematically evaluate and improve the quality of programs, processes and services to achieve a high level of efficiency, effectiveness and customer satisfaction.

## II. Key Quality Terms

**Continuous quality improvement (CQI):** an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle. (PHAB Acronyms and Glossary of Terms, 2009)

**Performance Management (PM):** the strategic use of performance standards, measures, progress reports and ongoing quality improvement efforts to ensure an agency achieves desired results. In public health, the ultimate purpose of these efforts is to improve the public's health by actively using performance data (Turning Point, 2003)

**Plan-Do-Study-Act (PDSA):** an iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. (Embracing Quality in Local Public Health, Michigan's QI Guidebook)

**Quality improvement (QI):** an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. (PHAB Acronyms and Glossary of Terms, 2009)

**Quality methods:** builds on an assessment component in which a group of selected indicators [selected by an agency] are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if

interventions were effective. These quality methods are frequently summarized at a high level as the Plan/Do/Check(Study)/Act (PDSA) or Shewhart Cycle (PHAB Acronyms and Glossary of Terms, 2009).

**Performance Management and Quality Improvement Committee:** Agency-wide committee, organized by the Planning and Quality Assurance Manager and the MCHD Leadership Team, to carry out QI efforts and activities, namely PDSA cycles. The committee is representative of each division of MCHD, and includes representatives at both staff and leadership levels. This committee is charged with reviewing and amending the Performance Management and Quality Improvement plan, preparing to meet state and national accreditation standards relative to PM and QI, developing, evaluating, and reporting PDSA QI projects. Committee members will also plan and participate in PM/QI training activities, and become skilled in the implementation of QI tools.

**Quality Tools:** are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. (The Public Health QI Handbook, Bialek, et al.) A listing of QI tools is located in the Health Department shared drive.

### **III. Culture of Quality:**

The MCHD strives to imbed a culture of quality within the health department. This is done by working toward achieving four basic principles of quality:

- Developing a strong customer focus
- Continually improving all processes
- Involving employees
- Mobilizing both data and team knowledge to improve decision making

The MCHD will achieve these principles through Leadership Support, Performance Management and Accreditation. The MCHD will also strive to meet everyday standards that support and sustain a Culture of Quality which include:

- Engaging the governing entity or board to support policy decisions and leadership practices that emphasize quality
- Involving everybody in QI and valuing the perspective of staff at all levels
- Using data and QI tools in the daily work
- Maintaining a customer, client and stakeholder focus
- Developing QI plans or policies that are actionable and provide a guide point for QI activities
- Communicating, sharing QI stories, and celebrating success
- Making long term plans to maintain a commitment to quality through changes and transitions
- Using ongoing training and technical assistance to continually build capacity and expertise in QI

### **IV. Overview of Performance Management and Quality**

Performance Management and Quality Improvement are systematic approaches to assessing services and improving them on a priority basis. Quality improvement activities emerge from a systematic and organized framework for improvement. The MCHD Performance Management and Quality Improvement Committee

(PMQIC) provides ongoing leadership to carry out PMQI efforts at the Macomb County Health Department. Examples of these efforts will include: Developing a comprehensive “Performance Management and Quality Improvement Plan” every three years; preparing to meet local and national health department accreditation standards related to PM and QI; and, developing and evaluating agency quality improvement tests. All current and new staff will receive a PMQI training that will allow them to be involved in agency QI projects, as well as to educate them on the agency PMQI Policy and PMQI plan. MCHD will implement the use of performance measures and QI tools and principles to conduct CQI.

**Quality Improvement Principles:** The Macomb County Health Department approach to quality improvement is based on the following principles:

- Customer Focus.** High quality organizations focus on their internal and external customers and on meeting or exceeding needs and expectations.
- Recovery-oriented.** Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.
- Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the governing body are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with organizational mission and/or strategic plan.
- Data Informed Practice/Performance Measures.** Successful QI processes create feedback loops, using data and performance measures to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. CQI organizations use a defined set of analytic tools such as run charts, cause and effect diagrams, flowcharts, Pareto charts, histograms, and control charts to turn data into information.
- Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

**Continuous Quality Improvement Activities.** Quality improvement activities emerge from a systematic and organized framework for improvement. Quality Improvement involves two primary activities:

1. Measuring and assessing the performance services through the collection and analysis of data.
2. Conducting quality improvement initiatives and taking action where indicated, including the design of new services and/or improvement of existing services.

