

Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions

Domain 9 focuses on the use and integration of performance management and quality improvement practices and processes for the continuous improvement of the public health department's practices, programs, and interventions.

Performance management identifies actual results against planned or intended results. Performance management systems ensure that progress is being made toward department goals by systematically collecting and analyzing data to track results to identify opportunities and targets for improvement.

Quality improvement is an element of performance management that uses processes to address specific targets for effectiveness and efficiency. "Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community." (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in *Public Health. Journal of Public Health Management and Practice*. January/February 2010).

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 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, 4) identifying areas where achieving objectives requires focused quality improvement processes, and 5) visible leadership for ongoing performance management. Department information systems and public health data support performance management.

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

MEASURE	PURPOSE	SIGNIFICANCE
<p>Measure 9.1.1 A</p> <p>Staff at all organizational levels engaged in establishing and/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, using, and updating a performance management system for the organization.</p>	<p>To continuously improve public health practice, the health department leadership and staff need to commit to establishing and using a performance management system. The performance management process 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 and completely integrated performance management system.</p>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Health department leadership and management supportive and engaged in establishing and/or updating a performance management system</p>	<p>1. The health department must document the health department leadership's engagement in setting a policy for and/or establishing a performance management system for the department.</p> <p>Documentation could be, for example, 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.</p> <p>Documentation may include minutes of team meetings, quality council monthly reports, and final reports from teams showing results achieved.</p>	<p>2 examples</p>	<p>5 years</p>
<p>2. Health department staff at all other levels engaged in establishing and/or updating a performance management system</p>	<p>2. The health department must document engagement of staff at all levels of the department in determining the nature of a performance management system for the department and implementing the system.</p> <p>Documentation could be, for example, meeting agendas, packets, materials, and minutes; orientation presentations/programs for new personnel; health department meeting materials and operational plans.</p>	<p>2 examples</p>	<p>5 years</p>

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 9.1.2 A</p> <p>Performance management policy/system</p>	<p>The purpose of this measure is to assess the health department's adoption of a department-wide performance management system.</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. An adopted performance management system communicates across the department how the department will (1) ensure that goals are being met consistently in an effective and efficient manner and (2) identify the need to improve organizational results.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. An adopted performance management system</p>	<p>1. The health department must provide a written description of the department's adopted performance management system that includes:</p> <ul style="list-style-type: none"> a. Performance standards, including goals, targets and indicators, and the communication of expectations; b. Performance measurement including data systems and collection; c. Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle; and d. A process to use data analysis and manage change for quality improvement and towards creating a learning organization. 	<p>1 performance management system</p>	<p>5 years</p>	

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

MEASURE	PURPOSE	SIGNIFICANCE
<p>Measure 9.1.3 A Implemented performance management system</p>	<p>The purpose of this measure is to assess the health department's management practices for assessing performance and identifying and managing opportunities for improvement.</p>	<p>A performance management system ensures that progress is being made toward department goals and allows the department to identify areas for quality improvement.</p> <p>Assessing current capability helps identify objectives in a structured way. 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>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. A functioning performance management committee or team</p>	<p>1. The health department must provide documentation of a department committee, team, council, executive team, or some other entity that is responsible for implementing the performance management system. This does not have to be a separate group that deals only with performance management but may be a function of a standing department committee.</p> <p>Documentation could be, for example, a charter, agendas, minutes, reports, or protocols of the subsidiary body responsible.</p>	<p>1 example</p>	<p>5 years</p>

MEASURE 9.1.3 A, continued

<p>2. Goals and objectives</p>	<p>2. The health department must document setting of goals and objectives with the identified time frames for measurement.</p> <p>Examples of administrative areas where performance management might be appropriate include contract management (e.g., looking at the contract approval process or how contracts are tracked for compliance), vital records (e.g., processing birth and death certificates or evaluating their accuracy), human resources functions (e.g., the performance appraisal system), staff professional development (e.g., effectiveness of the professional development process), workforce development (e.g., appropriateness of employee wellness program), or financial management system (e.g., the financial data development, analysis, and communication process).</p> <p>Documentation could be provided in narrative, table, or graphic form, depending on the chosen reporting method.</p>	<p>2 examples; one example must be from a programmatic area and the other from an administrative area.</p>	<p>5 years</p>
<p>3. Implementation of the process for monitoring the performance of goals and objectives</p>	<p>3. The health department must document the monitoring of performance towards the two objectives cited above.</p> <p>Documentation could be, for example, from run charts, dashboards, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving measures; or meeting minutes from a quality team.</p>	<p>2 examples</p>	<p>5 years</p>
<p>4. Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes</p>	<p>4. The health department must document that performance of the two objectives identified in 2) above was analyzed according to the time frames. Evidence for determining opportunities for improvement can be shown through the use of tools and techniques, for example, root cause analysis, cause and effect/Fishbone; or interrelationship digraphs or other analytical tools.</p>	<p>2 examples</p>	<p>5 years</p>
<p>5. Identification of results and next steps</p>	<p>5. The health department must document that performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.</p>	<p>2 examples</p>	<p>5 years</p>

MEASURE 9.1.3 A, continued

6. A completed performance management self-assessment	6. The health department must provide a completed performance management self-assessment that reflects the extent to which performance management practices are being used. The health department may develop its own performance management assessment or use existing models, such as The Public Health Performance Management Self-Assessment Tool (http://www.phf.org) or the Self-assessment tools available through the Baldrige Performance Excellence Program (http://www.nist.gov/baldrige/enter/self.cfm).	1 self-assessment	5 years
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Standard 9.1: Use a performance management system to monitor achievement of organizational objectives.

MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 9.1.4 A</p> <p>Implemented systematic process for assessing customer satisfaction with health department services</p>	<p>The purpose of this measure is to assess the health department's process for measuring the quality of customer relationships and service.</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>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Collection, analysis, and conclusions of 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 document how customer/stakeholder feedback was collected, analyzed, and conclusions drawn from two different types of customers (e.g., vital statistics customers; food establishment operators; individuals receiving population immunizations, population screenings, or other services; partners and contractors; elected officials, etc.). Special effort to address those who have a language barrier, are disabled, or are otherwise disenfranchised must be included.</p> <p>Examples of instruments to collect customer/stakeholder satisfaction include forms, surveys, focus groups, or other methods.</p> <p>Documentation could be a report, memo, or other written document that describes the process and the results and conclusions of the analysis of the feedback.</p>	<p>2 examples</p> <p>Customers must be from two different programs</p>	<p>5 years</p>
<p>2. Results and actions taken based on customer feedback</p>	<p>2. The health department must document results and action taken based on the collection, analysis, and conclusions drawn from feedback from customer groups.</p> <p>Documentation must relate to the examples in Required Documentation above.</p>	<p>2 examples</p>	<p>5 years</p>

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 9.1.5 A</p> <p>Opportunities provided to staff for involvement in the department's 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>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Staff development in performance management</p>	<p>1. The health department must document its staff professional development in the area of performance management. At a minimum, targeted staff includes 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> <p>Documentation could be, for example, training attendance rosters, training curricula and objectives, presentations, participation in webinars, and other training materials, or specific work with consultants or technical assistants in performance management.</p>	<p>2 examples</p>	<p>5 years</p>	

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 9.1.6 S</p> <p>Technical assistance and/or training provided 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	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Provision of technical assistance about performance management systems</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.</p> <p>Documentation could be, for example, attendance rosters, curricula, presentations, exercises to apply tools and techniques, newsletters, briefing papers, e-newsletters, email notification, or flyer or brochure distribution.</p>	<p>2 examples</p>	<p>5 years</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 quality improvements. An important component of the performance management system is 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>Measure 9.2.1 A</p> <p>Established 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 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	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. A written quality improvement plan</p>	<p>1. The health department must provide a quality improvement plan. The plan must address:</p> <ul style="list-style-type: none"> • Key quality terms to create a common vocabulary and a clear, consistent message. • Culture of quality and the desired future state of quality in the organization. • Key elements of the quality improvement effort's structure, for example: <ul style="list-style-type: none"> -- Organization structure -- Membership and rotation -- Roles and responsibilities -- Staffing and administrative support -- Budget and resource allocation • Types of quality improvement training available and conducted within the organization for example: <ul style="list-style-type: none"> -- New employee orientation presentation materials -- Introductory online course for all staff 	<p>1 plan</p>	<p>5 years</p>	

MEASURE 9.2.1 A, continued

- Advanced training for lead QI staff
- Continuing staff training on QI
- Other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.)
- Project identification, alignment with strategic plan and initiation process:
 - Describe and demonstrate how improvement areas are identified and how they are prioritized for project activity
 - Describe and demonstrate how the improvement projects align with the health department's strategic vision/mission
- Quality improvement goals, objectives, and measures with time-framed targets:
 - Define the performance measures to be achieved.
 - For each objective in the plan, list the person(s) responsible (an individual or team) and time frames associated with targets
 - Identify the activities or projects associated with each objective.
- 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.
- Regular communication of quality improvement activities conducted in the health department through such mechanisms as:
 - Quality electronic newsletter
 - Story board displayed publicly
 - Board of Health meeting minutes
 - Quality Council meeting minutes
 - Staff meeting updates

MEASURE 9.2.1 A, continued

- Process to assess the effectiveness of the quality improvement plan and activities, which may include:
 - Review of the process and the progress toward achieving goals and objectives
 - Efficiencies and effectiveness obtained and lessons learned
 - Customer/stakeholder satisfaction with services and programs
 - Description of how reports on progress were used to revise and update the quality improvement plan.

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 9.2.2 A</p> <p>Implemented 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>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Quality improvement activities based on the QI plan</p>	<p>1. The health department must document implementation of quality improvement activities and the health department's application of its process improvement model. Examples must demonstrate:</p> <ul style="list-style-type: none"> • how staff problem-solved and planned the improvement, • how staff selected the problem/process to address and described the improvement opportunity, • how they described the current process surrounding the identified improvement opportunity, • how they determined all possible causes of the problem and agreed on contributing factors and root cause(s), • how they developed a solution and action plan, including time-framed targets for improvement, • what the staff did to implement the solution or process change, and • how staff reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. 	<p>2 examples; one example must be from a program area and the other from an administrative area.</p>	<p>5 years</p>	

MEASURE 9.2.2 A, continued

	<p>Documentation must demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation must 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>Documentation could be, for example, quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up.</p>		
<p>2. Staff participation in quality improvement activities based on the QI plan</p>	<p>2. The health department must document how staff were involved in the implementation of the plan, worked on improvement interventions or projects, and/or served on a quality team that oversees the health department's improvement efforts.</p> <p>Documentation could be, for example minutes, memos, reports, or committee or project responsibilities listings.</p>	<p>2 examples</p>	<p>5 years</p>