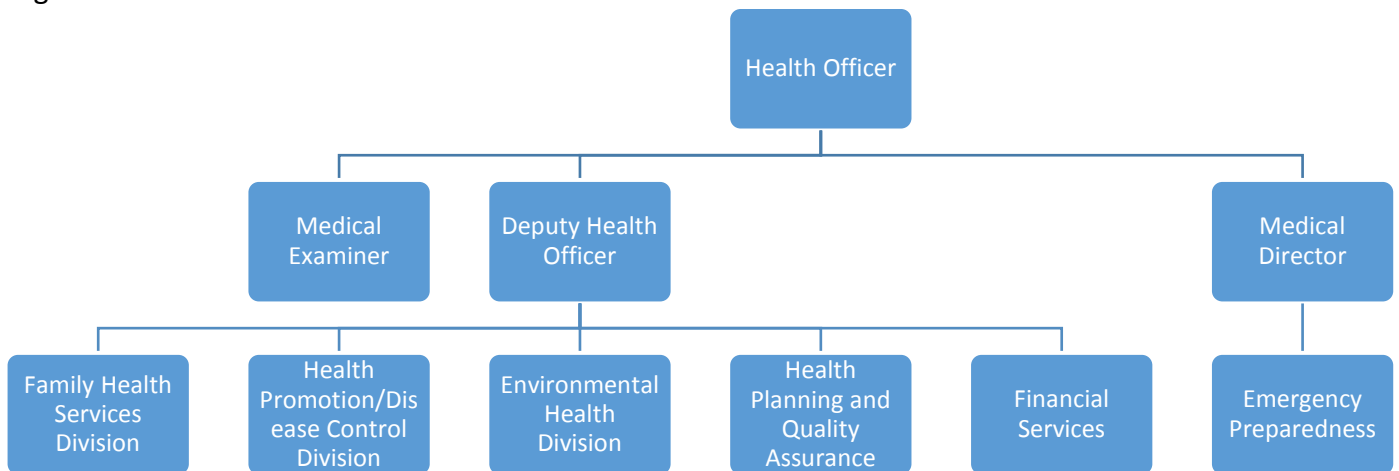
**Performance Management System.** The MCHD will utilize a performance management system to measure and evaluate performance of programs, policies, processes, and achievements of outcome targets. The Performance Management System includes the following items:

- Performance standards including goals, targets and indicators and the communication of expectations
- Performance measurement including data systems and collection
- Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle
- A process to use data analysis and manage change for quality improvement and towards creating a learning organization

## V. Roles and Responsibilities

### Organization Structure

MCHD PMQI Committee and PMQI activities and projects will be overseen by the Health Planning and Quality Assurance Department. The PMQI Committee will consist of staff from all areas of the MCHD Organizational Structure.



## **Involvement and Rotation**

### *A. Quality Improvement Committee*

1. Develop and approve the Performance Management and Quality Improvement Plan for Health Officer's review.
2. Provide PMQI expertise and guidance for QI project teams.
3. Provide PM and QI Training to new and existing staff.
4. Assist in development of Department QI activities.
5. Review PMQIP prior to approval.
6. Advocate for QI and encourage a culture of learning and QI among staff.
7. Apply QI principles and tools to daily work.
8. Committee members maintain a one year rotation on the PMQIC

### *B. Office of Health Planning and Quality Assurance – Planning and QA Manager*

1. Coordinate, support, guide and define overall PMQI program department-wide.
2. Develop and manage all aspects of the annual QIP with input from QIC and Executive Management leadership.
3. Integrate QI principles in Department policies/protocols (e.g. Employee hiring; Performance review; Meeting minutes documentation; Develop/review PMQI Policy).
4. Assist QI projects at Director, Division and Program level.
5. Document all PMQI-related activities.
6. Ensure communication of QI project results.
7. Identify continuing education resources on PMQI.
8. Provide updates to Director of Health.
9. Facilitate PMQIC.
10. Assist PMQIC members in addressing problems encountered by QI project teams.
11. Ensure PMQIP meets state and PHAB accreditation requirements.
12. Implement other strategies to develop "culture of QI".
13. Apply QI principles and tools to daily work.

### *C. All MCHD Staff*

1. Participate in the work of QI projects, as requested by Division Directors or Supervisors.
2. Collect and report data for PDSA projects as necessary.
3. Develop an understanding of basic QI principles & tools through QI training.
4. With supervisor, identify program areas for improvement and suggest improvement actions to address identified projects; paying particular interest to quarterly performance measures.
5. Report PMQI training needs to supervisor.
6. Complete QI activities under the normal supervisory authority and supervisory structure of the Department.
7. Apply QI principles and tools to daily work.

### *D. Director/Health Officer*

1. Provide leadership for department vision, mission, strategic plan and direction related to PMQI efforts.
2. Assure all staff has access to resources to carry out QI projects and training.

3. Advocate for a culture of QI, to staff as well as internal and external partners, through support and messaging.
4. Promote a CQI environment (learning environment) for the department.
5. Review and provide final approval on the Performance Management and Quality Improvement Plan (PMQIP).
6. Apply QI principles and tools to daily work.

*E. Division Directors*

1. Facilitate the implementation of QI-activities at the Division level.
2. Support Supervisors in their work with QI activities.
3. Participate in QI project teams as requested or as required.
4. Encourage and facilitate the development of QI project teams.
5. Provide opportunities to share results of QI efforts (findings, improvements, lessons learned).
6. Communicate with supervisors to identify projects or processes to improve and assist with development of QI project proposal.
7. Document PMQI efforts.
8. Communicate regularly with Director and QA Manager to share QI successes and lessons learned.
9. Provide feedback to shape future PMQIP.
10. Identify staff for PMQIC, advanced PMQI training opportunities and identify staff training needs.
11. Apply QI principles and tools to daily work.

*F. Public Health Coordinators/Program Managers/Supervisors*

1. Support program QI project teams.
  - Participate on the QI project team to provide unique perspective.
  - Guide QI project team to resources according to PMQIP.
  - Assure projects advance Division and Program goals, objectives, strategic plans, etc.
  - Advocate for the QI project team to other program staff.
  - Allow and create time and resources for QI activities as needed.
  - Assure QI project team is on task and meeting timeline.
  - Provide QI project teams with opportunities and venues to share findings.
2. Enable staff participation in PMQI activities.
3. Assure staff PMQI training.
4. Orient staff to PMQIP processes and resources.
5. Integrate improvements into strategic plans as appropriate.
6. Report QI project results and improvements at Performance Management Meetings.
7. Facilitate an environment of CQI for all staff.
8. Keep Division Director apprised of QI activities.
9. Initiate problem solving processes and/or QI projects.
10. Apply QI principles and tools to daily work.

**Budget and Resource Allocation (staffing and administrative support)**

MCHD funds 1.0 FTE Planning and Quality Assurance Manager to support ongoing organizational PMQI

and Accreditation (state and National) efforts. Additional funding is reviewed by Administrative staff on an as needed basis for activities such as staff training and equipment allocation.

## VI. Quality Improvement and Performance Management Training

All staff will receive training covering key principles of QI and PM in an effort to build the culture of QI and PM agency-wide and to build on existing QI and PM learning.

Training will be provided through online resources and/or in-person training facilitated by members of the PMQI Committee, and includes the following topics:

- QI and Accreditation Overview
- PDSA and project selection
- PMQI Plan and Policy
- QI tools

### A. New Staff

1. Orientation to QI within six months of date of hire.
2. Receive information on the MCHD's QI Policy, Plan and activities as part of orientation.

### B. All Staff

1. Program-specific QI training as available.
2. Hands-on training via work on QI projects.
3. Continuing staff training for all staff on QI
4. Introductory online course to QI
5. Advanced training for lead QI staff
6. Other training as needed

## VII. QI Project Selection, Implementation and Completion

QI PDSA project selection will be based on improvement of processes, objectives, and/or performance measures as outlined within programs. Below is the standard methodology for strategic planning and performance management. Emphasis on the objectives, goals, and strategies below should receive priority attention for all QI projects that are addressed by staff.

- Program selects an **annual objective** based on best practice, historical data, other national standards or objectives (such as *Healthy People* objectives). Progress toward the annual objective is tracked (if possible) and reported at committee meetings. This information is also documented in a PM system.
- **Program goals** are developed to help reach the annual objective.
- **Key Performance Indicators (KPI)** are then identified to measure the amount of work being done to address the **program goal**.
- **Key strategies** are set to help the program reach its annual objective; key strategies are also tracked and reported quarterly.

QI projects will be prioritized to align with the strategies outlined in the Strategic Plan. Performance measures will also be used to help determine need.



Staff will apply QI tools and principles to opportunities for improvement in the agency, with emphasis placed on addressing measures related to the existing program activities. The use of PDSA and QI project teams will provide a strategic and uniform method for planning, implementing, reporting and documenting change to help Macomb County Health Department protect and promote the health and well-being of all those who live, work and play in Macomb County while maintaining healthy people in healthy communities. (See QI Project Charter template)

The PMQI committee will regularly review and analyze the process and progress of QI Projects and the status of projects in terms of goals and objectives. After projects are completed the PMQI committee will assess the efficiencies and effectiveness of the PDSA cycle used as well as the success of the project as a whole. Projects will be followed up on via customer satisfaction surveys and comments (when relevant) or staff satisfaction and comments (when relevant). The PMQI committee will produce a report at the end of each project which address all of these items as well as suggestions to the PMQI plan if needed.

## **VIII. Monitoring and Evaluation**

MCHD will use the performance management system to monitor and evaluate program performance and the impact QI projects had on those specific programs or services. When the PM system is not best choice to monitor and evaluate a QI project, the MCHD PMQI committee will utilize other reporting mechanisms to assist with monitoring and evaluating QI progress.

This information will be reviewed on a regular basis to ensure effectiveness and efficiency of QI projects, goals, and objectives. QI Project information will be shared via the following outlets

- PMQI Committee meetings (monthly)
- MCHD Management Meetings (monthly)
- Administrative staff meetings (weekly)

## **IX. Communication Strategies**

The following methods will be implemented to ensure regular internal communication regarding the PMQI Plan and QI Project Status:

- Presentations (QI Project reports, QI Tools, etc.) at management meetings.
- Storyboard presentations at staff meetings.
- Presentation of the PMQI plan and policy at all new staff orientations including the expectations of the contributions of all MCHD staff; a link to the plan and policy on the MCHD shared computer drive (S Drive) will also be provided.
- Annual updates on QI activities in the MCHD Annual Report
- QI Project Updates on MCHD Website

## **X. Agency Performance Management and Quality Improvement (PMQI) Policy and Plan**

- A. The agency QI Policy, was initially implemented in 2014, to create an environment of sustainability for the department's QI plan. The QI Policy was included in the agency policy book.
- B. The agency QI Policy was amended in 2016 to include policy measures on Performance Management and updated QI measures. The updated PMQI Policy will be included in the agency policy book and updated as needed to ensure its effectiveness in guiding department-wide QI efforts.
- C. The PMQI Plan will be monitored on an annual basis by the PMQI Committee and amended as needed.

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Approved By: William Ridella, Health Officer/Director

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Date

# Macomb County Health Department Performance Management and Quality Improvement Plan

## 2017-2019 Goals

National Benchmark/Objective: Evaluate and Continuously Improve Processes, Programs, and Interventions

### Goal 1: Use a performance management system to monitor achievement of organizational objectives

**Objective:** Adopt and implement a performance management system

**Strategy:** One implemented PM System, piloted in 2016, implemented department wide in 2017

**Objective:** Engage staff in implementation and utilization of performance management system

**Strategies:** Incorporated performance management system initiative in Strategic Plan, completed in 2017/2018, by PMQI Committee and Health Department leadership

Involved staff in PMQI committee, with an annual rotation, determined by Planning and QA Department and Division Directors/Program Managers

**Objective:** Utilization of PM system to achieve QI standards

**Strategy:** Written goals and objectives based on performance measures derived from the PM system, documented to show use in each QI project, completed by the PMQI Committee

**Objective:** Complete a performance management self-assessment

**Strategy:** A completed a performance management self-assessment, done annually, completed by Senior PMQI Committee members and Health Department Leadership

### Goal 2: Implemented systematic process for assessing customer satisfaction with health department services

**Objective:** Collection, analysis and conclusions of feedback from two different customer groups

**Strategy:** At a minimum, two completed customer satisfaction surveys completed from two different customer groups, done annually, conducted by PMQI Committee

Documented results and changes implemented from analysis of customer satisfaction survey, presented in a report, for each customer satisfaction survey, completed by the PMQI Committee

### Goal 3: Staff development in the areas of Performance Management and Quality Improvement

**Objective:** Staff are trained in the area of performance management

**Strategy:** Performance Management training offered annually to all staff, conducted by PMQI Committee

**Objective:** Staff are trained in the area of quality improvement

**Strategy:** Quality Improvement and PDSA training offered annually to all staff, conducted by PMQI Committee

**Goal 4: Establish a quality improvement program based on organizational policies and direction.**

**Objective:** Conduct new employee orientation that includes training on Quality Improvement and Performance Management.

**Strategy:** One completed new employee Orientation, quarterly, conducted by the Health Planning and QA Department

**Objective:** Regularly communicate quality improvement activities in the health department

**Strategy:** One completed storyboard, semi-annually (per project), conducted by the PMQI Committee

**Objective:** Progress review of QI projects to assess effectiveness

**Strategy:** One completed report, quarterly, conducted by the Senior QIPM Team

**Goal 5: Implement quality improvement efforts.**

**Objective:** Based on the framework of the MCHD QI Plan, effectively use PDSA to implement QI Projects at MCHD

**Strategy:** One completed team charter, per project at least twice per year, conducted by the PMQI Committee

# Macomb County Health Department

## QI Team Charter

<b>1. Team Name:</b>	<b>2. Version:</b>	<b>3. Subject (Target Area):</b>
<i>Name of your QI team. If you have not named your team, you can include the name of your agency here.</i>	<i>Insert an updated version number each time a revision is made to this document.</i>	<i>The aspect of your program the QI team is working on through this project (i.e. customer service, culturally appropriate services, internal processes and procedures, etc.).</i>
<b>4. Problem / Opportunity Statement:</b>		
<i>Describe the problem that will be addressed by this team. Why is the project needed?</i>		
<b>5. Team Sponsor:</b>	<b>6. Team Leader:</b>	
<i>Name the individual who has given your team the 'green light' to pursue this QI project. This is likely your section manager.</i>	<i>Name the person who will serve as the QI team leader.</i>	
<b>7. Team Members:</b>	<b>Role:</b>	
<i>List each QI team member.</i>	<i>List each QI team member's role on the QI team (i.e. scribe, facilitator, data manager, etc.)</i>	
<b>8. Process Improvement Area:</b>		
<i>Describe the specific process the QI team is going to improve.</i>		
<b>9. Initial Aim Statement:</b>		
<i>Include the QI team's initial aim statement here.</i>		
<b>10. Revised Aim Statement (s):</b>		
<i>Include the QI team's revised aim statements here. Each revised aim statement should be tracked here. It is a good idea to track the date the aim statement was revised.</i>		
<b>11. Scope (Boundaries)/Team Authority:</b>		
<i>Identify the scope of the QI team's efforts. Identify areas that are within the influence of the team. Identify areas that are outside team's authority.</i>		
<b>12. Customers (Internal and External):</b>	<b>13. Customer Needs Addressed:</b>	
<i>Identify customers who will be impacted by this process improvement.</i>	<i>Identify specific customer needs that will be addressed or met as a result of this process improvement.</i>	
<b>14. Success Measures (What does success look like?):</b>		
<i>Identify measures that may be used to indicate improvements have been achieved in the target area.</i>		

<b>15. Considerations (Assumptions / Constraints / Obstacles):</b>	
<i>Identify any constraints or barriers the QI team or project might face. Identify any assumptions your team is making going into the project.</i>	
<b>16. PDSA Timeline:</b> <i>Develop a project timeline within the PDSA framework. List specific steps that will be completed during each stage of the cycle.</i>	<b>Date:</b> <i>Enter the date by which each stage will be completed.</i>
Plan	
Do	
Study	
Act	
<b>17. Meeting Frequency:</b>	
<i>Identify how often the QI team will meet internally. Monthly Learning Meetings should also be noted here.</i>	
<b>18. Communication Plan (Who, How, and When):</b>	
<i>Include information about how, when, and by whom QI work will be shared with others involved in your program, your agency/organization, with external clients, and others.</i>	
<b>19. Stakeholders (Internal and External):</b>	
<i>Identify internal and external stakeholders that might be interested in the results of your project.</i>	
<b>20. Improvement Theories (If...Then):</b>	
<i>List the QI team's improvement theory/theories.</i>	
If	Then
If	Then